Research Paper

Older adults' experience of psychological therapy

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***Objectives**: This study aimed to understand the older adults' subjective experiences of the therapy process.*
***Methods**: Nine older adults aged 68 to 82 years old volunteered to talk about their experiences of receiving Psychological Therapy within a secondary care service. A Constructivist Grounded theory method and unstructured interviews were used to capture their retrospective accounts.*
***Results**: The Grounded Theory analysis revealed categories and themes which produced a theory that explained the process of therapy for these older adults. The data yielded a core category of* 'moving towards equanimity', *which included four main categories (also 19 sub-categories): (1) sensing continuity and discontinuity within an ageing 'self', (2) embodying an awareness of an ageing changing ecology, (3) cultivating a therapeutic relationship, and connecting with wholeness and a new perspective (see figure 1.0).*
***Conclusions**: The core category can be understood as contributing to the participants changing and regaining emotional stability, mental calm and balance. The therapy process moved them towards equanimity by bringing the story of the 'self' to a unified whole (Polkinghorne, 1991). A good working alliance allowed the older adult to re-integrate the 'self', so that their balance and sense of 'continuity' could be renewed (Williams, 1984, p.178). This research provides a rich narrative which strengthens theory and 'clinical practice links' (Llewellyn & Hardy, 2001, p.14) and could be used as a procedural approach to look more closely at the therapy journey (Smith & Grawe, 2003). Examining process in therapy and the meaning for older adults positions the client in 'their social and cultural settings' (Katz & Mishler, 2003, p.35). It also 'gives voice' (Willig, 2001, p.12) to individuals who can often encounter difficulties with being heard.*
***Keywords:** older adults, grounded theory, psychology, resilience, therapeutic relationship.*

Introduction

AGEING IS AN IMPORTANT feature of 'diversity' and more attention should be drawn to studies about process issues and what is similar or divergent throughout the lived experience (Werth et al, 2003). The gaps in research demonstrate that more qualitative studies are needed to describe the process of therapy for all client groups (Llewellyn & Hardy, 2001). It is asserted that methods based solely on observable facts are too limiting for exploring client experiences as it hides topics such as 'power and privilege', due to the structured procedures used (Pfaffenberger, 2006, p.336). Qualitative research captures personal stories and this can be empowering to the client (Wenger, 2003). Arobotto and Shaw (2006, p.17) suggest that the intent of 'qualitative methods in psychology' is to 'embrace the messiness of human existence'. Hence, including older adults in process research means that their stories can be studied (Wenger, 2003) and their perspectives, meanings and experiences are then better understood (Willig, 2001).

Gatz (2007) argues that the difficulty for older adults, who have psychological problems, is being able to secure a referral to a Psychologist. For older adults who see their General Practitioner (GP) about 'depression' (RCPSYCH, 2013, p.60) only half are referred onto specialist services (Age Concern, 2007). There are still inequalities to accessing mental health services (Age Concern, 2006) and this disparity in health

provision (Royal College of Psychiatrists – RCPSYCH, 2013; DOH, 2004) highlights obstacles such as ageist barriers. Some ideas about ageing construct a view of older adults as being a burden on society which is unhelpful (Stephen & Flick, 2010).

Psychology services are trying to make a difference to older adults' wellbeing. It is widely acknowledged that Psychological therapies (Knight & Pachana, 2015; Scogin et al, 2014; Andrew, Fisk & Rockwood, 2012) can support the mental wellbeing of older adults. There are many evidence based studies using different theoretical modalities that demonstrate the effectiveness of therapy for older adults such as cognitive behavioural approaches for depression (Scogin et al, 2014), working with older adults that present with psychosis (Knight & Pachana, 2015) and life review to help improve low mood through the use of 'reminiscence' (Korte, Westerhof & Bohlmeijer, 2012, p.1172). Exploring lived experience using life review methods can help the older adult connect to their resilient self and develop a sense of 'coherence and purpose' (Korte, Westerhof & Bohlmeijer, 2012, p.1173). Narrative therapy also enables the older adult to talk about the stories that have meaning to them within a therapeutic milieu (Offord & Field, 2014). Moreover, older adults can benefit from group therapy processes and findings suggest that the interaction between the 'person, societal factors and group' contribute to 'change' (Heath, 2011, p.33).

