Understanding Ageism: Presenting New Narratives

And a Strengths-Based Adlerian Perspective

A Literature Review

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Abstract

The literature review offers information gathered from research to show the importance of recognizing and understanding ageism today and the impact it has on the older population. The effect of ageism on older adult individuals was examined from a micro and macro level. A strengths-based approach, of focusing on an individual’s positive attributes, was examined and proved to be advantageous for older adults; there are benefits of having strengths versus deficits pointed out. The longevity study of centenarians conveys a deeper understanding of the driving force behind an individual’s ability to survive and live life beyond 100 years. There are types of changes in the lives of older adults that make narrative therapy especially meaningful to this population. The narrative approach presented the potential for counselors to help clients make meaning of past and present experiences and to explore the numerous ways stories function in people’s lives. Looking at aging through an Adlerian lens proved to be useful. Alfred Adler’s view of mental health and well-being emanates from the strengths-based perspective. Adler believed people had the power to change their own lives and were capable of developing an appreciation for purpose and goal pursuit, to support a hopeful and proactive striving for meaning at all stages of life (Ansbacher & Ansbacher, 1956). Together these findings suggest that older age adults can benefit from working with a counselor that uses a strengths-based perspective in counseling. Narrative therapy, with an Adlerian Psychology perspective, appears to be a compatible approach for the unique concerns, issues, and challenges of the ageing population.

Keywords: late adulthood, resilience, strengths-based perspective, protective factors, well-being, phenomenology, early recollections, teleology, life tasks, social interest, and sense of belonging.
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Dedication

To my mom and dad who are aging courageously. Thank you for being such a beautiful example of how to live life.
# Table of Contents

Abstract .......................................................................................................................... 3
Acknowledgments ........................................................................................................ 4
Dedication ....................................................................................................................... 5
Key Concepts ................................................................................................................ 9
Age and Well-being ..................................................................................................... 11
Ageism .......................................................................................................................... 13
  Macro Level of Ageism .............................................................................................. 14
  Micro-Level of Ageism .............................................................................................. 16
Strengths-Based Perspective ....................................................................................... 17
  Resilience ................................................................................................................... 19
Longevity Study ........................................................................................................... 21
  Lifestyle Choices ....................................................................................................... 21
  Community and Environment .................................................................................. 22
  Spirituality ................................................................................................................ 22
  Goal Setting and Attainment .................................................................................... 23
Narrative Approach and Application ......................................................................... 23
  Narrative Therapy .................................................................................................... 23
  Components of Narrative Therapy ......................................................................... 25
  Intrinsic Value of Narrative Therapy ...................................................................... 26
  Sparkling Events ...................................................................................................... 26
  Research ................................................................................................................... 27
Adlerian Approach and Application ........................................................................... 28
  Early Recollections ................................................................................................... 28
  Teleological Perspective ........................................................................................... 29
  Social Interest .......................................................................................................... 30
  Tasks of Life ............................................................................................................ 32
  Belonging ................................................................................................................ 33
Discussion ..................................................................................................................... 35
  Clear Statement of Support of Literature Review .................................................... 35
  Interpretation and Understanding ........................................................................... 35
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Findings</td>
<td>35</td>
</tr>
<tr>
<td>Bias</td>
<td>36</td>
</tr>
<tr>
<td><strong>Implications for Practice</strong></td>
<td>36</td>
</tr>
<tr>
<td>Counselor Education</td>
<td>38</td>
</tr>
<tr>
<td>Client Psycho-education</td>
<td>40</td>
</tr>
<tr>
<td>Recommendations for Future Research</td>
<td>40</td>
</tr>
<tr>
<td><strong>Conclusion</strong></td>
<td>41</td>
</tr>
<tr>
<td><strong>References</strong></td>
<td>42</td>
</tr>
</tbody>
</table>
Understanding Ageism: Presenting New Narratives
And a Strengths-Based Adlerian Perspective

Behind the research, theories, approaches, and definitions of what it means to age is the sober reality that all human beings matter. The “elderly” are no longer the grandparents who are living their last years quietly, in isolation, with few interests. They are a group of vital and contributing people in our society who are increasing in size, energy, resiliency, and longevity (Friedman & Goldbaum, 2016). The majority of mental health professionals are unprepared to counsel older clientele, but the mental health care needs of the older population persist (Morgan, Brosi & Brosi, 2011). Not only is it the right time for mental health counselors to make an effort to expand their understanding of how to best serve the growing population of aging adults, but it is also ethical to express that the mental health of all human beings is significant, no matter what the age. This paper represents an honest and conscientious effort to capture the importance of ageism and the power of creating new narratives for individuals in counseling, from a strengths-based Adlerian perspective.

Based on what is known among current research, the time has come to change the conversation about aging. Ageism seeps into mental health care (Dittman, 2003), and is defined as applying false stereotypes to individuals over a certain age, or a change in the way older people are treated regarding their competence and value in society (Calasanti, 2016). When older adults apply the ageist stereotypes to themselves, it can act as a barrier to promoting their best self. Ageism can lead older adults to believe that their depression, low self-esteem and confidence are just part of old age (Chrisler, Barney, & Palatino, 2016). The United States Census Bureau (Ortman, Velkoff & Hogan, 2014) predicted that the US would experience considerable growth between now and 2050; by 2050, the population of older adults, age 65 and
up, is projected to double and reach 83.7 million. People are living longer today due to scientific medical advances (Steptoe, Deaton, & Stone, 2015). As the life expectancy continues to increase, Boswell (2012), predicts the aging of the population will increase demands for both physical and mental health care.

The aging cycle begins the day someone is born. Aging is expected, and decline is inevitable; it is the natural order of things. The acceptance of the aging process varies. It has been recognized that physicians and mental health professionals alike are less well trained to address the unique needs of aging adults than any other population (Morgan et al., 2011). The growth in the older adult population reflects a need for mental health counselors who possess accurate information about aging, along with a positive attitude, and an interest in working with older adults (Phillips, 2018).

The Adlerian outlook that “anything can be different” can support new narratives on aging, and provide older clients the freedom to author their next chapter of life. Mental health counselors are in a position to encourage older adults to examine and reflect on early recollections, their theological perspective, life tasks, social interest, and a sense of belonging. A new narrative with a positive outlook on aging may be possible.

**Key Concepts**

- **Late adulthood or older adulthood** is generally considered to begin at about age 65. Erik Erikson (1997), a developmental theorist, suggests that at this time it is important to find meaning and satisfaction in life so one does not become bitter and disappointed.

