



Tales of transition

WORDS

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FEATURE



Christopher Tovey is striving to make a positive difference to the psychological wellbeing of adults aged over 65

At the age of 70, in January 2019, I was excited to finally begin my multidisciplinary PhD studies at the University of Warwick Centre for Lifelong Learning. My planned, yet unconventional, transition from ageing pensioner to developing new student has personal meaning, a sense of purpose, and increasing hope for the future contained within it. I confess to thoroughly enjoying my growing, and amusing, self-image of being a ‘wrinkly rebel’ challenging ageist stereotypes. However, I also regularly encounter many other ‘older people’ who are experiencing different life course transitions, but may also be surviving challenging and unexpected existential threats and changes, including loss, serious illness and harsh adversity, which have traumatic consequences in their later life stories. I have been inspired to study and write by the extraordinary power and diversity of the ‘tales of transition’ that continue to be told by us defiantly resilient senior citizens, for many years after we enter the pessimistically socially constructed, yet increasingly broad and wide-ranging, domain of ‘old age’.

My ongoing qualitative research explores experiences of counselling in relation to change and transition in later life. The findings

are intended to contribute to a wider process of changing negative social constructions of age and ageing. I will also challenge currently favoured medicalised attitudes to counselling, which tend to view people as passive patients rather than active agents of change,¹ by consulting and exploring the perspectives of older service users themselves. I will invite contributions by interview from participants over 65 in various stages of later life. I contend that, in favourable social circumstances, this group has the potential to continue to develop and enjoy ‘positive ageing’ experiences, and may often achieve a form of ‘gerotranscendence’,² thus counteracting our own and others’ ageist social attitudes and negative stereotypes.^{3,4}

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, among 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 wellbeing for this rapidly expanding group.³⁻⁵

According to the Centre for Ageing Better research, in 2019,⁵ 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.⁵ 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 per cent within 20 years.⁵ Ageing is inevitable, but how we age is not,⁵ as the Centre for Ageing Better report states.⁵ 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.⁶

Social action

My research identifies an urgent need to shift 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 will therefore contribute 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 counselling as a helpful facility for opening up perspectives on later life, such as lifelong learning opportunities, in the style of

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There are more than 11.9 million people aged 65 and over in the UK⁵

REFERENCES

- 1 Proctor G. The dynamics of power in counselling and psychotherapy: ethics, politics and practice (2nd edition). Monmouth: PCCS Books; 2017.
- 2 Tornstam L. Gerotranscendence: a development theory of positive ageing. New York: Springer; 2005.
- 3 Bytheway B. Ageism. Buckingham: Open University Press; 1995.
- 4 Centre for Ageing Better. Doldery but dear?: examining age-related stereotypes. London: Ageing Better Ltd; 2020.
- 5 Centre for Ageing Better. The State of ageing in 2019. London: Ageing Better Ltd; 2019.
- 6 Walker A, Foster L. The political economy of ageing and later life: critical perspectives. Cheltenham: Edward Elgar Publishing; 2014.

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The number of people aged 65 and over is projected to increase by more than 40% within 20 years⁵

Library picture, for illustration



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.⁷ My research argues that there is a need for government policies to promote later life learning opportunities that actively respond to the prospect of living longer.⁷

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.⁵

Why I am doing the research

My personal perspective is of human existence as a lifelong learning opportunity in a socially constructed world. I will investigate 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 wellbeing of adults over 65 who require practical, emotional and spiritual support, by improving their access to appropriate counselling services, which address their needs and wishes.