For some older adults ageing can be arduous due to the gradual progression of illnesses that they experience due to cognitive problems and other long-term conditions (Knight & Pachana, 2015). Psychologists who provide a specialist service to older adults need the right skills based on a 'lifespan developmental' approach so that they are aware of the issues that can impact on the therapeutic work (Knight & Pachana, 2015, p.2). Woodhead, Ivan and Emery (2013) argue that developing more methods that prepare older adults who have never experienced therapy before can help enhance 'engagement'; whilst managing beliefs and attitudes about the process (p.271). Atiq (2006) asserts that older adults come to therapy with issues regarding their self-respect and personal worth. The 'bio-psychosocial losses' connected to their age and reduced resources are what the therapist works with (Atiq, 2006, p.54) as the clients' difficulties may go beyond the presenting problem (Woods, 2003, p.131).

What takes place between a Psychologist and client can be complicated to unravel, with some aspects that remain hidden unless the process is fully explored (Polkinghorne, 1999). Researching 'process' takes account of what happens in the therapeutic encounter and the procedures that help to transform the individual (Llewellyn & Hardy, 2001, p.2). This type of study investigates the influences and reciprocal actions between client and therapist (Greenberg and Pinsoff, 1986) highlighting the interpersonal context and how it is understood (Llewellyn & Hardy, 2001) within the complex dynamic of age (Knight & Pachana, 2015).

In this study there were three aims. Firstly, to increase understanding and knowledge about the processes involved in the older adults' therapeutic experience. Secondly, to understand the participants' attitudes and beliefs about the therapeutic process and finally, to develop a theory that offered an explanation of the participants' experience.

The ethical review process

Ethics approval was received from the Research Ethics Committee within the Psychology Department at City University and the Local Ethics Committee within the National Health Service to ensure patient safety. All NHS research is guided by the Department of Health (DoH) framework for Research Governance (DoH, 2005). This study also followed standards set out by The British Psychological Society (BPS) Code of Human Research Ethics (BPS, 2010).

Methods

The research design and question

This study used a constructivist grounded theory framework (Charmaz, 2006). This model is an interpretive paradigm (Willig, 2001) which is a relativist method that highlights the significance of the relationship between the researcher and participant to include both voices (Charmaz, 2006). The research question was loosely framed to capture the 'emic' perspective (Wilson Scott & Howell, 2008, p.3) and this allowed the participants to take the lead describing what aspects of therapy they wanted to speak about. This method reconstructed the story (Charmaz, 2006; Mills et al, 2006) from the codes and categories that developed from an 'emerging process' (Charmaz, 2006, p.59).

Sampling strategy

A purposive sampling strategy was employed to select the participants for this research study (Patton, 1990).

Inclusion criterions

- *First criterion:* the participants were over the age of 65.
- *Second criterion:* the participants had completed a course of Psychological therapy at least six to twelve months prior to the data collection. The therapy was delivered by a qualified Psychologist or a Trainee Psychologist who was supervised by a Chartered Psychologist.
- *Third criterion:* participants with dementia or other types of organic cognitive impairment were not included in this study due to the possible impact on the quality of the information collected.

Participants

The participants were recruited from Psychology services within three older adult community mental health teams, in an area of a large English city. Nine older adults took part (eight female; one male) and their ages ranged from 68–82 years, from three 'age-specific generations' (Smyer & Qualls, 1999; Laidlaw et al, 2003, p.33). One participant described their ethnicity as Jewish, another as Greek Cypriot and seven participants were White British.

Procedure

Data collection: The interviews

The interviews took place in the participants' home or an interview room within a local NHS community facility. The interviews were audio taped and the research question *(Can you tell me about your experience of therapy and what was that like for you?)* allowed the participants to share their experiences and prompts were also used.

Constructivist grounded theory analysis

The method of data collection and analysis *(line by line, then focused coding)* was concurrent to help the researcher avoid becoming inundated and lose focus (Charmaz, 2006). A constructivist grounded theory analysis was applied to the transcribed interviews to create categories by comparing all the aspects constantly (Glaser & Strauss, 1967). Theoretical sensitivity was also used to bring an awareness to the meaning within the data (Glaser, 1978; Strauss & Corbin, 1998) by reflecting on what was revealed in the data and taking a variety of positions that illuminate and shape the ideas (Charmaz, 2006) when analysing the stories. Additionally, contemplative methods such as memos, keeping a journal and field notes helped the researcher reflect and give a transparent and trustworthy account of the process. By continuing to interview participants and clarify categories (Charmaz, 2006, p.107, Glaser, 1978) theoretical sampling was used to refine the categories and strengthen the findings (Charmaz, 2006). Sampling in this way has the capacity to detail the 'variation, consistency and contradictions' within the data (Kumar et al, 2003, p.143). Theoretical saturation was achieved through 'sorting' and seeing how the categories related to each other (Morse, 2007, p.239). Then a point was reached where no new information was revealed and thus assembling new data would not be productive because the categories had become saturated leading to the end result of theory development (Charmaz, 2006). In order to improve the 'rigour and trans-

parency' of this study and implant an 'audit trail' (Bowen, 2009 p.305) the researcher asked three psychology colleagues *(Clinical, Counselling and Health Psychologists)* to examine the data and analysis.

