

Psychologists' constructions of old age – a discourse analysis.

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ABSTRACT

Objectives: The context of the increase in life expectancy and the demographic shift towards a more elderly population in the UK presents a number of challenges to society's perception of old age and to the likelihood of increasing demands upon health professionals and psychologists who work with the elderly. Existing studies have focused on the effectiveness of therapeutic endeavours with older people, yet have failed to discretely examine the constructs of old age among psychologists who work in the field. Given the prominence of the ageing population and the likelihood of an increase in demands for therapeutic interventions, the aim of the present study was to explore how psychologists discussed and constructed old age within the context of their therapeutic work with older people. The research questions focused on the way in which psychologist who have experienced working with older people talk about old age, the way they construct ideas of therapy with old people and how those constructs of age relate to wider cultural and social constructs of old age.

Method: Individual in-depth interviews were conducted with eight psychologists, who were aged between mid thirties to late fifties, all of whom had a minimum of two years experience working therapeutically with older people. The interview transcripts were analysed using the discursive analysis methods of Discursive Psychology and Foucauldian Discourse Analysis. The analysis focused on the way the psychologists used discursive resources when discussing old age and the implications of their subject positions in their therapeutic work with older people.

Results: The results identified a number of discourses of old age; old age as heterogeneous, old age as dichotomous, that the therapeutic intervention with older people can be seen as complex and challenging as well as a rewarding pursuit for the therapist, that the choice of the therapeutic model has implications itself and that old age can be seen as an internal attribute.

Discussion: The study demonstrated how constructions of old age influenced psychologists in terms of their expectations, their therapeutic delivery, their willingness to integrate a number of therapeutic models, and in their ability to set goals with their elderly clients. The clinical implications of the present study are discussed and the study concludes with recommendations suggesting additional training aiming at furthering psychological knowledge of old age and current theories of ageing.



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ADDENDUM (Separate disc containing audio files of interviews)

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LIST OF ABBREVIATIONS USED

BAP	British Association of Psychotherapists
BPS	British Psychological Society
CALTAP	Contextual Adult Life span Theory for Adapting Psychotherapy
CBT	Cognitive Behavioural Therapy
CCF	Comprehensive Conceptualization Framework
CCMSC	Contextual, Cohort-based Maturity/Specific Challenge
CP	Counselling Psychology
FA	Foucauldian Analysis
FDA	Foucauldian Discourse Analysis
GP	General Practitioner
NHS	National Health Service
SOC	(theory of) Selection, Optimization, and Compensation
UK	United Kingdom

CHAPTER 1: INTRODUCTION/LITERATURE REVIEW

The literature review will be presented in four main parts; firstly the concept of age in the Western society will be discussed followed by a critical review of the theories of ageing. This is followed by an overview of ageing in the literature entailing a discussion of age and its meanings from a social constructionist view point. This will provide the reader with an understanding of the complexity in defining what old age is. As the population in the Western world is getting older, the third part of the introduction will discuss issues related to the implications of this demographic change and will outline the important role of psychology to older people in a mental health context. The introduction will conclude with an outline of the rationale for this research project, stating the research questions and providing the relevance of this project to the research and practice of counselling psychology (CP).

1.1 Age in Western society

1.1.1 *Changes in the demographics of ageing*

Over the next fifty years the global older adult population, people who are over the age of 60, is estimated to surpass the number of children under 15 for the first time in history and increase from 673 million people today, to 2 billion in 2050 (*World Population Prospects: The 2008 revision*). Worldwide, the oldest segment of the population is the fastest growing (Kinsella, 2005); life expectancy globally has been on the increase over the last several decades and it is currently predicted to reach approximately 120 years in the developed world (Freund *et al.*, 2009). A large scale worldwide research project by Kannisto (1994) noted the deceleration of mortality rates in 28 countries from 1950 – 1990, which indicates that more people are living after the age of 80 (Lynch, 2001). The dramatic growth in the numbers of older adults in both the developed and the developing world are explained by medical, cultural and socioeconomic changes. Improved medical advances in controlling diseases associated with old age, decline in fertility and reducing childhood deaths have been linked to longevity (Stanford, 2006). Old people are living longer and remaining healthier which is explained by cultural changes in lifestyle with an emphasis on exercise, dietary modification, and social activities consequently enhancing a more successful ageing (Depp & Jeste, 2006; Depp *et al.*, 2010). A study by Scholz (2003) for example asserts that mortality rate among people from East Germany declined, even amongst the oldest

after unification with West Germany. In the UK similar trends are reported with one of the highest percentage of centenarians in Europe by Bezrukov & Foigt (2005).

The global demographic picture is reflected in the UK, the UK Office for National Statistics predicted (Population Trends, Winter 2010), that by 2034, 23% of the population will be over 64 years of age, outnumbering those under 15 years of age, who will constitute 18% of the population. The age group with the largest growth will be those over 85, which will have grown from 1% in 1984, to 2% in 2009 constituting up to 5% of the UK population by 2034. The ageing of the population will present a dramatic change to Western societies as at present people aged 65 years and over represent the fastest growing demographic in most developed countries (World Health Organization, 2002). These demographic changes are of importance to psychologists because the trend in ageing represents patterns of social roles and societal norms as well as significant sequences in life events and the transitions through them (e.g. education, career), consequently shaping individual choices and goals (Wrosch & Freund, 2001). The above suggests a need in recognising and assisting elderly people in finding roles and activities that may contribute to engagement in society and creating thriving elderly communities.

In support Stanford, (2006) asserted that there is a tendency by people not to prepare psychologically for their ageing in comparison to physical and financial aspects of it. More so a lack of research knowledge and education among health care providers is evident with regards to the psychological and psychosocial dimension of ageing such as the concept of retirement (Stanford, 2006; Rosenkoetter & Garris, 2001). Freund (2009) asserted that there is a sense of freedom in older phases of life in selecting goals associated with the individual's values as compared to earlier phases in life; in old age, there seems to be less expectation and social norms in relation to goal setting and goal maintenance post retirement age. A study asserted that in earlier phases of life there is a focus on professional roles and strict structured social norms and expectations for age appropriate tasks such as starting a family or achieving an education (Ebner *et al.*, 2006). Growing life expectancy and a lack of social structure produces demands for an individual to create their own personal goals and daily structures which relates to well being in later life (Baltes, 1997). Psychologists could have a significant role in

exploring choices and goals with their elderly clients which is likely to contribute to their mental health.

Demographic data for the UK (Population Trends, Winter 2010) shows there is an increase in life expectancy which is attributable to a number of factors. A significant contributing factor is that of the 'baby boomers' of the 1960s moving into the older age bands. People who were born after World War II have now reached retirement age. The term 'baby boomers' refers to babies born post World War II, between 1946-1964, the decline in mortality and fertility together with the influence of this rise in number of children in this period means that we are moving towards an ageing culture, where the 'baby boomer' cohort will change the conception of ageing, reshaping popular styles and attitudes to address their needs (Sperry, 1992).

One of the ways in which this cohort differs from those that went before is in its attitude to mental health issues generally as they seem to have a more positive approach to psychotherapy and psychological interventions. This may in part be due to exposure to media communication of psychological issues, and 20th century therapeutic intervention such as humanistic approaches and Cognitive Behavioural Therapy (CBT)(Currin *et al.*, 1998; Gatz & Fiske, 2003) which may have made them more 'psychologically minded'. They are also more adapted and knowledgeable about ways of steering themselves through the national health care system and the uses of therapy (Munk, 2007). Thus we can see an increase in older people seeking therapy who are less prone to negative stereotypes of old age within mental health services (Zarit & Knight, 1996), are more psychologically minded and may be more likely to see psychotherapy as an option.

1.1.2 Biological/Physical signs of ageing

Ageing in the broadest sense is the continuous and irreversible decline in the efficiency of various physiological processes once the reproductive phase of life is over (Balcombe & Sinclair, 2001). The ageing process results in physiological changes, which affects not only the way elderly people look, but also on their functional ability and responses to their daily living. However, it is important to note that individuals experience these changes differently - for some, the level of decline may be rapid and dramatic; for

others, the changes are much less significant. The effects of these changes also differ widely.

The most visible signs of the deterioration of physiological processes or physiological changes are the external ones such as the skin, hair and nails. The skin loses underlying fat layers and oil glands, causing wrinkles and reduced elasticity. In addition, the skin develops 'age spots' due to deposits of melanin pigment. The skin becomes somewhat less sensitive to sensations including heat, cold and injury. The hair gradually loses its pigmentation and turns gray and the nails become thicker due to reduced blood flow to the connective tissues (Calleja-Agius *et al.*, 2007). Other physiological processes are significant through the ageing process such as; changes in cardio-vascular system, respiratory system, musculo-skeletal system, cognitive and others. In the cardio-vascular system for example a weakening of the heart muscles and a loss of elasticity in the arteries reduces the blood flow, resulting in reduced stamina. A decreased stamina, with shortness of breath and fatigue, can be the result of changes in the respiratory system as airways and lung tissue become less elastic (Levin *et al.*, 2007). The muscular-skeletal system changes as the withering of all muscles is a normal process in later years accompanied by a replacement of some muscle tissue by fat deposits. This results in some loss of muscle tone and strength and some specific implications such as reduction in the ability to breathe deeply, reduction in gastrointestinal activity which can lead to constipation and bladder incontinence. Calcium loses and bones become less dense resulting in osteoporosis and a reduction of weight bearing capacity, leading to the possibility of spontaneous fracture. The joints also undergo changes and arthritis, the degenerative inflammation of the joints, which is the most common chronic condition in the elderly (Dirks *et al.*, 2006; Goldspink, 2005). Cognitive changes are associated with ageing, for example after the age of twenty-five everyone starts to lose nerve cells (Anstey & Low, 2004). Gradually over time, this results in a reduced efficiency of nerve transmission which affects response time and coordination. In spite of these anatomical and physiological changes in the brain, studies have found evidence of limited impairment of actual intellectual functioning associated with the ageing process (Rabbitt *et al.*, 2006). Intellectual ability is one of the factors affecting functioning in later life. The various changes in cognition can be seen in how ageing effects intelligence or the ability to learn and memorise. Intelligence is generally

associated with a range of abilities that allow us to make sense of our experiences, the ability to comprehend new information, the ability to think abstractly, the ability to make rational decisions, spatial ability, numerical ability and verbal fluency (Anstey & Low, 2004). Some of these abilities (e.g., the ability to think abstractly) are biologically determined and are known as ‘fluid intelligence’. Other intellectual abilities (e.g., verbal fluency) reflect the knowledge and skills a person has gained through life experience and are known as ‘crystallized intelligence’. Intelligence tests have demonstrated a pattern of age related changes in intellectual functioning. These tests show somewhat poorer performance by older people on tests of ‘fluid intelligence’, but little or no difference on tests of ‘crystallized intelligence’ (Anstey & Low, 2004). The effect of ageing on learning and memory can be seen where the majority of people experience a modest increase in memory problems as they get older, particularly with regard to the ability to remember relatively recent experiences. There is impairment of the ability to accumulate new information and to retrieve existing information from memory. There is little decline in the ability to store new information once it is learned (Masunaga & Horn, 2001).

1.1.3 Implications of demographic shift: the challenges for mental health

In addition to the demographic growth of the ‘baby boomers’ globally the most significant and fastest growing sub-population is of the ‘oldest old’, people who are 80 years and older (Kinsella, 2005), this cohort often receive treatment from an array of health care providers due to complex health and psychological needs. Consequently, the global implications of these demographic changes will have irreversible effects on societal structure. The increase in longevity is most significant with the ‘oldest old’ cohort and in particular, the number of people who will reach the age of 100 is projected to increase by a factor of 20 globally (*World Population Prospects: The 2008 revision*).

There are several social factors that may result in the need of older adults to seek psychological therapy. Smaller family sizes, the increases in family break ups and divorce imply that there is a limited access to traditional or historical social support systems, such as religious activities and clubs, which might lead to isolation, depression and a increased need for therapeutic support (Gray, 2009; Terrion & Lagacé, 2008). Consequently it is likely that psychologists and psychotherapists will have more contact

with older people than they currently do (Laidlaw, 2010; Munk, 2010). Longevity will also have an impact on the range of ages under the category of old age, as there is a clear distinction between the 'baby boomers' and the older generations therefore those on the cusp of ageing are experiencing different attitudes and outlooks to those of earlier cohorts of older people (Knight, 1996; Knight & Lee, 2008; Laidlaw & Baikie, 2007). This range will be reflected in that the psychological needs of a 95 year old will be distinctly different from the needs a 65 year old who will have just entered the old age category (Wan *et al.*, 2005). In addition, people who enter the 'oldest old' cohort are likely to present with more complex issues and might have greater longevity challenges such as living and dying with dignity, living longer with chronic conditions (Baltes & Smith, 2003), and living in different locations, such as nursing homes and community centres (Hillman & Stricker, 2002).

These longevity challenges may demand psychologists to be more flexible in their approach. Hillman & Sticker (2002) suggested that psychologists should be aware of the importance of integrating a number of theoretical therapeutic models together with awareness of age specific issues, such as sexual issues or chronic illness. Their study highlighted that older people as a client group are more heterogeneous than other client groups such as adults or adolescents. They noted that although there are a growing number of studies which discuss the effectiveness of various therapy models with older people, an integrative approach is more suitable as it is often focused on impacting the client environment, such as family and institutions. In addition to a lack of knowledge of the application of integrative therapy it is possible that older people seeking therapy will be seen by psychologists or mental health practitioners who do not have specific knowledge and training in geropsychology or geriatrics and who may not be fully aware of the impact of longevity and demographic changes (Knight *et al.*, 2009; Laidlaw & Baikie, 2007).

Laidlaw & Pachana (2009) asserted that therapy is likely to be ineffectual if a therapist holds negative views of ageing or has a lack of knowledge of ageing. They drew attention to how negative views can be a barrier to successful therapeutic outcomes and can reinforce depression and anxiety. They provided an overview of studies indicating how age biases by clients and therapists may contribute to and reinforce a vicious cycle

of depression and anxiety in older people, attributing the depression to beliefs that it is an outcome of old age. Laidlaw & Pachana (2009) asserted that elderly clients often possess inner strengths, wisdom and positive resources which may be overlooked due to a therapist's lack of knowledge of ageing as they may not recognize that old age can be viewed as a stage of life that presents life satisfaction and growth.

The elderly, particularly the 'oldest old', hold a belief that depression is a normal part of the ageing process (Law *et al.*, 2010). This belief can perhaps be reinforced implicitly and explicitly by therapists' views. The 'oldest old' are less likely to report their symptoms of anxiety/depression, and some are less aware of the therapies that are available to them (Bryant, 2010). However, depression and anxiety have been cited as dominant disorders in old age and that suicide rates among the elderly remain high (Riedel-Heller *et al.*, 2006). Depression rates are lower in older adults as compared to the adult general population but can have serious consequences such as a reduced quality of life (Blazer & Hybels, 2005; Fiske *et al.*, 2009; Gonçalves *et al.*, 2009). Although there is a debate regarding the prevalence of depression and anxiety in older people, some studies suggest that age related life events such as health problems, losses, loneliness and economic circumstances increase their vulnerability, suggesting a predisposition for depression (Maierà, 2010; Palsson, 1997).

1.1.4 Summary and critique of age in Western Society

The numbers of older people in society globally are growing (Kinsella, 2005; Lynch, 2001). There is however confusion when thinking about the implication of such a demographic shift in terms of mental health. This suggests that it may be useful to explore old age in a therapeutic setting.

On the one hand older people are living longer and have healthier life styles, demonstrating resilience despite physical illnesses and accumulating losses (Bryant, 2010; Jorm, 2000). Longevity can be challenging as it may occur within complicated restrictive medical conditions, life style changes and an increase in frailty (Blanchard *et al.*, 2009). Additionally, smaller family sizes restrict the informal support older people can draw from (Laidlaw, 2010). These observations concur with studies demonstrating a link between health, functional impairment and poor mental health in old age (Braam

et al., 2005). Consequently, there is a growing need to provide informed psychological therapies and interventions to older people who struggle with life style changes, emotional problems and adjusting (Blanchard *et al.*, 2009; Knight *et al.*, 2009; Zarit, 2008).

1.2 Psychological theories of ageing

Life changes in old age are frequently associated with losses; some are to do with health, loss of loved ones etc, which often involve coping with challenges which are within an individual's control or beyond it (Boerner & Jopp, 2007). The variability in old age is vast whereby some people are active and well functioning at the age of 95, whilst some are frail at the age of 65 (Munk, 2010). Life span theories aim to develop a better understanding and accounting for aspects of ageing and life span processes. For the purpose of this research, with its aim to locate old age in a wider context, this section focuses on a small number of ageing theories that may be part of a psychologist's knowledge and are drawn upon a psychologist's construction of age. Moreover, these theories may assist psychologists in developing affective working practices with an older population.

1.2.1 Erikson's life span model

Erikson's (1959, 1982) psychodynamic life span development model is a theory of human development, growth and maturation from birth to old age. This model sets out eight stages of human development (see Appendix 10 for a full list of these stages: Infancy – trust vs. mistrust, Toddlerhood - autonomy vs. shame, Preschool - initiative vs. guilt, Childhood - industry vs. inferiority, Adolescence - identity vs. role confusion, Young adulthood - intimacy vs. isolation, Middle adulthood – generativity vs. stagnation, Late adulthood – integrity vs. despair) and places emphasis on the transition through these stages over the life span. The way in which a person masters any particular stage influences future success or lack of success in mastering the next stage of development (Erikson, 1982). Having arrived at the end, the eighth stage, the theory suggests a dichotomy of integrity/despair and that an individual will have attained a higher state of maturity (Erikson, 1982). In support of this a study conducted two experiments in which the first participants were asked to free recall memories from each

decade of their lives and in the second they were given cues (e.g. childhood) which contained themes from stages of development (Conway & Holmes, 2004). In both experiments older people recalled memories, and they were related to Erikson's specific psychological stages (Conway & Holmes, 2004). Erikson (1982) also asserted that the maturation of bodily functions is linked with the expectations of the society and culture in which the person lives. During this eighth stage, the central psychological task of an old individual is to look back upon their lived life reflecting upon events and their accomplishments, finding meaning and purpose for their life. By being able to accept and be satisfied with their life, regardless of how good or bad it has been 'ego integrity' is reached. Failing to do so will result in experiencing despair of how their life was lived without meaning and a feeling of despair over missed opportunities. However, the theory does not address the challenges an older person may face in terms of physical changes, social roles and the cultural challenges of a youth oriented culture (Sneed & Whitbourne, 2005). Furthermore, Melia (1999) argued that ego integrity is an issue which can develop repeatedly in any stage of adult development. A ninth stage of psycho-social development has been added to the theory which is applicable to people in the oldest old stages in their 80's and 90's and the challenges of later life such as loss of strength control and autonomy (Erikson & Erikson, 1997). In this ninth stage an individual is thought to be motivated to resolve and overcome past difficulties in preparation for death. Resolution of these difficulties will result in a feeling of worth as well as a sense of harmony and peace, the key issue is hope and trust and avoid giving up (Erikson & Erikson, 1997). Age resolution was demonstrated in a study measuring responses to description of resolution of difficulties from women aged in their 80s and 90s and the responses correlated with resolution within the ninth stage of development (Brown & Lowis, 2003).

Furthermore the old age stage of ego integrity versus despair has been looked at in a study which asked participants aged 82 to 92 to write spontaneous statements relating to ageing after being encouraged to engage in reminiscing behaviours. Higher positive statements (ego integrity) resulted relating to ageing. This study stressed the importance of providing an environment that facilitates communication and reminiscing (Hogstel & Curry, 1995). Other studies showed that reflecting on past memories influence well-being and a sense of peace (Hagberg, 1995; Boylin, Gordon & Nehrke, 1976).

1.2.2 Theories of Mental health and ageing

In addition to Erikson's life span model, other theories, described in the following section, try and explain the way in which older individuals seem to, in spite of their losses, report in general well-being and overall positive emotions. These theoretical models address the adaptability of older people to changes which occur in old age, or who in Erikson's terminology have achieved integrity.

Baltes's (1997) theory of selection, optimization, and compensation (SOC) model asserts that goals setting, investing in pursuing and maintaining them when faced with losses is an important process in contributing to successful well-being in old age and in personal development from adulthood into old age. This is consistent with Erikson (1968) who asserts successful transition and achievement of developmental tasks and crises facilitate personal growth.

The SOC model aims to explain how an individual adapts to life changes and losses. It suggests that an older individual when faced with declining health, reaction time or any other losses engages in a process of selection, optimization, and compensation that explain their adaptation to developmental changes across their life span (Baltes 1997).

This selection is concerned with selecting goals that are most important to the individual and that are realistic in terms of personal resources (e.g. relevant skills, personal preference). The attention is focused on less complex tasks that can be securely adjusted and achieve competence in performance, thus a process of compensation. This suggests that cognitive losses are limited to new learning. However, the integration and application of previous knowledge appears to increase with age (Carstensen & Lockenhoff, 2003). It is important to note that this exchange can function in an automatic way and does not entail a logical reasoning process; this implies that the tasks that are achieved in old age are likely to be ones that people have achieved high levels of competence in earlier life (Baltes 1997). This improves the ability to compensate, while tasks that are less practiced tend to decline in old age. Although not all old people will have the ability to compensate when facing decline, this model sheds light in understanding the way in which old people manage their lives and emotions and consequently improve their well-being. In terms of mental health the theory also

supports resilience in old age and a higher level of emotional well being, which demonstrates an ageing paradox; older people at the stage of life most associated with physical decline report high levels of life satisfaction (Carstensen & Lockerhoff, 2003; McFadden, 2004). Carstensen (1992) extended the model with social relationships and emotions, suggesting universal processes across age groups. This emphasises that the perception of time differentiates older people from younger cohorts; older peoples' understanding of time can be that it is limited or expensive, which consequently influences goals and their social motivation (Carstensen, Isaacowitz & Charles, 1999). Socioemotional selectivity theory addresses the fact that older people tend to have smaller social networks than younger people, as a result of focusing on selective social contacts which maximize their positive feeling and general well-being (Carstensen, Isaacowitz & Charles, 1999; Birditt, Fingerman & Almeida, 2005).

