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## AUTHOR

Chris Iveson is a founder member of the Brief Therapy Practice where, with his colleagues Yasmin Ajmal, Evan George and Harvey Ratner he practices and teaches solution focused brief therapy. He is a member of the Institute of Family Therapy and was for many years a social worker.

He is co-author, with Evan George and Harvey Ratner, of *Problem to Solution: Brief Therapy with Individuals and Families* (BT Press, 1999), Britain's best selling introduction to solution focused brief therapy.

# INTRODUCTION TO THE 2001 EDITION

I wrote the original *Whose Life?* in the Summer of 1990 with a deadline governed by a conference on work with older people that the newly founded Brief Therapy Practice was putting on in the Autumn. It was a lot of work and my colleague and close friend, Harvey Ratner, used to annoy me by saying it was my way of grieving for my mother who had died that May. Harvey comes from a tradition of open active grieving whereas I came from a family and an area where emotional expression was largely confined to laughter and anger. The fact that I had actually cried with my brothers and sisters only minutes after my mother died is still something of an exception to the family rule -- it had taken me twelve years to cry after my father's death! So I would tell Harvey shut up and let me get on with meeting my deadline, which I did. I gave the manuscript to Richard Gollner of BT Press in hand written form (we didn't all have computers then) and apart from brushing up the spelling and a little of the grammar he decided to publish it in its 'raw' state. Which meant I never read it myself! The conference came and I was assigned the job of checking in latecomers. This is a 'sitting around' job so I picked up a copy of *Whose Life?* and began to read – for the first time. A few pages in I suddenly found myself reading about my mother's death and began to cry! Damn that Harvey Ratner, I thought, he was probably right after all. So I suppose I should be corny and rededicate the book to my mother!

There are few changes to the original version but the two additional chapters provide another sequel to Mrs Good's life and describe and illustrate in more detail how solution focused brief therapy works.

Chris Iveson
October 2001

# CHAPTER ONE

## SOME THEORETICAL PERSPECTIVES

### INTRODUCTION

Agnes and Mary had been living together for eighty-two years when I met them. Agnes had referred herself to the local Social Services office requesting residential care for her older sister. Agnes was alone when I called and began with a desperate plea for us to take her sister away before they were both driven mad! I asked to see the two sisters together and Mary was summoned into the room. There began an argument which in its form, if not its content, must have been almost as old as the women themselves. As they went round and round the well-worn track of their dispute, it slowly became clear that they were protecting as much as they were attacking each other. Agnes was not telling Mary she had to go and Mary constantly drew back from the brink of rejection of her sister. Neither wanted to admit to the other, nor perhaps to herself, that they could no longer cope with the relationship between them. The growing weakness of both and the dependency of Mary on Agnes was too much to bear but the consequences were too awful to face.

It is not uncommon for a family to call in professionals at such critical points in its life. Agnes wanted me to tell Mary she was going on holiday. I would not agree to do this and instead asked Agnes to tell her sister the truth. My view was that by the later stages of life most people have been through and survived enough to prepare them for almost anything. I also assumed that the shock of the truth was likely to be less damaging than the slow erosion of a lie. We sat around the sisters' small electric fire on that November afternoon for an hour while they accused and counter accused each other over a lifetime of memories, and all the while Agnes edged closer to the 'truth'. Then it came. Agnes said: "You can't stay here Mary; you'll have to go into a home." Mary looked incredulous; Agnes repeated her sentence with a desperate and resigned sadness. This time Mary understood and, as the truth struck home, she jerked in a violent spasm: her eyes rolled into

her head and her whole body began to shake, her face to contort and her mouth began to froth.

It was twenty minutes before the doctor arrived. He pronounced a serious stroke, gave only a fifty percent chance of survival, called an ambulance and departed. Agnes and I were left with our unshared guilt until the ambulance arrived fifteen minutes later. The crew looked as doubtful as had the doctor and quickly transferred the still quivering Mary to a stretcher. But before they had quite passed through the door Mary suddenly sat bolt upright and cried: “Where’s my handbag?” She left clutching it to her chest. A few days later she was pronounced fit with no evidence of a stroke and moved, at her sister’s wish, to a nearby home for older people. She established herself there and for the next few years the two sisters enjoyed an Indian summer in their lifelong relationship.

This all happened when I was new to social work and new to family therapy, but it is an event which served both as confirmation and warning. The sisters *did* rise to the occasion but the ‘stroke’ *might* have been real. As a family therapist I had thought that this painful issue would be best dealt with openly and directly by the sisters. It was clearly a relationship problem, and it seemed the obvious way to resolve such a problem is to bring both parties together. While this proved to be the case, I was equally reminded that older people are more susceptible to physical illness and might also choose to succumb to it rather than fight on. I have no doubt that Mary came very close to death.