Findings

The core category of 'moving towards equanimity' represented what was central to the participant's experience of therapy and drew the four main categories and nineteen subcategories together to give meaning to their stories (see figure 1.0: Theoretical model). This article will elaborate on the four main categories.

The core category of *'moving towards equanimity'* can be understood as the older adult participants experiencing change during psychological therapy. This helped them acquire self-understanding which moved them towards regaining emotional stability. The therapeutic work helped these participants resolve the disruption within the 'self', caused by significant negative life events. Moving towards equanimity also meant that the therapeutic relationship with the older adult needed to be nurtured through therapeutic conversations, so that the participants' main concerns could be explored. The therapy relationship empowered the participants to take responsibility as this is part of the process of change in therapy. As a consequence, the older adult was able to move along a dimension from imbalance to balance.

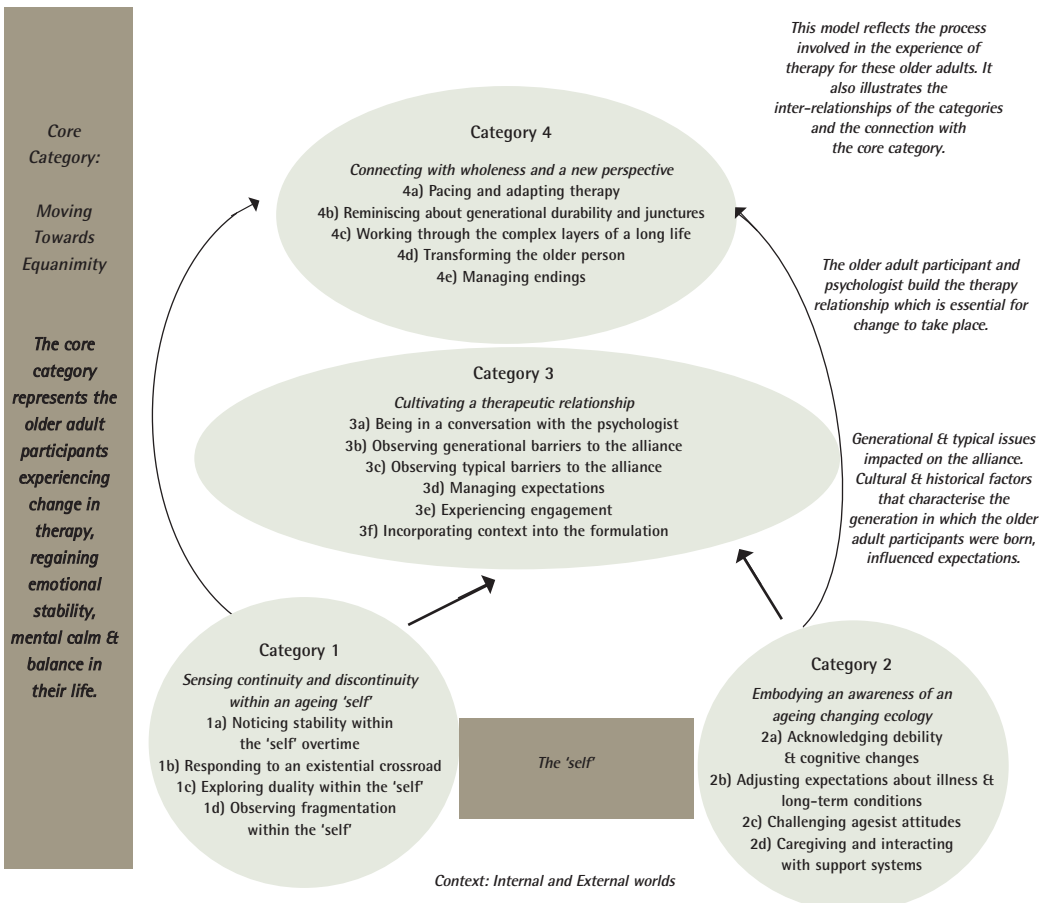

Figure 1.0: Theoretical model of older adults' experience of psychological therapy