From a similar perspective Knight (1996, 2004) developed a contextual, cohort-based maturity/specific challenge model or guide for psychotherapy with older people (CCMSC). The CCMSC framework emphasises the challenges that older people are likely to face in later life such as illness, losses and bereavement. This model views older people as mature and as having a developed knowledge in social relationships, family and work emphasized by their life course perspective (Knight, 1996, 2004). Older people also have an understanding of emotional complexity and control of these emotions (Birditt, Fingerman & Almeida, 2005). In addition the CCMSC framework highlights the fact that older people may have different experiences and different socioculture circumstances than their younger cohorts or than they were born into themselves, for example living through the Second World War (Knight, 1996). This model has been extended to take in positive perspectives to the ageing process and aim to help psychotherapists and their clients in understanding the process of ageing from a CBT perspective. Contextual adult life span theory for adapting psychotherapy (CALTAP), asserts that the core principals are no different than applying CBT with a younger cohort, it lists coping with chronic illness, disability, death of loved ones, ongoing care giving and others as specific to old age (Knight, 2006; Knight & Lee, 2008; Satre, Knight & David, 2006). Laidlaw and colleagues (Laidlaw *et al.*, 2004) developed a comprehensive conceptualization framework (CCF) model emphasising on CBT intervention and symptoms reductions. Both models share the emphasis on life

course perspectives and social contexts, health status of clients and cohort beliefs and on interventions that are directed towards symptoms reductions (Knight & Lee, 2008; Laidlaw *et al.*, 2004).

1.2.3 Summary and critique of the Theories of Ageing

The theories above, from Erikson's life span model (Erikson, 1982, Erikson & Erikson, 1997) to more current theories (such as SOC, CCMSC and CCF) are similar in that they focus on explaining the process of ageing, the ways in which often older people are able to report a high level of resilience, well-being and satisfaction in life despite having to face physical decline and multiple losses. Some theories go further providing guidelines to therapists and emphasising on specific difficulties that are prevalent in old age. Each theory informs us about older people and points out, though not always clearly, some ways to respond to them. This is in particular true in Erikson's model where there are very few details on the ways of reaching ego integrity, and the theory emphasises developmental stages and does not account for cultural or societal perceptions of old age. However, as a whole, the theories are based on research using quantitative approaches towards life span and psycho-gerontology which are characterised by statistical analysis of factors relating to successful ageing, personal control, wisdom and so on. Although some of the models provide a framework for working therapeutically with older people, research on the diverse and the constructed meaning of age by psychologists might benefit from a more exploratory, qualitative approach. The theories' discussions about practices and their guide lines do not always take into account the complexity of the meaning of old age to the therapists who are working with this cohort, or a cultural understanding of old age.

Most of the theory-driven therapeutic approaches emphasise the importance of goal setting (SOC and CCMSC) as it contributes to well-being and mental health, however a lack of social expectation in old age regarding the kind of goals that an individual is expected to pursue are unclear, and goal settings do not occur in a social vacuum. In early ages the social structure and expectation of age appropriate goals are much clearer, for example; marriage, career and raising a family in adolescence and young adulthood (Settersten & Hagestad, 1996; Freund, 1997). Older people may be more aware of the goals that are inappropriate in old age and therefore might need to be abandoned than

the type of goals that are socially supported and suit their resources and interests, for example participating in extreme sports (Freund *et al.*, 2009). Older people tend to focus more on the process when choosing a goal than on the outcome (Freund *et al.*, 2010). Western societal structure tends to be slow in adapting and responding to old age needs in providing opportunities (e.g. work, retirement age) which may influence goal setting and motivation in later life (Riley *et al.*, 1994).

The above theories do not identify the various ways of constructing old age or the norms and expectations of older people which may reflect a social reality that is accessible in a particular setting. Psychological intervention is explicitly or implicitly steered by some theoretical assumptions about what old age entails. A social constructionist perspective of the way in which human experiences are mediated historically, culturally and through language may add to the body of knowledge in applying therapeutic interventions with older people (Burr, 2003; Willig, 2008).

1.3 A critical overview of age and its meanings from a social constructionist viewpoint

There are conceptual difficulties surrounding research involving ideas such as old age. Freud notoriously asserted that ‘near or above the age of fifty the elasticity of mental processes, on which the (psychoanalytic) treatment depends, is as a rule lacking’ (Freud, 1905, p. 264). This statement is of a particular irony as Freud himself continued to work and develop his theories until his death, aged 83, thus demonstrating his own mental agility and ‘elasticity’. Evidence suggests that age-related changes to brain tissue volume and blood supply can account for degradation in the speed of performing a task but does not appear to affect intelligence (Rabbitt *et al.*, 2006; Masunaga & Horn, 2001). In this section of the introduction the researcher argues that the term old age, as well as its meaning and definition, is socially constructed through interaction and language (Burr, 2003). The social constructionist perspective disputes the idea that reality and knowledge can be obtained through objectivity, instead it asserts a view that there are many different realities and a numerous ways of seeing the world (Burr, 2003). The perspective asserts multiple various realities that are all equally valid (Burr, 2003; Ponterotto, 2005). Therefore, from a social constructionist perspective the view of old age should vary over time, from culture to culture, within population segments (by

region and class) and from person to person (Gergen, 1985). The term old age, therefore, is constructed through language in day-to-day interactions which maintain a shared cultural understanding of the social world and of social existence.

1.3.1 Construction of old age as a category

The ageing process is a process which affects everyone, old age as a category and a cultural construction is recognised and used by Western cultures (Degnen, 2007). However, the meaning of the term old age is not fixed and is often dependent upon specific contexts.

Old age is a broad and heterogeneous concept compared to other parts of the life course. The question of when a person becomes 'old' is difficult to answer - is one old at 60, 75 or 85? There are no universally accepted definitions or understandings of the meaning when one enters old age (Hill, 2005). Whilst childhood contains different cultural definitions; infants, toddlers, pre-school, adolescent, there is a relative absence of similar descriptive terms within old age as a social category (Hockey & James, 1993). The American Psychological Association (1998) attempted to identify subgroups of older adults; younger old (ages 65–75), older-old (ages 75–85), and oldest old (ages 85+). Heikkinen (2004) distinguished between the different types of oldness, such as advanced old age for those aged 80 and above. The specific context of old age as a category and the process of ageing are not fixed and have changed over time and across cultures (Yun & Lachman, 2006; Rokach *et al.*, 2004). This definition is problematic and raises some complex questions: is it chronological age that determines the differences between older people, is it their physical ability, is it the way older people feel with regards to their age, or is it older peoples' self perception of what old means to them (Law *et al.*, 2010; Degnen, 2007)? Issues regarding the meaning of old age as a discursive term are presented here, with an emphasis on the term old age and the knowledge that old age is bound in time and culture (Burr, 2003).

1.3.2 Discourses of ageing body

The literature suggests two discourses representing very different images of the ageing body (Williams, 2003) and its meaning within an old age category. According to Tulle-

Winton, (1999: p 297), the ageing body is seen as a 'cultural icon of decline and helplessness' and discourses that depict bodily changes associated with old age are constructed culturally and socially in overwhelmingly negative terms in most Western societies (Warren, 1998). Conversely, Katz (2000) conceptualised old age as an opportunity with an active and enjoyable discourse of ageing. These cultural discourses relating to ageing body and the meaning of old age feature dichotomous conflicting views, from a narrative of decline which emphasises the ageing body as demeaning and a cause for dependency (Twigg, 2004), to an active and new ageing discourse (Katz, 2000).

Older people themselves negotiate between these views constructing their own meaning of old age and their talk about old age is used to create a personal choice of definition which is often more positive and in contrast to familiar, pessimistic cultural views (Degnen, 2007; Jolanki, 2004). This ambivalence is evident in the talk of older people who do not view old age as a decline; they described their health and their general disposition as 'like a one year old' and 'good for one's age' (Jolanki et al., 2000; Jolanki, 2004). These descriptions of good health are used as a discursive strategy attempting to explain health and old age.

The process of construction of old age is apparent in the talk of old people among their peers and is created and varied within interpersonal interaction (Degnen, 2007). More so, the process of attribution of oldness is not fixed; old age is stigmatised by old people as it is by younger ones and arguably old people make more distinctions regarding who is old and what is oldness in their vocabulary. Many older adults do not label themselves as old, even at advanced ages (Degnen, 2007). In support of this Levy (2003) suggests that negative societal outlooks of ageing are internalized from a young age and can become negative age-stereotypes. Eventually these beliefs, which often operate outside the individual's conscious, may become negative self stereotypes when approaching old age. This is important in old age as changes and losses can be perceived as negative. Older adults actively construct and negotiate age categories by distancing themselves from those they label and consider to be old and find their own experiences to be contrary to the negative images of ageing (Hurd, 1999). However, these views do not challenge the conventional view of old age as a time of physical

decline, decay and loss (Coupland *et al.*, 1991; Baltes & Staudinger, 1993; Jolanki, 2004), but rather show how individuals find discursive strategies in creating their own meaning in their own contexts.

Discourse is constitutive of social reality and provides an understanding of social practices (Riley, 2002). Giddings *et al.* (2007) explored issues of ageing women with chronic illness and found the participants expressed a readiness for ageing. The participants described that they encountered some of the changes they believed occurred with the ageing process, such as physical changes, decreased mobility, pain, loneliness, and a sense of loss as their bodies limited their social and physical activities and stated that they had experienced readiness for those changes as a consequence of strategies developed to deal with their illness. Old age was described as part of their day to day world and not an important topic of interest or discussion as the illness itself appears to take a more prominent role. More so, the women positioned themselves in relation to their chronic conditions and not their ageing. This study, which used an interpretative analysis, interviewed seven women with chronic illness between the ages of fifty and fifty eight about their experiences of growing old and supports the concept that old age is shaped according to context, as the meaning of old age was contextualised by chronic illness, and led the women to have an awareness of the importance of living in the moment (Giddings *et al.*, 2007). This finding could suggest that people with chronic conditions will attribute the feeling of depression to their health or age and may seek out help in the form of some kind of psychological intervention (Law *et al.*, 2010; Bryant, 2010).

Older women, in particular, devise strategies for managing their ageing bodies, such as the use of positive language, so that they can look and feel good, which in effect, challenges the wider cultural discourses of age as a mark of decline (Paulson & Willig, 2008). Society's admiration of youth as a forever young discourse was identified in a study examining the talk of women experiencing menopause. Menopause is seen as a negative symbol of the ongoing ageing process (Hvas & Gannik, 2008). As a result of the discourse of ageing as decline, considerable effort is made by individuals to present their bodies in ways that minimize age effects through their talk (Coupland, 2009). Successful ageing is therefore judged to be the extent to which an individual can

minimize the effects of the processes of ageing (Andrews, 1999). Hurd (1999) stated that the greater the gap between chronological age and appearance the less an individual is judged as old.

1.3.3 Western cultural understanding of ageing

The appearance of old in Western culture and the shared understanding of ageing as a mark of decline and its associated vulnerability can be challenged from a social constructionist viewpoint. A cross culture study across 26 cultures and 6 continents suggested a widespread perception of old age as a decline in cognitive ability, physical functioning, social skills and well-being (Löckenhoff *et al.*, 2009). A recent study by Heikkinen and Kauppinen (2011) indicated that this cultural understanding might be misguided. This study shows that the numbers of men and women who felt lonely increased significantly with advanced old age and of those who felt lonely there was a higher rate of reported depression and anxiety. However, the study also asserted that even at a very old age, people who had grown up in a warm and safe environment reported a strong sense of well-being (Heikkinen & Kauppinen, 2011). This finding suggests that it is the role of formative years that might determine how one copes and adjusts to the ageing process rather than self perception or chronological age. Furthermore, compared with younger cohorts, as people get older they report experiences of fewer negative emotions (Mather & Carstensen, 2005). A cross cultural study highlighted that people from Western cultures, such as North America, tend to report higher levels of life satisfaction in old age (Pethtel & Chen, 2010).

In summary the meaning of old age or being old is a category that is constructed and is continuously being redefined by talk according to context and personal experiences. The meaning of old age is also specific to social settings as it differs among older people discussing their own age in a village setting in the north of England (Degnen, 2007) to the management of ageing bodies as discuss by women (Paulson & Willig, 2008). The language used to describe old age is a way of representing different versions of the social world (Potter & Wetherell, 1987).

1.3.4 Cultural discourses in Western media

Studying discourses of ageing in the Western media and its portrayal of the experience of ageing suggests that it is a value laden topic and that experience is often represented as a decline and overall was more negative in tone than it was positive (Bailey, 2006). Older people are often represented within Western media as suffering from declining or ill health and battered by losses (Zarit & Zarit, 2007). Older people are portrayed as depressed, vulnerable, sad and isolated, all of which are considered to be inevitable outcomes of the ageing process (Coupland, 2009). Older people are often misrepresented if they appear at all; a study looking at the portrayal of older people, aged sixty years or older, in prime-time television drama series, found that overall old people were under-represented, and those that were represented were only shown as wealthy and socially successful thus representing a small minority of older people (Kessler *et al.*, 2004). These representations are in contrast to a body of evidence that suggests older people are generally satisfied with their lives and are less likely to suffer from depression, with the exception of those who suffer from dementia, and that older people fare better than younger age groups in terms of their mental health and that there is less prevalence of most mental illnesses in old age (Blazer & Hybels, 2005; Sneed, 2005; Zarit & Zarit, 2007).

A discursive approach to ageing can capture cultural understandings of the way people talk about old age. Chronological age can be seen as a socially created meaning system and not just as an objective term (Coupland, 2009). Psychologists are as influenced as everyone else by culturally available discourses about old age, whether relayed by the media or any other social contexts.

1.4 Working therapeutically with older people

1.4.1 Psychologists and older people

So far we have explored theories of ageing and the implications of demographic changes in Western society. Bearing in mind these contexts the research will now consider the issues regarding psychologists working therapeutically with older people. It has been over a hundred years since Freud's famous statement that psychoanalysis (and other forms of therapy) was not suitable for people over 50, and yet we have a

growing body of evidence demonstrating successful therapeutic work with older people (Atkins & Loewenthal, 2004; Bird & Blair, 2007; Hillman & Stricker, 2002). A common assumption among psychologists is that cognitive decline is an inevitable outcome of ageing and that old age is a time of loss and illness (Schaie, 2008). However, although some older people do experience decline and dementia the majority do not and growing older can be a time of achieving continual gains and personal growth Carstensen *et al.*, 1999).

There appears to be a gap between the perception of old age and the elderly by psychologists; on the one hand seeing old age as a decline and on the other hand, as some theories of ageing suggest, a cohort that can benefit greatly from the appropriate therapeutic support. A survey of trainee clinical psychologists found that little has changed in the last hundred years and indicates that many of the trainees were as pessimistic about older people as Freud was, and many trainees believed that they have less to offer older people than other age groups (Lee *et al.*, 2003). The survey highlighted only 6% from 220 clinical psychologists, who graduate each year, will work with older people. Some of the trainees described and perceived older people to be resistant to change, have limited opportunities, as being unable to change, rigid and inflexible to new ideas and overall too near the end of their life to embrace change. Within the trainees who considered that older people perhaps could change they described it as “pointless – there’s little time for benefit and ultimately they die, so what’s the point?” (Lee *et al.*, 2003, p 87).

The view presented by the trainees is often held by older people as well, such as ‘too old to change’, or ‘can’t teach an old dog new tricks’ and these signify ideas of deterioration of cognitive and functional performance, which are inevitable with age. Surveys of qualified psychologists showed similar results to the trainees (Hinrichsen & McMeniman, 2002). These shared views seem to present Western cultural vernacular and discourse about old people. The existence of these stereotypes could be explained by commonly held beliefs that depression is unavoidable in old age and that the current oldest old cohort show more reluctance to look for help for mental health issues than younger cohorts which is explained by negative, shameful and stigmatised attitudes to

mental health issues (Currin *et al.*, 1998). There is a belief that mental health issues are associated with personal shortcomings and personal responsibilities (Segal *et al.*, 2005).

These perceptions of old age are shared with GPs as well as clinical psychologists, some of whom seem to hold a view that there is no point in offering therapy to older adults (Davenhill, 2007). Richards *et al.* (2007), in a qualitative research study, looked at practitioners' understanding of old age and found that they often construct old people as needy, with a view of older people as struggling on or giving up. On the whole the study suggested that practitioners draw mainly on knowledge that relied on practice and personal experience rather than formal knowledge. GPs' diagnoses of depression with younger age groups were more successful than with older cohorts (Mitchell *et al.*, 2010). This may have a direct impact on the number of referrals to psychologists and that access to mental health services for older people can be deemed to be inadequate (Charney *et al.*, 2003).

Garner (2003) supported this claim that older people are offered psychotherapies significantly less often than younger people. A survey of one hundred UK psychotherapy departments demonstrated that psychotherapy for older adults is often a scarce resource and did not match those provided for the younger age groups (Murphy, 2000). The most significant indicator of psychologists who choose or were working with older people was the participants' own ages and their positive attitudes towards the value of conducting therapy with the elderly (Koder & Helms, 2008a). Surprisingly perhaps this second study noted that training or contact did not indicate a willingness to work with the elderly. However, both studies can be criticised on a methodological ground as they used a postal survey, the old age cohort was not defined, they were not aimed at developing an understanding of issues relating to old age in therapeutic practice and the studies themselves noted that for many psychologists the category referring to older people were the 'younger old' and was likely to not differ in needs from their adult client group. The oldest old as a client group are more likely to have attributed symptoms to their physical health problems which have been cited to be a barrier to seeking psychological intervention among older people (Bryant, 2010). This is coupled with the stigma attached and the tendency to favour medications among the oldest old (Koder & Helms, 2008b; Laganà & Shanks, 2002).

Woolfe and Biggs (1997) suggested that counselling psychologists might avoid working with older adults as it could possibly disturb their own psychological state in respect of their own later life issues, or the threat of countertransference as being associated with the way older clients are viewed as the counsellor's parents or grandparents. Terry (2008) suggested that these negative attitudes are connected with core fears about the realities of growing old, namely loneliness, dependency, and death which are projected in negative attitudes. A recent study suggested that the more negative the psychologist's attitude toward their own ageing process, the more likely they are to specialize in aged care (Koder & Helms, 2008c). This study suggested that working as a psychologist with older age groups may elevate a person's own anxiety about growing old. Furthermore, Koder and Helms (2008c) noted that negative stereotypes may well be strengthened when primarily dealing with the vulnerable and dependent of what is a very heterogeneous population.

The increase in numbers of older people can impact psychologists working with the elderly, as people are expected to live twenty or thirty years post retirement. It is of importance that psychologists acquire some knowledge of demographic changes and longevity (Knight *et al.*, 2009) as this would help with understanding their own age related negative assumptions such as associating old age with depression (Atkins & Loewenthal, 2004, Laidlaw *et al.*, 2004). In support of this Burns (2008) highlighted the need of psychologists working with older people to be insightful about their own attitudes and abilities, to have a self awareness that would enable them to share the reality of an ageing adult world. This study emphasised that old people cannot be compartmentalized by age; although in some cases they have lost the ability to care for themselves, they do deserve to be treated as individuals (Burns, 2008). Especially as older people often have their own highly personal values, preferences and expectations which have been finely tuned over the years. There is a possibility that many will seek therapy as a means of maintaining personal growth or to grapple with the challenges of ageing (Laidlaw, 2010; Laidlaw & Baikie, 2007; Kinsella & Velkoff, 2001). Other studies emphasised the importance of integrating a number of therapeutic models when working with older people as a way of addressing the different needs of this cohort (Bird & Blair, 2007; Hillman & Stricker, 2002). Hence psychologists can provide skills

and knowledge which will contribute to the well-being of an increasingly ageing population..

1.5 Summary

In sum, there is a large demographic shift in the population of the UK towards an older population. This presents a number of challenges to society's perception of old age and to the likelihood of increasing demands upon health professional and psychologists who works with the elderly. Lack of diagnosis and referral from GPs is compounded with difficulties in recruiting psychologists as the assumption among psychologists is that cognitive decline is an inevitable outcome of ageing. In addition there are the aforementioned difficulties facing the psychologists who work with this cohort. This all emphasises the need in developing an in depth enquiry to the way old age is talked about and constructed by psychologists.

Understanding how psychologists interpret old age and that working with older people requires an examination that moves beyond the level of individual personal experience. In regards to this, the aim of this current research is to extend theoretical and research-based knowledge to be affective in supporting experiential knowledge (Burns, 2008; Lee *et al.*, 2003; Richards *et al.*, 2007;), and which is likely to promote sensitive and reflective practice with older people. This reflects the ethos of counselling psychology in developing an understanding of individual subjective experiences (Strawbridge & Woolfe, 2003).