My narrative inquiry⁸ was initially envisaged because I have previously listened 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 enabled my older clients to maintain, or regain, their resilience and adapt proactively to ongoing change and transition in their lives.⁹

I am exploring the idea that the process of seeking meaning for life experiences is unique for every

FIND OUT MORE

POWER THREAT MEANING FRAMEWORK

The Power Threat Meaning Framework was developed by the British Psychological Society, over the course of five years, to serve as an alternative to more traditional models based on psychiatric diagnosis.

bps.org.uk/power-threat-meaning-framework

CENTRE FOR AGEING BETTER

A charitable foundation, funded by The National Lottery Community Fund, and part of the Government's What Works Network, the Centre for Ageing Better creates change in policy and practice, informed by evidence, and works with partners across England, to improve employment, housing, health and communities.

ageing-better.org.uk

counselling client, as persuasively argued by Victor Frankl.¹⁰ I am trying to give my research participants more powerful voices to contribute to the vital debate about counselling service development for a rapidly growing population of people aged 65 upwards, who are currently rarely consulted, even as experts on their own lives. Yet, we have a professionally widely recognised need for appropriate, adaptable and accessible psychological support facilities, and also may benefit from 'intergenerational' learning and development opportunities.¹¹

Lifelong learning

My research will investigate 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'.² In his later life, Carl Jung wrote an essay, titled 'The Stages of Life'.¹² He came to the conclusion that adults generally started the second half of their life completely unprepared, and 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.¹²

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.'¹³

For me, the counselling process has often involved searching for meaning and purpose in what is happening. 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 Frankl described as an 'existential vacuum'.¹⁴ They have lost their purpose, motivation and 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'.¹⁴ 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.¹⁰

I share Ken Gergen's valuable 'relational recovery'¹⁵ 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'.^{9,15} 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'¹⁶ 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.



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The dynamics of power

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.¹ I am investigating 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 sociopolitical and environmental causes of distress: namely the experiences of abuse, deprivation and powerlessness.¹ I argue that this perspective is particularly relevant to the social contexts of counselling practice with older people.

Lucy Johnstone notes the disturbing similarities between abuse and treatment.¹⁷ 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'.¹⁷ What is needed, according to Johnstone, is 'a

ADDITIONAL BACP RESOURCES

OLDER PEOPLE: ONLINE RESOURCES

Video presentations and resources exploring working with older people and the factors that affect them, such as dementia, memory loss, bereavement in later life and access to therapy.

bacp.co.uk/cpd/cpd-hub/older-people/

OLDER PEOPLE: BACP PRIORITY WORK STREAM

Exploring the role of counselling in improving the lives of older people, and promoting the value of talking therapies to this group, is a priority for BACP. Working with BACP members, a range of partner organisations and across the full range of BACP functions, we are exploring ways to increase the numbers of older people who access therapy and the availability and provision of counselling to older people.

We're taking a broad view of the definition of 'older people' and are focusing on the life events and transitions that happen more frequently (though not exclusively) to people aged 50 plus. This covers a large number of issues, age-ranges and experiences, including long-term conditions, end of life and bereavement.

bacp.co.uk/about-us/advancing-the-profession/influencing-decision-makers/older-people/

- 7 Withnall A. *Improving learning in later life*. New York: Routledge; 2010.
- 8 Cladinin DJ. *Engaging in narrative inquiry*. Abingdon: Routledge; 2016.
- 9 Tovey CR. The world and I are within one another. *Private Practice* 2019; March: 10-14.
- 10 Frankl VE. *The will to meaning: foundations and application of logotherapy*. New York: Penguin; 1988.
- 11 Findsen B, Formosa M. *Lifelong learning in later life: a handbook on older adult learning*. Rotterdam: Sense Publishers; 2011.
- 12 Jung CG. The stages of life. In: Jung CG. *Modern man in search of a soul*. New York: Harcourt, Brace & Co; 1933.
- 13 de Beauvoir S. *The coming of age*. New York: Putnam; 1972.
- 14 Frankl VE. *Psychotherapy and existentialism: selected papers on logotherapy*. London: Souvenir Press; 1967.
- 15 Gergen K. *Relational being: beyond self and community*. Oxford: OUP; 2009.
- 16 Gendlin ET. *Experiencing and the creation of meaning: a philosophical and psychological approach to the subjective*. Evanston, Ill, US: Northwestern University; 1962.
- 17 Johnstone L. *Users and abusers of psychiatry*. London: Routledge; 1989; 2000.

recognition that people suffering mental distress are responsible, capable agents and in need of help as well.¹⁷ 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.¹⁷

The British Psychological Society has recently launched the Power Threat Meaning Framework¹⁸ 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.¹⁷ This conclusion concurs with my own interpretation of Gergen's idea of therapists as ethical 'social activists'.^{9,15} I argue that therapists need to be far more aware of the power dynamics in their relationships with counselling service users.⁹ I contend that the dominant medical ideology and discourse are extremely problematic in relation to the provision of more appropriate, timely and accessible counselling services for older people.