Julie's understanding of the therapy process helped her to move forward and was embedded in the knowledge that 'finding balance' meant that she had connected to equanimity:

> *…I suppose it does, yes I suppose it does. It's a matter of finding a balance isn't it… (psy 07, 301).*

Category 1: Sensing continuity and discontinuity within an ageing 'self'

This category explains the impact upon the 'self' when unpredictable negative events occur and how these happenings contributed to destabilising the older adults' internal world, causing discontinuity to their sense of self. The participants in this study experienced crisis and complexity within the context of their internal and external worlds which reduced their resilience and their ability to cope. These concepts are rooted in emotionally painful life experiences that contained qualities about unexpected difficulties that converge on peoples' lives, preventing them from moving forward.

Margaret displayed the sociable and extravert nature that is characteristic of her self-identity.

> *…If I saw you down the road I might say nice day a bit cold ain't it, I might not know you at all, but that's the person I was from a little girl; friendly… (psy 02: 30-31).*

Coming to therapy was an opportunity to explore the dichotomy and fragmentation within the older adult participants' now vulnerable sense of 'self', because the calm and balance of their inner world became challenged by the crisis which ensued. The participants faced multiple physical and mental health challenges, in addition to loss and a shifting self-concept, all of which had repercussions on their autonomy and resilience. These problems led to the development of conflicting ideas about how they perceived themselves and life, as they struggled to re-balance the 'self' and cope.

For **Sally** she was clear in her mind that the impact of being evacuated had remained with her for 71 years:

> *…cause of my depression was when I was evacuated as a child; I was 11 years old…(psy 20: 10).*

Helen observed the destructive nature of the fragmenting 'self' that left her experiencing mental health problems at a late age accompanied by suicidal ideation leading to further disintegration:

> *…suicidal, what you call it, feeling coming into me. Sometimes I can sit there and say hey…(psy 25:206)*

Category 2: Embodying an awareness of an ageing changing ecology

Like the first category, the second explicates the effect upon the 'self'. Embodying is about how these older adults showed what ageing and change meant for them because of their interpretation of that experience. They had an awareness of their experience of ageing due to the interaction between their internal and external ecology because of the challenges they faced. This category further illustrates how these conjunctures at that stage in their life, while combined with the ageing process was an important factor in how they responded and made sense of their experiences. The participants and psychologists acknowledged an awareness of a changed 'self', which entailed issues of being frail, cognitive changes and adjusting to the challenges of long-term conditions that these older adults faced.

Melody had found her own way of adjusting to the knowledge that her long-term condition would result in death:

> *It's just one of those things; you've got to die with something I mean I'm going to die with that. (psy 44: 285-286)*

Her comment embodied layers of meaning entwined within a language that suggests an acceptance of something she cannot change.

Category 3: Cultivating a therapeutic relationship

The uniqueness of the therapeutic work with the older adult participants is predicated upon the third category being in place. Cultivating a therapeutic relationship with the older adult became an important foun-

dation from which to engage with the therapy work, so that both could make sense of the difficulties and move toward equanimity. The therapeutic work is about how they both embraced the realities presented in the first two categories that reflect the emotional complexities of the older adults' life. Within the therapy space there is that recognition of the richness of a long life already lived, and the reality of the life in the present moment despite obstacles and uncertainty about the length and quality of life in the future. In the therapeutic encounter, there is acknowledgement that the older adult brings a particular historical knowledge, wisdom and values from a previous generation. Moreover, there are also cohort differences inter-generationally. Being in the therapy room with the older adult, the psychologist brought specialist knowledge and expertise about the ageing process, in addition to a contextual understanding of the different environments in which older adults live. This helped guide the participants towards developing greater stability through transparency, collaboration, genuineness, 'engagement', trust, openness and good communication that led to the therapy alliance being strengthened.

Peter felt that the psychologist listened as he shared his worries:

> *Well, if you've got any worries you know that someone is there to listen to you… (psy 03: 201).*

Trusting the psychologist helped Helen and Alice share more of their story:

> **Helen** explained:
> *I got to trust her and then I started bringing out, giving more, you know. (psy 25: 146).*

The participant developed trust in the psychologist over time and this helped her to share more in therapy.