- **Resilience** is flourishing despite adversity when adversity is understood in terms of the increased chances of personal loss, exacerbated inequalities, physical disability, and general physical health challenges of aging (Stephens, Breheny & Mansvelt, 2015, p.
Resilience is described as the ability to achieve, retain, or regain a level of physical or emotional health after a devastating illness or loss (Felten & Hall, 2001).

- **Strengths-based perspective** is focusing more on the individual’s internal strengths and resourcefulness, and less on weaknesses, failures, and shortcomings (Xie, 2013).

- **Protective factors** are resources that may either maintain or enhance competence in stressful situations or reduce adversity. Examples include work, family, spouse, relationships, financial situation, psychological well-being, and sobriety. A combination of protective factors has greater benefit versus factors considered alone (Luthar, 1993).

- **Well-being** refers to optimal psychological experience and functioning (Deci & Ryan, 2008). Well-being, which refers to optimal psychological experience and functioning, has been vigorously studied in psychology over the past quarter-century. Well-being is considered subjective because the idea is for people to evaluate for themselves, in a general way, the degree to which they experience a sense of wellness (Deci & Ryan, 2008).

- **Phenomenology** is “the study of lived experience,” emphasizes the “world as lived by the person not the world as something separate from the person” (Freeman, Garcia, & Marston, 2013, p. 718).

- **Early recollections** are stories of single, specific incidents in childhood, which the individual is able to reconstitute in present experience as mental images or as focused sensory memories (Griffith & Powers, 2007, p. 26). Adlerian Psychology understands early recollections as mirroring presently held convictions, evaluations, attitudes, and biases (Griffith & Powers, 2007, p. 26).
• **Teleology** is derived from the Greek word telos; which means, “end” (Griffith & Powers, 2007, p.100). Adlerian Psychology considers all behavior, thought, feeling, and action, as purposeful and in line with the individual’s goals (Griffith & Powers, 2007, p. 100).

• **Life tasks** were described by Adler as “three problems that are irrevocably set before every individual: the attitude toward one’s fellow man, occupation, and love. All three are linked with one another by the first. They are not accidental, but inescapable problems” (Griffith & Powers, 2007, p. 64).

• **Social interest** can be described as a community feeling which includes the individual’s awareness of belonging in the human community, and understanding one’s responsibility for the way the life of the community is being shaped by his or her actions (Griffith & Powers, 2007, p. 11).

• **Sense of belonging** was described by Adler as the strongest motivating force for the human being to belong to the social world or to others (Griffith & Powers, 2007, p. 9).

### Age and Well-being

Psychological well-being and health are intertwined at older ages (Steptoe et al., 2015). Evaluation of life encourages reflection, future growth, and possible change. A clear understanding of all aspects of psychological well-being is helpful before examining the connection between well-being and older adulthood. There are three different aspects of psychological well-being: evaluative well-being, hedonic well-being, and eudemonic well-being (Steptoe et al., 2015).

Steptoe et al. (2015) described evaluative well-being as one’s life satisfaction or thoughts about the quality or goodness of their lives. Hedonic well-being refers to everyday feelings, emotions, mood, and eudemonic well-being refers to a sense of purpose and meaning in life.
A NEW NARRATIVE FOR AGING

(Steptoe et al., 2015). An awareness of one’s well-being can help provide focus on one’s life direction using a strength-based perspective. Social relationships are found to be a significant predictor of well-being across the lifespan but may be particularly applicable to older adults (Shankar, Rafnsson, & Steptoe, 2015).

Well-being plays a protective role in maintaining one’s health and survival, reducing the risk of chronic physical and mental illness while promoting longevity (Steptoe et al., 2015). Improving the well-being of the aging population is becoming imperative. People are living longer; even though the prevalence of chronic illness increases with older age individuals, there is an increase in life expectancy which can be attributed to more effective treatments for life-threatening disease and illness (Steptoe et al., 2015).

Evaluations of quality of life are affected by a person’s state of health. Steptoe et al. (2015) shared recent findings that reflected the older age population self-reported average life evaluations, and this increased with age. It appears that psychological well-being is affected by multiple factors, such as financial condition, social and family relationships, social roles, and activities.

Steptoe et al. (2015) included a Gallop World Poll from 2006 to 2010, in their research. The Gallop World Poll surveyed residents in 160 countries, covering more than 98% of the world’s population, 1000 individuals in each country. The pattern of life evaluation with age reflected the elderly having the highest life evaluation in the English-speaking world. The survey from the Middle East, the countries of the former Soviet Union, and Sub-Saharan Africa showed a decline in their evaluation of life as they age. There are many factors influencing well-being in different parts of the world. Understanding the factors that affect the health and well-
being of older adults are particularly important. The world is also experiencing a significant demographic shift, with an increase in the number of older adults (Shankar et al., 2015).

A recent study (Sabik, 2013) of American and European women in their 60’s reflected their evaluative well-being was related to their perceptions of age discrimination or ageism; the more discrimination they perceived, the lower the ratings of their physical and psychological well-being.

**Ageism**

The social breakdown syndrome, described by Kuypers and Bengtson (1973) has been applied to some late-life experiences. The premise of the social breakdown syndrome is that as human beings age, negative age-based messages are sent and received from multiple levels of society: media, government policies, the workplace, family members, and physicians. Examples include both overt and covert messages and may consist of verbalizations, jokes, retirement policies, non-verbal cues, and everyday interactions. Through this social breakdown model, Kuypers and Bengston (1973) assert that the age-based messages are persistent and pervasive. Older persons may begin to internalize the messages; this is the manifestation of ageism (Morgan et al., 2011).

Aging is a dynamic process; aging means growth and loss for all age groups. Ageism is defined as applying false stereotypes to individuals over a certain age, or a change in the way older people are treated regarding their competence and value in society (Calasanti, 2016). Not only are negative stereotypes hurtful to older people, but also they may even shorten their lives (Dittman, 2003). Ageism is prevalent and can have an impact on an older person’s physical and psychological well-being (Christler, Barney, & Palatino, 2001). Ageist beliefs and stereotypes can interfere with seeking mental health care, as well as the treatment and diagnosis by
clinicians. Age stereotypes are often internalized at a young age, long before they are even relevant to people (Levy, Slade, Kunkel, & Kasl, 2002). By the age of 4, children are familiar with age stereotypes, which are reinforced over their lifetime (Levy et al. 2002). Internalized negative stereotypes can act as self-fulfilling prophecies.

