

'Tales of Transition'

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Abstract

In summary, my biographical research explored the diverse life course experiences of fourteen counselling service users aged 65+ in various stages of growing older.

Data was gathered through semi-structured interviews with individual participants. Continued social engagement, meaning, and purpose in later life are key concerns for the researcher and for all participants. Participant's evaluative descriptions and personal constructions of their talking therapy experiences were presented and analysed in-depth in relation to the biographical stories told.

A carefully considered turn away from the dominant medical model of talking therapy was strongly argued, taking greater account of older counselling service users' personal perspectives and individual agency, and also fully recognising their social circumstances.

The purpose of my investigation was a detailed qualitative exploration of diverse and socially interactive experiences of growing older, illustrating the complex and dynamic relationship between individual agency and social and historical contexts (Merrill & West, 2009). 'Critical Narrative Analysis' (Langdrige, 2007) of interviews explored the contextual nature of participant's sense of personal identity and individual agency. Findings highlight the importance of how telling their biographical stories played an integral part in the lives of all the participants in this study. Conclusions take into account, and critically analyse, the reflexive position of the psychotherapy practitioner researcher, now aged 76, who is discovering effective ways of facilitating increased psychological wellbeing for people aged 65+ in the UK today.

The research contributes to a process of changing negative ageist stereotypes of incapacity, decline and dependency, by promoting and justifying, through investigative narrative inquiry, positive and pro-active later life experiences and images of valued community contribution, continued learning, personal development and 'gerotranscendence' (Tornstam, 2005).

Recommendations are outlined for developing more socially inclusive (Burholt, 2019) and anti-oppressive (Proctor, 2017) counselling policy and practice with older people.

Questions

My biographical research explored in-depth experiences of therapeutic intervention in relation to change, transition and adversity in later life. My findings are intended to contribute to a wider process of changing negative social constructions of age and

ageing. I have also challenged currently favoured 'medicalised' attitudes to counselling, which tend to view people as passive patients rather than active agents of change (Sanders & Tolan, 2023), by consulting and exploring the perspectives of older 'talking therapy' service users themselves. I invited contributions by interview from fourteen participants aged 65+ in various stages of later life. I contend that, in favourable social circumstances, this group have the potential to continue to develop and enjoy positive ageing experiences and may often achieve a form of 'gerotranscendence' (Tornstam, 2005), thus counteracting our own and others ageist social attitudes and negative stereotypes (Bytheway, 1995; Centre for Ageing Better, 2020). I also argue that many people in later life stages in the UK, particularly those experiencing economic and social disadvantage, could be considered an oppressed group. Institutionalised and socialised ageist social constructions of old age and the ageing process, amongst both the general public and people in the helping professions, have resulted in a level of stereotyping prejudice and negative discrimination which often exacerbates a generalised detrimental effect on health and well-being for this rapidly expanding group (Centre for Ageing Better, 2019; 2020, Age UK, 2023). According to 'Centre for Ageing Better' research in 2019, there are currently more than 11.9 million people aged 65 and over in the UK, with 3.2 million aged 80 and over and 1.6 million aged 85 and over (Centre for Ageing Better, 2019). We are living longer than ever before and the age profile of our society is changing rapidly. The number of people aged 65 and over is projected to increase by more than 40% within 20 years. 'Ageing is inevitable, but how we age is not', (Centre for Ageing Better', 2019). I argue that our current rates of chronic illness, mental health conditions, disability and frailty could be greatly reduced if we tackle the structural, economic and social drivers of poor health earlier (Walker & Foster, 2014: Age UK, 2023).

Social Action

My research identified an urgent need to shift the primary focus of attention from individual pathology to social contexts, in exploring structural issues such as inequality, poverty, discrimination, racism, ageism, marginalisation and exclusion as potential significant causal factors in the increase in diagnosed mental health problems in society today. I argue that the individualistic ideology of recent governments, combined with a decade of austerity policies, has unintentionally contributed to a reduction in the provision of 'preventative' health and social care services. My research thesis therefore contributes to the urgent process of developing more accessible, age-appropriate and timely psychological support services, such as counselling, for older people experiencing and surviving, sometimes traumatic transition, change and loss. I contend that we also now need to learn how to enjoy and make the best of later life. I view 'talking therapy' as a helpful facility for opening up perspectives on later life such as lifelong learning opportunities, in the style of international institutions such as the University of the Third Age, which change public perceptions to include the possibility

of experiencing continued learning and development, fulfilment and purpose in old age (Withnall, 2010). My research argues that there is a need for government policies to promote later life learning opportunities which actively respond to the prospect of living longer (Withnall, 2010). This changing of attitudes to ageing from negative to positive is particularly relevant to those who do not enjoy the advantages of increased retirement life choices because of their limited means, restricted environment and previous lack of adult learning and education experiences. Low income, poor health and inadequate housing, present considerable challenges to those striving to remain active, independent and purposeful in later life. Recent research indicates that existing social inequalities are experienced increasingly acutely in this age group (Centre for Ageing Better, 2019; Age UK, 2023).