Age can be contextualised further within a social constructionist approach by looking at views of age and its socially constructed meaning. Culturally available discourses or interpretative repertoires (Potter & Wetherell, 1987) can shed light onto, and an understanding of the meaning of age and the way it is reflected in the way people talk about it (Phillips & Jorgensen, 2002). Older people and the psychologists who work with them are likely to be influenced by the way different people talk about old age, the way in which it is constructed, and what repertoires are used and in different context. Old age and its implications will be talked about differently by different people, with the possibilities of multiple interpretations or versions of its meaning (Willig, 2008).

1.6 Rationale for the present study

The main objective of the research project is to explore how age is described and discussed by psychologists who are providing therapies for older people and to explore the discourses and constructs that are related to old age. This research aims to extend and build on existing research in understanding the conceptualisation of old age.

Previous research in this area noted the difficulties in recruiting psychologists to work with older people (Lee *et al.*, 2003), the importance of relevant training (Burns, 2008; Currin *et al.*, 1998; Knight *et al.*, 2009; Koder & Helmes, 2008a, 2008b; Richards *et al.*, 2007) and the lack of appropriate resources (Murphy, 2000). Although these studies described the language used by psychologists when talking about older people, none explored directly how old age is constructed in a therapeutic context and through therapeutic practices.

Furthermore, much research suggests that old age is a difficult to define as a concept, and is a concept which is constantly reconstructed in discourse (Degnen, 2007; Hvas & Gannik, 2008; Paulson & Willig, 2008). The question of who is old and how they behave is constructed in interactions, thus it seems important to find out how old age and these changes are constructed in the talk of psychologists who work with this age group.

Finally there are changes in the demographic landscape (Laidlaw, 2010; Laidlaw & Baikie, 2010). The rapid increase in the number of older people is likely to be reflected in demands on mental health services (Knight *et al.*, 2009; Munk, 2010) as a whole and on psychological services, in particular. The need for psychological therapies will increase as the 'baby boomer' cohort reaches old age, as this group have an awareness of the benefits of psychological therapies and are likely to request it (Sperry, 1992).

There is a gap within the current research in understanding fully the experience of old age within professional psychologists. This research aims to address this gap by looking at the complexity of issues that are presented with the construct of old age and older people, the language used to describe age, the meaning attached to age and why the participants draw upon certain discourses within a therapeutic dynamic. The research

aims to inform CP practices with older people, and with its social constructionist epistemology, this project aligns itself with the foundations of CP with a focus on individual meaning attributed to social constructs.

1.6.1 Research questions

1. How do psychologists who have experienced working with older people talk about old age?
2. How do they construct ideas of therapy with old people?
3. How do these constructs of age relate to wider cultural and social constructs?

1.6.2 Relevance to the field of counselling psychology

CP calls for the expansion of methodological diversity, in particular qualitative research methods, as these methods are seen to be more appropriate for the exploration of the complexity of human experience (Morrow, 2007).

The research objectives of this study present clear significance for CP. Firstly as CP promotes bridging the gap between science and the exploration of meanings, as in the scientist- practitioner model (Strawbridge & Woolfe, 2003), by adding to the body of research which promotes clinical practice. Secondly, CP promotes the engagement in subjectivity and individual social context (Strawbridge & Woolfe, 2003), by exploring the meaning of old age within an ageing Western society. Thirdly, this research's qualitative approach of discourse analysis is in line with epistemological and theoretical underpinning of CP with the aim of providing an insight to the practice of therapy with old age and ways that old age is constructed. Awareness to these constructs may serve to inform and improve therapeutic practices in light of the changing demographic landscape and predicted growing future demands.

CHAPTER 2: METHODOLOGY

2.1 Introduction to Methodology

The previous chapter highlighted the importance of investigating the account of psychologists and the way in which they construct old age. This chapter will outline the epistemological position of the study locating it in a constructionist-interpretative paradigm. The chapter will continue to discuss the evidence that supports the decision to use the qualitative approach of Discourse Analysis (DA) as the appropriate method of analyzing the accounts produced by the participants when invited to discuss old age. The chapter will provide a rationale for the use of semi-structured interviews in addressing the research questions. Lastly, an outline of the procedure will be described.

2.2 Overview of research paradigm and epistemology framework for counselling psychology research

Willig (2008) proposed that a chosen methodology should be consistent with the epistemological position. Ponterotto (2005) suggested that in communicating effectively, qualitative researchers must have a firm understanding of their research paradigm and how the philosophy of science paradigms relate to design and methods. Guba & Lincoln (1994, 2000) defined research paradigms as a set of beliefs or a framework that represents a philosophical assumption about the world. A research paradigm can be seen as a system that holds the researcher's ontological, epistemological, axiological and methodological assumptions. Ontology is a philosophical view of the nature of reality and epistemology addresses how reality is known and the relationship between the knower and the known (researcher and participant). Axiology refers to the place and role of values in one's research process. Methodology emerges from all of the above, explaining how we gain knowledge, the nature in which the research emerges and the writing structures (Creswell, 2003; Ponterotto, 2005, 2007).

Locating the research within a paradigm framework of constructionist-interpretative, with its relativist philosophical assumption of multiple and equally valid social realities

aligns with the research subject. The research aims to explore experiences, processes and meaning of age within the talk of psychologists' in relation to their therapeutic work with older people, thus it is appropriate that it is located in social constructionist psychology and its related research method: DA.

This social constructionist stance supports the view that knowledge or meaning is generated through interaction and cannot be observed but interpreted (Morrow, 2007). It asserts that the social world and the way we understand ourselves is the product of social processes and that knowledge is bound by time and culture (Burr, 2003). This stems from the epistemic position that the interaction reveals a richness of insight to the participant's world, that language shapes what we know and what we see, as well as what we can say and that language is not purely a descriptive tool but a form of social action that constructs our world (Burr, 2003). Taking this stance is in contrast to quantitative research which has been connected with positive epistemology. Positivism holds the ontological position that an objective 'true' reality is assumed to exist which is separate from the perceiver, the epistemological stance is dualist and objective whereby the researcher and the researched are independent and can operate without influencing one another's objectivity (Morrow, 2007; Willig, 2008). The researcher seeks an explanation of reality using experimental and manipulative testing methods that are aimed at verifying hypothesis and explanation of phenomenon (Ponterotto, 2005).

The positivist approach has dominated psychological research as a whole and within CP. Positivist approach, with its quantitative methods, is evident in outcome research which is aimed at finding the effectiveness of therapeutic models (Barkham, 2003). However, the positivist approach has been criticised for being reductionist and as such distorts human complexity (Willig, 2008). It has been criticised as being limited when trying to capture subjective experience, particularly in CP, when capturing client and counsellors' experiences of therapy (Ponterotto, 2007). The positivist approach has been criticised as it limits the understanding of individual subjective experiences (Strawbridge & Woolfe, 2003). This is of relevance to this research project which aims to develop an understanding of meanings and values attached to old age. Taking a social constructionist stance supports CP's values of bridging the gap between research and practice, furthermore it can be viewed as empowering as it can challenge these

mainstream positivist ideas and the research that it generates. Quantitative approaches still have an importance within CP research, but relying solely on them may be unsatisfactory. Using a range of methodologies facilitates the gaining of new understandings and the development of therapeutic practice (Clarkson, 1995).

2.3 Social constructionist approach and its relevance to the research topic

The social constructionist approach emerged as result of dissatisfaction with the views of knowledge and reality held by a positivist stance (Gergen, 1985). Gergen (1985) asserted that the way of understanding the world is bound by an individual, social, historical and cultural context. The social constructionist approach holds a critical view towards the taken-for- granted ways of understanding the world and knowledge which can be examined in an objective manner. Language is seen to be not purely descriptive but a form of social action, investigating language provides an understanding of the social world which is constructed by the way people talk (Burr, 2003; Ponterotto, 2007). The construction of ‘madness’ is an example of how meaning has changed over time and in accordance of historical context. The construct of ‘madness’ has changed from being feared by some people to one of meaning of needing of treatment (Parker *et al.*, 1995).

As social constructionist approach views knowledge as bound by time and culture, the concept of old age in the context of this research is bound to be embedded in Western culture where the research is located (Burr, 2003). As noted above, concepts of old age and ageing are seen as historically, culturally and socially specific and are a product of social processes (Burr, 2003). Furthermore this knowledge derives its viewing the world from a specific standpoint, understanding the interaction of psychologists can provide an insight into the many ways old age can be demonstrated and the way in which it serves different interests. Drawing on the discussion of ‘madness’ (Parker *et al.*, 1995) demonstrates the powerful implication of available discourses, how drawing upon certain discourses allows a shared understanding and consequently making practices seems acceptable (Bur, 2003). Adopting a social constructionist framework and methods allows the investigation of the ways in which the psychologists talk on the subject of old age and the ways it continues to change within the context of mental health care.

2.4 Overview of Research Methodology

In reference to the methodology framework suggested by Willig (2008), and considering the epistemological commitment of the study a discourse analysis research method was chosen.

2.4.1 *Discourse analysis*

DA is broadly located in a social constructionist paradigm and epistemological framework. The focus of DA fits CP's interest in language and subjugated meanings; it also offers a framework for the deconstruction of meanings. A basic tenet of DA is that people use language to construct versions of the social world; that language is not a neutral and transparent medium through which people are able to express themselves but is constitutive (Wetherell, 1998; Harper, 2006). This fits well with the focus of the research question of how age is talked about and how through interaction ideas of age are socially constructed (Harper, 2006). The cultural understanding is reflected in the way people speak about age and old age; it could be captured through a discursive approach, which refers to the view that things acquire meaning, according to how we talk about them (Phillip & Jorgensen, 2002). Potter & Wetherell (1987) described the term discourse as involving "all form of spoken interactions, formal, informal, and written text of all kinds" (Potter & Wetherell, 1987, p. 7). DA aims to look at the use and function of discursive repertoires in the construction of the world. Harper (2006) described DA as a broad term which is used to describe different methods that focus on the study of language, thus it is not a singular approach. In this research, discourse is viewed as language that is available and the way in which it is constructed by individuals as a social practice (Potter & Wetherell, 1987; Parker, 1998).

Willig (2008) states that there are two main versions of discourse analysis: Discursive Psychology and Foucauldian Discourse Analysis (FDA). These two versions are similar in terms of their acknowledgement of the part language plays in the construction of social reality and therefore also in their critique of cognitivism and its representation in positivist paradigm research. However, there are also important differences between the two approaches which include varying intellectual origins.

2.4.1.1 Discursive Psychology

Discursive psychology places an emphasis upon discourse practices and has its origins in ethnomethodology and conversation analysis. Additionally the emphasis is upon how individuals use discursive resources, available within language, for the purposes of achieving interpersonal objectives within social interactions (Potter & Edwards, 2001; Harper, 2006; Edwards, 1999 & 2006).

Potter and Wiggins (2007) highlighted three key theoretical principles of ‘discursive psychology’, these build from understanding of the nature of discourses. Firstly discourse is constructed and constructive – constructed because it is made of linguistic blocks, such as words, categories and repertoires which are used to provide a different version of the world. It is constructive, in that different versions of the world are produced through talk itself, “not something that may putatively exist prior to the talk” (Potter & Wiggins, 2007, p.77). Discursive psychology ‘interpretative repertoires’ is a term that describes the way of talking about a subject, the way that people interact. Potter (1996) outlined a number of rhetorical and linguistic devices that people might draw upon in order to construct their own particular version of events to appear factual. Secondly discourse is action oriented – a primary medium to social action, in speaking individuals blame, argue, justify, invite and compliment (Potter & Wiggins, 2007). Thus the concept of old age and its meaning is constructed in interaction. Thirdly discursive psychology emphasises that discourse is situated “within a specific sequential environment” (Potter & Wiggins, 2007, p.77), words are understood according to the situation and what comes first and follows them in a specific context. In the context of the present study old age is considered to be co-constructed between the interviewer and the participants (Potter & Wetherell, 1995). In this context the resulting data is of the interaction in the interview process (Rapley, 2001).

2.4.1.2 Foucauldian Discourse Analysis

The origins of Foucauldian Discourse Analysis (FDA) can be found in the work of Michel Foucault and post-structuralist writings on the role of language in the make-up of social and psychological life. Foucauldian Analysis (FA) aims to explore the nature of objects and subjects constructed through discourses and the implications they hold

for the lived experiences of individuals. Thus language is seen as a social practice that is infused with biases and is often embedded in ideological, oppressive or exploitative practice (Arribas-Ayllon & Walkerdine, 2008; Foucault, 1971; Harper, 2006). As FDA draws attention to the societal practice of discourses, Willig (2008) asserts that those societal discourses enable people's ways of seeing the world and that people draw on certain discourses in a context dependent way. Furthermore, FDA asserts the power relation in which discourses are located as some institute within society supports legitimising those discourses (Burr, 2003; Harper, 2006).

The analysis make use of positioning theory (Davis & Harré, 1990), suggesting that some discourses are intentionally drawn upon by the speaker. Thus the speaker can accept or resist a certain position, by doing so the speaker positions or is the producer of a discourse and is also positioned or produced by the discourses they are using (Davis & Harré, 1990). The position is taken in association with society knowledge and a wider dominant discourse, dependent on the speaker to present their actions or behaviour in an acceptable or legitimised way.

Discursive psychology emphasises that "people construct version of the world that has implications for their own dispositions and thought" (Potter & Wiggins, 2007, p.77). Thus DA and discursive psychology appear to be concerned with the micro level of interaction in discursive practice (Harper, 2006), whilst FDA appears to be concerned with the macro level of interaction in discursive resources which focuses on historical and institutional context (Harper, 2006).

2.4.2 Integrating Foucauldian discourse analysis and discursive psychology

This research intends to draw upon both approaches; FDA & discursive psychology, following Wetherell's (1998) suggestion of an "eclectic approach" (p.405), asserting the benefits of integration. A contentious issue within DA is whether or not a definite conceptual divide should be made between these two strands of analysis. Parker (1997) offered detailed commentaries upon the distinction between these two approaches. He argued for this distinction as the two approaches are born out of differing theoretical and disciplinary traditions. Discursive psychology has been criticised for not addressing issues relating to the impact of discourses in a wider societal context, as it focuses on

interactions (Wetherell, 1998). In the same fashion FDA has been criticised for not addressing issues of context and interaction and focusing on a wider societal context of the analysis (Wetherell, 1998). Wetherell (1998) therefore endorses an amalgamation of these two approaches, and argues that it is counterproductive to promote such a definite divide between the two versions and prefers a more “eclectic approach” (Wetherell, 1998, p.405). Consequently an integrative approach achieves a complete analysis (Wetherell, 1998).

For this purpose this research will focus a discursive perspective upon the research participants’ discourse about age as an engagement in social interaction with the interviewer; the research task would be to understand how the participants’ discourse is produced within this interactional context. Potter (1996) suggested that DA provides a way of studying human practices and in this context it can also offer ways of examining the differences between how psychologists might think of age and ageing to the way they may practice (Harper, 2006; Roy-Chowdhury, 2003). This perspective will also reveal the various discourses the participants are drawing upon in constructing old age and therapy with older people. The Foucauldian approach, which is concerned with the macro level of interaction, emphasises how talking about age is located within particular historical and social context, and the discursive resources that are available to the participants within Western culture. This study intends to apply a Foucauldian approach to the analysis, exploring the participants’ use of cultural and societal discursive practices in positioning old people. Talking about old age exposes the participants to societal knowledge associated with age and practices associated with that, such as ill health and infirmity.

2.4.3 Rational for integrating the two approaches

The rationale of using a discursive approach, was to develop knowledge regarding how old age is constructed and how these constructs are changing. Both approaches do not seek the truth but rather a version of the phenomena constructed through language (Willig, 2008). An attention to the micro level of interaction to the discursive psychology facilitates the understanding of how the participants construct meaning of old age. While FDA, with its attention to macro level of interaction and discursive resource, provides an explanation as to why the participants draw on certain discourses.

Furthermore, FDA attends to social processes that are available to the participants. Harper (1999) demonstrated the use of the integrative approach in a study of psychiatric medication. The study identified different rhetorical devices and strategies (Potter, 1996) when medications were discussed. The study demonstrated Foucauldian features where an additional layer of the analysis was incorporated to demonstrate the power of professionals in constructing, defining and devaluing the position of service users. This eclectic approach has been adopted and justified by a number of other authors (Edley, 2001b; Riley, 2002; Tileagă, 2006; Tucker, 2009). Adopting an integrative approach for the present study is in accordance with the social constructionist framework which the study has adopted. Furthermore this approach will address what rhetorical devices the participants draw on when constructing old age. In addition investigating the way in which old people are positioned by psychologists when discussing their therapeutic work will highlight the wider social context of Western society.

2.4.4 Summary

For the purpose of my research a discursive perspective will attend to the research participants' discourse about age as an engagement in social interaction with myself as an interviewer; the research task would be to understand how the participants' discourse is produced within this interactional context. Potter (1996) suggested that DA provides a way of studying human practices and in this context it can also offer ways of examining the differences between how psychologists might think of age and ageing, to the way they may practice (Harper, 2006; Roy-Chowdhury, 2003). A Foucauldian approach will address a wider social context and will reveal the various discourses the participants are drawing upon in constructing old age and therapy with older people. Arribas-Ayllon and Walkerdine (2008) acknowledged how a Foucauldian approach benefits from "importing linguistic tools".

2.5 Data collection

2.5.1 Inclusion criteria

The inclusion criteria for the participants were that they had to be psychologists, clinical or counselling with a BPS accreditation, and to have a minimum of two years'

experience working with older adults, either in private setting or in the NHS. In total eight participants met the criteria and agreed to be interviewed.

Initially the aim was to include psychotherapists and counsellors in the study, however due to my personal contact working with a psychologist in an older adult service a snowballing sampling method followed in which the participants were referred to the research by word of mouth. The consequence of this is that all of the participants were psychologists.

2.5.2 Ethical approval

Ethical approval has been obtained from the University of East London ethics committee (see Appendix 3). NHS ethical approval was not required as all the participants were engaged in private practice.

2.5.3 Recruitment Procedure for participants

Step 1: A list of potential research candidates was defined and assembled through personal contacts, the BPS and the BAP websites. Candidates were selected based on the following sampling criteria: Accredited Psychologists or Counsellors with experience working with older adults for 2 years or longer

Step 2: Once a list had been assembled, including email addresses of all the potential candidates, an email invitation (Appendix 1) was sent to them to invite them to join and to respond by email or by telephone to indicate whether they would like to take part in the programme.

Step 3: An introductory letter (Appendix 2), outlining the research and contact details, both from the researcher and the research sponsor (UEL) was emailed to the participants. During this stage the researcher liaised with the participants to arrange suitable times for when to conduct the interviews.

Step 4: A phone conversation with participants finalised the interviews location. Participants were given a choice of UEL interview rooms, their work place or their private practice rooms. All participants chose their work offices or private counselling

rooms and all had appropriate liability insurance. At this stage potential candidates were informed that as participants they would have the option to withdraw from the research at any point and any data gathered would be irretrievably destroyed.

Step 5: At the arranged appointment, participants were asked to complete two copies of the Participant's Consent Forms (Appendix 5). Interviews were recorded using a digital dictaphone and transcribed verbatim by the researcher at a later date. All recordings have been stored within a password protected storage environment to ensure confidentiality of the participants.

Step 6: Upon completion of each interview a short debrief session was conducted, which included sharing a copy of the Participant's Debrief Form (Appendix 6) with each participant.

2.5.4 Demographics of participants

Eight participants were recruited for the study. A summary of their demographic details is presented in Table 1 (section 2.5.4.1). All participants were given pseudonyms that are used throughout the analysis to maintain confidentiality and anonymity. All participants have worked or are still working with older adults in private clinics and public services.

The participants described that most of their experience from working with older people came from the NHS, partly through training and partly through consequent jobs. Each of the participants worked in different services and all had experience working full time for the NHS in older adult services, although all at present combine part time work for the NHS, the private sector and private practices. The participants informed me that they have been seeing elderly clients in their private work as well.

All the participants described themselves as white British, with one as white Irish. They represent a wide range in ages, with two of the participants describing themselves as approaching or thinking of retirement. One of the participants used to work in an old age ward and described her experiences as different to those who works in older adults services, as her clients were often referred by the medical teams on the ward, at times without any awareness of the referral. That participant described seeing elderly clients

in her private practice but that they were affluent and well educated. The participants were all but one working in suburban locations whilst one was working in an inner city location. The participants were all psychologists and as such were on an above average wages and education.

2.5.4.1 Table 1 participants demographic

Participant No.	Name	Age Range	Gender	Ethnicity	Qualification	Years of Practice
1	Tracy	31-40	Female	Jewish	Counselling Psychologist	6
2	Doreen	31-40	Female	White British	Counselling Psychologist	7
3	Alex	31-40	Male	White British	Clinical Psychologist	3
4	Valerie	31-40	Female	White British	Clinical Psychologist	9
5	Miriam	51-60	Female	White British	Clinical Psychologist	30
6	Daniel	31-40	Male	Irish	Clinical Psychologist	6
7	Judy	31-40	Female	White British	Clinical Psychologist	3
8	Emilia	51-60	Female	White British	Clinical Psychologist	20

2.6 Use of semi-structured interviews

There is an ongoing debate regarding the use of open ended interviews in obtaining data as opposed to naturally occurring data (Griffin, 2007; Paulson & Willig, 2008; Henwood, 2007; Speer, 2007). Potter and Hepburn (2005) explain that open ended interviews produce a certain kind of interaction. The analysis as a result fails to acknowledge the contextual aspects of the interview material, for instance the interaction between the participants and researcher and the investment that the interviewer and the interviewee have in the research project.