Change is imminent and as one ages, the body may need more rest. The focus on physical health can stigmatize the physical signs of aging and can undervalue other experiences of growing old, and deny the complexity of growing older (Stephens et al., 2015). The danger of the stigmatization can be found in our daily life as people deny physical signs of aging, and try to pursue tireless activity and special diets, with the hopes of living longer. Increasing levels of self-awareness, discipline, and rest are appropriate and realistic when a person is growing older.

The media fuels the problem of ageism in its portrayal of older adults. Often the aging is portrayed as dependent, helpless, unproductive, and demanding. According to Dittman (2003), the majority of seniors are self-sufficient, middle-class consumers with more assets than most young people, along with the time and talent to offer society.

Age underlies the structure of almost every aspect of our lives, including family, education, work, and leisure time activities. Age plays a formal role in laws, regulations, and policies (Ayalon, Doron, Bodner, & Inbar, 2013). Age has implications and ramifications at the macro and micro-levels.

**Macro Level of Ageism**

The growth model of age is changing. There is now more Americans age 65 and older than at any other time in U.S. history. This growth is predicted to touch families, society, businesses, and healthcare providers. The projected growth of the older population in the United
States will present challenges to policymakers and programs, such as Social Security and Medicare (Ortman et al., 2014).

According to a Census Bureau report, there were 40.3 million people age 65 and older on April 1, 2010, up 5.3 percent from 35 million in 2000 (US Census Bureau, 2011). According to the US Census Bureau, all regions of the country have seen growth. By 2020, the population of Americans ages 55 to 64 will have grown by 73% since 2000 (Rowley, 2012). By 2030, the US Census Bureau predicted the population of older adults, 65 and over, to reach 70 million (Dittman, 2003). Rowley (2012) explained the baby boomers are responsible for this increase in the older population; they began turning 65 in 2011. Baby boomers are the generation of individuals born between 1946 and 1964 (Rowley, 2012). The baby boomers that will turn 65 will not be the same as the generation before; the boomers change every stage of life through which they move (Rowley, 2012). Twenty percent of baby boomers do not have children, and 25% have one child; this creates a shift from thriving culture to declining fertility and declining mortality (Sperry, 1992). Some of the people that are living longer may want to take advantage of the extra time. Some people are going back to school at 40 and coming back from illness to run a marathon at 80 (Rowley, 2012).

The United States is projected to have a larger older population than the other developed nations around the world, but a smaller older population compared with China and India, the world’s two most densely populated countries (Ortman et al., 2014).

There is a broad influence of the economic, political, and social processes on the health of older people. Although older people are not as disabled as the stereotypes suggest, some older people do experience chronic illness and disability. Stephens et al. (2015) found that casting all aging people as able to be fully active and independent can be damaging. Mental health
practitioners must be careful framing healthy aging as an individual achievement; this makes poor health worthy of blame and could prevent older people from help and support that is needed. It is important to remember that age intersects with other inequalities such as socio-economic status, gender, and minority group status to shape the health chances of people throughout life and these inequalities are exacerbated in old age (Stephens, et al. 2015).

**Micro-Level of Ageism**

Personal perceptions about the end of youth, the beginning of old age, and the length of the middle-age period will vary. Expectations, appraisals and actual behaviors regarding aging differ (Ayalon et al., 2013). The aging population is growing more racially and ethnically diverse and will continue to do so over the next several decades (Ortman et al., 2014). The aging LGBT community, along with the older immigrant population, is estimated to overlap in growth from 2.7 million people to 5 million by 2060 (Phillips, 2018). This overlap has never happened before at these levels. This overlap of diverse aging populations could be a concern if society and mental health professionals are not prepared for this intersectionality (Phillips, 2018). Intersectional identities can result in a cumulative burden for older women who have a history of disrespectful treatment for other reasons. Christler et al. (2016) described older, ethnic, minority women or sexual minority women as having more and different kinds of opportunities to experience bias and they may face a greater cumulative burden of the stress and effects of unfairness.

The biggest obstacle to reducing the influence of ageism and its influence on the well-being of older persons is that ageism remains one of the most institutionalized forms of prejudice today (Nelson, 2016). Unfairness arouses hostility. Research has shown direct effects of hostility on cardiovascular and pulmonary functioning (Christler et al., 2016).
Christler et al. (2016) report women tend to live longer than men and usually have more interactions with the healthcare system in old age than men. Women make up the majority of elders, and the percentage of this population group increases with age. Despite the numbers, there has been little interaction between the fields of women’s studies and gerontology, regardless of the potential for ageism and sexism to intersect and impact older women’s health and well-being. Older women are judged more harshly than men of the same age for their looks and behavior; there is more significant pressure on older women to hide signs of aging by using hair color, anti-aging creams, and Botox (Christler et al., 2016). This pressure to hide signs of aging could result in older women feeling ashamed of their age. Understanding ageism is vital for mental health counselors so that they can respond with the appropriate interventions.

**Strengths-Based Perspective**

Viewing older clients as mature and strong individuals who are facing challenges during the developmental process of aging is a strengths-based perspective. Focusing on the wisdom one has gained from a life full of a variety of experiences, successes, and failures, is a strengths-based perspective. A mental health counselor can offer the gift of redirection and new perspective; leaning on the positive, strong, interesting, and unique pieces of one’s life. There can be a sense of renewed hope by turning one’s attention away from one’s perceived weakness or deficit to a newly discovered strength.

Longevity and successful aging have been sought after throughout history. At some point in our lives, we all face situations that change our perceptions of the world and how we exist in it. The realities of life can force individuals to see things differently. Sometimes during the trying times, we discover an inner strength that we may not have realized we possess. It may be beneficial to have these strengths pointed out to us to provide a source for moving forward.
Scheel, Davis, and Henderson (2012) found research that has shown that focusing the attention on individuals’ attributes that promote health, instead of focusing on symptoms and pathologies that induce sickness can help move an individual from a deficit to a growth perspective. Older people have been exposed to more events and challenges in their lives but have also had more time to develop useful coping methods. This point would function as a strength. Amplifying a client’s strength opens their eyes to possibilities. When a therapist refers to a strengths-based perspective, they are using clients’ strengths to broaden the client’s perspective and create hope and motivation (Scheel et al., 2012). Point out an individual’s strength and give the client hope. Using a strength-based approach allows practitioners to acknowledge that every individual has a distinct set of strengths and abilities that they can rely on to overcome problems. A strengths-based therapist works to create positive meanings through reframing and metaphors while identifying strengths through the interpersonal therapeutic process. A strengths-based therapist amplifies strengths by using encouragement and finding exceptions. The incorporation of a strengths-based perspective in counseling was thought to prevent problems, promote human growth, and maximize human potential (Scheel et al., 2012).