I saw Agnes and Mary almost twenty years ago. My final case example (in this book) has just begun. The book will cover some of the dilemmas, discoveries, failures and successes I have struggled with in between. During this time I have held a number of posts: generic social worker, area office team leader, domicillary services manager and latterly senior social worker in a child and family psychiatry department but based at the Marlborough Family Service in London which takes referrals of people of all ages. For much of this time I have practised and taught family therapy. I write this book, therefore, not as a specialist in the needs and treatment of older people, but as a family therapist

who has applied family therapy ideas to the day to day delivery of a wide range of services to older people. Many readers will have considerably more experience and commitment to work with older people and will undoubtedly find the book raises a number of serious questions. It does not purport to have all the answers but I hope it will be seen as a stimulus for the increasing number of specialists who work with older people to develop further the application of family therapy ideas and practices in their work.

## THEORETICAL ISSUES

The work described in this book draws on a number of family therapy theories, not all of which sit well together and none of which have been fully able to resolve the dilemma posed by Agnes and Mary's position. The last chapter will describe a departure from 'mainstream' family therapy which I think in the future may prove even more productive in problem resolution and change. But for the most part a number of fundamental theories jostle with each other for space. They are not always mutually exclusive, but rest on somewhat differing principles. Each theory is, therefore, only as good as it is useful; and though each is based on a wide range of different experiences, there is always something new and something unexplained around every corner!

### Systems Theory

Systems theory is a collection of ideas which from some stand points seem extraordinarily simple and obvious, while from others they appear almost beyond the capacity of the human mind to grasp. In its simplest form it states that all people and things are parts of systems, each one influencing and being influenced by the others. The usual rules of cause and effect are replaced by interrelatedness and circularity. In family terms this means no family member can act without having an influence on everyone else. The chicken and the egg become not a line stretching into infinity, but a circle in which the egg cannot exist without the chicken nor the chicken without the egg. They are interdependent. In such a situation (which might be seen as a microcosm of life) understanding of the chicken and the egg comes, as much as anything, from understanding the relationship between them.

Systems theory is concerned with just this: understanding the relationships which hold the system parts together to form the whole. Family therapy is a product of this theory and has moved the emphasis from the study of the individual (the chicken *or* the egg) to the study of what happens between individuals which keeps them acting together – the study of relationships.

## 'Interactional' Theories

Family therapy in part originated from ideas about communication – that in certain circumstances conflicting communications spoken and unspoken, would cause problems. A simple example would be two people talking but misunderstanding each other. If you were to listen to the middle part of such a conversation you might not make sense of it and think it was two crazy people, or you might actually work out that it is two people misunderstanding each other. What you would *not* be able to do is find a *cause* of the problem. Each person would appear equally involved, equally responsible and equally trapped. They would go on like this until such time as they got fed up and parted, or brought in a third party to help work out what was happening. This is very much a family therapist's position. No one can really know who *causes* what in a family, everything is far too complex and interrelated. But communication blocks, misunderstandings, double messages, one-sided views and hobby horses can all give rise to sometimes serious family problems. It is a family therapist's job to help the family unravel some of these communication knots so they are again able to pick up the thread of their lives. For myself I found these theories, and the techniques which derive from them, most useful when working with isolated older people with no family contact. Chapters Three and Four will illustrate how understanding some of the complexity of apparently simple communications can be a great help in working out an approach to problem solving which is both effective and user-friendly. These theories derive largely from the Mental Research Institute in Palo Alto, California and are best represented by Herr and Weakland (1979).

## Structural theories

Structural family therapy was developed primarily by Salvador Minuchin. Minuchin, too, believes in open communication, but alongside this he introduces a theory about how families need to organise themselves if they are to fulfil their many functions. Put most simply, he argues that each generation should be clearly defined, with middle generation parents free from control by their own parents and fully in charge of their younger children. Where adults have not separated emotionally from their parents, Minuchin predicts family problems.

Minuchin and his colleagues also developed a characteristic style of work which involved getting family members to *have* their problem during the session rather than just talk about it. So if someone says: “He never listens to me”, she might be asked to try out ways of getting herself heard there and then. This was, in fact, what I was doing with Agnes and Mary, supporting Agnes to tell to Mary in her own words what it was she had to say. No easy task and many would argue that such brutal truth is not in a client’s interest.