> **Alice**: *…came out, poured everything I felt so comfortable with her (she drank a little water) I was able to pour it all out. …(psy 41: 107-108).*

The participants evoked a vivid account of their journey of self-expression and how talking to the psychologist flowed.

The participants also spoke about the 'persona' of the psychologist and that there was something intrinsic within the psychologist that allowed them to develop trust.

> **Alice**: *…but I didn't force myself it had to come naturally, it had to come naturally it did. …(psy 41: 233-234).*

This notion indicates that they trusted the psychologist intuitively and this allowed them to trust the process, which suggests that the participants, the psychologist and the therapeutic process are all interlinked.

Category 4: Connecting with wholeness and a new perspective

The fourth category depicts the journey towards achieving equanimity that helped the older adult to evolve, develop and gradually change. Within this stage of therapy, the psychologist 'paced and adapted' the sessions according to the needs of the older adult. The therapeutic conversations included 'reminiscing about generational durability and junctures' and the function of this exploration was to acknowledge the resilience of previous generations. This included how the older adults experienced these historical events, as well as the stories passed on through their families. The psychologist took into account the pain, distress and trauma within the participants' stories as they negotiated how they would join together to 'work through the complex layers of a long life'. Experiencing psychological therapy helped to 'transform the older person' so that they regained emotional stability and they began coping with life again.

Margaret's acknowledgement that she had experienced a difficult time brings with it a realisation that she had processed those experiences and found a way to adjust to them:

> *I've been through a terrible, terrible time. But I know I'm very strong… (psy 02: 744).*

As therapy drew to a close 'managing endings' was acknowledged by both parties to be a time of loss with some sadness. At this stage in the therapy journey, the older adult and psychologist both took time to reflect upon the work and also take responsibility for the sense of hope regarding the changes that had taken place.

Christina owned that the situation is different now and so is she:

> *It reminds me it's different, I'm different. (psy 15: 533).*

Peter described that he had a breakthrough:

> *…it was the circle that you was in and you had to find your own way out. (psy 03:11)*

The participant explained how stuck he felt and how the journey through therapy helped him reconnect with his resilient 'self' and find a way through his difficulty.

The participants reflected on the change they had observed within the 'self' that helped them to adjust to their life. The change indicated a difference in their attitude towards themselves and a sense that they felt better. This new perspective embraced both past, present and future selves with a compassionate stance that embodied balance and courage.

The participants had noticed a shift in their thinking to an alternative way of viewing themselves and their life circumstances.

Alice spoke of how therapy helped her change her perspective:

> *…and she made me see myself in a completely different light. The way she worked with me…(psy 41:143).*

The participant was aware that she changed due to the therapy relationship. She described the change in her self-perception which indicated that the impact was profound.

Therapy also helped **Alice** show self-compassion:

> *…main thing is (…) you got to start learning to love yourself, give yourself a hug every now and again…(psy 41: 145).*

The participant's description sets out a number of components that developed during her experience of psychological therapy that led to equanimity, which also underlined the cultivation of a compassionate self.

Discussion

In this study moving towards equanimity was the experience of these older adult participants, as they detailed what informed them that they had achieved balance and a sense of calm within the 'self'. The therapy process led to them developing a reintegrated sense of wholeness through a more equanimous frame of mind. The conceptual categories and processes involved in the older adult experience of psychological therapy offer some insights about the participants' particular stage of life and how negative life events created distress but were resolved within an authentic therapy relationship (Atiq, 2006). Andrew, Fisk and Rockwood (2012, p.1351) propose that there are theories within 'psychology' that see the 'work of aging' as being a process of 'aging with equanimity' (Erikson & Erikson, 1997, as cited in Andrew et al, 2012, p.1351). Equanimity has a number of definitions that feature within different areas, also the meta-characteristics of equanimity include a sense of 'calm, peacefulness, centeredness, self-transcendence and compassion' (Astin & Keen, 2006, p.2). Age and how it relates to equanimity is about how older adults make sense of this phase of their life and equanimity has a quality that captures the emotional inner world of the person (Astin & Keen, 2006). Therapy helped to transform the participants and empower them to be able to take responsibility for their life. Garner (2003, p.540) contends that the process of change for older adults in therapy is often about 'acceptance and equanimity' about the restrictions within life that cannot be altered.