Research has shown that feelings of vulnerability in older age appear to be triggered by fear of the unknown, for example a sudden health decline and dependence (von Faber & van der Geest, 2016). Abley, Bond and Robinson (2011) found that for older people, vulnerability is an emotional response to being in a specific situation, whereas for professionals, the vulnerability of those on their caseloads relates to them having a combination of characteristics (physical, psychological, and social). Abley et al. (2011) claim that interprofessional care for older people in the community could be improved first by asking older people if they ever feel vulnerable and
if so, in what situations, and secondly, by focusing team efforts on addressing the issues raised by older people in response to these questions.

Xie (2013) defined a strengths perspective as one in which the focus is on a person’s strengths, desires, interests, aspirations, abilities, knowledge, and not on their deficits, weaknesses, problems or needs, as seen by others. A strengths perspective does not disregard real pain and the struggles of people with mental illnesses. A strengths perspective challenges the focus being solely on pathology (Xie, 2013). Strengths can be found by looking around for evidence of the person’s interests, talents, and competencies and by listening to their stories.

Xie (2013) reported some examples of strengths: personal qualities, virtues and traits; what the person has learned about themselves, others and the world; what people know about the world around them from education or life experience; the talents people have; cultural and personal stories, informal networks, institutions or professional entities. If the clients have difficulties identifying their strengths, practitioners might chat with the clients asking general questions about their hobbies or activities that they enjoy doing, and how they have gotten through the difficult phases of their illnesses in the past. Clients may also be asked to think about their achievements at work, school or personal life. Once the client’s strengths have been identified, counselors work with the strengths that can be used to help them deal with their issues at the moment. A plan may be developed to utilize the strengths of the client, setting the goals of the treatment plan and developing plan details (Xie, 2013).

**Resilience**

It is critical to ask questions to find out how a client managed, survived, or made it through a challenging experience over the years; this encourages individuals to talk about resilience (Phillips, 2018). Resilience is an individual’s ability to recover from adversity.
Therapists can effectively use a client strength to affect change. One can look at counseling with the perspective of “what is wrong and how to fix it” or “what is right and how to use it.” The “what is right and how to use it” is a strength perspective. A counselor can incorporate resilience language and reframe stories as resilient ones, and present the counter-narrative to the dominant narrative of aging. In a recent article from the New York Times, Tara Parker-Pope explained that scientists claim that resilience operates like an emotional muscle that can and should be strengthened with such techniques such as being optimistic, reframing your narrative and remembering challenges that you have overcome (Phillips, 2018). For instance, an individual practicing resilience would look at the loss of a job and say, "This is going to be difficult, but it's a chance to rethink my life goals and find work that truly makes me happy" (Parker-Pope, 2017, p. 1).

Fullen and Gorby’s (2016) piloted a Resilient Aging Program at the University of Ohio. Fullen and Gorby (2016) assume that every person possesses some degree of resilience, and found that marginalized people hold a hidden reserve of resilience. Fullen and Gorby (2016) explained that people who have been overlooked at various times in their lives develop a reserve of resilience that better equips them to handle some of the challenges associated with aging. Resilience is achievable by all and may be a useful way to understand and explain the diversity of older people’s experiences of health (Stephens et al., 2015). It could prove helpful for the mental health counselor to ask the client what they value in regards to a healthy perspective on aging. Resilient aging enriches the understanding of the complexity of later life and the wisdom that can accompany that understanding (Gattuso, 2003). Research suggests that the ability to keep going and to maintain activities that are both functional and meaningful, despite potentially significant challenges, may better define success for older aging adults, than making and striving
to achieve new goals (Ebner, Freund, & Baltes, 2006). Resiliency helps people to hang in there until they can get to a place where they can embrace a new approach to life or a new way of being.

**Longevity Study**

Living to 100 is still a phenomenon. Centenarians have lived experiences that are worth examining. The current phenomenological study describes the essence of 19 centenarians’ perceptions of their own lived experiences as they attained advanced old age. Nineteen functionally able native English-speaking centenarians (age 100–115 years, 14 men and five women) were selected for inclusion in the current study. The purpose of the study was to gain an understanding of what was viewed as the driving force behind their ability to survive for more than 100 years.

The discussion focuses on comparing and contrasting the themes that emerge from this qualitative study. The objective of this study was to reveal the essences of longevity. This was done through exploration of characteristics viewed as central to the attainment of advanced longevity through centenarian narratives (Freeman et al. 2013). Four key themes were identified in the centenarians’ experience: (a) lifestyle choices, (b) community and environment, (c) attitude towards life, and (d) goal setting and attainment. While all these themes were interrelated, the significance of social interaction and engagement with life unified them all (Freeman et al. 2013).

**Lifestyle Choices**

Centenarians prioritized the maintenance of functional abilities and the importance of continued activity and engagement with life. This was done through physical activities including regular exercise such as riding a bike or walking, and through hobbies including singing, playing
cards, and going to church. These physical activities connected centenarians with their
community, were often executed outdoors, and all involved interaction with other people. The
centenarians highlighted the importance of life in moderation through concepts of hard work and
simplicity. The majority of centenarians reported attainment of simplicity by enjoying a regular
life routine. Although hard work and getting adequate rest were important, centenarians also
stressed the importance of avoiding activities that may harm the body or mind. Centenarians
chose to reduce the number of activities as they aged or altered the types of activities they
enjoyed rather than to totally disengage from their life-long social networks. These reductions in
activities were managed slowly over time. Activities perceived as most socially beneficial,
positive, and enjoyable were maintained through the years.

**Community and Environment**

All centenarians emphasized the importance of being connected to their community.
Communication and strong relationships with family and friends were seen as necessary to the
creation of community. Centenarians highlighted the importance of surrounding one’s self with
a positive atmosphere filled with sunshine, happiness, and laughter. Encouraging outlooks on life
were seen as embedded inside the person as something that comes from within the self.

**Spirituality**

Spirituality, faith, and devotion were a few constructs mentioned in differing ways by
centenarians. While some refer to spirituality with feelings of happiness and giggles of laughter,
others were more serious about the unknown reasoning of God. A sense of gratitude to God was
expressed. No centenarians specifically referred to religious affiliation or denomination.
Goal Setting and Attainment

Centenarians recognized that they had a purpose and direction for the future. All aspects of goal setting and attainment were connected in love for life, a passion for living, and engagement with society. Finding a purpose to continue living was highly valued by many centenarians. For many, this purpose was found in continued employment and contributions to society through volunteer work. In longevity, it is necessary above all that an individual has a desire to live.

Narrative Approach and Application

Centenarians can attest that decline is inevitable, but the attitude towards the decline and speed of decline can vary. Older adults have rich narratives in their lives. There is a fine line between empathizing with the client’s lived experiences of the difficulties of aging, and pointing out an alternative viewpoint (Phillips, 2018). Through the use of narrative approach, rooted in Narrative Theory, a counselor can gain critical information and increased insight by listening to a client share their life story. The client’s perception of their psychological well-being and their view of the aging process are both significant. Understanding the client’s purpose, during the developmental stage of aging, will be beneficial. A sense of purpose can be an individual’s primary source of self-worth (Gwande, 2014). The narrative perspective highlights the socially constructed meaning people give their interactions with others and the environment (Morgan et al., 2011).

Narrative Therapy

One treatment approach used to treat multiple mental health concerns in older adults is narrative therapy. It is through this humanistic approach that mental health counselors can help improve the well-being of older adults who are living with a mental illness or struggling with the
older adulthood developmental stage of life. Narrative therapy is a form of psychotherapy founded by Michael White and David Epston in the 1980’s (Burgin, & Gibbons, 2016). White and Epston developed an approach that addresses the damaging effects society can have on a person. In narrative therapy, counselors help clients step outside of themselves and see how they are constructing their narrative or dominant life story. White and Epston (1990) encouraged their clients to retell their personal stories of pain and rejection in new ways that liberated and empowered them.

Older adults face unique challenges during the ending phase of life. Kropf and Tandy (1998) outlined two types of changes in the lives of older adults that could make narrative therapy especially meaningful to this population. The first is the change in functioning caused by the loss of a life partner or self-care after an illness or injury; the second is the change in social experience as older adults engage in normative behaviors for this age group, such as retiring from work and abstaining from sexual relationships. Because later life is a time of tremendous change and loss, counselors can assist these clients in the meaning-making of past and present experiences. There is an entire field devoted to using the narrative approach with older adults, called narrative gerontology, which explores the numerous ways stories function in people’s lives and, conversely, how people function as stories (Kenyon & Randall, 1999). This differs from narrative therapy because it emphasizes the inside of the aging process and assumes people do not merely have stories but are their stories (Osis & Stout, 2001). The emergence of this field of narrative gerontology accentuates the need for a narrative approach with older adults. Narrative therapy focuses heavily on individuals’ lived experiences and the intersection between their problems with personal, social, and cultural contexts (White & Epston, 1990).
The narrative therapy approach is based on the assumption that problems arise when personal stories become saturated with negativity stemming primarily from oppressive social factors (Morgan et al., 2011). These stories then become internalized, forming the way individuals view them, and in turn, shapes their perspectives on their lives and their capabilities.

For a narrative therapist, change takes place when a client’s self-story is rewritten. White and Epston (1990) found that a shift occurs in narrative therapy, from an oppressive, negative story to a more positive, functional, and preferred way of viewing the self. Be sure the experience is understood, and meaning has been accurately presented. Data collected should help broaden and deepen the clinician’s interpretation (Freeman et al., 2013). Narrative therapy involves a client in all aspects of the therapeutic process. This approach empowers the client to use their insight, intelligence, and resources to make decisions and create space for an alternative story or a different way of viewing their current life situation.

**Components of Narrative Therapy**

There are four components of the narrative therapy that make it possible for clients to begin developing a story that is more positive. The components are; 1) deconstruction of the dominant story; 2) externalizing the problem; 3) identifying different outcomes; 4) reconstruction. When working with older adults, these components are essential to keep the oppressive nature of ageism from defining them. Clients are encouraged to “re-author” their lives, inviting new descriptions of self, others, and relationships that reflect the new information (White & Epston, 1990, p. 17). By identifying and deconstructing the dominant narrative, the therapist and client can together identify the effects and limitations of one’s ideas and practices.
Intrinsic Value of Narrative Therapy

The value of using the narrative approach with older adults is having clients tell their stories. The result is the ability to identify and address the oppressive aspects of their lives and empowering them to overcome oppressive forces (Morgan et al., 2011). The individual stories are crucial to narrative therapy, with emphasis on how one’s experience creates expectations and how different understandings and interpretations lead to the formulation of unique stories. A therapist uses this time to listen for the unique or sparkling event in which the client has overcome an obstacle or challenge, and this provides the therapist with a starting point for therapy. At this point, a therapist can help the client start to re-vision one’s life as a successful one and begin to develop a sense of focus on wellness.

Sparkling Events

The focus of re-creating an alternative story utilizing a client’s strength and unique experiences prove to be empowering. Narrative therapy focuses on people’s personal stories. There is much value in providing a place for the older adult to tell his or her story (Morgan et al., 2016). Giving permission and a place to talk about struggles, difficulties, and other elements of life is essential in helping aging adults overcome problems. Telling their story is a meaningful exercise. The therapist works to gain an understanding of the client’s daily life and the perspective they hold of their own self. The therapist collects information about the client’s talents and competencies. The client is encouraged to define their problem in their own words. Unique outcomes or sparking events are occurrences that show clients they can look back and revise their life narrative (White & Epston, 1990). Using sparkling events allows clients to create new meanings in the present.
Research

Narrative therapy appears to have a role in clinical work with older adults. Burgin and Gibbons (2016) stated research studies have shown that older adults with depressive symptoms displayed significantly fewer depression symptoms and higher levels of mastery after partaking in a narrative therapy intervention. Furthermore, in a large randomized control trial that evaluated a narrative therapy intervention, known as life review, demonstrated that looking back was effective in decreasing depressive symptoms in adults age 55 years or older (Korte, Bojlmiejer, Cappeliez, Smit, & Westerhof, 2012). Tamura-Lis (2017) explains how reminiscing, or life review has proven to be an effective evidence-based tool for understanding and treating older adults. The use of reminiscing increases communication and sociability in older adults, contributing to improved self-esteem, life satisfaction, and overall quality of life (Tamura-Lis, 2017). Because narrative therapy does not focus on specific types of problems, it can be used with a broad range of clients.

Based on the research, older people construct their identity based on the dominant discourses (Stephens et al., 2015). Older people living with poor health or restricted material circumstances might be excluded from participating in society, but they are not excluded from being asked to focus on wellness. Older people’s sense of identity can be composed in therapy through new narratives, while always considering the context in which they are living. Erik Erickson, like Alfred, pointed out that an individual life cycle cannot be adequately understood apart from the social context because individuals and society are intricately woven together (Erickson, 1997). Narrative therapy may provide hope, a greater sense of meaning, and incorporate the Adlerian way of thinking that anything can be different.
Adlerian Approach and Application

Alfred Adler’s view of mental health and well-being was strength based. Adler believed people had the power to change their own lives and he believed in the power of education; Adler’s goal was to help people learn to understand the source of their problems and develop the skills to solve them (Robey, Wubbolding, & Malters, 2017). Adler believed anything could be different. Although Adler did not write extensively about the late stage of adulthood or treating that population, Adler’s theoretical approach could be quite useful because of its optimistic perspective on the aging. In Individual Psychology, all life is movement and “to live means to develop” (Linden, 2007, p. 388). In late adulthood, there are new obstacles and new opportunities.

Later stage adults are confronted with crises at a high frequency. It is essential for mental health counselors to address the late adult life issues of loneliness, depression/discouragement, and making peace with one’s past, while looking for opportunities that help create a clear sense of purpose and meaning for the client. Looking at aging through an Adlerian lens proved to be useful. The following Adlerian concepts will be applied to the topic of aging and counseling the older population: early recollections, teleological perspective, social interest, life tasks, and sense of belonging.

Early Recollections

Early childhood events have been an area of interest to mental health practitioners for years. The significance of an adult’s selective recall of early recollections has a diagnostic and therapeutic purpose in Adlerian psychology (Nims & Dinkmeyer Jr., 1995). Adler believed there were no “chance memories;” people choose to remember the memories which have a bearing on life’s situation (Ansbacher & Ansbacher, 1956, p. 351). The early recollections were keys to
better understanding the client. The developmental processes in adulthood are influenced by the adult’s past and childhood (Sperry, 1992). Drawing from early recollections could provide the clients, with opportunities to confront unresolved conflicts, achieve integration regarding the issues, and overall life satisfaction (Sperry, 1992). Using early recollections can provide a positive and structural form of reminiscence, in a therapy environment. Revisiting early recollections in late adulthood can bring clarity to the client and provide direction to the clinician. The early recollection process of gathering childhood memories is an excellent tool to uncover pertinent information about how clients relate to family and society. Nims and Dinkmeyer Jr. (1995) found that this selective recall gives a mental health practitioner access to the client’s view of self and relationship with others. By carefully examining the information gathered from the early recollections, traits and beliefs that form the lifestyle and private logic of the client are revealed (Nims & Dinkmeyer Jr., 1995). Early recollections provide clients with the opportunity to confront their attitudes and beliefs, with the hopes of becoming more self-aware. Individual Psychology assumes that we retain particular memories to maintain an orientation throughout time (Griffith & Powers, 2007. p.26). The way a client begins describing their first earliest memory recall can be revealing. The first memory will display an individual’s definitive view of life, the first manifestation of his attitude (Ansbacher & Ansbacher, 1956).

**Teleological Perspective**

Individuals can continually grow and develop. The teleological perspective of Individual Psychology is a useful lens through which to understand the aging process (Penick, 2004). Adler stated, “Teleological power expresses itself in the striving after a goal, and in this striving, every bodily and psychological movement is made to cooperate” (Ansbacher & Ansbacher, 1956, p. 92). An individual can develop an appreciation for purpose and goal pursuit, which can support
a hopeful and proactive striving for meaning at all stages of life. Individual Psychology considers all behavior, such as thought, feeling, and action, to have a purpose, as movement in line with an individual’s end goal (Penick, 2004). The term teleology has been used by those who study behavior as the process of moving toward a goal. How an individual chooses to react to a crisis will determine personal patterns of direction and movement. According to Pollock’s 20-year study of the mourning process, he concludes that the phenomenon of mourning serves as a necessary adaptation to the various losses sustained throughout life (Sperry, 1992). The mourning process can be viewed as a mechanism for change in older adulthood. The challenge for the older adult is to continue living after loss. Discussing a client’s line of movement may prove helpful when planning future goals.

**Social Interest**

Social interest became Adler’s criterion for normal and healthy striving in which healthier goals are oriented toward the welfare of others (Ansbacher & Ansbacher, 1956). Robey et al. (2017) described the concept of social interest as having to do with cooperation, contribution, compassion, and empathy. Social interest means being involved with the interests of others; having a feeling of belonging to humankind throughout the lifetime from one’s past to their future (Robey et al., 2017). Social interest is at the core of Adlerian philosophy. From the Adlerian perspective, the assessment of one’s mental health is explained and measured through the lens of social interest and relationships with others. As a person moves in the period of late adulthood, there may be a shift from person-based social interest to a sense of community feeling or self-transcendence through a more spiritual state of harmony with culture, the world, and the universe (Broderick & Blewitt, 2015, p. 535).
To address depression in older adults, introduce clients to the concept of social interest and together make a plan of what social interest might look like in their lives. Promote health and independence and provide examples of how one might contribute to society. Encourage social engagement in clients and help them plan things to look forward to with enthusiasm and passion. Stephens et al. (2015) found in their research that the capability to contribute was a major source of satisfaction to people at all levels of economic ability or health status. Being able to help others in spite of health problems is important to maintaining relationships, but aging individuals need to be mindful not to prioritize family contribution to the detriment of their own needs (Stephens et al., 2015). Encourage clients to engage in daily, scheduled activities, goals, and homework; simple or more sophisticated depending on the client’s activity level. As a mental health counselor, it will be important to promote social interest by helping the client find useful involvements for talent and passion. Clinicians can recommend that they explore some volunteer opportunities through the church, local museum, school, homeless shelter, or organization that matches their interests.

Social interest must incorporate a focus on meaning in aging adults. Promote aging as a dynamic period of life. Support and encourage individuals to be open to some new and different opportunities for growth. Contributions to others and society can make a person feel worthwhile and valuable, which may increase the person’s self-esteem (Linden, 2007). Adler stated, “The fear of growing old and the fear of death will not terrify the person who is certain of his immortality, in the form of his children or the consciousness of his contribution to the ever-growing culture” (Ansbacher & Ansbacher, 1956, p. 445).
Tasks of Life

Evaluation of the three tasks in a client’s life provides useful insight and direction for future work with the client. Adler’s three life tasks are work, friendship, and love/intimacy. With this growing aging population comes the extended period of Adler’s tasks of life: retirees at 62 can expect to have 20-30 years of challenges and transitions in which meaning and purpose take on increasing importance. Adler believed that a satisfactory self-concept and resulting self-esteem come from activity on the useful side of life (Griffith & Powers, 2007). Healthy people are willing to help and cooperate with others and master the life tasks of work, friendship, and love/intimacy (Robey et al., 2017). Maintaining purpose and meaning in life is what Adler called “purposeful aging.” It is essential to encourage the population of aging individuals to continually create meaning and purpose during the developmental stage of older adulthood.