Personal meaning

My own perspective as a biographical researcher is of human existence as a lifelong learning opportunity in a socially constructed world. I investigated how people learn to find meaning, purpose and fulfilment in later life, and whether counselling can be a helpful shared learning process in this endeavour. As a septuagenarian grandfather and practising existential therapist, I continue to be personally deeply engaged with this topic. I am striving to make a positive difference to the psychological well-being of people who require practical, emotional and spiritual support, by improving their access to appropriate counselling services which address their needs and wishes. My narrative inquiry was initially envisaged because of listening carefully to the comments and perspectives of Age UK Warwickshire Psychological Support counselling service users. The sensitive facilitation of a process of telling their personal stories, and also finding meaning in past, present and future existence, seemed to alleviate their distress and enable my older clients to maintain, or regain, their resilience and adapt pro-actively to ongoing change and transition in their lives. I have explored the idea that the process of seeking meaning for life experiences is unique for every counselling client, as persuasively argued by Viktor Frankl (Frankl, 1988). I have endeavoured to give my research participants more powerful voices to contribute to the vital debate about counselling service development for a growing population of people aged 65 upwards. A rapidly expanding group who are currently rarely consulted, even as experts on their own lives. Yet we all have a professionally widely recognised need for appropriate, adaptable and accessible psychological support facilities, and we also may clearly benefit from 'intergenerational' learning and development opportunities (Findsen & Formosa, 2015).

Lifelong Learning

My research investigated the idea that people in later life continue to have the learning and self-development potential to enjoy unique and varied forms of what Lars Tornstam calls 'gerotranscendence' (Tornstam, 2005). In his later life Carl Jung wrote an essay entitled 'The stages of life' (Jung, 1933). He came to the conclusion that adults generally started the second half of their life completely unprepared. He reflected that young people are educated to discover future goals to focus on, and to develop skills to achieve them. Older people may or may not have already reached their goals and were assumed not to be in need of further training and education. Subsequently, they went on with their lives with very outdated plans of action and, as a result, many suffered from depression. According to Jung, the afternoon of life should also possess its own meaning and purpose. Growing old in a meaningful way was not just looking back at one's life, but also looking ahead, to set oneself new goals and to aim at further wisdom (11).

Four decades later Simone de Beauvoir wrote in 'The coming of age':

"In order to prevent that old age becomes a ridiculous travesty of our previous life, there is only one possibility: to pursue a goal that gives meaning to our life. To devote oneself to people, groups of people, an activity, social, political, intellectual, creative work. It is to be hoped, and this goes right against the advice of the moralists, that our personal passions remain sufficiently strong at an older age to prevent that we turn inward" (De Beauvoir, 1972).

For me the counselling process has often involved searching for 'personal meaning' and purpose in what is happening (Wong, 1989). For example, in my counselling experiences with older people in care homes, I have sometimes encountered distressed people, clearly relieved to be gently encouraged to tell their own tales of transition, who seem to be in what Viktor Frankl described as an 'existential vacuum' (Frankl, 1969). They have lost their purpose, their motivation and their energy in life and feel that their lives are meaningless. They describe feeling as if they have stagnated and experience a sense of stasis and disconnection. In the existential philosophy at the heart of my approach it is meaning that links us to the world and propels us forward into our futures. For Frankl meaning has to exist *before* experiencing life: 'it sets the pace for being' (Frankl, 1969). For those of us who have lost a sense of meaning and purpose in our lives there is a need to reconnect, and I argue that this is done by focusing our awareness of how we are living, what is important to us and what we value. I contend that meaning flows from our connectivity. It stems from the way in which we are connected and engaged with the fundamental aspects of who we are. It brings our values and beliefs together with our emotional response to the world. All these elements are needed to make sense of our present experiences as well as giving us a sense of direction in life (Frankl, 1988). I share Ken Gergen's valuable 'relational recovery' (Gergen, 2009) perspective of counselling, viewing therapist and client as "engaged in a subtle and complex dance of co-action, a dance in which meaning is continuously in motion, and the outcomes of which may transform the relational life of the client" (Gergen, 2009). I still treasure the memory of

my last 'dance' with an inspiring client experiencing dementia, who took obvious delight in brilliantly recounting vivid flashbacks of fascinating autobiography, before suddenly switching to expressing momentary exasperation and powerlessness. I empathised with her 'felt sense' (Gendlin,1962) that an extraordinarily self-developing life story of outstanding professional care work and family responsibility now seemed to be defined by her illness and increasing dependency. I admired her resilience and respected her absolute determination to continue to manage her domain in her own way.

The dynamics of power in counselling and psychotherapy

Gillian Proctor suggests that power and control, and the experience of powerlessness, are frequently mentioned in understanding a wide range of descriptions of mental distress (Proctor, 2017). I have investigated the contention that many vulnerable older people in the UK today could be described as victims of the abuse of power. Proctor also proposes that medicalisation terms tend to divert attention from the socio-political and environmental causes of distress: namely the experiences of abuse, deprivation and powerlessness. I argue that this perspective is particularly relevant to the social contexts of counselling practice with older people today. Lucy Johnstone notes the disturbing similarities between abuse and treatment (Johnstone, 2002). People willingly offer themselves to psychiatry because they identify their own distress in psychiatric terms. This has implications for all citizens, not just psychiatric patients, we are all in danger of being labelled 'disordered' (Davies, 2021). What is needed, according to Johnstone, is "a recognition that people suffering mental distress are responsible, capable agents and in need of help as well" (Johnstone, 2002). The alternative model proposed by Johnstone is one in which the client's autonomy is promoted and respected, while acknowledging and helping with distress in a way that a client has requested. The British Psychological Society have recently launched the 'Power Threat Meaning Framework' (Boyle & Johnstone, 2020) as an alternative clinical assessment model for responding to distress which listens to people's unique personal stories about how they try to survive adversity, and also takes political and social contexts into account. Johnstone concludes that criticising the way clients are treated in the psychiatric system may involve participating in a political struggle against social injustice as well (Johnstone, 2020), This conclusion concurs with my own interpretation of Gergen's idea of therapists as ethical 'social activists' (Gergen, 2009).

In my recommendations I argue strongly that therapists need to be far more aware of the power dynamics in their relationships with counselling service users (Proctor, 2017). I contend that the currently dominant medical ideology and discourse is extremely problematic in relation to the provision of more appropriate, timely and accessible psychological support services for older people.

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