For the purpose of this research the use of an interview format as a guide was chosen, to ensure that they cover particular areas, but leave room to follow feedback idiosyncratically so as to explore more particular meanings, what Holstein and Gubrium (1997) refer to as an active interview. In this manner the flow of talk was facilitated and encouraged the participants to talk about their work and feelings towards older people. This is where the interviewer and interviewee are equally constructing meaning. Conducting an 'active' interview, and requesting the participants to elaborate upon their responses, further facilitated the participants to talk.

Wood and Kroger (2000) note that there are key theoretical and procedural differences when semi-structured interviews are utilised within discourse analytic research. In this type of research it is normal practice to urge participants to speak fully. This is in order to promote the type of variability that is seen as a significant feature of discourse. This variability is then utilised as a tool for analysis. Rapley (2001) noted that an interview is an economical means in time of getting access to a particular topic and should always be presented in the context that they are accrued, with an emphasis on the interaction. Willig (2008) suggested that an interview should begin with general questions which help in creating a good rapport with participants and then move on to more specific questions. Smith (1995) suggested that questions need to be open ended and only used as a guide, allowing the researcher to ask follow up questions in response to the participants' descriptions and comments. The semi-structured interview schedule used in this research was aimed at facilitating a discussion based on the research question.

2.7 Design of the interview schedule and pilot study

The design of the interview schedule was influenced by the research questions, and the first draft of the research interview schedule contained nine questions. The interview schedule was discussed in the research support groups at East London University (Appendix 4). The comments regarding the schedule revealed that the questions might be a little too directive and might not open up a discussion related to the research question. Consequently, the number of questions was reduced to seven and the questions were framed in an open ended manner in order to facilitate and maximise opportunity for discussion. For example, the question of how do you view the therapeutic relationship with your older clients was changed to what has it been like for you working with older clients?

The interview schedule was piloted with one participant, a consultant clinical psychologist. This participant was a white British female between 50-60 years of age and the contact was made through a mutual colleague. The participant was not known to me as a researcher prior to the pilot. A key aim of the pilot interview was to receive feedback regarding the interview schedule enabling the best way for the researcher to tailor questions which would explore the meaning of old age and working therapeutically with older people.

During the pilot interview, the researcher was transparent with regards to the aims of the study in order to receive the most useful and clear feedback from the interviewee. Conducting the pilot highlighted some important issues that that were relevant to the research and which informed later decisions about how to conduct the interviews, which questions to ask and in which order. The final interview schedule (Appendix 4) was based on feedback from the interviewee and was finalised following discussion with peers and research supervisor.

The following changes were made as a result of the pilot interview:

1. The interviewee and research supervisor both felt that the question: “From your experience what is old what does it mean to you? And “If you had to define old how would you define it? Should be combined to create an opportunity for an

open discussion. The question was changed to “From your personal experience what is old? What does old mean to you? What would be the definition of old? Being old? Problems?”

2. The interviewee and research supervisor both felt that the question exploring their own view of older people could contribute to the study, the question “What are your personal views of old people?” has been added to the interview schedule.
3. Upon discussing the question “What in your opinion do you think are the needs of psychologists that work with older adults or older people?” the interviewee and peers felt that the question did not reflect how practice with older people may differ to other client groups. In addressing this issue the order was changed, the question above was moved to penultimate place. The question “If you have worked with other age groups, what are the main issues that differs your practice with older people than other age groups?” was added.

Other issues such as whether my position as a trainee talking to someone who was senior and would they want to be seen in a certain way, emphasising their own work satisfaction? Potentially my participants might have their own reasons and agenda in contributing to the study, such as trying to educate me. I became aware of how much of what I say and who I am influenced my interviewees. In addition it became apparent that an interview is context specific and should be only seen in this light.

The pilot study also gave an opportunity to practise administering all the tasks of the interview (i.e., signing of consent forms, explaining the contents of the information sheet etc.). Additionally, the pilot provided an opportunity to make an initial exploration regarding the type of discourses that were constructed. Some of the important features that were raised from the pilot studies and the subsequent changes that were made are detailed as follows. Questions that were asked regarding the work with old age were a little confusing; as a result these were changed to a very general question asking about their thoughts of working with old age. The refinement of the interview questions, from draft to final, can be found in more detail in Appendix 4. It was found that there was a need to probe and to clarify ideas, not just to reflect back. Each participant was asked, if they felt comfortable to do so, to give feedback upon how

they found the interview experience and the style of the interviewer. As a result the interview style evolved and developed and I became more confident as an interviewer and familiar with the interview material.

2.8 Steps in conducting Discourse Analysis (DA)

The chosen research method, DA, does not follow a recipe book approach; there is no set way of conducting discourse analysis, but many differing variations in how to approach it. The emphasis is not placed upon step-by-step procedures, but what is required is a sound reading and interpretation of the data (Wood & Kroger, 2000).

Digital tape recordings of all the interviews were transcribed verbatim. As mentioned by Hutchby and Wooffitt (1998), in discourse analysis it is the recordings that are the actual data, as opposed to the transcripts. Regardless of how thorough the researcher is in including features of the recordings, a literal account is never possible. Hence, within this study, the transcripts were not the main focus but were used as a tool in conducting the analysis. Each interview recording was listened to repeatedly. However, having said this, the transcription is important, as it slows down the discourse so that details of the analysis can be identified. Also, the process of transcribing allows the researcher to begin engaging with the discourses that were emerging from the data. The method of transcription that was chosen stresses readability rather than 'accuracy'. Here, 'accuracy' refers to noting all the features of talk. Stressing 'accuracy' was an inappropriate method of transcription, as the main concern was the broad discourses as opposed to moment by moment conversational coherence (Wetherell & Potter, 1992).

A process of repeated listening combined with reading and rereading the transcripts was done, this provided the researcher with a good 'feel' for the data. The aim was to also experience the data as a reader before the analysis begins (Willig, 2008). Coding was done by drawing a list of topics that the participants talked most about. These included the participants' theoretical orientations, the meaning of working with older people and the participants own personal views of the ageing process. The transcripts were reread with an attention to discursive features, such as interpretative repertoire. The transcripts were then reread to insure that the rhetorical and linguistic devices used, were understood within the context they were used. An example of a transcribed

transcription can be found in Appendix 9. The researcher then looked for all statements appropriate to the question of old age and old people. Arribas-Ayllon and Walkerdine (2008) described it as “selecting corpus of statements” (p.100).

Having completed the above Willig’s (2008) six stages were used to carry out the analysis of discourse. These stages enable the identification of some of the discursive resources used in a text, the subject positions they contain, and an exploration of their implications for subjectivity and practice. Willig (2008) stated that these six stages provide “a way into FDA” (p.118). Willig’s (2008) six stages were preferred, as it was felt this guide would provide the analysis with some structure and they are discussed below:

Stage 1: Discursive constructions

Analysis identifies the different ways in which discursive objects were constructed within the text. The discursive objects that are analysed depend upon the research question. Since the interest was in how psychologists talked about age in their work context, old age and old people were identified.

Stage 2: Emerging discourses

The second stage of analysis aimed to locate the various discursive constructions of “old age” and “old people” within the wider discourses of societal changes.

Stage 3: Action orientation

The third stage of analysis involved the exploration of the discursive contexts within which the different constructions of “old age” and “old people” were being deployed. The purpose of this section was to illustrate the motivations and gains behind constructing “old age” and “old people” in a particular way and at certain points within the text.

Stage 4: Positionings

Having identified the various constructions of “old age” and “old people” and having located them within wider discourses, this stage explored the subject positions they

offered. Thus this stage attempted to illustrate how the psychologists' discourses constructed subjects which, subsequently, made available positions that they could take up, as well as place others within.

Stage 5: Practice

The fifth stage of analysis attempted to illustrate the relationship between discourse and practice. It involved an examination of the ways in which the discursive constructions of "old age" and "old people" and the subject positions contained within them (as revealed from stage 4) opened up or closed down opportunities for action.

Stage 6: Subjectivity

The last stage was the most speculative stage of the analysis. It attempted to explore the consequences of taking up various positions on the psychologists' subjective experiences. The rationale behind this stage was that the participants' discourses made available certain ways of "seeing" and "being" in the world, constructing both a social and psychological reality.

This study aims to acknowledge ways in which discourses of old age and the meaning of old age is shifting and changing. In understanding these it is hoping to contribute to the knowledge of working within an ageing society.

2.9 The researcher's position within the context of the interviews

The epistemological framework of the present research asserts that a researcher cannot be separate from what is investigated. Thus the researcher's own beliefs, values and experiences may have an impact on the way the data is interpreted and the knowledge generated from the research (Alex & Hammarstrom, 2008). Willig (2008) argues that the continual process of reflexivity, where the researcher monitors his or her role within the research process, promotes validity. I (Meirav Friedler) am a doctoral student in the University of East London. I was the primary researcher for the study and interviewed the participants as well as analysed the data generated. I am also a mature student in my mid 40's. I was aware of my position as a mature student interviewing participants younger and older than myself. I was aware that the participants as a whole were

conscious of their positions as experienced practitioners and that there may have been an element of self-justification in their responses to me. Furthermore, I believe that my position as a trainee psychologist, my clinical work experience gained through my years of studying and my enthusiasm for listening and learning from their experiences assisted in the participants feeling relaxed and candid in their responses. I kept a reflexive journal during the course of my data sampling, of which I have included an extract (Appendix 11).

2.10 Research validity

One way of addressing validity is in applying a rigorous approach to the application of method. A qualitative research is concerned with 'naturalistic', 'contextual' or 'interpretative approaches' of qualitative methods as opposed to experimentation or hypothetico-deductive models of quantitative research (Henwood & Pidgeon, 1992). Studies often mention steps taken in analysis (e.g. Paulson & Willig, 2008) similar to those detailed in this chapter. Parker (2004) suggested a set of strict criteria for conducting qualitative research, however imposing strict guide lines can be constraining. In particular from a social constructionist framework and its assumptions that the world and way it is seen are all equally valid, embracing the value of using a range of methodologies supports variability (Harper, 2006). Counselling psychology also supports the importance of applying a wide range of methodologies to investigate a phenomenon (Strawbridge & Woolfe, 2003).

Ensuring levels of quality within quantitative research has been discussed by a number of authors (Antaki *et al.*, 2003; Burman, 2003; Henwood & Pidgeon, 1992). Antaki *et al.* (2003) warned against the dangers in the application of DA such as; under-analysing data, summarising themes rather than drawing on the discursive context and the researcher's position in relation to the topic and the interviewees. Burman (2003) emphasised the importance of considering alternative meanings to the discursive practices in the data.

To help ensure a high level of analysis, and to demonstrate good practice within qualitative methods the study incorporated triangulation methods. This involved reviewing the analysis with colleagues and peers and engaging in discussion of

alternative perspectives which helped to verify or dispute the findings (Elliot *et al.*, 1999).

In quantitative studies there is the concept of generalisation, whilst in qualitative research there is concept of 'transferability' where the findings can be applied to other contexts which are similar to the one in the study, (Henwood & Pidgeon, 1992). As much data as possible has been made available for the readers in the following analysis chapter and in the Appendices, as a way of addressing validity and inviting the reader to determine the extent of the findings transferability to similar contexts (Yardley, 2000; Potter & Edwards, 2001).

CHAPTER 3: ANALYSIS

3.1 Introduction

This chapter will present the findings of the analysis in relation to the research questions, how old age is talked about by psychologists who are working with older people, therapy with older people and how their talk relates to cultural and societal construct of age. The analysis focuses on the ways the participants manage and understood old age and the descriptions they used, the different linguistic repertoires and rhetorical devices that were available to the participants, the function they served and how they have drawn on recognized cultural meanings in constructing old age. The analysis aims to show how the term old age shifts between macro and micro levels of interaction, where discursive resources are located in cultural context to micro-level of interaction in discursive practices. To discuss from a macro level the discourses available to the psychologists in the sample within Western society, the way in which they draw upon these discourses and the discursive position taken by them. From a micro level to discuss construction of old age, the meaning and the functions those constructs were serving within the interview context.

The analysis presents the concept of subject position as an analytic tool, for example, reading of the interviews reflects my position as a trainee and also locates the analysis culturally. Subject position offered the possibility of the participants' characterization of themselves and old people without becoming involved in judging the accuracy of the description. The analysis focuses on the way the participants talked about old age and as it progressed the participants' talk changed, reflecting the change in older people themselves and the changes in Western demographics.

In the analysis the participants' own words were positioned, as Potter (1996) states this is the most important feature in the validation of discourse analysis studies. Hence, the presentation of rich and extended accounts of "raw" data allows readers to evaluate the quality of the discourse analysis work.

I acknowledge that a different reader of the script might have a different outlook. Attempts were made to insure a clear analysis by illustrating the discourses and linguistic repertoires found by examples from the text and the literature. In line with a social constructionist perspective which views the data as constructive and functional, the analysis will identify the function of the text in constructing old age and how this function is managed and how it is varied across context and discursive context.

3.2 Repertoire/discourse of Old Age

3.2.1 *The term old age as heterogeneous*

Throughout the interviews the term old age and its definition was constructed and reconstructed. The analysis will show how the term old age itself seems to be influenced by cultural understanding, the participants' own personal experiences and external definitions, as supplied from the outside, by society, the media and the National Health Service (NHS). On the one hand, by constructing old age this way, there seems to be a discourse that presents the term old age as fluid, a term which is continually shifting and changing. There seems to be an awareness of the participants of a recognisable cultural description or category of old age. On the other hand, there appears to be a discourse that is resistant to how the category is applied in actual practice to the participants themselves and to others. This is supported by the literature suggesting the term old age is a constructed in context (Hurd, 1999), and that older people distance themselves from those whom they consider to be old (Degnen, 2007).

To illustrate these points of the analysis further, references to the extracts featured below will use the format (participant number: page number: line number).

The following extracts emphasise the rhetorical devices that were culturally available to the participants when asked about the meaning of old age.

Extract 1:

1 **Valerie** : I certainly have a belief (.) that age should not be restrictive (.) so I
2 think (.) I do have the philosophy (.) you're never too old (.) as long as your
3 health permits (.) health and finances permit (.) mm (.5) I mean my (.) my mum
4 has just turned sixty-six (.) so she's just (.) just entered the older model (.) you
5 know (.) arbitrary cut-off (.) mm (.)group (.) mm and I don't think of her as
6 being ageist in any way whatsoever(.) And I know that she sees a significant
7 difference between her and her mother's generation (.) Her mother died at fifty-
8 seven (.) but photographs of her mother (.) she looks about eighty-five (.)
9 because she's got horn-rimmed spectacles (.) and a little cardigan and two-
10 piece (.) and a sort of tweed skirt and whatnot (.) So (.) I buy into the
11 generational change (.) that is you're never too old (.) You can dress the way
12 you want (.) you can travel the world (.) you can look glamorous if you want (.)

13 **Interviewer**: So never too old is actually something to do with attitude.

14 **Valerie**: Yes (.) I think so (.) definitely (.) I think (.4) perhaps our society has
15 had an attitude towards older people that is (.) that's you on the heap (.) I hope
16 we're changing that (.) I mean (.) I certainly think we should be respectful to
17 every older person in our society for the (.) contribution they've made to society
18 (.) but I hope that's changing (.) and I absolutely know that my generation won't
19 consider themselves to be on the heap at sixty-five (.) seventy, seventy-five,
20 there's no way! (.)

A striking feature that appears common to the extracts is the representation of a shared cultural knowledge of how old age is seen or defined by society; the repertoire of old seems to be located in a wider cultural discourse of old age and its meaning. In the above extract, Valerie, seems to refer to a cultural understanding that when one turns 66 they “just entered the older model” (4:1:4), also referring to the age of 65 as “completely an arbitrary cut off” (4:1:4) and Miriam described it as an “older age category” (5:2:11). In both extracts there is a use of vivid descriptions of what is seen as stereotypically old. Valerie's emphasis on a number of descriptive terms “horn-rimmed spectacles and a little cardigan and two-piece” (4:1:8) or “you on the heap”

(4:1:14), are used as a way of categorising old age. This descriptive discourse enables Valerie to manage her own view of old age as contradictory to the shared cultural knowledge of how old age is seen or defined by society. Potter (1996) described it as epistemological orientation, whereby the description is concerned with making the speaker credible. Furthermore, to justifying her opposing view of old age through her epistemological orientation, she uses her mother as an example to enhance her credibility in presenting her views. Valerie manages to emphasise her awareness of a new emerging discourse of old age that she is hoping to belong to, a discourse she describes as “age should not be restrictive” (4:1:1). Valerie also draws on extreme case formulation when she describes “we should be respectful to every older person” (4:1:15) and again she manages to separate and distance herself from what she considers as common age discourse.

Extract 2:

1 *Miriam: But it is changing (.) and it is partly changing because people are*
2 *hitting 66 (.) and suddenly thinking (.) I'm not the stereotypical old persons that*
3 *I'm supposed to be (.)*

4 *Interviewer: Who do you say a stereotypical (old) person is?*

5 *Miriam: mm (0.4) well (.) when (.) you try and ask people about how there*
6 *stereotypical older persons are (.) they come up (.) mm(.3) with slow (.)*
7 *dodderly (.) out of touch with (.) what is going on in the world (.) asexual (.5)*
8 *mm (.) don't think we have (.) when older people got mentioned at all(.) those*
9 *are the kinds of things that used to come up(.) I don't think anybody fitted those*
10 *(.) but they didn't have enough clout (.) and older people do talk to me (.) about*
11 *how horrible (.) it is (.) to suddenly realise you fit into this older age category (.)*
12 *and you are (.) ignored (.3) but that's not because we had a particularly strong*
13 *cultural interest (.) in conveying older people in that way (.) we just didn't*
14 *convey older people in the culture in any way at all (.)*

In a similar way to Valerie, in Extract 1, there is a reference to cultural understanding and cultural common knowledge of old age. Miriam provides a vivid graphic

description of old age as “slow, dodderly, out of touch with what is going on in the world, asexual” (5:2:6) and she brings in the idea of stake and interest (Potter, 1996). Stake and interest suggest that a speaker using a description has something to lose or gain; “they have a stake in some sort of action which the description relates to” (Potter, 1996; p124). Miriam is a participant close to retirement age and this specific context suggests she has more to gain when opposing this view. Both extracts seem to suggest that they are not descriptions that the speakers were in agreement with when discussing old age. This is a way of managing their epistemological orientation of their talk, which serves as separating the way they think from the cultural views of old age.

Extract 3:

- 1 *Emilia:because there so many people (.) you know over the age of sixty, no*
- 2 *way I would see them as elderly, they would see themselves as elderly, friends*
- 3 *would see them as elderly, its its not done, but somehow at sixty you fall into a*
- 4 *different category which is elderly*

Emilia, in the extract above, also emphasises the repertoire of cultural understanding of old age as someone who has crossed a certain age. She lists how the category of age is not applicable any more by the way she includes herself within the list of friends and the people who crossed the age of sixty. Potter (1996) described how a three part list serves to emphasize the generality of something. Emilia’s list functions to support her position of resisting the categorisation of old age as defined by chronological age.

This is also prevalent in Extract 1, when Valerie describes her generation and how they resist views of old age. In support of her argument that the new generation constructs age in a different way to previous ones, Valerie uses a category entitlement device (Edwards & Potter, 1992). Using her generation, which can be considered as a category, she emphasises that she has knowledge of and is an expert opinion on this issue. She makes a generalisation based on her younger age. She enhances her credibility in belonging to this category by saying “and I absolutely know that my generation won’t consider themselves to be on the heap at sixty-five (.) seventy, seventy-five, there’s no way” (4:1:17), she speaks on behalf of her generation and her use of the word “absolutely” (4:1:17) emphasises further her category entitlement claim.

Valerie also lists all the characteristics she believes are important or representative of her generation; “dress the way you want” (4:1:10), “travel the world” (4:1:11), “look glamorous” (4:1:11), emphasising how the characteristics of her generation differ in the way old age is constructed. In a similar way to Emilia, Valerie’s list emphasises her being part of a different category, a category of a younger generation (Potter, 1996).

These findings of the analysis are in line with studies that suggest that older women, in particular, devise strategies for managing their ageing body. For example, they use positive language so that they could look and feel good, which challenges the wider cultural discourses of age as a mark of decline (Hvas & Gannik, 2008; Paulson & Willig, 2008). Terry (2008) stresses counsellors’ fear of growing old and its association with loneliness and deteriorating health. Koder and Helmes (2008c) also suggested that working as a psychologist with primarily older people who are vulnerable can elevate and strengthen their own anxiety about growing old. In a way both speakers responded to a new emerging discourse of a different or alternative construct of old age and their own fear of ageing.

3.2.2 Discourse/repertoire of Generational changes in old age

Extract 4:

1 **Miriam:** ...we just taken for granted that this perspective of 40-60 years old (.)
2 on what it’s like to be old (.) which is (.) you know horrible and scary and nasty
3 (.) that that was the right perspective (.) actually now that there are more 60-90
4 years old round and they are saying (.) that’s not the perspective we have (.)