Helping clients evaluate their life tasks can prove helpful and provide insight into their overall well-being. For example, just because an individual is not on a payroll does not mean they are not working. Work can be volunteer positions, taking care of one’s house, helping the family with childcare needs. Some individuals can redefine flexibility and arrangement for work as they grow older. Work is doing something that feels productive and satisfying and contributing. Courage is fundamental to successful transitions during this time of life. Adler emphasized that clinicians must not deviate from the path of encouragement in every step of treatment (Griffith & Powers, 2007).

Work continues to keep people connected to each other. As previously mentioned, social relationships are found to be a significant predictor of well-being across the lifespan but may be particularly applicable to older adults (Shankar et al., 2015). Self-exploration and spiritual tasks become more important as people age (Penick, 2004). Gold and Mansager (2000) reported
philosophical issues are being brought to psychotherapists for clinical insight often. Mosak and Dreikurs, whom carefully studied Adler’s texts, contended that Adler alluded many times to a fourth and fifth task but did not formally identify them; the tasks were coping with oneself and spirituality, respectively (Gold & Mansager, 2000). This contemplation of God provides meaning for some individuals.

**Belonging**

Aging can attribute to the loss of one’s sense of belonging. As people age, their social structure changes, which can lead to loss of self-esteem and meaning in life (Sperry, 1992). Some individuals will downplay health problems so they can maintain their identity as an ordinary member of society and competent citizen (Stephens et al., 2015). It is beneficial for aging individuals to participate in everyday life and not feel like they are missing out (Stephens et al., 2015). Encourage later stage adults, who are struggling with loneliness, to join a group. Based on their interests and physical activity level, recommend the following group activities: support group, exercise, book club, bridge, cooking/baking for friends in need, music/theatre outing, gardening, or volunteer. The volunteer opportunities are limitless and can be found at all different levels of activity. Ferguson (1989) observed that Adler made it clear that humans as a species strive to belong and the goal is to contribute to the welfare of other human beings. Spending time with family and friends would be encouraged on a regular basis; birthdays, holidays, and special day gatherings with family and grandkids provide times in which to look forward. Increased activity levels over time may lead to increased morale (Linden, 2007).

The *Leiden 85-plus Study* began in 1997 and lasted until 2002. All citizens aged 85 in the city of Leiden, Denmark were enrolled and followed for four years. The study aimed to investigate the determinants of successful aging and preventable causes of unsuccessful aging.
There was no exclusion on the grounds of health, cognitive functioning, and living situation. Data were obtained from 599 participants, with a response rate of 87 percent. In the quantitative medical part of the study, successful aging was defined as optimal physical, psychological, cognitive, social functioning and optimal feelings of well-being, which were measured with quantitative instruments (von Faber & van der Geest, 2016, pp. 29-30). The researchers used open-ended interviews to learn about the participant’s perceptions of successful aging.

Von Faber and van der Geest (2016) found that health played an important role in one’s happiness in their elder years but does not determine one’s happiness. An individual can still feel happy if their health is poor. Attitude can play a strong role here. Successful aging is not synonymous with good health. If that was true, then it could be said that everyone who is 85, 86, and 87, and who is not in good shape is not aging successfully. Von Faber and van der Geest (2016) observed through research that older adults could partially influence their conditions when they grow old, for example by their financial resources. Relationships with others, keeping social contacts, and feeling connected with society are things aging individuals can control, and these are the things that contribute to that sense of belonging and aging successfully (von Faber & van der Geest, 2016). Good social contacts were the most important prerequisite for well-being and successful aging. A sense of feeling important to others, especially their children, was connected with the feelings of purpose in life. Adler explained that “social feeling” is the tendency of people to connect themselves with other human beings to accomplish their tasks in cooperation with others and to be socially useful (Ferguson, 1989).
Discussion

Clear Statement of Support of Literature Review

Looking at individuals from a strengths-based perspective can be helpful and provide hope and encouragement for those who are facing difficulties during the aging process. Narrative Therapy and an Adlerian approach would both be effective strengths-based therapy options for the aging population.

Interpretation and Understanding

The majority of mental health professionals are unprepared to counsel older clientele, but the mental health care needs of the older population persist (Morgan et al., 2011). Not only is it the right time for mental health counselors to make an effort to expand their understanding of how to best serve the growing population of aging adults, but it is also ethical to express that the mental health of all human beings is significant, no matter what the age. Understanding ageism is important and being able to create new strengths-based narratives for individuals in counseling can be impactful.

Findings

Ageism is pervasive and prevalent. Mental health counselors need to be educated on ageism, along with the developmental challenges that the geriatric population faces. Aging means both growth and loss for all age groups. Emphasis on the positive aspects of aging is in line with the growth perspective mentioned earlier. Positive self-perceptions can benefit physical health and well-being, and reduce the likelihood of the negative stereotype embodiment (Christler et al., 2016). Taken together, these points indicate that an individual’s feelings and their understanding of well-being matter when evaluating mental health. Ageism cannot be reduced until it is made visible (Christler et al., 2016). The commitment to share education
regarding the stereotypes of the aging with youth, college, and graduate programs is essential to cultivate a more detailed understanding and awareness of the aging population. It is time to commit to making hopeful progress toward providing older adults with a society that is attentive to their needs, respectful of their worth, and encourages their participation in all aspects of society. There is no client untouched by the aging process. All human beings deserve the opportunity for caring, empathetic, and knowledgeable mental health therapy at any age or stage of their developmental life.

Bias

This writer was compelled to bring to light the problem of ageism. Particularly given the proximity of having seen parents and others elders directly affected by ageism in the field of medicine, in the work place, and throughout society. This writer’s sensitivity towards older people has created a sense of loyalty to protect them and encourage them. The optics of Ageism cannot be overlooked, nor can the desire to take action and educate those who are unaware of the harmful effects ageism can have on the older population.

Implications for Practice

The job of a mental health counselor is to treat individuals that need help, regardless of the way they communicate, their sexual orientation, religion, gender, race, criminal history, socio-economic status, or their age. The older population of adults will be better served if mental health counselors begin to develop a more positive image of that population. One of the most significant challenges to mental health professionals will be how to respond adequately to the growing number of unique concerns and issues of an aging client population (Penick, 2004). Continual education is a clinician’s ethical responsibility; as well as to share and apply the most current research and evidence-based practices to benefit the client and their counseling
experience. Part of effective therapy lies in educating the older adult clients to think and act non-pathologically (Sperry, 1992). To accomplish this, clinicians must confront the myths, and misconception held about aging and consider the evidence that aging is a developmental process (Sperry, 1992). The success of therapy, no matter what the style, depends on the therapist adjusting to the conditions of aging (Solis & Brink, 1989).