Dominant discourses in NHS mental health care

In her comprehensive critique of the effect of dominant professional medical discourses on current NHS psychotherapy provision in the UK, Proctor¹ presents the example of IAPT as a demonstration of how readily a government-backed, manualised approach to providing therapy can engulf and extinguish other competing models – and therefore possible alternative counselling choices for older people – on the back of disputed research evidence. CBT has, like IAPT, grown fat on government funding and has pushed every other model out of the nest. The discourse of 'evidence-based practice' has been used as 'justification and as gatekeeper' to make it very difficult for other approaches to be accredited by bodies such as NICE.¹

Alongside this, the media (encouraged by the pharmaceutical industry and the Royal College of Psychiatrists), has successfully promoted an individualised concept of mental distress, laying responsibility firmly with the individual for their failure to achieve happiness

and wellbeing, and promising a 'cure' in a pill, or CBT-based programme of self-improvement. My research explores a concern that such government policy developments in access to NHS counselling services may have extremely detrimental consequences for many older people experiencing acute distress, in terms of restricting access to appropriate help, and, viewed from a human rights and social justice perspective, could be regarded as institutionalised abuse of power in relation to a vulnerable section of the population already experiencing widespread ageist negative discrimination.^{3,4}

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Conclusion

My findings thus far suggest that the notion of sensitively facilitating the telling of their own story, and sometimes supporting a dignified quest for lifelong learning and increased wisdom, may be a more ethical and inclusive way to respect and comfort our elders than the CBT services offered by IAPT and recommended by NICE.¹ My previous experience indicates that the empathic, humanistic and 'relational recovery' approach to counselling older people, also authentically described in some moving biographical case studies by Helen Kewell,¹⁹ may also facilitate increased resilience and alleviate experiences of acute emotional distress.⁹ This developing area of gerontological study has indicated a pressing need for further counselling research from the older client's perspective.

I also suggest a need for more research exploring the social context and current political economy of age and ageing, utilising the theoretical 'lens' of critical social gerontology.⁶ For example, there may be a need for government in the UK to consider how to address the unintended negative consequences of deteriorating health and

wellbeing for some of the most vulnerable older people in society in the context of past and continuing austerity policies.⁵

More accessible, user-friendly and intergenerational learning opportunities,^{7,11} including counselling, which also promote psychological wellbeing, might be viewed as the kind of 'preventative social policy' advocated by the new school of social gerontologists,⁶ which facilitates more flourishing later life experiences. Such a change of political attitude, counteracting the negative social effects of ageist, individualistic and 'medicalised' ideology and discourse, as well as long-term government austerity policies, might enable not only 'surviving' but 'thriving' for older people whose mental and physical health are currently acutely at risk because of economic hardship.⁵

The recent coronavirus pandemic has dramatically brought into sharp focus the oppressed and threatened position of many older people in society globally. I will therefore end with the words of Anna Dixon, Chief Executive of the Centre for Ageing Better, introducing their challenging March 2020 report about current research into ageist stereotyping in Britain: 'Ageism is deeply damaging, yet all too often it isn't taken as seriously as other forms of prejudice or discrimination. Britain is long overdue a fundamental culture shift to overturn these attitudes, and the media needs to reflect the diverse experience of people in later life.'⁴ ●

¹⁸ Johnstone L, Boyle M et al. The power threat meaning framework. Leicester: British Psychological Society; 2018.

¹⁹ Kewell H. Living well and dying well: tales of counselling older people. Monmouth: PCCS Books; 2019.

YOUR THOUGHTS, PLEASE

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