Extract 5:

1 **Miriam:** they used to go to the seaside (.) where there would be people wheeled
2 up and down (.) older people wheeled up and down (.) in wheelchairs (.) who
3 presumably would be people who now (.) would have hip and knee operation (.)
4 enable to still walk (.) there has been a huge shift (.) It is worth working with old
5 people (.) Just because they are older people it does not mean it’s not worth still
6 doing (.)

Extract 6:

- 1 *Valerie: I mean (.) there's the Sixties which is the free and easy sexual and drug*
2 *era! (.) mm (.) It's all going to be dramatically different (.)*

In the previous section (Extracts 1, 2 & 3), and in the two extracts above (Extracts 4 & 5) the participants indicate that a change is happening and there is a change in the way they perceive themselves. This change is partly to do with their own views and seems to be compounded of implicit subtle societal changes. Valerie indicates those societal changes referring to people who have experienced the “free and easy sexual and drug era” (4:6:1) acknowledging that the people who enter old age now have life experiences which are “dramatically different” (4:6:2). Miriam acknowledges that the new generation of older adults disagree and are against the cultural perspective of old age. Continuing the new generation construct, Valerie describes old age “as long as your health permits, health and finances permit” (4:1:2). Valerie constructs health and financial security as an alternative way of getting older. She lists health and finance as an indicator of how things are changing, suggesting that the people who enter into old age now have different powers to previous generations. She uses the words “health” (4:1:2) and “finances permit” (4:1:2) as a privilege of the new generation which serves as a way of ageing in a new way. She provides a vivid description of her mother who “sees a significant difference between her and her mother’s generation” (4:1:6). In this way she manages the footing (Potter, 1996), distancing her mother and herself from the old generation of old age, emphasising that health and financial security legitimise the new construct of old age¹. She positions herself and her mother’s generation in a construct of a new generation, a generation who has power.

The literature supports this construct and suggests an increase in the number of people who are enhancing their ageing process through a healthier lifestyle as a result of diet

¹ Potter (1996) refers to footing as the range of speaker relationships to their reports, the way they manage to be accountable for it or the degree in which they distance themselves from it

and exercise (Depp & Jeste, 2006; Laidlaw. & Baikie, 2007; Laidlaw & Pachana, 2009). In Extracts 4 and 5, Miriam provides an idea of a new generation and she emphasises how health is more accessible to a larger number. She manages it by describing scenes which were commonplace in the past such as “older people wheeled up and down” (5:5:2) and the changes in health care as now they are able to walk, for example “hip and knee operation” (5:5:3). This is echoed in literature which suggests that better health care and other factors are contributing to a more successful ageing (Depp & Jeste, 2006):-

In Extract 2, Miriam, uses her expert knowledge and profession as a credible voice to indicate that “it is changingI’m not the stereotypical old persons that I’m supposed to be” (5:2:1) and “we just didn’t convey older people in the culture in any way at all” (5:2:13), indicating that there may be a shift towards a new discourse of age. There may be a new generation who do not agree with the stereotypical old age discourse and who wish for a new cultural representation which has not happened before. She also positions herself as part of this generation, a generation that defies the perspective of “40-60 years old, on what it’s like to be old” (5:4:1). The speaker, one of the oldest in the sample, also positions old age within a more powerful position, whereby they have their own opinions and values rather than belonging to a passive, one dimensional group. The implication of talking about older people in this way is that it gives them a voice from which they can stand in disagreement to the younger generation. It emphasises that older people can expect longevity and better health, which can make them powerfully pertinent.

3.2.3 Disparity discourse-repertoire of old age in the media

As a shifting culturally bound term old age comes to life when the participants discuss their views of media representation. The following extracts illustrate how the participants describe the way old age is represented in the media. Old age was discussed by the participants as representing not just as a heterogeneous term but in a dichotomous way. There seems to be a disparity in the discourse. The old age category can be constructed as flexible and almost liberating whilst at the same time can also be degrading and humiliating. The participants drew on a ‘do not get old’ repertoire and noted disparity discourse in press repertoire of being old, frail and poor as opposed to

being healthy, rich and wrinkle-free. These repertoires seem to imply the heterogenous nature of old age. It implies how the media might not reflect the new generation of people entering old age as discussed in the previous section.

Extract 7:

1 *Emilia:.....you do get portrayal in the media of (.) mm the sort of the silver*
2 *surfers you know the the kind of active mm (.).....you've got the money*
3 *and the time and the energy and the health to do all sorts of interesting and*
4 *exciting things.....jump out of aeroplane and sort of (Laugh) do skydiving*
5 *and thing to celebrate their ninetieth birthday but there is not a lot in between (.)*
6 *you know you get the kind of (.) the poor (.) abused demented down trodden*
7 *impoverished kind of shuffling along older people stereotype hh and you get this*
8 *fantastic vigorous kind off up for anything amm aa older people who portrayed*
9 *but there is not that much that is really in the middle (.)*

Extract 8:

1 *Interviewer: When you think of ageing, old people, how they're represented in*
2 *the media, what do you think of that? How are they represented?*

3 *Tracy:.....you've got the (.) the rich and famous older people..... give across the*
4 *message (.) that ... you know 'Nobody has to ever get old (.) beat the ageing*
5 *process and look at me (.) I can do cartwheels,' at (.) mm you know*
6 *whatever..... have a wrinkle-free faceOr you have the kind of (.) clips on*
7 *the news which just represent old people as (.) frail and dull and stupid*
8 *really.....*

There are a number of issues raised from these extracts in response to my question regarding the media. The first is that the participants talked about how the representation of old age is constructed in a polarized way by the media. Emilia uses vivid description, which is a form of rhetorical device, to illustrate her point for example she said “do skydiving” (8:7:4) as opposed to “trodden impoverished...shuffling” (8:7:6). Tracy also noted the media construct the concept of old age in extreme terms of either “beat the ageing process....do cartwheels” (1:8:4) or

“frail....dull....stupid” (1:8:7), suggesting that viewing old age as frail is common and acceptable by Western society as a whole. In Extract 2, Miriam described it as the “stereotypical older persons” (5:2:6). These two opposing views seem to imply that there is a common view of old and a newer one. This repertoire of old, constructing old age is one in which the participants are aware of and draw on when they talk about media representation and their own views of old age in the above section. These opposites might exist as an attempt to emphasise and draw attention to the fact that the participants are not part of this discourse of old age. It also might indicate the participants have new ways of addressing their own ageing, a new empowered way as discussed in section 1.3.2.

A second issue relates to language used by the participants when referencing to a new type of old person. Tracy refers to the media representation of old age as something that is needed to be fought against “beat the ageing process” (1:8:4), implying a constructed acceptable view that growing old is negative and it has to be attacked. The literature suggests that the language used to depict the elderly is overwhelmingly negative and such critical language is a linguistic mirror of society’s perception and devaluating stereotypes of ageing and of older people (Gatz & Pearson, 1988), furthermore it suggests disparity in the media portrayal of ageing (Kessler *et al.*, 2004). Emilia, who is a participant nearing retirement, worked up a ‘new’ construct of old age, as “silver surfer...active” (8:7:1) which also implies a way of beating old age.

A third issue referring to ‘action orientation of talk’ (Willig, 2008, p.116) is the repertoire of describing older people by the media relating it to a wider powerless discourse. Emilia managed her footing separating herself from media views by saying “abused, demented, down trodden, impoverished” (8:7:6) suggesting that older peoples’ perception of the media is negative towards the poor and more favourable towards the “rich and famous” (1:8:3). It can also suggest that beating the ageing process is a privilege for the wealthy and implies that descriptions of old age as described in the extracts above manage to create a divergence in a cultural context. Old age seems a complex term that is constructed and reconstructed constantly. The participants’ use of vivid descriptions supports their thoughts of the implication of cultural views of old age and the way it seems to be changing (Edwards & Potter, 1992).

3.2.4 *Repertoire of personal experience of old age*

It appears that constructs of old age have been influenced by external resources such as the media, but also by personal experiences. The personal experience of the participants' works to legitimise knowledge of what old age is, the meaning of old age and ways of combating oldness. This supports the literature which suggests old age construct is dependent upon individuals and their specific context (Hurd, 1999; Giddings *et al.*, 2007).

Valerie says "my mum has just turned sixty six" (4:1:3) referring to her personal experience together with her professional one as a psychologist "so she's just (.) just entered the older model(.) you know(.) arbitrary cut-off (.)" (4:1:4). There is a sequence of descriptions in Extract 1 that leads to minimizing the importance of an old age cut off point. The arbitrary age cut off point is a repertoire that the participants are familiar with due to working with older people in an NHS settings. This is also apparent in Extract 2, where Miriam describes how her personal experiences provide her insight and understanding of this cut off repertoire, "and older people do talk to me people about how horrible (.) it is (.) to suddenly realise you fit into this older age category" (5:2:10). Miriam describes a common perception of old age as "you know horrible and scary and nasty" (5:4:2), Miriam takes a position whereby she acknowledges societal stereotypes of old age using her personal experience as a way of positioning, separating and distancing herself from those common stereotypes, in this she also shares her voice with the voices of older people who she claims do not share this perspective.

In contrast Doreen (a psychologist who worked with older people on a stroke ward) talked about how her own personal experiences affected her way of thinking and reacting to her own ageing process. This is demonstrated in the extract below.

Extract 9:

- 1 *Doreen: But also, when I had children, I had to do my pelvic floors..... but that's*
- 2 *made me (.) I actually went to go and see a physio to try and strengthen my*
- 3 *pelvic floors afterwards for fear, I suppose, of being incontinent when I'm older*
- 4 *like the people that I'm seeing now*

There are two discursive issues in the extract above; first Doreen relates her personal experience to a wider discursive construction of old age and powerlessness. There is the use of an ‘extreme case formulation’ relating to Doreen’s fear of being “incontinent” and a discourse of being powerless, Doreen repeats the phrase “I had” (2:9:1) and “made me” (2:9:1); her evaluation of the meaning of old age are taken to an extreme. The second issue is the discourse of combat; old age is related to a person’s own actions. The discourse appears to be linked to issues of control and personal responsibility over life. Doreen describing “strengthen my pelvic floors” (2:9:2), her action orientation of talk refers to her own responsibility in fighting the affect of old age (Coupland, 2009; Paulson & Willig, 2008).

This is supported by a study suggesting that when looking at understanding of old age, practitioners tend to draw mainly on knowledge that relies on practice and personal experiences rather than from formal knowledge (Richards *et al.*, 2007). Furthermore, it again highlights the awareness and anxiety of the ageing process among psychologists working with older people (Koder & Helmes, 2008c).

The participants’ extracts and the literature all imply that personal experiences are a factor in constructing old age, it also suggests that old age appears as a fluid category. The category fluctuates between a discourse of old age as powerless to just a meaningless cut off point. At times it seems that personal experiences legitimise the concepts of old age as a fluid term as it changes when they talk about themselves, the people who they know personally, and their clients’ experiences of old age. This may also reflect a wider cultural discourse, one which is available just to the participants and their clients (Löckenhoff *et al.*, 2009; Warren, 1998).

3.3 Construct of old age in therapy

One of the important effects of the fluid categorisation of old age is how it emerged in the nature of the participants’ talk about their therapeutic work with older people, which therapeutic model they use, and the nature of the therapeutic relationships. Firstly participants constructed therapeutic intervention as complex and challenging. Secondly it was constructed in a repertoire of amazing and fascinating that are discussed in detail below.

3.3.1 *Challenging and complex repertoire*

Some of the participants construct therapy with old age using a repertoire of complexity. As in the above section relating to the media, old age was constructed in terms of stupid and slow.

Extract 10:

1 *Daniel: With this client group (.) your getting the end product of whatever life*
2 *has brought (.) and that can be (.) a very stuck place (.) mm (.3) as a therapist*
3 *you can feel very stuck with them*

Extract 11:

1 *Daniel: the main thing is (.) actually the chronicity (.) mm (.) but I don't know*
2 *whether if it was an older adult or someone else who happened to be (.)*
3 *experiencing (.) multiple (.) issues (.) difficulties (.) traumas (.) losses (.)*

Extract 12:

1 *Alex: (.) and there's a huge sort of co-morbidity of physical illness (.) that goes*
2 *along with the population. It's just a statistic (.) you know (.) that the older you*
3 *get, the more likely you are to have (.) problems with your physical health (.)*
4 *and I think that makes it quite challenging as well . It makes it quite complex (.)*

Extract 13:

1 *Doreen: I think maybe older people are not so used to being allowed to talk*
2 *about their feelings in a way, or it's always been a stiff upper lip from a*
3 *dominant ideology, growing up after the War, I suppose, we're English/British*
4 *and even a lot of other cultures too.*

Extract 14:

1 **Judy:** *talking about their feelings (.) talking to others about their feelings (.)*
2 *saying that they need help (.) or that they're not coping (.) which is what for*

- 3 *somebody of my generation is the norm to do (.) It's a it's a very different*
4 *philosophy (.)*

The way old age in therapy is constructed is demonstrated in the above extracts. Daniel, Alex, Doreen and Judy draw on interpretive repertoire that symbolises challenges. This functions to position old age as having characteristics which defines them as a group and which separates them from other client groups. Daniel described “getting the end product” (6:10:1) of life and uses the vivid word “chronicity” (6:11:1) to emphasise the challenges. He also lists the issue that makes the work complex, saying that clients may have experienced “multiple issues, traumas, losses” (6:11:3). Daniel qualifies this position here by acknowledging that perhaps multiple issues can happen to other age groups, he is also manages his footing by saying “I don’t know” (6:11:1) which excuses his claims so he is not seen to be making generalization as a professional psychologist. However, this construct of complexity as an older peoples’ domain positions younger age groups as more able and less complex. Alex also positions old age in a disadvantaged way and draws upon scientific discourse “It’s just a statistic” (3:12:2) when discussing the commonality of physical health problems among older people, by doing this Alex presented as having objective status, distancing himself and taking an impersonal stance when locating old age discourse as complex and justifying that position. Interesting in terms of their age, Daniel and Alex are both in their early thirties which might be another explanation for their construct. Although Alex draws upon scientific discourse, the literature suggests the contrary, it stresses that there is an increase in the percentage of older people who are living longer and healthier and reports higher levels of satisfaction (Laidlaw, 2010). Furthermore the literature suggests an ageing paradox; those high levels of stratification are reported at the stage in life most associated with physical decline (Carstensen & Lockerhoff, 2003; McFadden, 2004).

Doreen and Judy refer to a discourse of old age located within the wider society, discourses which suggest difficulties in talking about feelings for older people. These discourses position the participants as superior to older people. Doreen uses descriptions such as “stiff upper lip from a dominant ideology” (2:13:2) and “we’re English/British” (2:13:3). Judy describes a “very different philosophy” (7:14:3), the

implications of these are that working with old age is challenging because of their inability to talk about their feelings. Judy (as Valerie does earlier) positions herself as belonging to a different category, a generation of people who are able to talk about feelings therefore implying that working therapeutically with younger generations may present as less complex. Furthermore she generalises about the younger generation when she states that “somebody of my generation is the norm to do” (7:14:2). Like Valerie (Extract 1) she takes an expert opinion on this issue and uses the word “norm” (7:14:3) when describing herself as belonging to the category of a younger generation category and implies that a discourse of old age is culturally determined. The word “norm” (7:14:3) refers to societal knowledge of how things are or expected to be, a stereotypical knowledge of old age. The language used by the participants in this section evokes discourse of old age as powerless. This may indicate a lack of awareness and knowledge of old age and older people (Atkins & Loewenthal, 2004; Burns, 2008; Laidlaw *et al.*, 2004).

3.3.2 Working with old age as a rewarding and fascinating/amazing repertoire

Contrary to the repertoires above some of the participants also drew upon a repertoire of the therapeutic work with old age as fascinating and amazing.

Extract 15:

1 *Alex:.....you know, before my time, before I was alive, was fascinating. And I*
2 *think as well it was about understanding a person's values (.) and beliefs about*
3 *the world (.) in the context of that (.) and that's obviously very different from my*
4 *own or can (.) be quite different from my own beliefs and values some times. And*
5 *I think I find that really interesting. I find that really fascinating.*

Extract 16:

1 *Tracy: I never really thought about working with older people (.) so it's been*
2 *enlightening (.) that I would end up enjoying it so much (.) and finding it such a*
3 *(.) compelling(.2) [unintelligible 01:09] group to work with (.) and almost more*
4 *so than adults (.) general adults at times.*

Extract 17:

1 *Tracy: ...fact that they're going to die (.) and they're alone (.) very existential*
2 *themes that continue to come very strongly through the work (.) So it brought in*
3 *(.) so much of the philosophical underpinning of my training (.) that it felt very*
4 *relevant to end up there*

Extract 18:

1 *Emilia: I think it's a fascinating area to work in because you've got (.) the*
2 *combination of (.) people with functional mental health problems (.) relationship*
3 *issues (.) whatever it might be mm (.) and all the stuff around dementia (.) and*
4 *how it's affect people (.) and how that impact on relationships (.) carers stress*
5 *(.) mm working with staff (.) mm working with (.) mm families (.) the variety is*
6 *(.) is huge and*

The amazing/fascinating device appeared to position the participants as doing a valuable and credible job. Alex describes the work as “fascinating” (3:15:1) due to the differences he encounters between his generation and his clients’ generation, differences in values and beliefs. Tracy uses the words “enlightening” (1:16:2) and “compelling” (1:16:3) and refers to her training, noting how relevant her work is to it; “very strongly through the work” (1:17:2). Emilia uses the “fascinating” (8:18:1) repertoire to emphasise the multiple issues the work presents. In the above samples the language and repertoires resonate with how appropriate and relevant it is to work with old age, invoking issues of stake and interest (Potter, 1996), which perhaps legitimises the participants choice of specialty and their profession as psychologists as a whole.

3.3.3 Repertoire of old age characteristics

Participants talked of the difficulties they were facing in their work and used diagnostic language when talking about older clients, which enhances their professional credibility. This is represented in the following extract from one of the discourses.

Extract 19:

1 **Judy:** *Because you know (.) you get somebody who arrives (.) and they seem*
2 *really motivated to be there (.) but actually when you try to start getting in the*
3 *work with them (.) they haven't got a clue (.) and actually they don't want to do*
4 *the intervention part (.) They want to talk about their childhood for twenty*
5 *sessions (.)*

6 **Interviewer:** *When you talk about intervention, what type of intervention do you*
7 *mean? Do you mean CBT intervention?*

8 **Judy:** *Well(.)that that depends (.) I do try and work (.) mm in a way that is*
9 *either providing space or meets the needs of my clients (.) so here we would*
10 *practice systemic psych (.) brief psych (.) and we'd do CBT (.)*

11 **Interviewer:** *Okay.*

12 **Judy:** *The CBT is very difficult with older people (.) I mean (.)I recently went to*
13 *a workshop about this (.) There's high levels of resistant depression (.) worry (.)*
14 *and anxiety in older adults (.) and it doesn't seem to quite hit the*
15 *spot.....even just trying to get someone to fill out a thought diary (.) you*
16 *wouldn't believe the amount of time it can take to do that (.) They get muddled*
17 *with the columns (.) and I know that happens in other specialism's (.) but there's*
18 *something different about this (.)*

It appears, in the above extract, that there are two distinct issues when the participant discussed working with older people. The first relates to the way old age is constructed, Judy described her work with her clients as “they haven’t got a clue” (7:19:3) and although her client may have good intentions “they seem really motivated to be there” (7:19:1). She continues to emphasise how they don’t want to do the work required of them, “they don’t want to do the intervention part” (7:19:3). Constructing older people in this way confirms an idea of Western cultural knowledge of how old age is seen or defined by society. Judy appears to suggest that older people are not intelligent by saying “CBT is very difficult with older people” (7:19:11). This seems in contrast with the idea discussed in Sections 1 and 2, in which psychologists seemingly took an

opposite stance to societal norms of old age. However, interestingly this confirms the media construct of old age as stupid and powerless.

Secondly, Judy positioned herself by a number of devices to serve her professional legitimacy. There is an interesting rhetorical feature in the extract above which illustrates her specialised knowledge on therapy with older people. Judy described a list of characteristic presenting problems for example “high levels of resistant depression (.) worry (.) and anxiety” (7:19:12). By doing so she separated older people’s symptoms as a group which does not suit CBT. The three part list in this case emphasised the characteristics of older people to be representative and commonplace. The implication of defining older people as a separate group to which applying CBT to is “very difficult” (7:19:11), “doesn’t hit the spot” (7:19:13) and “get muddled” (7:19:15) seems to serve Judy’s position as an expert. As someone who has the authority and the knowledge but also positions the elderly as a separate defined category of people, which emphasised how complex and continually shifting the notion of old age is.

This finding is concurrent with studies that suggest descriptions of older people in mental health are often unfavourable by therapists (Hinrichsen & McMeniman, 2002). Coupled with this is the evidence that psychotherapy for older people often does not equal to those provided for younger age groups (Murphy, 2000). It has been suggested that this is partly due to therapists’ own negative attitudes in relation to ageing and older people. Garner (2003) suggested that therapists who work with older people need to be aware and understand their own feelings and prejudices regarding older people. It also echoes stereotypes of the elderly as having generally more mental health problems than younger people although this is suggested to be inaccurate (Zarit, 2009). However, there is extensive empirical evidence that suggests CBT model is affective with older people (Laidlaw, 2010 ; Knight, 2004).

3.3.4 Therapeutic model implications

The following extracts highlight the adjustment the participants discussed in relation to the therapeutic model.