It is this writer’s intention that the information included may provide hope and direction; specifically, a strengths-based narrative therapy with an Adlerian direction would assist the client in making behavioral changes to their current situation, feel better about themselves, and change their overall view of their aging self. The use of narrative principles was put in place to work with the clients toward changing their problem-saturated stories to stories where they were able to view themselves as more competent and in control of their life.

A clinician should take care when framing healthy aging as an individual achievement; this makes poor health blameworthy, and the client may deny the need for help (Stephens et al., 2015). Pay attention to what clients are capable of doing. Different clients will have different levels of physical capacity as they age. A moral dimension of aging can present itself; someone is virtuous or irresponsible depending on the body’s physical condition (Stephens et al., 2015). Conversations in therapy can be focused on positive forward movement, forgiveness of self and unwise choices of the past, and making everyday matter.

A mental health counselor may have several goals in mind for the client. Keep in mind the client comes in for guidance, and often, relief of symptoms. Helping the client find enjoyment and pleasure in one’s daily life should be a clinician’s top priority, along with stabilization of the client. Support clients during times when adjustments need to be made to their daily schedule, activities, and hobbies they enjoy. Learn what a client values in life and
give clients the freedom to select and choose those valued activities. Mental health counselors can make advances toward providing older adults with a culture that is attentive to their needs, respectful of their worth, and encourages and supports their contributions in all aspects of society. Emphasize and focus on individuals’ strengths, encourage and inspire them whenever possible, remembering to work collaboratively.

Look at the degree of courage an individual possesses, level of self-esteem and confidence, success in dealing with the three life tasks, and the degree of social interest in their life. Look for sustained connections and encourage clients to build upon them.

**Counselor Education**

It is important that mental health counselors act as advocates for optimum health and wellness in society. To be an effective advocate, a counselor must be educated and have an understanding of diverse populations so they can apply interventions to create positive change (Myers & Sweeney, 2008). Educating mental health counselors and the general population of America’s growing aging population is essential. Education that creates greater awareness of the aging is an integral part and could have an impact on reducing ageism (Dittman, 2003). Friedman and Goldbaum (2016) found that formal education rarely differentiates clinical issues related to age. When it does, it traditionally focuses on the frail elderly and their care management issues, which can create the perceptions that working with old people is difficult and unsatisfying (Friedman & Goldbaum, 2016). There is no single definition of an older adult; there are many variations. It is important for counselors to gain insight into one’s limitations, or blind spots, in working with older adults. Role-play exercises helped counselors bring their own family of origin, personal experiences, biases, and beliefs about older adults into focus. Role-play can be a transformative exercise for counselors. Role-play experiences helped counselors challenge their
perspectives about working with older adults. Insight from a mental health clinician’s own experiences with the older population can help with understanding transference and countertransference (Friedman & Goldbaum, 2016). Research shows that addressing aging bias among health care professionals can have positive effects on the healthy aging of older patients and clients (Nelson, 2016). This growth in the older adult population reflects a need for mental health counselors who possess accurate information about aging, along with a positive attitude, and an interest in working with older adults (Phillips, 2018). Research has demonstrated that positive improvements in physical and mental well-being in older persons can be effected when mental health counselors teach all ages of people the myths about aging and emphasize the positive aspects of aging (Nelson, 2016). Myths and negative views of aging are based on fear, a lack of information, a limited perspective on history, and stereotypes (Friedman & Goldbaum, 2016). Education must replace this negative view with a more positive view of aging, as a developmental process.

Older adults seek mental health treatment for multiple reasons, and professional counselors would benefit by being aware of the reasons. Friedman and Goldbaum (2016) found that older adults seek mental health treatment because of health concerns, family issues, depressive symptoms, and beliefs about how they benefit from psychotherapy. Life role changes, such as career shifting and retirement are also reasons for seeking counseling during late adulthood (Friendman & Goldbaum, 2016). Some individuals wanting mental health therapy may have seen or heard about positive outcomes in others from their experiences in psychotherapy. It is important for counselors to be educated on the specific life stressors that affect the older age population. Now is the time for mental health counselors to make an effort to expand their understanding of how to best serve the growing population of aging adults.
Client Psycho-education

It is critical for older people to have some knowledge about ageism stereotypes so they can recognize and resist them (Chrisler et al., 2016). Clients need to practice balancing their understanding of aging successfully with awareness of a vulnerable, aging body (Stephens et al., 2015). Providing clients with psycho-education and training could increase self-esteem and serve as a protective factor. Assertiveness training will help aging individuals who may be afraid to tell their doctors about their symptoms. Assertiveness training will help clients build the courage to advocate for themselves and ask for help when necessary. Clients can learn how to insist on getting the information and treatment they want, so the quality of their healthcare may improve. Empowerment exercises and stress management techniques will prove to be helpful to some. A plan can be instigated so that clients use one or more of their identified strengths every day for one week. Clients can follow-up with the practitioners a week later to talk about the approach, and this can be an opportunity for the practitioners to evaluate clients’ progress (Xie, 2013).

Recommendations for Future Research

Some future research recommendations are the following: the outcome-based research of older populations utilizing counseling, the mental health of an aging population in an assisted living community, support groups for the aging population, networking groups for volunteer activities, the mental health of those who attend church regularly as they age versus those that do not, the prevalence of gerontology courses in the counseling programs, diverse aging populations, and the intersectionality of ageism and sexism.
A NEW NARRATIVE FOR AGING

Conclusion

Aging means both growth and loss for all age groups. Emphasis on the positive aspects of aging is in line with the growth perspective mentioned earlier. Positive self-perceptions can benefit physical health and well-being, and reduce the likelihood of the negative stereotype embodiment (Christler et al., 2016). An individual’s feelings, along with their interpretation of their well-being matter when evaluating mental health. Ageism cannot be reduced until it is made visible (Christler et al., 2016). The commitment to share education regarding the stereotypes of the aging with youth, college, and graduate programs is essential to cultivate a more detailed understanding and awareness of the aging population. It is time to commit to making hopeful progress toward providing older adults with a society that is attentive to their needs, respectful of their worth, and encourages their participation in all aspects of society. There is no client untouched by the aging process. Every human being deserves the opportunity for caring, empathetic, and knowledgeable mental health therapy at any age or stage of his or her developmental life.
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