At the beginning of therapy the older adult brought a 'sense of continuity and discontinuity within their ageing 'self' (Sneed & Whitbourne, 2005). There was recognition of continuity into old age by these participants and this supports Erikson's (1968) formal developmental theory that individuals are aware of their sense of self over time. The participants expressed a sense of themselves from their childhood into old age, and they could name particular attributes that defined them as a person. This indicates that the 'self' possesses constancy, coherence (Mathieson & Stam) and the person has an ongoing recognition of the self (Erikson, 1968). McLeod (1997) suggests the story a person tells about them self is their own private way of identifying who they are.

When a person experiences ill-health they try to connect with who they were before they became unwell, to bring 'past' and 'present' together to understand what the experience means for them (Williams, 1984, p.179). Negative events can be thought of as the 'stressful life circumstances' (Moos et al, 2006, p.2) that occur in the present and the older adult can often struggle to cope with. For many older adults who have experienced living through world war two for instance, or other types of traumatic histories from long ago, many have held onto painful memories deep within for all of their life (Davies, 2013; McCarthy & Davis, 2003; Hiskey et al, 2008). Experiences that have taken place more recently in the older adult's life such as 'retirement, loneliness, co-morbid psychiatric illness,' and physical health problems that are challenging can 're-activate' (Macleod, 1994, p.625) past trauma memories and impact on how they manage 'developmental tasks' during this stage of life (McCarthy & Davis, 2003, p.146). Davies (2013, p.48) posits that for older adults 'trauma re-activation' can be triggered when they are facing difficult life events. The participants had experienced significant losses that brought an awareness of a changed 'self' and similarly, experiencing too much stress can cause a dis-integration within the individual's perception of their life story (Polkinghorne, 1991). Furthermore, early life experiences where the needs of the child have not been met also shape the self-identity (Kohut and Wolf, 1978) and this can create 'vulnerability' within the older adult (Atiq, 2006, p.54). Woods (2003, p.131) holds the view that unresolved losses from the past can contribute to 'depression' and can be experienced more often in the later years of a person's life.

The challenges older adults face (Butler, 1967) regarding their physical health triggers an awareness of 'frailty' that contributes to a 'new identity' as an older adult (as cited in Fillit & Butler, 2009, p. 349) with health problems. Lazarus and DeLongis (1983, p.246) suggest that it is the importance of the negative life event within the 'continuity' of the older adult's 'life and not age alone' that needs to be considered. In this study the adversities posed to the ageing 'self' caused the participants to doubt whether they could overcome their problems and this disrupted their continuity bringing them to an existential crossroad.

The participants were situated in a number of different contexts that weaved complex systems into their ecology. This experience shifted their attention onto health, community and social care issues; which featured aspects of normal ageing (Knight, 2004), in addition to unexpected occurrences. The building of the working alliance had some generational and typical barriers to overcome before engagement could take place. Generational differences exist between older adults born in different periods in time and this influences their experience due to the dissimilar historical context (Knight, 2004). The importance of generational differences to Psychologists is related to the need to work flexibly whilst taking account of the older adult's 'unique history' (Lazarus & DeLongis, 1983, p.245). Typical barriers that commonly arise within the working alliance also occur for older adults; wherein emotional defenses; such as ambivalence (Appleton & Martin, 2012) and attachment issues can present in therapy (Cookman, 2005).

McLeod (2009) described that what is distinctive about the act of coming together for the therapist and client is the reciprocal interaction as they talk, that leads to a particular connection within the therapy relationship which helps the client feel heard and understood. This study found that the participants' trust in the therapy relationship helped strengthen and deepen the engagement. An awareness of generational and typical factors so that it can be talked about is also part of truly being with the older adult; that is, to be fully present with all that 'illness, pain and loss' in order to connect together on the journey towards equanimity (McBee, 2003, p.257; Garner, 2003).

Connecting with a new perspective developed because of the collaborative relationship

due to the pace and adaptations made by the psychologist. The quality of the sessions helped the participants open up and this gave them some sense of control about what they wanted to share. The phenomenon studied in this research produced an emergent theory that demonstrated how the older adult learnt to embody emotional stability (Astin & Keen, 2006, p.2) and a re-balanced sense of self because psychological therapy guided them along a path to wholeness.

Limitations of the study

The participants were recruited as a purposive sample, where their age and the course of psychological therapy they undertook were key elements that met the inclusion criteria for this study. Therefore, the transferability of these findings may not be appropriate for generalisation (Charmaz, 2006) due to the contextual factors that apply specifically to the older adult participants' situations (Goulding, 2002). Furthermore, my comprehension and interpretation of the data was taken from the perspective that emerged while analysing the participants' accounts and it is understood that the reader or another researcher may take a different view (Boyd & Gumley, 2007).

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