Extract 20:

1 *Daniel:...there is a risk that you end up having your whole hour conversations*
2 *about medication (.) or having conversations (.) I don't know (.2) when they are*
3 *not up for doing the work (.) And that comes back to the idea (.) that the doing*
4 *of the work is that you do therapy (.) and then you come out the other end (.) and*
5 *you then (.) you are well (.) Which is (.) which is (.) I think (.) is my bias(.)*
6 *about what (.3) I would hope that (.) I'm not CBT has sold especially (.) and as*
7 *I say that's largely where I train (.) and I attempt to deliver that (.) that*
8 *particular approach (.) that (.) that (.) that kind of flounders very very quickly*
9 *(.) and very very often (.) and then one doesn't know what one's angry with (.)*
10 *is one angry with the client group (.) is one angry with the therapy (.) is one*
11 *angry with the referral process (.) is one angry with oneself (.) you know (.) why*
12 *are these things don't*

Extract 21:

1 *Valerie:...I'm probably eclectic (.) mm I (.) I'm probably quite (.4) I'm not anti-*
2 *CBT (.) mm (.) but I do find it has its problems with older people (.) and well (.)*
3 *there are problems applying it effectively with older people (.) mm I'm probably*
4 *more prone to working from a psychodynamic formulation (.) don't get me*
5 *wrong (.) I'm not skilled psycho-dynamically in terms of therapy (.) I'd love to*
6 *be (.) but I'll work with the psychodynamic or attachment formulation (.) and*
7 *probably work in a slightly more unstructured way (.)*

In Extract 20, Daniel emphasises his own difficulties and his older clients' difficulties. He, as Judy in Extract 19, positions himself as holding specialised knowledge by listing their characteristic features, "you end up having your whole hour conversations about medication.... I don't know...they are not up for doing the work" (6:20:1). This is an example of a rhetorical use of vagueness (Potter, 1996) when Daniel says "I don't know" (6:20:2), "I think (.) is my bias(.) about what(.3) I would hope that" (6:20:5). This serves to minimize the effect that Daniel might have as a therapist and his difficulties in applying the CBT model with elderly clients. This impression of uncertainty also means that he cannot be challenged or criticised as a professional. He

returns to his own professional category by saying “I’m not CBT has sold especially (.) and as I say that’s largely where I train (.) and I attempt to deliver that” (6:20:6). This time distancing himself by working out the footing, using an impersonal construction of his professional identity as a psychologist explaining “flounders very very quickly” (6:20:8) and “then one doesn’t know what one’s angry with, is one angry with the client group... the therapy.. the referral process... oneself” (6:20:8). This assists in distancing himself from his previous personal account of his own bias. This also mirrors Judy, that “CBT is very difficult with older people” (7:19:11).

Valerie on the other hand emphasises the role of the psychologist to be more flexible in their approach, rather than constructing old age as powerless. Her emphasis is on the skills of the psychologist to adjust the model to its client group. In doing so she constructs old age as any other client group that the therapeutic model needs to be adjusted to saying “I’m not anti-CBT(.) mm(.) but I do find it has its problems with older people” (4:21:1) and “probably work in a slightly more unstructured way” (4:21:6).

3.4 Discourse of old age as not homogeneous in nature due to internal attributes

In addition to talking about old age and constructing images of older people, some of the participants discussed personal, internal attributes and attributes of older people themselves. Attributes such as fitness or personality traits, which in effect relates to thinking of how one can combat being old. These discourses have implications that old age and being old is related to the responsibility of older people themselves. It also represents a shift in responsibility, using a personal attribute repertoire of oldness has an implication of individual responsibility rather than external cultural uncontrollable factors. The responsibility of being perceived as old is to do with a person’s attributes. This is concurrent with the literature suggesting that an individual personal goal is associated with successful ageing (Baltes, 1997; Freund *et al.*, 2009). Another implication is the idea that age can be defeated due to a person’s actions or attributes can be interpreted in a shared cultural view that tends to devalue age and older people. This idea is linked to a study that suggests that language is used to construct old age as a negative, biological phenomenon which suggests that old age must be attacked and defeated (Vincent, 2007).

Extract 22

1 *Tracy: And I've seen some people who are very young at hearted (.) There's a*
2 *seventy-eight year old guy (.) who could (.) beat me at a marathon (.) amazing*
3 *guy (.) absolutely amazing (.) so I (.) So it's very difficult (.) because they come*
4 *(.) and there's some of them that sit there and go (.) 'I know I'm old (.) but I'm*
5 *really not old (laughs) and I don't feel old (.) I still feel like a teenager in my*
6 *head.'*

Tracy constructs how oldness is something that is within the responsibility of an old person “who could beat me at marathon” (1:22:2), and is constructed due to the ability of an individual saying “amazing guy” (1:22:2). This has an implication that old people are constructed falsely as powerful, to the extent that they need to conform to an active model which defies the ageing process. There is a shift in her account of people who do not have the personal attribute to defeat old age “So it's very difficult” (1:22:3). These people, although might not be feeling old, are positioned as powerless. Tracy also uses action orientation to emphasise the powerless construct “sit there and go” (1:22:4), when actually these are the people who only feel young but are not active. This view is line with a study that showed that often older people have the belief that mental health issues are associated with one's own personal shortcomings (Segal, Mincic, Coolidge & O'Riley, 2005).

Extract 23:

1 *Doreen:..... My sister's got her mother-in-law, she's amazing, she's (.) in her*
2 *eighties and running around doing things, looking after the kids still and so I'd*
3 *like to be like her.....*

Extract 24:

1 *Alex: there is the assumption that older people have (.) you know aren't*
2 *computer literate (.) and are no good with the Internet (.) and I think that's true*
3 *to some extent (.) but you know I always love it (.) when you hear examples or*
4 *some of my clientsand they're using Skype to get in touch with their*
5 *children who live in Australia.*

Doreen and Alex, in the above extracts, also refer to personal attributes of old people which imply a construct of combating old and powerfulness. Alex, “I always love it” (3:24:3) and Doreen, “amazing” (2:23:1) again refer to personal attributes that evoke admiration.

Extract 25:

1 *Daniel:* (.) just being a label (.) mm Old means you just happen to have (.) you
2 know (.) I mean you could be an ass hole (.) you know (.) people are ass holes in
3 their twenties! (.) And will be ass holes in their eighties (.) Now what happens
4 (.) when you're an eighty year old ass hole (.) versus a twenty year old ass hole
5 you know? (.) All sorts of things happen there (.) and all sorts of people (.) yeah
6 other people [unintelligible 50:28] differently. We would class, especially
7 around driving (.) they perform all sorts of really kind of dodgy deeds (.) and the
8 police let them go (.) or you know (.) criminal activity (.) oh they are old you
9 know? (.) But your still (.) if you're a twenty year old ass hole (.) unless you
10 learn (.) and you will still be one (.) in your eighties and if you're a miser in
11 your twenties (.) you know you'll be a miser in your eighties (.)

Daniel, in contrast to the extracts above (Extract 22, 23 & 24), also constructs a powerful image of personal attributes, but in his case it is from a different stance. Daniel uses vivid descriptions when constructing how older people use their age to get out of difficult situations. Again, there seems to be a construct of personal attributes as an indication of power. Daniel starts with how old is just a label but it moves quickly to a description of characteristic features. Note the particular repetition of the derogatory and lay term “ass hole” (6:25:2,3,4,9). This is also echoed by other terms such as “dodgy deals” (6:25:7) and “criminal activity” (6:25:8).

The participants construct personal attributes (positive and negative) as a way of constructing the management of old age, this is reminiscent with studies suggesting that individuals who continue to set goals in old age are more likely to age more successfully (Baltes, 1997; Freund *et al.*, 2009).

3.5 Combining the two analytic approach of Discursive Psychology and Foucauldian Discourse Analysis

The analysis begins by identifying the discourse of old age as talked about by the psychologists, how construction of old age varies across different contexts of the interview and the consequences of these variations. From a Discursive Psychology perspective the analysis identified the rhetorical devices and discursive strategies that were available to the participants and which have been constructed in the interview, looking at these construction and their characteristics within the text. The analysis continued in applying Foucauldian perspective by noting that the discourses were located in a wider societal context which enabled particular ‘ways-of-seeing the world’ and ‘ways-of-being in the world’ and noticing how these constructs were made available to be taken up by the participants (Willig, 2008). The analysis also demonstrated how discourses facilitated and limited what was said and the subject position taken by the participants.

In the first section of the analysis, participants constructed old age as a heterogeneous term. A Discursive Psychology approach identified rhetorical devices such as vivid graphic descriptions of what old age stereotypical view is as “you on the heap” (Extract 1) and “slow, dodderly, out of touch” (Extract 2). The participants stated their opposing views of old age by constructing rhetorical devices such as epistemological orientation, three part lists and category entitlements to emphasis their credibility in belonging to a different category of people which view old age in a different way such as “my generation won’t consider themselves as to be on the heap at sixty five” (Extract 1) and “no way I would see them as elderly” (Extract 3). This demonstrated the way their talk as action orientated managed their objective of belonging to a different category and viewing old age in a different way, against a stereotypical view of old age. The participants’ constructs emphasised their belonging to a different generation, a new generation such as “dramatically different” (Extract 6) with health and financial resources which do not accept the stereotypical view of old age. In repertoire used to talk about old age in media representation the participants continued to discuss the heterogeneous nature of old age and the dichotomous, polarized way in which old age was represented such as “have a wrinkle free face ” (Extract 8) or “abuse demented

down trodden” (Extract 7). Individual experiences also influenced the participants construct of old age as a fluid category “I actually went to go and see a physio to try and strengthen my pelvic floor...for fear...of being incontinent when I’m older like the people I’m seeing now” (Extract 9) and “older people do talk to me...how horrible it is....fit into this older age category” (Extract 2). A Discursive Psychology perspective demonstrated the participants use of discourse to justify their belonging to a new generation, a generation that is different from other generations and does not hold the old stereotypical meaning of old age within the micro level of the interview.

Foucauldian Discourse Analysis as an analytical tool was used to demonstrate how these rhetorical devices were made available in order to demonstrate old age as a discursive object that was referred to in a context of shared cultural meaning. This shared meaning was constructed as negative, “slow, dodderly, out of touch” (Extract 2) within Western culture. Furthermore, these constructs demonstrated, from a Foucauldian Discourse Analysis perspective, how these discourses shaped their own experience of old age and the implication it may have onto the participants “I actually went to go and see a physio to try and strengthen my pelvic floor...for fear...of being incontinent when I’m older like the people I’m seeing now” (Extract 9), here the construct is of old as sick and incontinent. The position taken by the participants as “my generation won’t consider themselves as to be on the heap at sixty five” (Extract 1) and “dramatically different” (Extract 6) demonstrates the participants construct of belonging to a different category by positioning themselves away from the old as the sick “abuse demented down trodden” (Extract 7) construct and in doing so implicating a new old construct which the participants belong to.

The next section of the analysis discussed therapeutic work with older people. The Discursive Psychology approach demonstrated how constructions of old age vary within the interview context, particularly when discussing their own therapeutic work with older people. The participants used constructing repertoires that symbolised challenges and complexity when talking about therapeutic interventions with old people such as “getting the end product” (Extract 10), the complexity of “chronicity”, “multiple issues” (Extract 11) and “stiff upper lip” (Extract 13). Whilst other participants constructed their therapeutic work in rewarding, fascinating repertoires “I find that really interesting” (Extract 15) and where the “variety is huge” (Extract 18). The repertoire of

complexity and challenged echoed when the participants constructed old people characteristic in therapy “CBT is difficult with old people” (Extract 19), “they haven’t got a clue” (Extract 19) and “they don’t want to do the intervention part” (Extract 19). Discursive Psychology identifies the how in their action orientated talk, where the participants justified their professional identity by defining older people who seek therapeutic help as a separate group with separate characteristics using listing such as “there’s high levels of resistant depression, worry, and anxiety” (Extract 19). This was also supported by the participants’ constructs of therapeutic model implications, constructing of the CBT model as “there are not up for doing the work” (Extract 20), and using vagueness as a rhetorical device to minimise personal responsibility in applying the intervention such as “I don’t know....is my bias” (Extract 20) which also serves as an alternative to the speaker’s original discourse that older people are incapable of doing the therapeutic work. Lastly the use of Discursive Psychology recognised the repertoire of combating old age and the individual responsibility and personal attributes “I’ve seen some people who are very young at heart” (Extract 22) and vivid descriptions to emphasise how older people use their age in positive and negative ways to manage difficult situations such as “dodgy deals” and “criminal activity” (Extract 25).

The Foucauldian Discourse Analysis perspective in the analysis demonstrates that therapy with older people is located in a wider context, it is constructed within a social and institutional frame work of working in the NHS, which on the one hand is an institution that treats all as “there’s a huge sort of co-morbidity of physical illness, that goes along with the population. It’s just a statistic.....that the older you get, the more likely you are to have problems with your physical health” (Extract 12). On the other hand this same institution restricts the working practices of the psychologists and promotes CBT, “they don’t want to do the intervention part” (Extract 19) and “CBT is very difficult with older people.....even just trying to get someone to fill out thought diary...they get muddled” (Extract 19). Therapy and therapeutic intervention is constructed as a biomedical discourse, with its process of treatment and success and as a scientific discourse “It’s just statistic” (Extract 12), and the use of diagnostic discourse such as “high levels of resistant depression, worry, and anxiety” (Extract 19), “chronicity” and “multiple issues” (Extract 11) all serve in warding off any charges that

they, the participants did not perform their work properly. Furthermore, by constructing a biomedical discourse they cannot be blamed for the results of therapy with older people. Subsequently the participants positioned themselves as professionals with professional legitimacy, the position enhances their professional credibility and consequently influences their practice as psychologists. As experts the participants constructed certain therapeutic models or therapeutic practices as inappropriate with older people. This subject position of an expert also had the implication on the participants' experience of old age and the implication it may have onto the participants of an older age as discussed above.

Identifying the rhetorical devices and their function with the Discursive Psychology analytical approach, the discourses recourses, within the interview context or situation, and combining it with a Foucauldian Discourse Analysis approach by paying attention to the wider social and NHS context where the discourses produced these implications. Combining the two analytical approaches demonstrated how the position taken by the participants opened and closed opportunities for therapeutic practice and highlighted the psychologists' subjective experiences in constructing a social reality.

3.6 Summary

The psychologists in the sample worked up rhetorical devices and interpretive repertoire in constructing the meaning of old age. These enable the psychologists to construct and align themselves with a new way of ageing and being old. Positioning themselves in this way enables them to separate themselves from a traditional and a common cultural understanding of old age, mainly as powerless, slow, and limited and the ageing process. The analysis demonstrated how old age is a heterogeneous term which changes in accordance to the participants' personal experiences and context.

However, reconstructing old age as something that is changing and belongs to a different generation emphasises the need to resist the ageing progress. This brought back ideas of ageing as negative reinforcing cultural common knowledge. Interestingly when talking about therapeutic interventions the position of some of the participants demonstrated the difficulties and an apparent lack of knowledge of ageing or adjustment to therapeutic models in addressing issues in old age.

CHAPTER 4: DISCUSSION

4.1 Introduction to the discussion

Within this current research eight psychologists were interviewed with the aim of developing an understanding of how old age is discussed and conceptualised in the context of their therapeutic work with older people, paying attention to how they talk about age and their own ageing processes. This chapter will begin with a summary of the findings of the analysis presented previously, drawing attention to the discourses and relating these to the wider discourse in which these topics are located. The discussion will consider the clinical implications of the research and its relevance to counselling psychologists' practices. The chapter will conclude with a reflexive critical assessment of the present research and a conclusion

Summary of analysis

Addressing the first research question of the study, how psychologists who have experienced working with older people talk about old age, old age appeared to be constructed in the study as a heterogeneous, fluid term. The psychologists in the sample drew on rhetorical devices that highlighted old age as a changing category. This allowed the psychologists the flexibility to construct aspects of old age and their own ageing process in a new way. This demonstrated that the meaning of what is old age and who is considered to be old constructed in interactions (Degnen, 2007; Jolanki *et al.*, 2000). In constructing old age this way the psychologists appeared to draw upon a number of rhetorical devices as well as discursive strategies, such as three part lists and category entitlement, which constructed the participants as belonging to a new generation (Katz, 2000). Positioning themselves in this way enabled participants to construct particular ways in regards to their own ageing process. The effects of their own ageing will differ from and help in resisting a shared cultural knowledge of old age (Löckenhoff, *et al.*, 2009). This was demonstrated in the analysis by using their own personal experiences and their family narratives as a way of combating cultural perception of old age, such as slow, unintelligent, dependent and out of touch, and adopted an alternative construct of old age, for example; active, travel the world, health

and finance. Using personal experiences and family narratives, such as looking at family members that entered an 'old age cut off point' (the age of 65), and minimising the importance of chronological age, made it possible for the participants to align themselves with the 'new age' construct and to reject what they perceived as common cultural knowledge of old age. The participants were all white, British, professional, educated and had above average incomes. This contributed to the way they managed their footing which suggested they will not belong to an old age discourse of unintelligence. Thus supporting social constructionist underpinning of the current research, these findings stress how different versions of old age and ageing were available to the psychologists, and the way in which these were drawn upon to construct old age in alternative ways.

In support of the above, the psychologists talked about the media representation emphasising how it constructs old age in a heterogeneous and dichotomous ways. On the one hand old age was portrayed in the media as liberating and flexible, but on the other as humiliating and old people as poor and frail (Coupland, 2009). The psychologists worked up a construct of a new generation but acknowledged and recognised a repertoire of 'do not get old', in particular, in the media. However, the analysis reveals that reconstructing old age as something that is changing and belongs to a different generation emphasises the need to resist the ageing progress. The participants' Western cultural context and their exposure to media's unfavourable representation of old age may have contributed to their need to resist ageing. In addition the participants' education and the context of their profession also helped in separating themselves and positioning themselves away from constructs of old people as poor and humiliated. This brought back ideas that ageing appears to be negative and consequently reinforces the cultural common knowledge of ageing. Levy (2003) suggested that negative societal views of old age can be internalised in young age and may operate outside individual conscious, perhaps working therapeutically with old age reinforces these unfavourable views. In addition, the participants' clients may also avoid describing themselves or wishing to be seen as old (Degnen, 2007; Jolanki *et al.*, 2000), which may also contribute unintentionally perhaps to negative views of ageing.

Addressing the second question of the study, regarding construct of therapy with old people, the analysis demonstrated opposing views. Therapy and therapeutic intervention was constructed on the one hand as a construct of complexity and challenges and on the other hand in a rewarding amazing construct. A number of the psychologists worked up a repertoire that demonstrated the difficulties they are facing in working with older people, such as multiple issues, chronicity, physical illness and an inability to talk about feelings. Positioning themselves in this way enabled them to construct a repertoire of old age characteristics which on the one hand contributed to the difficult they were facing and on the other hand supported legitimising their professional expert position. This repertoire interestingly was demonstrated by some of the younger participants and emphasised their position of belonging to a different generational category which was supported by the repertoire of the unsuitability of CBT as a therapeutic model, such as they are not up for doing the work and see CBT as a problem with older clients. Reconstructing older adults as a difficult cohort to work with, who do not fit the therapeutic model, suggests again a construct of cultural knowledge of old age as powerless. More so it legitimises the position that it is not the participants' lack of psychological knowledge or the model they choose to work with but rather older peoples' characteristics and inabilities. This again demonstrates a construct of old age as negative by the participants, this negative construct however may not be intentional but rather as a consequence of supporting their own professional position.

In an alternative way the analysis demonstrates a repertoire of the amazing, rewarding, fascinating and enlightening which were taken mainly by the older psychologists and which appears to support the psychologists professional legitimacy as doing a valuable job and appears to support their career choice in specialising in working with older people. This was supported by the participants' talk of internal attributes of old age, such as a 'marathon runner' or of 'a person in her eighties running around doing things'. Once more this repertoire highlights the concept that old age is negative in nature, and requires or relies upon strong personal abilities to cope with it. However, it also appears to suggest finding positive ways of working and adjusting therapeutic models to address older peoples' needs. Constructing their therapeutic work as amazing may relate more to the participants' own age and social context, as the participants who constructed the

work this way were mainly of an older generation. The findings also suggesting that the participants' education, social and cultural context as middle class professionals facilitated having the 'right' attributes - the ones that are necessary to cope with old age.

In addressing the third research question, how these constructs of age relate to wider cultural and social constructs, the analysis demonstrated that throughout the extracts the participants were referring to a wider cultural and societal common shared knowledge of old age. This wider knowledge is often infused with ageing stereotypes (Levy, 2003). The way the psychologists constructed old age changed when talking about themselves, their work and their own ageing process. When discussing their own ageing process the participants' accounts were of a more favourable nature and again were partially influenced by the participants' own ages. This is in accordance with studies suggesting old age constructs are dependent upon the context of which it is constructed in (Coupland, 2009; Paulson & Willig, 2008). The analysis demonstrated that the meaning of old age is multilayered and a complex issue which is constructed by individuals in context.