## Family Life Cycle

Ideas about the family life cycle permeate most family therapy theories and have a number of uses. Firstly, they remind us of transition points which are likely to cause stress: retirement, illness and bereavement are obvious examples. Secondly, they highlight the connections between other transitional events within the family: a young person leaving home may create more space within a family for the care of an older member or cause distress to parents which reverberates more adversely on the older person. In a later chapter one example will illustrate how a failure to take fully into account all the life cycle changes within a particular family led to the collapse of an otherwise well-thought-out care plan. Thirdly and lastly, life cycle theory can help us understand some apparently chronic problems and consider unusual ways of dealing with them. For instance, it is often thought that each life cycle stage must be satisfactorily passed for full development to

occur. In one case, cited in the scant family therapy literature[1], the parents' failure to deal adequately with their two year old daughter's temper tantrums led them to continue to be 'ruled' by her thirty years later. This they managed to put up with until two other major life cycle events added to their burden and they sought help. The therapy was based on the same ideas used to deal with tantrumming two-year-olds and it worked. The parents were then free to cope with the many other issues which, as older people, they were having to face.

## Solution Theory

The development of theories about solutions is likely to have a profound effect on counselling in the future. In essence it offers an entirely new direction by arguing that problems are best resolved not by understanding them, but by understanding solution processes. Finding out how a person *solves* problems is ultimately more useful than finding out how he or she got the problems in the first place. I have written about this elsewhere (George, Iveson and Ratner, 1990), but by applying these ideas specifically to older people a number of advantages are apparent. Firstly, it is an approach based on strength-enhancement, highlighting and making the most of what is already there or potentially there. Older people have enough information about their deficits, and looking at the debit side of life is rarely an uplifting pastime. Looking at achievements, skills and strengths is a booster for a person of any age, but for an older person with the end of life in sight, it is likely to be particularly empowering.

The second advantage is that this is an immediate approach which relies on the client for direction and goals. Its aim is to overcome the complaint or problem in as direct and short a time as possible. This, too, is empowering for people who are commonly expected to agree with others about what is best for them.

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[1] Barnhill L. and Lango D., "Fixation and Regression in the Family Life Cycle" *Family Process* 17.4 (1978)

## THE LIMITATIONS OF THEORY

The influence of each of these theories on my work with older people will be described and expanded in relation to case examples. What must still be remembered is that they are only theories – they are not truths. This was first brought home to me some time ago when I presented one of the cases at a workshop. In an audience of some fifty people, one face stood out as being completely in touch with what I was saying. He came up to me afterwards as if to a soul-mate and explained how what I had described perfectly fitted his theory of counselling. And it did – he might have done exactly the same as me, yet his *theory* was entirely different. This has proved to be the case over and over again and I have learned to take advantage of it. I now rarely explain how I *think* about what I do until I have heard how an audience would explain it. This way I learn new theories and audiences realise they don't need to learn mine!

This is not to say that theories are dispensable. For me they are essential and there is very little I do in counselling and related work which cannot be explained in terms of a theory. This does not mean that the theory is 'right'; it is simply a means of making sense to myself of my actions so that I can keep those which work and jettison those which don't. In some ways a theory can be seen as a road to a destination (the client's goal). For me the journey (the therapy) is not important; it is a means to arrive as quickly as possible at the destination. I will therefore use motorways. For others the journey might be seen as a part of the destination, so a more leisurely and scenic route is taken.

The value and limitation of theory is rather more elegantly stated by Umberto Eco's character in *The Name of the Rose*, William of Baskerville (based on the medieval philosopher William of Occam):

> "The order that our mind imagines is like a net, or like a ladder, built to attain something. But afterwards you must throw the ladder away, because you discover that, even if it was useful, it was meaningless.... The only truths that are useful are instruments to be thrown away".

This then is a book of truths. Like William's ladders, the 'truths' or theories have provided a route to where I was aiming to go. All

but the most recent have been cast aside many times only to be brought out again when other ladders did not seem up to the task in hand. Only the latest ladder, the solution ladder, has not yet been cast aside!

## WORKING ASSUMPTIONS

If a theory is represented by an extending ladder, then a working assumption is rather like a step ladder – it is unable to reach the dizzy heights but is good enough for most jobs. I have a number of working assumptions most of which are challengeable and have little relationship to observable events, yet they have served their purpose well enough to be kept in constant use. They will be in evidence throughout the following chapters and it is likely that most readers will disagree strongly with at least one of them.

### Older people belong

As a family therapist I think of people as belonging to systems: as being part of a whole, the whole being made up of all the parts *and the connections between them*. This is true of all people irrespective of age. It is impossible to be associated with other people and not be part of a set of interrelationships which influence all those who play a part. Obvious as this is, it is not uncommon for older people to be treated as if they are *not* part of the people associating with them. In my work as a domicillary services manager with anything up to a thousand clients, it was all too easy to regard the older person as the 'problem' and exclude him or her from the association of people providing the service. Knowing what is best for others might be an act based on the most worthy intentions, but it also implies the exclusion of the recipient from the process of knowing. Such an exclusion is ultimately a denial of human rights and so falls among those 'good' intentions which pave the road to hell! If we think 'systemically', if we acknowledge that we are all *part* of a larger whole, then it is impossible to deny the 'belongingnesss' of anyone, and older people can do nothing less than belong.

### Older people are responsible

But if older people belong, if they are a part of what goes on, then they must *influence* as well as be influenced by those around them.

Systems theory is sometimes seen as a way of denying individual responsibility but it can equally be seen as understanding *shared* responsibility. If all those involved in a system whether it be a family or a group of professionals, have a part in the development of that system, a say in what goes on, they also share responsibility for what goes on.

So if older people belong if they are part of a system, they must also share responsibility for whatever is happening in their lives.

I know that many people regard this assumption as deeply flawed, and were it truly a set of step-ladders they would condemn it as dangerous.

Babies belong but can they share any responsibility for the life they lead? So what about seriously confused people? They are certainly able to influence the lives of those around them, but can they really be treated as responsible? The answer is that I don't know. I would argue that to compare older people with children is to deny the best part of a lifetime's experience, but I cannot say that I *know* the responsibility which accompanies this experience always survives the physical and mental impairment which can accompany old age. But neither can I say that it doesn't. Like the nurses who cared for my mother during her last days: they did not *know* if she could hear them through her coma, but neither did they know that she couldn't. Given this lack of certainty, they decided to act as if she could hear something, for which we as family will always be grateful. It is a similar act of faith which leads me to think of all adult people as continuing in some way to share responsibility for the events which shape their lives.

## Older People Choose

With responsibility comes choice. One cannot be responsible for something over which one has no say, or in which one has no part. If older people belong and share responsibility for the events which make up their lives, they must also be making choices and be *capable of making other choices*.

This too is an act of faith. There is no way of knowing that all people retain the capacity to choose, but believing that they do

leads to one sort of behaviour and believing that they don't leads to another.

For several years members of the home care team I managed kept Mrs. Peebles, an apparently very confused woman in the community on the basis that when asked about her wishes, she would say that she wanted to be at home. She allowed minimal support, lived in appalling conditions and frequently aroused neighbours to extremes of anxiety. The team respected her wishes and met several times with neighbours and other professionals to recruit and maintain their support. Meanwhile, the client's behaviour gradually grew more distressing and incomprehensible. Acting on the shared belief that at some level the client was still capable of choice, we invested in an Open University 'reality orientation' course, and two team members began a short daily orientation programme with Mrs. Peebles. They found out that the client had been going off at night to meet her husband from his night shift at Kings Cross Station. He had been dead sixteen years. Much of the 'reality' Mrs. Peebles had to face was therefore painful. They also found that the home in which she thought she wanted to live had in fact been pulled down many years ago – she did not know if she wanted to live in her present home. Within a week of beginning this programme (which took up one hour of staff time each weekday), the workers had discovered that what had appeared as *confusion* about where she wanted to live, was in fact *indecision*. She did not like where she was but was afraid that an alternative might be worse. Without a way to communicate her dilemma to those around her, Mrs. Peebles was trapped.

Within two weeks of beginning the programme, the team were more in touch with Mrs. Peebles – her history, her fears and hopes than at any time during the previous eight years. We also found that she had an older sister who, if still alive, would be ninety-four. Mrs. Peebles thought her sister was in an old people's home somewhere in North London, and in a few days the team tracked her down. The matron was contacted with a view to the sisters meeting and the possibility of Mrs. Peebles moving to the home. The matron said her client was very well settled in the home and meeting her sister might disturb her. She declined to allow a visit.

The team was not unduly put off. We were all familiar with the tendency for professionals to make decisions for their older clients, but we also knew that most professionals could be convinced that taking a different view might sometimes be worth the risk. However, time was not on Mrs. Peebles' side and while we considered a new approach to the home, she died.

Along with our anger and sadness that Mrs. Peebles' reunion with her sister had never happened went a deep sense of relief that she had at least died in a state of connection with the world, and that this connectedness had once again given her the means to express dilemmas and so consider choices. Mrs. Peebles had never lost the capacity to make choices about her place in the world, but for a time the world attempted to deny her that opportunity. And I suppose a final thought might be that once she regained her right to choose, she chose to die.

So these three assumptions are the somewhat rickety step-ladders underlying the work described in this book. On the other hand, it is clear that older people's 'belongingness', or full membership of society, their responsibility for their actions and their capacity to make choices are all seriously questionable. Many of the services available to them would appear to be based on very different principles, but, unlike the theories, these assumptions are for me unalterable: they are the bottom line of human rights.