4.1.1 Original contribution of the research

In focusing the research on psychologists' constructs of old age the research has made an original contribution to the literature on old age and extended it. The current research demonstrated how old age was constructed by psychologists and how the construction of old age changes according to context. The research addressed a gap in the literature where most research into psychologists used quantitative methods. Using qualitative methods of discourse analysis added a dimension to understanding of how old age is discussed and constructed (Degnen, 2007; Jolanki *et al.*, 2000). It highlights the importance of developing awareness and knowledge of old age by psychologists who work with older people in the context of Western cultural stereotypes and societal demographic changes (Levi, 2003; Kinsella, 2005). By doing so it has contributed to counselling psychologists and other health professional in the UK, as the study's findings recommends the importance of awareness towards personal beliefs in psychologist's clinical practice with older people. The study findings were investigated in the context of current theories of ageing, some of which provide guidelines for therapists, or issues to be aware of (Erikson, 1982, Knight, 1996; 2004; Knight & Lee,

2008, Laidlaw, 2010, Laidlaw *et al.*, 2004). These guidelines focus on the importance of reflecting upon and accepting life events in reaching a balanced psychological state (Erikson, 1982), and providing an environment that facilitates communication and reminiscing (Hogstel & Curry, 1995). The theories also emphasise the importance of setting achievable goals as way of contributing to clients well-being and mental health (Baltes 1997; Carstensen & Lockerhoff, 2003; Freund *et al.*, 2009), and adapting CBT to the needs of older clients, as way of contributing to clients well-being and mental health (Laidlaw *et al.*, 2004). In doing so, the study has extended the knowledge of old age in a therapeutic setting; created additional recommendations informing practice, highlighting the need in developing an understanding of old age and working practices with this growing cohort. These recommendations stress the importance of psychologists in examining their own views of ageing, in addition to further personal development in training and education of old age. More specifically, these recommendations involve bracketing psychologists own preconceptions about ageing, creating a safe environment for people to explore their life and be aware of their own perceptions of what ageing means.

Lastly, the study extended research regarding some of the issues psychologists may face when working with elderly people, such as the way in which their own negative attitudes towards ageing may create difficulties in providing therapy to this cohort (Koder & Helms, 2008a, 2008c) Consequently the findings generated a more detailed picture from the psychologist's point of view of the meaning and implications of working with this cohort and in understanding the multi-dimensional elements of old age.

4.1.2 Original contribution and relevance to counselling psychology

The practice of counselling psychology emphasises the scientist-practitioner model whereby clinical practice is informed by research with a focus on an in-depth understanding of the meaning of subjective experiences (Strawbridge & Woolfe, 2003). From this perspective the study informs clinical practice with older people, as it explored in depth the ways in which the sample of psychologists constructed the meaning of old age.

McLeod (2003) argued that qualitative research is in unison with the values of CP. The advantages of conducting qualitative research includes its ability to attend to the complexity of the phenomenon being researched, its ability to facilitate the active engagement of participants and its primary aim of advancing understanding (McLeod, 2003). The present research, with its application of qualitative methods of discursive approaches and its finding, supports this premise. Furthermore, as CP asserts the importance of understanding a wider social context, the research has demonstrated how the participants have drawn on a common cultural knowledge of what old age is. In addition, looking at the language choices and the array of discursive practices the participants drew on in order to construct older clients informs counselling psychologists in working with this complex and multifaceted cohort.

4.2 Informing clinical practice

4.2.1 Demographic implications

The way in which the psychologists in the sample constructed old age and their own ageing processes will be considered and discussed in view of changing demographics. The findings emphasised the way in which the psychologists saw old age as a changing, heterogeneous and fluid term and themselves as belonging to a different category which resists the taken-for-granted cultural views of old age. This appears to suggest a fear of the psychologists own ageing processes and their need to find ways of resisting or combating it. One of the consequences of demographic changes will be an increase need in providing psychological therapies to a future ageing population (Koder & Helms, 2008a, 2008c; Laidlaw, 2010; Laidlaw & Baikie, 2007; Munk, 2010). The current findings may suggest that there is a lack of understanding and acknowledgment of demographic changes by the participants, as these changes suggest that many older people can anticipate years of good health (Kinsella & Velkoff, 2001). Psychological support can be utilised by the ageing cohort in continuing their personal growth together with adjusting and coping with some of their ageing experiences (Kinsella & Velkoff, 2001; Knight, 1996; 2004; Knight & Lee, 2008; Laidlaw & Baikie, 2007).

Another consequence of these changing demographics is that it is likely to influence the number of older people seeking therapy (Munk, 2010), this may be partly due to depression and anxiety associated with ageing and its challenges, for example

bereavement or health issues. The findings of the analysis demonstrate that although the participants saw old age as changing they still held, on the whole, to quite negative views of ageing; their own and others. These views are consistent with previous authors, who have emphasised that psychologists who work with older people are more likely to develop negative views about ageing and old age (Koder & Helms, 2008c; Laganà & Shanks, 2002). These findings stress the importance of psychologists to develop an awareness of and to question their own assumption of ageing and old age, viewing their own ageing as negative and as something that needs to be resisted. Furthermore increased longevity in particular can be an issue as the ranges of clients ages will increase, in particular with the fastest growing oldest old cohort. Baltes & Smith (2003) emphasised that the psychological challenges of the 'oldest old', or the fourth age, cohort are greater and they are not simply continuations of older old, or the third age, as they continue to live longer with enhanced decline in functioning, health and a decline in psychological control over their lives and death. Studies suggested that therapists are likely to see an increase in their oldest old clients and they will need to have a sensitivity of the age divide between themselves and their clients. They may need to focus on palliative care and have an awareness of the consequence of longevity increases clients may experience, such as living with chronic diseases for a long time, and therapists may also experience deaths of clients which should be addressed in supervision (Laidlaw & Baikie, 2007; Laidlaw & Pachana, 2009).

In regards to older clients some studies asserted that psychologists must appreciate the individual differences and variation among the cohorts and maintain a stance of sensitivity and awareness toward their own assumptions and perceptions of old age (; Knight, 1996; 2004; Laidlaw & Baikie, 2007; Laidlaw & Pachana, 2009). The finding of this study suggests that some of the participants focused on the challenges that are associated with old age, such as chronicity of health issues and long term depression. Atkins & Loewenthal (2004) suggested that when working with older people there is a need to have an awareness of past times which may manifest in different values and clients' language. In addition the study highlighted the importance of the length of time a client might have lived with the issues, e.g. child abuse (Knight, 1996, 2004). The findings demonstrated constructs of old people as unable to discuss their feelings and therefore presented therapeutic work as more challenging. The participants did

acknowledge differences in cultural values among the older cohort as they constructed them as belonging to an era of 'stiff upper lip' and as holding a different life philosophy. However, the participants' acknowledgment of differences was to support their position as belonging to a different generation, to a generation that can express feelings. The acknowledgment did not recognise the strength or positive resources that may have been used with an elderly client in dealing with their issues. Knight *et al.* (2009) highlights the need of psychologists to develop an understanding towards the variations in social, gender, cultural, language, socioeconomic status, beliefs about ageing within the older cohort and that age by itself is not informative enough. The findings highlight the importance in awareness towards different cohorts within older people and the emergence of the baby boomers as a new cohort who have more knowledge and awareness of the benefits of therapeutic intervention and may therefore be more psychologically minded (Sperry, 1992).

As well as addressing this variation in the elderly population, Qualls *et al.* (2002) argued the need for further continual education and training for qualified psychologists, emphasising that psychology as a discipline does not provide enough psychologists to meet the growing needs of an older population in line with the growing demographic changes. This study conducted a survey looking at rates of psychological service to older people and the level of training they receive in preparation to address the growing need. It aimed to find the extent to which psychologists would like to extend their working practices with older people. The survey's finding highlighted that very few psychologists in older people services had formal training in geropsychology, in addition it stressed the need for better information about the work psychologists do with older people (Qualls *et al.*, 2002).

The current study's findings suggest that there is an urgent need for further training and education; in particular experiential training whereby self-awareness is gained and reflective practice is encouraged as a way of understanding beliefs regarding one's old age, their own ageing processes and their elderly clients.

4.2.2 Working therapeutically with older people

The lack of formal training in geropsychology reflect the findings of the current study which was demonstrated in how the participants constructed their difficulties in working with elderly clients, and how the findings particularly emphasised the unsuitability of the CBT model in working with this cohort. This section will discuss how the findings of this study may contribute to develop further an informed therapeutic practice.

When working with older people awareness towards providing an environment that helps communication, reminiscing and reflection is necessarily coupled with an understanding of lifespan models and current model of ageing. Erikson's (1959, 1982) stages of development model are included in most undergraduate introductory psychology textbooks. As all the participants were psychologists the research made the assumption that they would be familiar with the theory, however there was no evidence of this in their talk when discussing therapy with older clients. Familiarity with the model or knowledge of it could have been utilised as psychologists can help older clients reflect upon their life and work through unresolved crisis thus facilitating personal growth and ego integrity. These are linked to well-being and improved mental health (Boylin, 1976; Hadberg, 1995; Hogstel & Curry, 1995). Erikson's (1982) model also contributes to the view that older people are not always prone to difficulties and suggests that older people can resolve issues in a therapeutic environment in a mature way. In the findings of this study was an absence of referring to or discussing older peoples' strengths, wisdom, positive resources and acknowledgment of their ability in coping with difficulties in the past. On the contrary, reference to their long lived life was positioned negatively in terms of 'chronicity' or 'getting the end product' and an inability to talk about feelings. These findings indicate a lack of training and knowledge of current thinking.

Knight's (1996, 2004) model of 'contextual, cohort-based maturity/specific challenge model' (CCMSC) asserts the maturity of older people and their ability to overcome challenges, as older people are likely to have faced many challenges through their life course. It also asserts the need to become familiar with the context within which they grew up (Knight, 1996, 2004). Working with older people requires sensitivity, flexibility and a willingness to let clients reminisce about their history. Surprisingly

perhaps the results of this current study did not reflect the level of flexibility required when working with older people and this was particularly apparent with the younger participants. This may be explained by the imposed limitations on the amount of sessions one can be seen for by the NHS, currently set between six to twelve sessions, as all participants worked in the NHS and cited it as their main source of gaining experience with older people.

Furthermore, in terms of CBT model, the findings of the study suggest that some of the participants found applying CBT as a therapeutic model was problematic with older clients in terms of complexity of issues. There was a lack of awareness of the extensive literature which describes current models of CBT which address the needs of older clients (Laidlaw & Pachana, 2009). Interestingly in the same way there are different CBT models to address different psychological disorders, for example anxiety or phobia models specifically addressing old age and adjusting the CBT model for working therapeutically with elderly people (Laidlaw & Pachana, 2009). The findings of the study demonstrated this when the psychologists managed their footing in a way that suggested older people should fit the model and not that the model should fit their needs in their context. Socratic dialog for example can be instrumental in understanding life span experiences in terms of depression or other difficulties and can be a way of finding out how and to what extent an individual may have overcome those in the past (Laidlaw, 2010).

In addition 'selective optimization with compensation (SOC)' refers to the way older people successfully adapt to challenges they faced during ageing (Baltes, 1997). Integrating and incorporating this model into a CBT framework can provide a new way of adapting CBT to older clients. The SOC model explains how to select suitable goals and to optimise their available resources in order to achieve their goals, it also discusses how to compensate the goal in order to achieve the highest possible result or function. The SOC model highlights ways of achieving goals and improving functioning and its problem solving approach fits well with the CBT model. However, the findings of the study suggest the opposite; it demonstrated the participants' difficulties in adapting CBT with older people. Furthermore exploring goal setting with clients, developing knowledge of clients interests and what they may consider to be achievable can likely

benefit clients and contribute to their well-being and to a successful therapeutic encounter. Laidlaw and Pachana (2009) provided an example of a successful integration of CBT and SOC in a client recovering from a stroke, getting the client to re-engage with activities which had stopped due to the embarrassment felt caused by stroke induced physical limitations. It is clear from the participant sample that there is a need for further education to develop knowledge of ageing, thus confirming the literature that suggests most people who work with old age do not have the relevant knowledge (Knight *et al.*, 2009; Koder & Helmes, 2008c). In addition the findings do suggest that difficulties in integrating CBT may indicate a lack of knowledge of more current research of ageing and ageing theories (Knight & Lee, 2008; Laidlaw, 2010, Laidlaw & Pachana, 2009; Laidlaw *et al.*, 2004,).

Ageing theories, current research of old age and relevant therapies are reframing how working with older people can be seen in more positive ways. The absence in the participants' talk of positive goal setting, the importance of reminiscing and adapting CBT to older clients indicates this lack of knowledge.

Furthermore the findings did address the cohort differences amongst older people. Interestingly the participants referred to their older clients as one group rather than a cohort which spans over nearly 40 years. However there could be a number of possible explanations for this lack of knowledge; Qualls *et al.*, (2002) highlighted that the predominant referrals for psychologists are from the 'young - old' category where their needs may be similar to those of the general adult population, therefore therapeutic models did not need modifications or any implication for their clinical practice. It is unclear if this was the case in the current study as the participants did not categorise their clients into different age groups.

Another explanation of the difficulties in applying therapeutic models by the younger psychologists in the sample are to do with core fears about the realities of growing old and are split off and projected onto the therapeutic models (Terry, 2008). Perhaps the difficulties expressed by the psychologists mask their own anxieties about deteriorating health, loneliness and frailty which may be evoked by their clients. The findings demonstrated the psychologists' own age influenced the way in which they integrated different therapeutic models. Studies support this and highlight that positive beliefs

relating to the value of therapy with older people are an indicators of successful work with older people (Atkins & Loewenthal 2004; Munk, 2010; Terry, 2008).

In addition psychologists may be influenced by a lack of societal norms and expectations in old age, leaving psychologists with difficulties exploring with their clients what may be suitable goals to aspire to (Wrosch & Freund, 2001; Freund *et al.*, 2010). This may be coupled with the belief that depression is part of old age by older people themselves, associated with personal shortcomings and personal responsibilities (Segal, Coolidge, Mincic, & O'Riley, 2005).

A possible tension can occur between public images, which can appear in advertisements, films, television productions, news broadcasts etc and the knowledge of being old, which may include the physical biological signs of ageing, the personal perceptions of old people themselves and the psychologists who are working with them. As the actual physical effects of ageing manifest in features such as wrinkled skin, greying hair or restricted movements these may reinforce the negative stereotypes of old age.

Lastly the finding of this study also noted that psychologists constructed old age in extremes, such as older people are either under the frail poor category or capable healthy ones, there was an absence of the vast majority of older people that are somewhat in the middle of the scale. This might contribute to difficulties in applying therapeutic models and perhaps again emphasises the lack of education. Knight *et al.* (2009) suggested that there is a need for distinctive training of psychologist in geropsychology as a practice beyond what is offered in clinical or counselling psychology training. Knight *et al.* (2009) stressed that training would facilitate psychologists' own responses to ageing which may vary in relations to health status, individual identities, cultural identities etc. He suggested that psychologists need to develop, through training, awareness of their own scope of competence and how their own beliefs about ageing may influence their work with older people. Furthermore Knight's *et al.* Pikes Peak (2009) model highlights the individual diversity within the cohort, for example; gender, socioeconomic status, health condition and the historical context and experiences.

The findings suggest that the participants, when discussing their own age, constructed it as multilayered and diverse and not just in chronological terms. The findings demonstrated how the participants recognised the quantitative, chronological value of the term old age as a person over the age of 65. This could be a consequence of their NHS experience where this is the definition of an older adult service. However, when talking about themselves the language used to communicate what is old was more from social accounts of meanings. Old age has become a more diverse and the language used was more positive in nature.

4.3 Critical review

This section aims to critically evaluate the quality of the research, highlighting the research limitation and strengths and reflecting on the process of research. Henwood and Pidgeon (1992) outlined the way in which qualitative research differs from a quantitative one; it highlighted that quantitative research is evaluated in terms of reliability and validity which cannot nor should it be applied to qualitative research. Morrow (2007) stressed the importance of subjectivity and reflexivity in qualitative research as the very essence of qualitative research is subjective. Morrow's (2007) criteria of evaluating the quality in qualitative research stated social validity, subjectivity and reflexivity, adequacy of data and lastly adequacy of the interpretations. Madill *et al.*, (2000) suggested that research carried out from a social constructionist perspective should adhere to the following quality criteria; internal coherence, deviant case analysis and reader evaluation. Internal coherence refers to the way in which the analysis 'fits' together with the aim of being coherent and in line with the research question, chosen epistemology and methodology. Deviant case analysis refers to the ability of the researcher to note material or discourses that may not contradict or challenge the dominant discourses. Lastly Madill *et al.*, (2000) lists reader evaluation as referring to providing evidence to the research understanding of the productive action and facilitating the reader with a way of evaluating the research, such as transcripts, interview question and the process of identifying the discourses. This current research has attempted to address the above quality criteria. In terms of internal coherence, this present research attempted to present a clear rationale for the research epistemological

position. The following section will discuss the position of the research and the implication of its finding on understanding of the social world.

4.3.1 The 'real' world

The current research discussed in previous chapters the social constructionist framework upon which the study has drawn on. However, there is an ongoing debate within this framework between realism and relativism. On one side of the camp are the relativists who believe talk of a reality and the world consists purely of the world we discursively construct. In essence a reality outside of 'text' does not exist (Burr, 2003). On the other side are the realists, such as Parker (1992), who argue that there is a material world manifested in structures which are independent of what we may think or say about them. Parker (1992) recognised that knowledge of the world is constructed through language, as do the relativists. However, he stated that there are underlying structures and mechanisms which produce experiences, versions of which are created through language.

One of the strongest critiques of an ontological reality is illustrated by Edwards, Ashmore and Potter (1995) in their seminal paper "Death and Furniture". Edwards, Ashmore and Potter (1995) demonstrated how the realist notion of the extra-discursive can actually be deconstructed discursively. This is conveyed by illustrating that even the physical act of hitting a table can be represented and interpreted by a semiotic system or by human perception. In response to the above argument, Willig *et al.*, (2007) stated that it cannot be denied that realities can usefully be analysed by deconstructing them in the form of text. Other authors support this assumption and argue that it is not that the physical world does not exist but that each individual socially constructs it (Edley, 2001a). In this current study the position taken is that it does not make any assertions of what is the social world or the real world. Thus the current study can only interpret the participants' talk of old age and the way they attached meaning and construct to the social world.

4.3.2 *The sample*

Qualitative research sample size tends to be small as a consequence of it being time consuming and the higher demands on resources within the nature of data collection and analysis (Kvale, 2007; McLeod, 2003). Qualitative investigation aims to explore in depth and is rather intensive than extensive. As such, qualitative methods are more concerned with the transferability of the findings than generalising them. The study looked at how eight white, British psychologists discussed old age in the context of their therapeutic work with older people, the findings cannot be representative or generalised to all psychologists in the wider population who work with older people nor should it be.

4.3.3 *Sample diversity*

The study highlighted the need of developing an understanding towards working therapeutically with older people. The study criticised previous research samples on methodological ground of using postal surveys (Koder & Helmes, 2008c; Murphy, 2000). This aim was achieved as the participants were working or have recently worked with older people and had been interviewed by the researcher. In addition the participants' age span of nearly thirty years meant that they stem from different generations which resulted in different perspectives when discussing old age. However, the sample can be criticised as it did not achieve ethnic diversity, as all the psychologists in the sample identified themselves as white British or white Irish, in part perhaps a consequence of the profession itself. It is also possible that the method of screening could have been adopted in order to achieve a more ethnically diverse sample. Including sample sizes which includes other ethnicities may be an area for potential future research.

4.4 Interviews

The current research has discussed in previous chapter 2 the debate relating to the use of semi structured interviews in obtaining data for a DA research. Potter and Hepburn (2005) argued that the semi structured interviews takes the participant's talk out of context. In addition Potter and Hepburn (2005) emphasised that the interaction between

the participants and researcher, and the investment that the interviewer and the interviewee have contributed which the analysis as result may not acknowledge. They suggested using naturally occurring data for DA.

This research with its social constructionist epistemological underpinnings posits that meaning of the world is constructed through interaction. The view of this research is that an interview setting is a way for both parties, the interviewer and interviewee, to contribute to an equally constructed meaning of old age. Other authors support this argument, suggesting the interaction between the interviewer and interviewees are valid data, acknowledging that the data obtained is within the context of the interview and what it may tell us of the social world (Griffin, 2007; Rapley, 2001).

The interviews of this present study took place between qualified psychologists and a trainee/mature student. A power relationship could have accrued because of this; however it seems that this may have facilitated a more of an honest account when the participants constructed their own reflection upon their own ageing. In addition transparency of the researcher was apparent when the interviewees were given the option to receive a summary of the study's finding (Appendix 6: Participant's debrief form).

4.5 Alternative interpretations of research findings

Important resources used in considering alternative interpretations of the data were peers on the counselling psychology course and group supervision. The ways, in which the psychologists in the sample worked up construction of their old age as a different category has been discussed among these groups and it was considered that this was part of a societal discourse of old age rather than relating to their professional work. Thus the aspects of the 'macro' considerations of the analysis were considered and the ways in which available discourse reflects the power on an individual position.

Furthermore, at specific points in the analysis, different perspectives on viewing the constructions and subject positioning were considered. For example, in section 3.3.2, one perspective was to consider that the psychologists in the sample were constrained in how they were able to construct their therapeutic work with older people because it

might undermine their career choices and their professional identity. This aspect of the 'micro' considerations of the discourse analysis therefore explores how the psychologists were active agents in the discourses in the way they constructed themselves and others.

These perspectives are in line with positioning theory, which discusses how individuals are both positioned and being positioned by discourses (Davies & Harré 1990). The analysis of this study explored how the psychologists in the sample were both subject to the discourses available within society, and how they were active in producing them. In doing so exploring a more detailed account of the impact that discourses has in constructing the world.

4.6 Reflections

I would like to end with reflections upon how the research process and this study has changed and affected me. My reflections within this section are a summary of some of the notes I made in my research diary, which I kept throughout the research process. The research topic under analysis has made me much more aware and conscious of my own ageing processes and the ageing processes of those around me, within my family and my social networks. It has made me reflect upon some of the decisions that I make regarding older people as clients and as individuals and the impact my own age has had upon these decisions. It has made me reflect upon the negative and positive impacts of the inevitable ageing process upon me as an individual, living in a Western youth loving culture. However, most importantly I have come to realise the value I placed in a non-judgmental stance in my counselling and the importance I now place on providing a feeling of safety, security and openness in my acceptance of people whatever age they are.

At times during the research process I was conscious of my own age. As a mature student on a counselling psychology course I was always aware of the age difference between my peers and myself and was aware of the perceptions others may have of me. As a mother and a daughter I could understand the needs of the sandwich generation in particular and perhaps the needs of psychological support when looking after elderly parents and raising a family.

The participants' discourse raised some very sensitive material regarding their own personal experiences and elements of the Western society cultural messages to which I could relate. Analysing the discourse, there were times when I was greatly moved by the care and empathy conveyed by the psychologists within their discourse regarding their experiences working with older people.

On other occasions, I was annoyed and dismayed by 'my' cultural negative and disempowering reactions towards older people and the psychologists' working experiences as conveyed within the discourse. During these moments, I acknowledged that the psychologists' words were having an emotional impact upon me, and that my own personal reactions could severely bias the analysis of the discourse. Thus, it was important for me to disconnect from the discourse, by engaging in some other activity, and then after a sufficient amount of time to continue with the analysis. Taking time to disengage from the discourse and renew my energy, for the next phase of research, became a form of self-care, which I built into my routine.

Through the process of conducting this study, I have had the opportunity to read an array of studies and literature written by academics and researchers in the field. I have often been impressed by their insightful and detailed findings and discussions, creative and novel presentations of research designs and methods of analysis, and eloquent styles of writing.

4.7 Conclusion

The present study set out to explore how psychologists discussed and construct old age within the context of their therapeutic work with older people. The study's findings demonstrated that old age is constructed by the participants as an overall negative term, informed by Western media, societal stereotypes and by personal experiences. The findings were discussed in the context of the Western world, a growing elderly demographic, current therapeutic models and ageing theories.

Recommendations were made in terms of further training, aiming at furthering psychological knowledge of old age and current theories of ageing. In addition experimental training is recommended by the study. Aiming at increasing the

psychologists' awareness of their own personal beliefs of ageing and how those might affect delivering therapy to older people.

Locating the research within a constructionist-interpretivist paradigm together with its social constructionist epistemological framework addressed the main aims of the study. In addition, adopting a DA integrative approach added an understanding and provided insights and a new perspective into the way in which Western cultural ideas of age and becoming older interact with the way psychologists described old age. In conclusion the study demonstrated how constructions of old age influenced psychologists in terms of the expectation and their deliverance of therapy. This influenced the psychologists' willingness to integrate a number of therapeutic models, and in their ability to set goals to their elderly clients. In light of demographic changes and the likelihood that more elderly clients would seek therapeutic intervention in later years, the study contributes to thinking of ways forwards in addressing these needs.

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APPENDIX 1: INVITATION TO PARTICIPATE EMAIL

The following is an example of the email sent to prospective participants of the study:

Subject: Invitation to contribute to Doctorate research project - Psychologists' constructions of providing therapies to older adults

Dear Prospective_participant

I am a post-graduate doctorate student at the School of Psychology, University of East London. I am requesting your assistance, in the form of an hour's interview to help me with my doctorate research study.

The focus of my research will be examining psychologists' and counsellors' experiences of providing therapies to older adults in the UK. I will be asking questions related to how you view the therapeutic relationship with your older clients, what issues are you facing with this client group and in general what are your insights working with older adults? The study hopes to provide a better understanding of issues faced by psychologists and counsellors, such as yourselves, when working with an ageing population and how you address these issues.

This research has gained the approval of the UEL Ethics committee. The results of my research might be published, however all information is confidential and any identifying information will be anonymised. Your participation would be voluntary and you are free to withdraw at any time. Should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason.

I look forward to your response, by return email or by calling me on mobile (details below) and I hope that you will be able to find the time to participate in my research.

Kind Regards

Meirav (May) Friedler

Tel: 07984 678 820

Postgraduate Student in the School of Psychology at the University of East London

APPENDIX 2: INTRODUCTORY LETTER

The following is an example of the letter sent to prospective participants of the study who responded to the invitation email outlining the purposes of the study.

UNIVERSITY OF EAST LONDON

Stratford Campus
University House, Romford Rd
London E15 4LZ

University Research Ethics Committee

If you have any queries regarding the conduct of the programme in which you are being asked to participate please contact

The Secretary of the University Research Ethics Committee: Ms D Dada,
Administrative Officer for Research,
Graduate School, University of East London,
Docklands Campus.
London E16 2RD
Tel: 0208 223 2976
e-mail d.dada@uel.ac.uk)

The Principal Investigator

Meirav (May) Friedler
29 Rooke Way
London, SE10 0Jb
Tel: 07947 380 027
Email: mfriedler@email.com

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study.

Project Title

Psychologists' constructions of providing therapies to older adults: a discourse analysis

Project Description

This study will look at psychologists' and counsellors' experiences providing psychological intervention or counselling to older adults in the UK. Although forming a growing demographic proportion of Western societies, in the UK there are a low proportion of adults over 65 who receive or have been referred to psychotherapy resources.

The study hopes to provide a better understanding of issues faced by psychologists and counsellors, such as yourselves, when working with an ageing population and how you address these issues.

My intention is to interview psychologists and counsellors who have had at least 2 years experience working with older adults and I will be asking questions related to how you view the therapeutic relations with your older clients, what issues are you facing with this client group and in general what are your insights working with older adults?

Confidentiality of the Data

All recordings will be stored within a password protected storage environment to ensure confidentiality of the participants. Upon completion of the research project the data will be made unidentifiable, i.e. no connection will be retained between the individual participants and the collected data

Location

The interviews will take place in the participant's offices or UEL interview rooms, during working hours.

Remuneration

There will be no remuneration or payment to participants for contributing to this research.

Disclaimer

You are not obliged to take part in this study, and are free to withdraw at any time during the tests. Should you choose to withdraw from the programme you may do so

without disadvantage to yourself and without any obligation to give a reason. The results of this study may be published.

APPENDIX 3: ETHICAL APPROVAL

The following is a copy of the email received from Simiso Jubane, Admissions and Ethics Officer, UEL, on 20th July 2009, including the attached and approved ethics application form (FINALAPP.1099.doc).

From: Simiso Jubane
Sent: Mon 20/07/2009 11:56
To: Kendra Gilbert
Cc: Meirav FRIEDLER
Subject: Re: University Ethics Committee: Psychologists' construction of providing therapies to older adults (M Friedler)

Attachmnet: <<FINALAPP. 1099.doc>>

Dear Kendra,

Please find final application letter, regarding the above ethics application, please can you acknowledge and send the bottom of the slip back to me.

Regards

Simiso Jubane
Admissions and Ethics Officer

The Graduate School
University of East London
4-6 University Way
London E16 2RD

Email: s.jubane@uel.ac.uk
Direct Line: 0208 223 2976

The following page is a copy of attachment (FINALAPP.1099.doc) received in the above email – the approved ethics application form

Kendra Gilbert
School of Psychology, Stratford

ETH/10/99
20 July 2009

Dear Kendra,

Application to the Research Ethics Committee: Psychologists' construction of providing therapies to older adults (M Friedler)

I advise that Members of the Research Ethics Committee have now approved the above application on the terms previously advised to you. The Research Ethics Committee should be informed of any significant changes that take place after approval has been given. Examples of such changes include any change to the scope, methodology or composition of investigative team. These examples are not exclusive and the person responsible for the programme must exercise proper judgement in determining what should be brought to the attention of the Committee.

In accepting the terms previously advised to you I would be grateful if you could return the declaration form below, duly signed and dated, confirming that you will inform the committee of any changes to your approved programme.

Yours sincerely



Simiso Jubane

Admission and Ethics Officer
s.jubane@uel.ac.uk
02082232976

APPENDIX 4: INTERVIEW QUESTIONS

The following appendix details the refinement of the interview schedule and questions from the initial draft, reviewed with my course supervisor, then a version trialled during the pilot to the final set used during the data sampling with the eight participants

Initial Draft version – for review by course supervisor (November 2009)

Some examples of potential interview questions are:

- How do you view the therapeutic relation with your older clients?
- What are the main issues that differs your practice with older adults than work with other age groups?
- What is your insight in regards to working with older adults?
- What are the issues you face whilst working with older adults?
- How are you supported by the NHS?
- How do you prioritise the need of older adults?
- What characterises the therapeutic relationships with older clients?
- What are the needs of psychologists working with older adults?
- How do you differ in your expectations or care in therapy with older adults?

Second Version – used for pilot study (December 2009)

- What has it been like for you working with old clients?
- From your own experience how would you characterise the therapeutic relationship with older clients?
- From your experience what is old what does it mean to you?
- If you had to define old how would you define it?
- Popular representation of ageing is regularly negative; this is often supported by the media representation of old people. What are your thoughts?
- What in your opinion do you think are the needs of psychologists that work with older adults or older people?
- Is there anything else that you can tell me about your working with older people that we have not covered?

Final Version – used for Data sampling (December 2009 – July 2010)

The focus of my research will be examining psychologists' and counsellors' experiences of providing therapies to older adults in the UK. I will be asking questions related to how you view the therapeutic relationship with your older clients, what issues are you facing with this client group and in general what are your insights working with older adults? The study hopes to provide a better understanding of issues faced by psychologists and counsellors, such as yourselves, when working with an ageing population and how you address these issues.

This research has gained the approval of the UEL Ethics committee. The results of my research might be published, however all information is confidential and any identifying information will be anonymised. Your participation would be voluntary and you are free to withdraw at any time. Should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason.

Questions

- What has it been like for you working with old clients?
- From your personal experience what characterises the therapeutic relationship with older clients?
- From your personal experience what is old? What does old mean to you? What would be the definition of old? Being old? Problems?
- Popular representation of ageing is regularly negative; this is often supported by the media representation of old people. What are your thoughts?
- What are your personal views of old people?
- What are your insights in regard to working with older people?
- If you have worked with other age groups, what are the main issues that differs your practice with older people than other age groups?
- What are some of the main issues that you face whilst working therapeutically with this age group?
- What are the needs of psychologists working with older people?
- Is there anything else that you can tell me about your practice that we have not covered?

APPENDIX 5: PARTICIPANT'S CONSENT FORM

Consent to Participate in an Experimental Programme Involving the Use of Human Participants

Psychologists' constructions of providing therapies to older adults: a discourse analysis

I have read the information leaflet relating to the above programme of research in which I have been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen to the data once the experimental programme has been completed.

I hereby fully and freely consent to participate in the study which has been fully explained to me.

Having given this consent I understand that I have the right to withdraw from the programme at any time without disadvantage to myself and without being obliged to give any reason.

I confirm that I have read and understood the information sheet for the above research study and have had sufficient opportunity to ask questions.

**Please
Initial
Box**

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason. If I do choose to withdraw from the study I may do so without disadvantage to myself.

I agree to take part in the above study.

I have been informed that the results of this study might be published

Once the research has been completed I would like to receive a summary of the main findings of the study

Participant's name (BLOCK
CAPITALS):

Participant's signature:

Date:

Investigator's name:

Investigator's signature:

Date:

.....

.....

.....

.....

.....

.....

.....

APPENDIX 6: PARTICIPANT'S DEBRIEF FORM

Project Title

Psychologists' constructions of providing therapies to older adults: a discourse analysis

Purpose

This research looked at your experiences providing psychological intervention or counselling to older adults in the UK.

The study hopes to provide a better understanding of the issues that arises in providing therapy to an ageing population and to highlight and recommend best practice where observed.

Procedure

The study will have applied a qualitative method (discourse analysis) of inquiry.

In the event you would like to read more about these and related topics, here are several articles that you might find interesting:

Ayers, C. R., Sorrell, J.T., Thorp, S.R., & Wetherell, J.L. (2007). 'Evidence-based psychological treatments for late-life anxiety.' *Psychology and Aging*, (22), pp. 8–17.

Garner, J. (2003) 'Psychotherapies and older adults.' *Australian and New Zealand Journal of Psychiatry*, 37(5), pp. 537-548.

Kennedy, G.J. & Tanenbaum, S. (2000) 'Psychotherapy with older adults.' *American Journal of Psychotherapy*, 54(3), pp. 386-407.

Knight, B.G. (1992) *Older adults in psychotherapy: case histories*. Sage: Newbury Park, Calif.

O'Leary, E. (1996) *Counselling Older Adults*, Chapman & Hall: London

Satre, D.D., Knight, B.G. & David, S. (2006) 'Cognitive-Behavioral Interventions With Older Adults: Integrating Clinical and Gerontological Research.' *Professional Psychology: Research and Practice*, 37(5), pp. 489-498.

Treadwell, B.E. (2003) 'Psychologists' perceptions of older clients: The effect of age, gender, knowledge, and experience.' *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 63(12-A), pp. 4236.

Woolfe, R. & Biggs, S. (1997) 'Counselling older adults: Issues and awareness.' *Counselling Psychology Quarterly*, 10(2), pp. 189-194.

Also if you have any questions or concerns about this study, you are encouraged to contact myself at the contact details below.

Thank you very much for your participation

May Friedler
29 Rooke Way
London, SE10 0Jb
Tel: 07984 678 820
Email: mfriedler@email.com

**Please
Initial
Box**

I confirm that I have read and understood the information sheet for the above research study and have had sufficient opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason. If I do choose to withdraw from the study I may do so without disadvantage to myself.

I have agreed to take part in the above study.

I have been informed that the results of this study might be published

Once the research has been completed I would like to receive a summary of the main findings of the study

Participant's name (BLOCK
CAPITALS):

Participant's signature:

Date:

.....
Investigator's name:
Investigator's signature:
Date:
.....

APPENDIX 7: DEMOGRAPHIC QUESTIONNAIRE

For the purposes of the study, you are asked to provide some demographic information about yourself. Giving this information will ensure that the study has been inclusive of different ethnicities and backgrounds, in order to be more representative of the society that we live in. The information you provide will be treated with strict confidentiality and your identity will be kept anonymous. You also have the right to withdraw from the research study at any point if you so wish.

Age	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50
	<input type="checkbox"/> 51-60	<input type="checkbox"/> 61-70

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
--------	-------------------------------	---------------------------------

Ethnicity

Qualifications?

Practicing for how long?

Participant's Name:

Participant's Signature:

Date:

Researcher's Name:

Researcher's Signature:

Date:

APPENDIX 8: TRANSCRIPTION NOTATION

- (4.0) Numbers in brackets indicate a pause that has been timed to the tenth of a second,
- (.) A full stop in brackets indicates a pause that is too short to time
- yea::h One or more colons indicate that the speaker has elongated the vowel sound in the word.
- definitely Underlining a word indicates that the speaker has placed emphasis on it.
- .hh A full stop before a word indicates that there has been an intake of breath in the talk.
- what's
(happened to
you) Material written in round brackets is either inaudible or there is doubt regarding its accuracy.
- [Jake]
[laughing] Material in square brackets is either clarifying information or information that has been omitted and changed (for example, for the purposes of confidentiality).

Taken from: Potter, J. & Wetherell, M. (1987). *Discourse and Social Psychology: Beyond Attitudes and Behaviour*. London: Sage Publications.

APPENDIX 9: WORKED EXAMPLE OF A TRANSCRIPT

MF Meirav Friedler

M Miriam (Participant # 5)

- 1 MF: This is actually more like a chat, I'm not going to bombard you with questions as such
2 but I'd really like to tap into your experiences of working so my first very broad
3 question is what has it been like for you working with old clients?
4 M: In terms of the (.) mm therapeutic work (.)rather than anything else
5 MF: Yes
6 M: oh what it has been like for me (.) it's been fascinating, I love it (.) mm (.) it's (.) so
7 (.) interesting people's lives' (.) what they've been through(.) there been so many
8 changes since the people that I see mm (.)now from they might be from the age of 65+
9 let's say 75 and what (.) what life was like(.) the whole aspect conversational history
10 mm (.) when they were growing up (.) is (.) is fascinating mm(.2) such rich
11 experience (.) and some people that I see (.) they were of speaking is so evocative (.)
12 when you with them in the room (0.2) you get the feeling (.) that they had (.)their able
13 to get in touch with what their experiences was when they were five years old (.) mm
14 standing in the street you know(.) watching the little girl who that had a mum (.) that
15 had a dad (.) and (.) you know playing the piano in the front parlour (.) it's (.) it's so
16 (.) it's so real mm (.) it's just fascinating I never ever ever being bored for one
17 moment in the work
18 MF: So you find it quite enriching
19 M: Absolutely absolutely (.) yea (0.4)
20 MF: and again from your own experience how would you characterises the therapeutic
21 relationship with older clients? I don't know if you had experiences with other client
22 M: Yeh working with aged adults (.) well (.)one of the reasons when I decided to work
23 with older people (.) one of the reasons that I think I liked it (.) was that I think I felt
24 the relationship where often (.) perhaps less challenging and (0.1) perhaps nicer (.)
25 perhaps in a slightly cheesy kind of way (laugh) kind of way (.)that people often (.)
26 wanted to see somebody they wanted to talk (.) theywere very welcoming of the (.)
27 interest (.)that you showed (.) they were keen to be listen to (.) they and didn't seemed
28 to be (.) at least initially with as many conflicted feeling about being referred for
29 therapy(.) or seeing psychologist (.) as (.) proportion of my patients when I worked
30 with in adult mental health (.) so (.2) I think one of the obvious things that comes up
31 repeatedly working with older people is the age difference (.) and how that's work in
32 relation to the transference and things like that mm (.) and issues of dependents and
33 how that's work because of course a lot of the time people that we work with are
34 socially isolated or have experiences with really close losses and they either never had
35 the support net work that perhaps ideally they would have had or they had them and
36 they lost them. Hh and so therapeutic relationship I think can take can take on a
37 particular meaning for people like that (.) mm (.) and (.)of course therapeutic
38 relationship can take on those kind of meaning for people working with age adults as
39 well but I think mm (0.2) I think it's different with older people I think there are
40 different issues that come up in that and again it's fascinating I can very often I put in
41 the role of the caring mother the rather idealised mother figure mm(.) mm and not as
42 often the caring daughter as you might think

APPENDIX 10: ERIKSON'S EIGHT STAGES OF HUMAN DEVELOPMENT

Stage	Age	Description	Psychosocial crisis	Significant relations	Psychosocial modalities	Positive resolution	Negative resolution
1	0-1	infant	trust vs. mistrust	mother	to get, to give in return	Hope, faith	fear-withdrawal-insecurity
2	2-3	Toddler	autonomy vs. shame and doubt	parents	to hold on, to let go	Sense of independence/ personal autonomy	Shame self doubt
3	3-6	Preschooler	initiative vs. guilt	family	to go after, to play	Purpose, initiative courage	guilt -- inhibition
4	7-12 or so	School age child	industry vs. inferiority	neighbourhood and school	to complete, to make things together	Competence, task engagement	Inferiority, inability to complete task
5	12-18 or so	Adolescence	ego-identity vs. role-confusion	peer groups, role models	to be oneself, to share oneself	Identity	Confusion, uncertainty
6	The 20's	Young adult	intimacy vs. isolation	partners, friends	Being able to form intimate relationship	Intimacy, social interactions	Emotional isolation
7	30's to 60's	Middle adult	generativity vs. self-absorption	Community parenting	to take care of others, work	Caring for others	Self absorption, apathy
8	60's and beyond	Old Adult	integrity vs. despair		Retirement	Well-being satisfaction	despair

Chart adapted from Erikson's 1982 Identity and the Life Cycle

APPENDIX 11: REFLEXIVE JOURNAL

Some of my thoughts and reflections after the pilot interview

The pilot study was the first time I had conducted an interview; it was an opportunity to find my style and structure of the interview. The interview was with a consultant clinical psychologist.

I felt that M was open and sincere in her response; however I could not help thinking of her position as a consultant and my position as a trainee. The interview took place in her private clinic but interestingly she spoke mainly of her work in the NHS which made me more aware of her position as a senior practitioner. She spoke a lot about her work satisfaction and how she would like to encourage more people to work with older people. She even went as far as suggesting that I should apply for a job in the service she works in on completion of my course. This made me even more aware of her position. I was silently questioning what her agenda in participating in the interview was; it made me notice how she was trying to educate me which further increased my awareness of her seniority. I think I am learning that an interview situation is not just a chat - there is some level of investment and agenda from both parties. I noticed that perhaps because I was slightly intimidated by her role I did not probe enough and instead reflected more on her thoughts, I suppose there is a need to separate my therapeutic hat to my researcher hat, something I need to practice.

I noticed some repertoire when mentioning her thoughts of old age, there seemed to be resistance to the age 65 as a cut off point. Prior to the interview she disclosed that she is approaching retirement age and I wondered how an interview with a younger candidate would differ from hers. I also noticed how the interview was context specific. It not just about the words it is about the value behind the words and how we construct those values, language affects our thinking

APPENDIX 12: TURN IT IN RECEIPT

The following three pages detail the results of the Originality Report returned by Turn It In as a receipt of submission on 29 August 2011 for this study: