

A Qualitative Study of Older Adults'  
Experiences with Psychological Counselling

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## DEDICATION

I wish to honour two incredible, awe-inspiring, and loving women. Each of these women has instilled in me a set of core values that guide my work as a counselling psychologist. To my dear grandma, Winnie, who in her 90<sup>th</sup> year, despite many hardships, both recent and past, remains a pillar of strength, grace, dignity, and giggles, I dedicate this dissertation to you. To my dear mom, Rosemary, I am profoundly blessed to have such a loving, devoted, and generous friend and mother such as you. You have been my number one fan and a champion of all my accomplishments. You are a founding advocate for the rights of older adults in Montreal and I hope that my work stands up to your good opinion. You're commitment to hard work, social justice, and laughter inspires my work every day. I dedicate my Ph.D. to you.

## ABSTRACT

This qualitative study aims to address the limitations of current geropsychological research, theory, and practice as well as identify the counselling needs of the growing population of older adults. Broadly speaking, this study was influenced by an emic (or culture-specific) approach that emphasizes the importance of attending to the uniqueness of cultural groups from the perspective of the members of those groups in the refinement of psychological theory, research, and practice (Arthur & Collins, 2005). As well, the study answered a call to include clients' perspectives in enhancing multicultural competence of counselors (Pope-Davis et al., 2002). Guided by the increasing demand for geropsychological care and the associated need to gauge the current experiences of older adults undergoing psychological counselling, a narrative analysis was conducted using interview data of older adults' reflections and stories concerning the overarching question: What are older adults' experiences with psychological counselling?

Participants included six women and four men over the age of 65 who had undergone psychological counselling as an older adult. Results from this study capture meaningful counselling experiences which highlight the value of psychological counselling and shed light on the importance of promoting competent counselling and advocacy for older clients, while deepening the understanding of the strengths and limitations of current geropsychological care. Informed by participants' narratives, important implications can be gleaned for research, training, and practice of geropsychological counselling.

Responding to the call for client-centered research on multicultural counselling competence, this study provides participants' recommendations for competent care.

*Keywords:* Older adults, narrative analysis, psychological counselling.

## SOMMAIRE

Cette étude qualitative traite des limites actuelles de la recherche, de la théorie et de la pratique dans le domaine de la géropsychologie, et définit les besoins en consultation d'une population croissante de personnes âgées. D'une façon générale, cette étude s'inspire d'une approche éémique (c'est-à-dire spécifique à la culture) qui souligne l'importance de respecter l'unicité des groupes culturels en tenant compte de la perspective des membres de ces groupes dans l'avancement de la théorie psychologique, la recherche et la pratique (Arthur & Collins, 2005). En outre, l'étude répond au besoin de présenter les points de vue des clients sur l'amélioration des compétences multiculturelles des conseillers (Pope-Davis et al., 2002). Motivée par la demande croissante en soins géopsychologiques et la nécessité sous-jacente d'évaluer l'expérience des personnes âgées qui ont recours à des conseillers psychologiques, une analyse narrative a été menée à l'aide de données d'entrevues présentant des réflexions et des récits de personnes âgées portant sur la question générale suivante : Quelles sont les expériences de thérapie psychologique vécues par des personnes âgées? Six femmes et quatre hommes de plus de 65 ans ayant suivi une thérapie psychologique à un âge avancé ont participé à l'étude. Des résultats de cette étude comprennent des expériences pertinentes de thérapie qui illustrent la valeur de la consultation psychologique et révèlent l'importance de promouvoir des compétences des conseillers et plaider à l'égard de patients plus âgés, tout en approfondissant la compréhension des forces et des limites des soins actuels en géopsychologie. Les récits des participants ont permis de circonscrire des répercussions importantes pour la recherche, la formation et la pratique de la consultation géopsychologique. En réponse au besoin croissant d'une recherche axée

sur le client applicable aux compétences en consultation multiculturelle, cette étude présente les recommandations des participants pour des soins efficaces.

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## **CHAPTER ONE: INTRODUCTION**

With a growing population of older adults who will seek psychological services and generations of psychological counsellors who are ill-equipped and undertrained to address the needs of older adults (Foster, Kreider, & Waugh, 2009; Gellis, Sherman, & Lawrance, 2003; Hillman, Stricker, & Zweig, 1997; Hillman & Stricker, 1998; Qualls et al. 2002), a need to understand and give light to older adults' experiences of the counselling process was identified. Motivated by the limitations of current geropsychological theory, research, and practice and the growing population of older adults, a narrative analysis of older adults' experiences in psychological counselling was conducted. Note that throughout this study older adults were defined as individuals that are sixty-five and older. Broadly speaking, this study was influenced by an emic (or culture-specific) approach that emphasizes the importance of attending to the uniqueness of cultural groups from the perspective of members of a cultural group in the further refinement of psychological theory, research, and practice (Arthur & Collins, 2005). This study answered a call to include the clients' perspectives in enhancing multicultural competence of counsellors (Pope-Davis et al., 2002). To the best of my knowledge, this is the first study in the field of multicultural counselling competence to seek and study the perspective of older clients regarding their experiences in counselling. The results of this study deepen our understanding of the strengths as well as limitations of current geropsychological care, and identified older clients' perspectives and needs within counselling relationships.

This thesis is organized in the following manner: Chapter One outlines the rationale, research questions, and a brief overview of methodology. Chapter Two

presents a literature review detailing the current status of geropsychological research, theory, and practice. Chapter Three provides a detailed description of the methodology used for this narrative research project. Chapter Four summarizes the results of the study. Chapter Five provides a discussion of the results as well as the strengths and limitations of this study. Lastly, Chapter Five concludes with a discussion of the implications of this study on research, training and practice and identification of the original contributions of this study.

### **Rationale of the Study**

In the years to come, geropsychology must expand considerably to accommodate a rapidly growing population of older adults (National Center for Health Statistics, 2006; Kinsella, 1992). Due to improvements in medicine, nutrition, and sanitation, life expectancy has risen in every industrialized nation over the last century. In the United States, for example, life expectancy averaged over both sexes has increased from 47 in 1900 to 76 in 2004 (Qualls & Abeles, 2000). The U.S. Bureau of the Census (2008) expects the number of people in the United States aged over 65 to double by 2030. Statistics Canada (2006) projects that seniors aged 65 and over will account for 17% of Canada's population by the year 2016. In many developed countries, the rapid population growth of older adults is also attributed to the aging of Baby Boomers. In the U.S., for example, the greatest population growth is expected to occur between the years 2011 and 2030 after the first Baby Boomers turn 65 in 2011 (The U.S. Bureau of the Census, 2008).

In a survey of 1227 practitioners within the American Psychological Association, less than 20% had practicum or internship rotations with older adults, only 6% reported

that they had geropsychology training in their internship and postdoctoral experiences, and only 3% identified older adults as their primary clientele (Qualls et al., 2002).

Historically, geropsychological research and practice has been influenced by a medical model which emphasizes the “four D’s”: disease, decline, disability, and death (Birren & Schaie, 2001). Psychologists have tended to view mental illness in the older population as widespread and untreatable (Goncalves, Albuquerque, Byrne, & Pachana, 2009; Lee, Volans, & Gregory, 2003; Palmore, 1999). The American Psychological Association (2003, 2004), however, has called for greater attention to the psychological needs of older adults and the development of research that considers a more comprehensive picture of old age than the one proposed by the medical model. The field of geropsychology is currently entering a period of transition in which it is attempting to expand theory, research, and practice to include a broader understanding of both the strengths and challenges of counselling older clients (Abramson, Trejo, & Lai, 2002; Hays, 1996; Hinrichsen, 2006; Laidlaw & Pachana, 2009). A great deal of the current literature addresses ageism and the obstacle it presents to providing multicultural competent counselling (MCC) to older adults. The current study alone references thirty-nine articles that report ageism in training, geropsychological textbooks, clinical practice, counsellor assumptions, formulation of research questions, and research methodology, of which twenty-three were published in 2000 or later.

The current study is influenced by Pope-Davis and colleagues (2002) who have noted that counsellors’ perspectives are what have largely informed our current understanding of psychological theory, research, and practice. As a result, much of multicultural competent counselling (MCC) literature is based on the assumption that the

counsellor and the client share the same definition of multicultural competent counselling. Pope-Davis and colleagues (2002) suggest that the client perspective is an untapped well of knowledge which can be used to tailor multicultural competent counselling to the client's needs. In geropsychology, for example, little is known regarding the factors older clients deem important to their psychological well-being, what qualities they seek in psychologists, and their perspectives on how current psychological practice could be improved. Incorporation of older adults' views will increase the cultural validity of research, theory, and practice of geropsychology and help to create quality care that is based on the needs and perspectives of older adults.

### **Research Questions**

Guided by the increasing demand for geropsychological care and the associated need to gauge the current experiences of older adults undergoing counselling, a narrative analysis was conducted to explore older adults' reflections and stories concerning the overarching question: What are older adults' experiences with psychological counselling? While the interviews were open ended, the following probing questions were used to facilitate the process: "Can you tell me about a meaningful experience that you had with your psychological counselor?", "Can you tell me about a negative interaction that you had with your psychological counselor?", "How did you experience your relationship with your psychological counsellor?", "How did your psychological counsellor help you cope with any challenges that you might be experiencing?" and "What are your suggestions to improve the quality of the care you received?"



### **Rationale for the Choice of Methodology**

Motivated to explore the experiences of older adults' undergoing psychological counselling while concurrently giving voice to older adults, the researcher considered a qualitative methodology as ideal for this research study. Narrative analysis, a specific qualitative methodological approach was considered ideal as narrative analysis is one of the few methods which focus on persons' first-hand accounts. A narrative analysis is an open-ended, in-depth interview wherein participants share their unique stories concerning the topic of study. Generally, the goal of such an analysis is to study respondents' feelings, thoughts, and perceptions of their experiences (Bauman, 1986; Weiss, 1994). Narrative analysis is especially useful for conceptualizing and generating research questions about an under-researched issue.

The primary thrust of narrative analysis is that people often try to make sense of their experiences by sharing them with others through story-telling (Kidd & Kral, 2005; Morrow, 2007; Polkinghorne, 1988). Participants are seen as self-aware and striving to achieve meaning, control, and fulfillment in life (McLeod, 2001). Ultimately, narrative analysis allows counselling psychologists to generate new understandings of the complexities of counselling as well as give voice to the experiences of clients in therapy (McLeod, 2001; Morrow 2007). Unlike other qualitative methods, there is no standard approach or list of generally recognized procedures for narrative analysis (Elliott, 2005). Narrative researchers have developed different approaches for conceptualizing narrative data. Clandinin and Connelly (2000) proposed a three-dimensional space approach which examines dimensions of interaction, continuity, and situation of participants' narratives as an ideal approach for narrative analysis of education and counselling related studies.

## **CHAPTER TWO: LITERATURE REVIEW**

The first section of this chapter reviews the general demographics of the North America population followed by a discussion of the perceived role of older adults in Western society. In the second section, the current status of psychological theory, research, and practice for working with older adults is presented. Lastly, multicultural competence with a focus on client perspectives is proposed for the future of geropsychology.

### **General Demographics of Older Adults in North America**

Statistics Canada (2001) projects that seniors aged 65 and over will account for 17% of Canada's population by the year 2016. The number of people in the United States aged over 65 is expected to double by 2030. In the industrialized nations, adults are living longer and healthier lives, and average life expectancy has risen from 47.3 percent in 1900 to 76.9 in 2000 (The U.S. Bureau of the Census, 2008). In many developed countries, the dramatic increase of an older population is also attributed to the aging of Baby Boomers. In the U.S., for example, the greatest population shift is expected to occur between the years 2011 and 2030 after the first Baby Boomers turn 65 in 2011 (The U.S. Bureau of the Census, 2008).

One of the major contributing factors for the rapid population growth of older adults is the declining rates of disease and disability in the older population. Incidences of cardiovascular disease, the number one cause of death in North America, as well as some cancers, such as lung and breast cancer, are declining in older adults (Statistics Canada, 2001; The U.S. Bureau of the Census, 2008). The APA (2003) and the National Center for Health Statistics (2006) recently reported that up to 85% of older adults in the

U.S. are in good mental and physical health, engage in basic activities, and are active as workers, volunteers, and care-takers. Furthermore, older adults generally take more precautions in their health and safety (Becker & William, 2004). As a result, their incidences of acute illness and subsequent reliance on medical care are lower than in younger adults (National Center for Health Statistics, 2006; Palmore, 1999).

Contrary to the traditional assumption that older adults suffer from mental illness at greater rates than the general population (Palmore, 1999), studies show that 20% of older adults experience mental illness, which is consistent with the rate of 19% for the general population (CDC, 2008; Palmore, 1999). Community studies indicate that less than 10% of older adults have significant mental impairment (Centres for Disease Control, 2008; Gurland, 1995), and only 3-5% of older adults are institutionalized for mental illnesses in their senior years (Butler, Lewis, & Sunderland, 1998; Centres for Disease Control, 2008;). By contrast, however, older adults disproportionately die by suicide with 14.3 out of 100,000 adults over 65 completing suicide as compared to 11 out of 100,000 people in the general population (Centres for Disease Control, 2005). Data suggests that mental illness among older adults is treatable (APA, 2003). In some cases of mental illness, however, older adults risk not receiving adequate treatment. A study by Uncapher and Areal (2000), for example, found that physicians were more likely to view suicidal ideation as rational and normal in older adults than younger adults, and fail to follow up with adequate suicide management interventions.

As for cognitive functions, studies have observed that cognitive processing speed reduces with age (Earles & Kersten, 1999). A small minority of older adults, around 8.7%, experience serious memory and cognitive difficulties such as dementia related to

Alzheimer's disease, stroke, or vascular disease (The Canadian Study of Health and Aging Working Group, 2000; Palmore, 1999). Other studies show that the ability to learn and retain new information or skills is maintained in the majority of older adults (see Gunstad et al., 2006; Rahhal, Hasher, & Colcombe, 2001). Some types of memory (e.g., indirect and implicit) show little decline, and certain cognitive processes, such as semantic processes, exhibit less slowing than others, such as spatial processes (Gunstad et al., 2006). Changes in cognitive functioning are also mediated by factors unrelated to age, such as social class. Seniors with low income, for example, tend to show greater declines in cognition than their wealthier counterparts (Kitayama, 2001).

Women in North America tend to live longer than men by an average of 5.2 years. Above the age of 65, the ratio of men to women decreases dramatically such that there is a significant gender imbalance in the older population (Kruger & Nesse, 2006; The U.S. Bureau of the Census, 2008). For the group aged 55 to 64, there are 93 males to 100 females whereas among people aged 85 and older the ratio is 46:100 (The U.S. Bureau of the Census, 2008). Studies also show that there will be a disproportionate growth of visible minority elders in North America. This growth is partially due to immigration and higher birth rates among visible minorities (Federal Interagency Forum on Aging-Related Statistics, 2008; Hill & Eklund, 2002). The proportion of White older adults is expected to decrease from 72 percent in 2030 to 61 in 2050. Asian and Hispanic elders are predicted to increase within that time period from 5 to 8 percent and 11 to 18 percent, respectively.

The proportion of older adults living at or below the poverty line has decreased from 35 percent in 1959 to 10 percent in 2003. However, poverty rates differ by age,

race, and sex. Older adults over the age of 75 tend to be poorer than those under 75.

Discriminatory employment and socio-political practices have tended to result in lower incomes from pensions and security plans for women as compared to those for men. As a result, older women are more likely to live in poverty (Myers & Schweibert, 1996; U. S. Bureau of the Census, 2008). Furthermore, older visible minorities are more likely to live in poverty than their White counterparts. Statistically, the poorest elders tend to be single Black women (Sue & Sue, 2003). Media images of financially mobile older adults are characteristic of only a small minority of mostly White upper middle class elders (Butler, Lewis, & Sunderland, 1998; Zhang et al., 2006). There are no figures as to the numbers of older LGBT with financial concerns, yet only 8-10% of the LGBT community are financially well off suggesting that many older LGBT adults will be living with significant financial concerns (Shankle, Maxwell, Katzman, & Landers, 2003).

On average, older White and Black women are more likely to live on their own compared to the general population of older adults. Women 65 and older are three times as likely as men of the same age to be widowed, and twice as likely to live alone (Kramarow, 1995). Nursing homes provide the most common institutional setting for older people. Older adults of Black, Hispanic, and Asian origin are more likely to live with relatives than older White adults. Data regarding lesbian, gay, bisexual, and transgendered older individuals and couples tend to be obscured by data collection which does not directly address LGBT living status. More than 25% of grandparents aged 65 and over, who live with grandchildren, provide much needed care as caregivers to their grandchildren.

### **Perceived Roles of Older Adults in Western Society**

Until relatively recently, older adults were revered in the West for their knowledge and experience (Nelson, 2005). In most prehistoric and agrarian societies, older people were held in high regard as teachers and custodians of the traditions and history of their people (Nelson, 2005). Three major events in Western history, however, drastically diminished elders' societal role and formed many of the stereotypes that prevail today: the introduction of the printing press, the Industrial Revolution, and the Information Technology Age (Branco & Williamson, 1982; Cole, 1992; Nelson, 2005).

The introduction of the printing press and the reproduction of written historical texts diminished the perceived usefulness of older adults as storytellers and historians (Nelson, 2005). With the advent of the Industrial Revolution, many families moved to cities to find work. Older family members, however, had less mobility and were viewed as incompatible with the demands of industrial labour (Branco & Williamson, 1982). Employers preferred younger workers for their speed and agility (Nelson, 2005), which made older adults less competitive in the job market. Similarly, the Information Technology Revolution may have further separated older adults from society. Loretto and White (2006) suggest that older adults are often stereotyped as mentally slow and viewed as incongruous with the demands of a fast-paced, technologically advanced society.

When surveyed, many people report the perception that older adults are no longer active in their lives, whether it is in the employment market, in creating socio-political change, community development, or in contributing to the overall wellbeing of society (Nelson, 2005; Palmore, 1999). It is reported that many older adults face forced

retirement from employers who, for example, may strongly encourage retirement at the age of 65 due to the perception that older employees have difficulty learning and remembering new skills (Canaff, 1997; Szinovacz & Davey, 2005). In reality, however, studies indicate that older adults are remaining or re-entering the workforce at increasing rates due to increased longevity, strained finances, and a rejection of stereotypical retired lifestyles (Canaff, 1997; U.S. Bureau of the Census, 2005). Furthermore, older adults are a major source of volunteerism and contribute millions of hours of free labour every year in hospitals, schools, and non-profit organizations (Cutler, 1995). In addition, many older adults play active primary care-giving roles as grandparents, parents, or life partners; work that frequently goes unrecognized (Canaff, 1997; Lumpkin, 2008). Research on social advocacy suggests that contrary to public opinion, older adults are influential political activists (Andel & Leibig, 2002) and tend to be better informed about politics than younger individuals (MacManus, 1996). Cross-sectional studies consistently indicate that older adults represent disproportionately higher voter participation than any other voter age group (Binstock, 2000). These misrepresentations of the role of older adults in society may contribute to the diminishment of older adults' self-esteem and self-worth and potentially dismisses the experience and knowledge older adults contribute to the advancement of today's society (Canaff, 1997; Harper & Shoffner, 2004).

### **Status of Psychological Theories of Counselling with Older Adults**

Theories of human development and psychotherapy have attempted to address growth and development in later life. In this section, the current state of the theoretical

applications to older adults as well as the strengths and limitations of these will be discussed.

### **Developmental Theories**

Erick Erikson proposed one of the few developmental theories that include old age (Knight, 2004). Erikson (1968) developed a theory of psychosocial development that divides a person's lifetime into eight different stages with each stage defined by a new task that, depending on the individual's personal resources, may or may not result in successful completion. Erikson describes the final stage of development, typically reached between the ages of 65 to 70, as a time of reconciliation of ego integrity versus despair and regrets, while reflecting on a life lived. Those who feel proud of their accomplishments will feel a sense of integrity, while others who feel their life has been squandered will experience regrets. While this theory provides a framework for developmental tasks faced by older adults, there are some limitations to this framework. Erikson depicts this final chapter as a passive state of reflection on the past, with little attention to the present or future, yet older adults do not necessarily disengage from present and future planning (Prenda & Lachman, 2001). Erikson's theory does not consider that older adults may need to reengage in activities related to the stage of generativity, in which one creates purpose and identity. This lack of consideration may be the case for the older adults who are re-entering the workforce at increasing rates and are engaged in care-taking roles as well as retired older adults defining their non-working identities (Butler, Lewis, & Sunderland, 1998; Canaff, 1997). Therefore, development in old age may not be exclusively about reflection, but one of active construction.



**Psychotherapy Theories**

Recognizing the growing need for therapeutic methods for working with older adults, some proponents of traditional theories of psychotherapy, namely psychodynamic, cognitive-behavioral, humanistic and existential therapy, have argued that their respective theoretical orientations are well-adapted to geropsychological counselling (Knight, 2004). In this section, a review of these four theories will be presented. While there is an array of theoretical orientations, for the purposes of this study, the mainstream and most popular theories were selected for review.

**Psychoanalytic and psychodynamic therapy.**

Historically, psychoanalytic and psychodynamic therapy focused exclusively on early childhood experiences as the foundation of clients' presenting concerns. Analytic and dynamic therapy with older adults was considered counter-indicated because Freud argued that learning ceased after the age of 50 (Freud, 1905/1953). In contrast, modern psychodynamic theory recognizes learning and brain plasticity throughout the lifespan (Knight, 2004).

Given these changes, modern psychodynamic theory could be adapted to clinical work with older adults. Leigh and Varghese (2001) argue that psychodynamic psychotherapy with older adults is similar to that with younger people, and focuses on defence mechanisms, autonomy, and independence. Furthermore, psychodynamic counselling is viewed as an ideal theoretical framework for exploring counter-transference reactions that counsellors may experience while working with older clients. Psychodynamic counsellors are encouraged to explore counter-transference reactions like distancing or over-identification which may arise from the counsellors own fears of death

and aging or their experiences with cherished older family members, respectively (Altschuler & Katz, 1999; Katz & Genevay, 1987). These theoretical evolutions notwithstanding, there is a lack of empirical data supporting the usefulness of psychodynamic psychotherapy with older adults (Leigh & Varghese, 2001).

### **Cognitive Behavioral Therapy.**

Cognitive Behavioral Therapy (CBT) attempts to change clients' maladaptive thoughts and behaviors that contribute to negative emotions (Beck & Weishaar, 2000). In the past, CBT therapists viewed older adults as poor candidates for therapy because their maladaptive thoughts and behaviors were the result of immutable organic dysfunctions such as dementia (Knight, 2004). CBT has revised this view and developed models for the treatment of depression, anxiety, and alcohol dependence in older adults (Pinquart & Sorenson, 2001; Sartre, Mertens, Arian, & Weisner, 2004; Wetherell, Sorrell, Thorp, & Patterson, 2005). In the CBT treatment of substance dependence, Sartre and colleagues (2004) found that long-term outcome was highly successful for older adults. In particular, data suggested that older clients were more amenable to change due to their strong social networks and ability to retain information as compared to younger participants who were more socially isolated. In a model of CBT to treat depression, Laidlaw and colleagues (2004) suggest that a reduction in depressive symptoms can be achieved by addressing an older client's negative erroneous beliefs related to aging. In a review of the literature on CBT with older adults, Sartre, Knight, and David (2006) found that CBT has much to offer older adults including reduced symptoms related to anxiety and depression within reasonable periods of time.

**Humanistic psychotherapy.**

Humanistic psychotherapy (HP), established in response to behavioral therapy and psychoanalysis, views all humans as striving for dignity and meaning in life (Raskin & Rogers, 2000). Using techniques of unconditional positive regard, therapists aim to understand clients' subjective experiences and to help clients seek meaning, value, and creativity in their lives. The HP therapist aims to view all clients as capable and worthy, and focuses the client towards greater self-expression and acceptance (Raskin & Rogers, 2000). An overarching aim of HP is to promote hope and constructive change for society at large.

Knight (2004) proposes that humanistic psychotherapy (HP) is perhaps the most appropriate therapeutic modality for working with older adults. The emphasis on unconditional regard towards clients may be helpful for an older clientele who report increased experiences of discrimination. The focus on self-acceptance in particular may serve as useful therapeutic intervention to counter older clients' experiences of negative societal messages about aging. HP may also be ideal for addressing client concerns related to accepting one's identity as an older person as well as addressing changing relationships with partners, co-workers, and children (Whitbourne, 2005).

While HP may be helpful in working with an older clientele, there are some limitations to this model. In particular, HP does not include well-articulated techniques for addressing those specific issues faced by older adults, for example, disabilities related to aging, and as such may be limited in its applicability to an older clientele. Furthermore, while HP promotes societal change which might include addressing ageism and discrimination, one central critique of HP is that there are no concrete tools or

examples of how this might be achieved (Brown, 2007; Neville, 2009; Prilleltensky, 1992).

### **Existential psychotherapy.**

Existential psychotherapy is founded on the premise that all humans are grappling with four ultimate concerns of existence, namely, death, freedom, isolation, and meaninglessness (Yalom, 1980). With the help of an empathic and attuned counsellor, the goal of existential psychotherapy is to alleviate clients' psychological problems by encouraging them to address the anxiety that arises from facing the ultimate concerns of life.

While issues of death, freedom, isolation, and meaninglessness are universally relevant for all individuals, the implications of these issues may be more salient for older adults. Some older adults may have to learn to cope with a decreased level of autonomy due to physical or mental ailments. Also, some older adults are faced with loneliness and isolation if their social network grows smaller due to the death of a partner or loss of friends. Furthermore, many geropsychologists have argued that psychotherapeutic theories and practice with older adults should include a discussion of end-of-life issues (Knight, 2004; Orbach, 2003). In that vein, existential therapy may be useful for older adults as it views the decreasing of end-of-life anxiety as central to client change and growth in therapy (Frankel, 1963; Yalom, 1980). A limitation of existential psychotherapy, however, includes the lack of systematic research exploring its therapeutic efficacy (Schneider, 2003). Furthermore, existential psychotherapy has tended to be applied in the context of therapy with white, middle and upper-class

clientele, but we do not currently know its applicability for counselling clients of diverse backgrounds, including older clients (Schneider, 2003).

### **Theory of successful aging.**

The theory of successful aging (Rowe & Kahn, 1997) is cited as an excellent adjunct to theories of development and psychotherapy in its promotion of disease-prevention, maintenance of functioning, and active involvement (Butler, Lewis, & Sunderland 1998; Ponzio, 1992; Schaie, 1993). Furthermore, the theory's focus on strengths and personal development is aligned with counselling psychology's hygiological framework (i.e., a framework emphasizing health and wellbeing).

The theory of successful aging emphasizes "optimal patterns of aging" which is in part an attempt to identify and understand those factors that contribute to the ability of older individuals to survive successfully (Rowe & Kahn, 1997). The theory identifies lifestyle health behaviors such as diet and exercise, social relationships and support, and activity levels such as engagement in work or volunteerism, combined with the low probability of disease and disability and high cognitive and functional capacity, as increasing the likelihood of successful aging. Rowe and Kahn (1997) argue that researchers and practitioners have previously attended to the dimensions of disease, disability, and cognitive decline to the exclusion of lifestyle, social relationships, and activity. By contrast, they suggest that an emphasis should be placed on each of these dimensions with the goal of going beyond the question of survival to address the additional quality of enhancing healthy spirit and sense of joy in life. Within this model, older adults, therefore, are characterized as being actively involved in their health, wellbeing, and maintenance of performance. Used in conjunction with a psychologist's

chosen theoretical orientation, this model is seen as countering the assumption that a happy and productive older person is an anomaly (Butler, Lewis, & Sunderland, 1998). The theory of successful aging ensures that psychologists seek to assess and work towards maintaining, and enhancing older clients' wellbeing.

### **Limitations of current theories.**

The consideration of older adults in current psychotherapeutic theory is encouraging and reflects the changing tide towards working with and representing the needs of older adults. However, none of the theories adequately address social and cultural contexts and their role in older adults' presenting concerns. Psychodynamic therapy, for example, does not include an explicit discussion of the role of ageism and intersections of other cultural identities as the possible origin of older clients' presenting concerns (Myers & Schweibert, 1996). Sartre, Knight and David (2006) have noted that the effectiveness of CBT with ethnic minority groups is largely unknown as few studies have addressed CBT efficaciousness with a culturally diverse sample. HP with its emphasis on self-expression and self-acceptance does not adequately advocate against the prohibitive conditions that society generally tend to place on the aged (MacDougall, 2002). Similarly, EP assumes that the experience of anxiety related to death is universal, ignoring cultural constructions of the meaning of the end-of-life and aging (Butler, Lewis & Sunderland, 1998). A principal critique of the theory of successful aging is that the model assumes that older persons are responsible to age well and must moderate their prospective social burden (Angus & Reeve, 2006; Ponzio, 1992). This potentially negates an examination of the structural inequalities including poverty and lack of access to health care that prevent some older adults from aging well (Angus & Reeve, 2006). In

addition, none of the pre-existing psychotherapy theories address the consideration of the therapists' multicultural competence in working with older adults, which will be discussed in detail in the next section.

### **Current Status of Practice with Older Adults in Counselling Psychology**

Counselling psychology focuses on life-span development and helping clients identify, develop, and access personal and social resources while addressing emotional, social, vocational, educational, health-related, developmental and organizational concerns (Lopez et al., 2006). Counselling psychology is calling for more research on clinical work with older adults and is attempting to address the needs of a diverse older population. Hinrichsen (2006) and Hays (1996, 2001), for example, offer valuable suggestions for practice with culturally diverse older adults, and particularly, strategies for counselling cultural minority older clients. Myers and Schweibert (1996) suggest that future directions for counselling psychology should include an examination of healthy aging, the counsellor-older client relationship, and the effectiveness of gerontological counselling over long as well as short-term periods. Despite these calls, few counselling psychology researchers have explored healthy aging or addressing counselling competencies for working with older adults (Werth, Kopera-Frye, Blevins, & Bossick, 2003). In the following section, the current status of counselling psychology practice with older clients will be reviewed using the model of multicultural competent counselling (MCC). MCC has been touted as an ideal framework to reduce culturally-based oppression through the promotion of counsellor self-awareness and the application of culturally-based skills and knowledge when addressing the psychological needs of all clients (see Ponterotto, Fuertes, & Chen, 2000; Sue, 2001; Sue, Ivey, & Pedersen, 1996).

**Multicultural Competent Counselling**

MCC is founded on the notion that all psychologists have a professional responsibility to provide equal opportunity, be inclusive of all individuals, and remove individual and systematic barriers to fair mental health services (Sue, 2001). MCC aims to inform psychologists about sociopolitical forces that prevent the acknowledgement of identities related to race, culture, ethnicity, social class, gender, age, and sexual orientation (Sue, 2001).

Proponents of MCC also advise that cultural variables such as age, gender, and socioeconomic background are essential to understanding a client's strengths, problems, and presenting concerns, and the counsellor's willingness to adequately address them (Ponterotto, Fuertes, & Chen, 2000; Sue, 2001; Sue, Ivey, & Pedersen, 1996). MCC asserts that clients, counsellors, and the discipline of psychology as a whole, are all products of cultural conditioning (Sue, Carter, Casas, Fouad, Ivey et al., 1998). MCC promotes the deconstruction of psychological monoculturalism and assumptions of universalism. In the case of aging, this includes how Western cultural conditioning has informed psychological conceptualizations of aging (e.g., assumption of homogeneity) and promoted organizational and professionally sanctioned ageism (Holstein & Minkler, 2003).

Sue and colleagues (1998) have developed a model of MCC to help guide psychologists in developing their counselling competencies. The model consists of three dimensions of counsellor competence: awareness, knowledge, and skill. The culturally competent psychologist is seen as striving in each dimension with the overall goal to provide culturally competent and quality psychological care. In the awareness



dimension, counsellors are seen as continually striving to be aware of their assumptions about human behavior, values, and biases. In the knowledge dimension, a culturally competent psychologist is one who actively attempts to understand the worldviews of their culturally different clients. Lastly, in the skills dimension, a culturally competent psychologist is in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills for working with culturally different clients. Using these three dimensions of culturally competent practice, the current state of counsellor competencies with older adults will be examined.

### **Current State of Counsellor Competence: Awareness**

Modern-day Western psychologists are largely informed by Euro-American values and beliefs which appear to be influenced by ageist stereotypes and attitudes. Western attitudes towards aging tend to be negative, with an emphasis on the avoidance of aging. Despite extensive evidence refuting them, negative and positive stereotypes towards older adults are numerous and systematically maintained (Cuddy & Fiske, 2002; Palmore, 1999). Age, like race and gender, is often the first feature we notice, activating negative and positive stereotypes and informing our interactions with others (Cuddy & Fiske, 2002; Nelson, 2005). Hays (1996) suggests that “isms” function as a means of maintaining privilege and oppression and form as a result of the combination of power and stereotypes, attitudes, and biases.

Ageism, a process similar to racism and sexism, is described as a practice of systematic age-based stereotyping and discrimination and is viewed as a powerful force impacting the lives of older adults (Butler, 1975; Palmore 1999). The process of ageism serves to “obscure understanding of the aging process, reinforcing structural inequalities,

and shaping patterns of behavior in older people that is inimical to interests” (Angus & Reeve, 2006, p. 139). Older adults are therefore marginalized members of an age-based system wherein they are keenly aware of the lines separating them from the advantaged young. Younger people, therefore, are not socialized to see the differences namely because they do not experience first-hand the impact of aging and ageism on their lives. In a recent study, participants ascribed the most positive characteristics on dimensions of physical, cognitive, and personal appearance to younger adults, whereas negative characteristics were disproportionately ascribed to older adults creating a biased negative view of older adults (Gruhn, Gilet, Studer, & Labouvie-Vief, 2010).

The study of racism and sexism has received a great deal of empirical and theoretical attention, yet comparatively little has been aimed at understanding ageism (Angus & Reeve, 2006; Nussbaum, Pitts, Huber, Raup Krieger, & Ohs, 2002). Psychologists, unfortunately, are not immune to ageism. As Angus and Reeve (2006) point out, “often the very people who are supposed to be advocates for older people have been socialized and professionally sanctioned to be unaware of their ageist stereotypes or their role in them” (p. 140). While unintentional behavior is not overt, it is a harmful form of discrimination because it continues unseen and unchecked (Ridley, 1995), often because these biases are deeply embedded in society and professional training.

Psychologists are more likely to refer older clients to medical practitioners than their younger clients, under the assumption that their presenting concerns are predominantly related to their physical health (Myers, 2007). Ivey, Weiling, and Harris, (2002) found that when laypersons and experienced family therapists were given vignettes of younger and older couples, the therapists were just as likely as laypersons to

evaluate the mental health of clients based on age. The family therapists perceived sexual concerns, alcohol abuse, and elevated conflict as more serious in younger couples than older couples. These results suggest that psychologists may be ignoring serious concerns such as domestic abuse in their older clients. Hodgson and Skeen (1994) found, furthermore, that psychologists often ignore or minimize the sexual concerns of their older clients. While asexuality is often assumed to be associated with aging, studies show that seniors perceive sex as important and are sexually active in action and reflection into late life (Gott, 2005; Gott, & Hinchliff, 2003).

Psychologists sometimes argue that older adults are poor candidates for therapy because they have a reduced ability to change (Myers & Schweibert, 1996; Palmore, 1999). However, evidence supports the effectiveness of psychotherapeutic interventions for the treatment of psychological distress in old age, including depression, anxiety, and alcohol abuse (Sartre, Knight, & David, 2006; Sartre, Mertens, Arian, & Weisner, 2004). When treatment is given, psychological therapy tends to be problem-oriented, ignoring strengths or resources of older adults (Rainsford, 2002). When addressing older adults' relationship issues, psychologists tend to focus on problems related to loneliness and loss. While older adults may experience loneliness and loss to a certain degree, older adults continue to nurture and maintain their social networks well into old age and report that intimacy, laughter, and shared pursuits are also important aspects to their relationships (Lang & Carstensen, 1994; Whitbourne, 2005).

Lastly, psychologists report a discomfort with working with older adults based on the perception that counselling an older population will necessitate discussions of death

and illness. Traditionally, psychologists have reported a discomfort in addressing issues related to dying, aging and physical decline (James & Haley, 1995).

### **Current State of Counsellor Competence: Knowledge**

Knowledge for working with older adults is largely influenced by the current status of research on aging. Researchers have contributed invaluable knowledge about the process of aging. Invaluable knowledge has most notably been found in the field of cognitive functioning wherein researchers have found that, in old age, indirect and implicit memory functioning as well as semantic cognitive processing, demonstrate less decline than was previously believed (Gunstad et al., 2006). In fact, older adults demonstrate superior cognitive performance for emotional information as compared to younger adults (Carstensen, 2001). To a large extent, however, the existing body of research on aging is influenced by stereotypes and assumptions.

In a seminal article on the status of psychological research concerning aging and older adults, Schaie (1993) argues that many researchers base their research questions on negative or positive stereotypes of the aged. Evidence of this trend can be found in the social development literature. While some research suggests that loneliness and withdrawal from social interaction is not as widespread as previously thought (Whitbourne, 2005), researchers continue to premise their research questions on the stereotype that loneliness accompanies aging. In a recent study, Routasalo, Savikko, Tilvis, Strandberg, and Pitkala (2006) set out to clarify the relationship between loneliness of older adults and contact with friends. Items on the questionnaire addressed questions such as depression, loneliness, and isolation with no items addressing positive qualities of friendships such as love or intimacy. The authors found a positive correlation

between loneliness and expectation of contact with friends and concluded that older adults tend to be lonelier when they expect more from their friends. The items show a clear bias towards the negative with results that may perpetuate the stereotype that older people are lonely.

Many studies regarding older adults use mostly older, White, middle class individuals in their sample population (see Ghisletta, McArdle, & Lindenberger, 2006; Wink & Dillon, 2003). Geropsychologists therefore are more likely to view older adults as more similar than different (Schaie, 1993). While these results are useful in understanding the psychological development and needs of older, White, middle class individuals, they are not representative of the broader, diverse population, and do not reflect the complex interactions of age and other cultural identities (Quintana, Troyano, & Taylor, 2001). In other words, the roles of gender, socioeconomics, and cultural identities in old age are generally underrepresented in the psychological literature (Hays 1996; Hinrichsen, 2006; Woolfe & Biggs, 1997).

Hinrichsen (2006) argues that to understand both aging and the provision of competent psychological services, we must understand the social disparities between White and minority elders. Generally, minority status individuals have limited access to mental health services and tend to receive culturally incompetent care (Abramson, Trejo, & Lai, 2002). Elderly African American women who live alone experience the highest rates of poverty in the U.S. (AARP, 1999), which limits their ability to pay for psychological counselling.

The number of older LGBT who use health and mental health programs is far below population parameters (Reid, 1995; Shankle, Maxwell, Katzman & Landers,

2003). Many older gay and lesbian persons have adapted to stresses associated with hate and fear by “passing” as heterosexual persons. As a result, their social and emotional losses may be invisible to others, including their psychologist (Reid, 1995; Shankle et al., 2003). Therefore, geropsychology needs to address the intersections of discrimination within research as well as practice.

Furthermore, geropsychological research tends to rely on negative language. Sneed and Whitbourne (2005) found that many researchers frequently use the word frail to describe their older population samples. Markle-Reid and Browne (2003) suggest that this word conjures an image of weakness and dependency; however, there are no clear guidelines in the field of psychology for identifying and describing older adults as frail. Questions regarding the definition of frailty and contributing factors of clinicians' labeling of some older adults as frail remain unanswered (Markle-Reid & Browne, 2003).

While a growing body of literature aims to understand the aging experience, older adults are seldom invited to participate in the design and development of research (Blair & Minkler, 2009; Glanz & Neikrug, 1997). Glanz and Neikrug (1997) suggest that those who are meant to benefit from research should be more involved in its various stages, such as the development of research agendas, the conceptualization of the research questions, the design, and the final implementation. Blair and Minkler (2009) noted that while participatory action research (PAR) is endorsed as a compliment to traditional investigator-driven research, little PAR has taken place with older adults. In turn, little research has explored how the age differences between younger researchers and older participants impact the research process and interpretations of research findings (Grenier, 2007).

To avoid the influence of ageism on the research process, some have suggested that research and practice with older adults should be conducted by older adults. This suggestion is based on the premise that older adults are better equipped to understand the experiences of other older adults. This suggestion, however, assumes that age, as opposed to race, gender, or class, is the main factor by which older adults identify themselves, and that ageism cannot be addressed or reduced when conducting intergenerational research and practice (Grenier, 2007). While most of the pre-existing literature on psychotherapy with older adults addresses negative aspects of aging such as grief, chronic illness, and dementia (e.g., Knight, 2004; Orbach, 2003), Myers and Schweibert (1996) suggest approaches for addressing wellness and treatment plans which focus on topics such as friendship, love, spirituality, and self-care. Given the extensive problems with the current state of research on older adults, we are left with the question of how do the limitations of the current research affect counsellors' knowledge of older adults and specifically, how do these limitations influence counsellors' work with an older population?

### **Current Status of Counsellor Competencies: Skills**

In a survey of 1,227 practitioners in the American Psychological Association, most respondents lacked formal training in geropsychology. Less than 20% had practica or internship rotations with older adults, 6% reported that they had geropsychology training in their internship and postdoctoral experiences, and only 3% identified older adults as their primary professional clientele (Qualls et al., 2002). To date, only two counsellor training programs are accredited in North America for gerontological counselling and many training programs have discontinued gerontological counselling

courses due to lack of student and faculty interest (Myers, 2007). Currently, there exist a total of nine doctoral programs in gerontology in the United States and Canada.

Currently, no Canadian doctoral programs have a formal concentration in geropsychology. In a survey of Canadian geropsychological training opportunities, training opportunities that focus on diagnosis and assessment with less attention to therapeutic interventions exist; 40% of clinical and counselling internships offer a major rotation in geropsychology and 48% have a minor rotation in geropsychology (Konnert, Dobson, & Watt, 2009). However, statistics regarding the extent to which Canadian psychology trainees engage in geropsychology training opportunities is currently not available. Maintaining enrollment and identifying employment for geropsychology program graduates can be difficult given the competition with graduates from traditional psychological programs (Haley & Zelinisk, 2007). Encouragingly, a recent survey found that while counselling psychology students were not exposed to gerocounselling graduate training such as coursework or clinical training, 40% of students expressed a willingness to receive geropsychological training (Foster, Kreider, & Waugh, 2009). In 2003, geropsychology training in the United States received a small boost when the U.S. Congress approved \$3 million for a geropsychology addition to the Graduate Psychology Education Program (Dittman, 2003). Information concerning the existence of similar Canadian funding is currently unavailable.

Geropsychologists recommend that psychologists adapt their psychotherapeutic skills to match the perceived needs of their older clients. Those recommendations include modifying styles of communication, such as speaking clearly while varying volume and simplifying grammar (Knight, 2004; Myers & Schwiebert, 1996; Orbach,



2003). Modified communication is considered helpful for conveying empathy and ensuring understanding between psychologist and older clients (Nussbaum, Pitts, Huber, Krieger, & Ohs, 2005). Often these modifications are necessary when conducting therapy with older adults who live with restricted verbal and cognitive comprehension as a result of their dementia (APA, 2003).

Psychologists, however, have been found to use patronizing communication styles (e.g., overaccommodation and elderspeak) with their older clients regardless of the clients' cognitive, mental, or physical health (Carporeal & Culbertson, 1986; Kemper, Kynette, Rash, O'Brien, & Sprott, 1989; Lima, Hale, & Myerson, 1991; Ryan & Butler, 1996; O'Connor & St. Pierre, 2004). Overaccommodation is the tendency for psychologists to be overly polite, speak more loudly or slowly, and use simplified verbal language (Giles, Fox, Harwood, & Williams, 1994), while elderspeak (similar to babytalk) refers to a high-pitched speech with exaggerated intonations and the use of overly familiar terms of address (e.g., "dearie") similar to that used with infants and pets. These patronizing styles are potentially harmful to older adults' self-esteem and self-concept and can discourage older adults from utilizing psychological services (O'Connor & St. Pierre, 2004; Ryan, Hamilton, & Kwong See, 1994).

While the Canadian Psychological Association emphasizes the importance of attending to diversity with age as a dimension of culture, they have remained largely silent regarding the need to create greater overall clinical readiness for the treatment of older adults. The APA (2003, 2004), however, in recognition of the limitations to the current state of psychological competencies for working with older adults, has called for greater attention to the psychological needs of older adults and the development of

research and practice that illustrates a comprehensive picture of old age. The APA Working Group on Older Adults has created a practitioner's guide entitled *What Practitioners Should Know about Working with Older Adults* (1998), to assist psychologists in evaluating their readiness to work with older clientele. The guide includes a discussion of the appropriate use of clinical skills, the acquisition of appropriate knowledge and the promotion of counsellor awareness. While this represents an important step, we currently do not have an understanding of older adults' experiences in counselling. Missing from the literature is an understanding of their perceptions of the strengths and limitations of current practice and whether the APA's efforts adequately address the unique needs and perspectives of older clients.

### **Future of Geropsychology:**

#### **Multicultural Competence and the Client Perspective**

Given that the field of geropsychology has mostly emerged from a White, male, Euro-American perspective, it may be limited in its applicability to the cultural diversity of North America's growing older population (Hays, 1996; Hinrichsen, 2006). By applying the framework of MCC to counselling older adults, psychologists will be encouraged to strive to provide older adults with equal access and opportunity to culturally competent and ethically sound mental health services.

MCC recommends that all psychologists seek knowledge and skills for working with a broad range of populations while gaining awareness of their biases, assumptions, and beliefs (Hays, 2001; Sue, Ivey, & Pedersen, 1996). Given that 60% of counselling psychologists in training do not express interest in counselling older adults and report a lack of appropriate gerontological training (Foster, Kreider, & Waugh, 2009; Qualls et

al., 2002), MCC may be an important framework from which to promote interest in counselling with older adults as well as motivating psychologists to seek awareness, knowledge, and skills.

MCC has potential as a viable alternative to traditional theories and practice of geropsychology. However, it also presents some limitations, in its applicability to older adults. While MCC has identified age as a salient dimension of identity to be explored in counselling, few articles in MCC have addressed age and aging and only a few researchers have directly identified competencies for counselling older adults. This lack of understanding on aging and issues faced by older adults may prevent psychologists from engaging in sound practice. Hinrichsen (2006) and Hays (1996) have both called for further research that identifies counsellor competencies for practice as well as general call for the field to address age as an important dimension of identity.

Advocates of MCC have relied on psychologists' opinions to understand which factors are crucial to providing culturally competent care (Ponterotto, Fuertes, & Chen, 2000; Sue, 2001; Sue et al., 1998; Sue, Ivey, & Pedersen, 1996). As summarized by Pope-Davis and colleagues (2002), the "current literature on multicultural competencies is truncated because the primary focus is on the counselor" (p. 359). In order to address this gap, Pope-Davis and colleagues (2002) recommend the creation of MCC theory, research, and practice which includes the perspective of clients. In geropsychology, this would involve seeking the views of older adults to understand what factors are important to their psychological wellbeing and what qualities they seek in psychologists and other helping professionals. Similarly, by seeking older adults' perspectives, we may begin to understand what they consider to be culturally insensitive practice. By incorporating

older adults' views, geropsychology can simultaneously increase the cultural validity of research, theory, and practice while creating quality care that is based on the needs and opinions of older adults.

Against this backdrop, this study aimed to contribute to a needed body of literature on competent geropsychological care by addressing two of the identified gaps in the geropsychological literature. With a growing population of older adults who will seek psychological services and generations of psychological counsellors who are ill-equipped and undertrained to address the needs of older adults (Foster, Kreider, & Waugh, 2009; Hillman & Stricker, 1998; Hillman, Stricker, & Zweig, 1997; Myers, 2007; Qualls et al., 2002), a need to understand and give light to older adults' experiences of the counselling process was identified. The overall goal of the study was to gain an understanding of older adults' experiences of, and perspectives on, psychological counselling. While studies have sought to understand psychological counsellors' perspectives on working with older adults as well as the pervasiveness of ageist behaviors and beliefs of counsellors, few studies, to date, have given voice to older adults' experiences of psychological counselling. Additionally, few studies have explored older adults' recommendations for improving psychological practice. In order to fill this gap in the literature, older adults were engaged as both research participants and experts in their counselling experience with the goal of gaining understanding of the experiences of older adults in counselling. In the following chapter, the methodology for this study is presented.

### **CHAPTER THREE: METHODOLOGY**

Divided into three sections, this chapter presents the methodology for the current study. The first section examines how the researcher's personal and professional/academic training experiences have shaped her choice of dissertation topic as well as her research stance. The second section presents the epistemological framework for this dissertation and an overview of narrative analysis. The last section presents the methods for participant recruitment, outlines the procedures for data collection and analysis, and describes the strategies that were used to ensure the rigour and trustworthiness of the study.

#### **Researcher's Lens**

Qualitative researchers acknowledge that the questions and construction of the research is influenced by the researchers' personal values, experiences, and assumptions (Creswell, 1998, 2007). Qualitative researchers are therefore encouraged to examine and share how their perspectives inform their work. The researcher's interests in aging and counselling older adults, as well as her epistemological stance and research questions, are indeed influenced by her personal experiences as well as her professional and academic training. For this reason, it seems appropriate that this section begin with a review of these experiences and how they have informed her particular research lens.

When this project began, the researcher was a 27-years old, White, able-bodied, well-educated, agnostic, heterosexual, lower middle-class woman in a common-law relationship. She is now a 30 year-old, married woman entering into a professional identity as a psychologist moving from a lower middle class student to a middle class professional. She holds multiple roles including daughter, granddaughter, wife, friend,

student, and psychologist. With regards to her research, however, it is her relationship with her 90 year old paternal grandmother, Winifred, which has most noticeably informed her work.

Owing largely to recent changes in the accessibility of education and opportunities for upward social mobility, the lives of the researcher and her grandmother have been strikingly different yet they hold similar world views. While the researcher is pursuing a Doctoral degree, her grandmother's academic career was cut-short at 14, when, as the eldest daughter of a large working class Irish Catholic family in urban Scotland, she was obliged to work in linen factories to support her parents and siblings. Both have often discussed the stark differences in the opportunity that Canadian women enjoy today in comparison to the oppression of older women's generation in Scotland. While both have different life experiences, they both agree that education is critical to emancipation from social and political oppression. This reflection has had significant impact on the shaping of the researcher's beliefs about counselling. The researcher believe that clients' concerns are often situated within a socio-cultural and political context and an examination of the levels of privilege and experiences of oppression in their lives is often essential to understanding and addressing their presenting problems in counselling.

In recent years, conversations between the researcher and her grandmother have focussed on issues of faced by her grandmother, specifically, her experiences as her husband's primary caregiver in the last years of his life, her role as a mother, grandmother, sister and friend, as well as her reflections on her own future, past, and present. Her life as an older woman is complex and difficult and she receives little

support from social services, yet she approaches her life and the challenges that arise with humour, feistiness, and sensitivity. Witnessing her struggles and seeing her persevere with humour and grace has inspired the researcher to do the same in her own life. As a result of her relationship with her grandmother, the researcher tends to view older adults as great sources of insight, courage, and dignity.

The researcher's professional and academic training, however, has not supported this view of older adults. Her training in counselling psychology has been largely informed by multicultural competence. In courses, she was encouraged to explore the role of power structures, oppression, and cultural identities in the experiences of clients and counsellors. While an exploration of race, gender, ethnicity, religion, social class was offered, discussion of the identity of age, specifically old age, was rarely presented. Teaching modules on the psychological development of older adults and corresponding skills for counselling this population were largely absent from her training. Courses in social and personality development rarely included a discussion of older adults. In her professional training as a counsellor, students' assertions that gerontological counselling was an unattractive career path due to the perception that older adults are firmly entrenched in their behaviours, feelings, and thoughts, and therefore poor candidates for counselling, went unchallenged by professors.

In an advanced theories course at the beginning of her Ph.D., the researcher volunteered to research and present a lecture on the status of geropsychological counselling. She was generally interested while other students expressly stated a disinterest in the topic. As she began researching and reading, she was struck by the ageist assumptions of many of the theories as well as the general absence of older adults

as a population of interest. These omissions ignited the researcher's passion to learn more as well as to give voice to the perspectives and experiences of older persons. The researcher would often reflect on her own relationships with older adults, particularly with Winnie, as examples of how the literature was incongruent with real-life experience.

Given her relationship with her grandmother and the researcher's passion for the rights of older adults, it is important to acknowledge her biases and assumptions of old age. Her relationship with her grandmother has informed her view of older adults as courageous and spirited potentially contributing to a positive bias towards older adults. By careful monitoring of this bias through introspection, journaling, and conversations with her peer reviewer and her supervisor, she strived to view each of her participants as their own unique person and to not set expectations of them defined by her experiences with her grandmother. Further elaborations on how the researcher's reactions and biases were explored and managed throughout the course of this study are discussed in the methodology section.

### **Epistemology**

Qualitative research generally and narrative research specifically are influenced by the researcher's assumptions, experiences, and biases. Therefore, throughout the research process, researchers must reflect on their own preconceived notions and assumptions about the experiences. These notions can help create understanding of the narratives collected from participants but they can also hinder the discovery of themes and experiences rooted in the participants' experiences. Given the researcher's personal experiences and training, she has developed a critical lens which holds that examining privilege and oppression, as well as the role of multicultural identities, is crucial to sound



psychological research and practice. This lens informs the researcher's commitment to multicultural competent counselling which leads to examining and deconstructing the dynamics of power, oppression, and privilege related to gender and multicultural identities such as race, ethnicity, class, religion, disability, sexual orientation, and age (Enns & Sinacore, 2005; Hays, 2001).

This study is rooted in social constructivist epistemology, underlying which is the notion that there is no objective truth; only multiple meanings that people create in dynamic interaction with their social environment, which includes, interpersonal relationships, community, and socio-political identities such as race, class, and gender (Creswell, 2007; Haverkamp & Young, 2007). By taking this critical counselling lens and this epistemological stance, the goal is to empower research participants by challenging dominant social structures and meaning systems (Enns & Sinacore, 2005). The role of the researcher is to be engaged in the explicit goal of creating change and reducing oppression. Within social constructivist epistemology, the researcher, must therefore acknowledge and value the participants' perspectives as well as her own, and acknowledge that each is value-laden (Kincheloe & McLaren, 1994; Morrow, 2007). Informed by the values of counselling psychology, the researcher believes that the oppression of older adults exists in psychology as well as society at large and that her role as a counselling psychologist is to deconstruct this oppression (Sinacore-Guinn, 1995). Therefore, this research project is situated in the view that older adults have important perspectives to share concerning their experiences as clients in psychological counselling. In this vein, the researcher sought to engage her participants as co-researchers in investigating their experiences of psychological counselling. Working within this

paradigm allows for the representation of participants' experiences while maintaining a commitment to respecting diversity.

### **Narrative Analysis**

Qualitative methods are often recommended for studying topics which are not well understood (i.e., topics for which variables are not easily identifiable and theories are relatively undeveloped) (Creswell, 1998, 2007; McLeod, 2001). The exploration of research participants' experiences and perspectives from their own words is considered the hallmark of qualitative methodologies (Corbin & Strauss, 2008; Flick, 2009). Given the exploratory nature of the current work, a qualitative inquiry seems warranted. Current research on multicultural competent psychological practice is largely from the perspective of counsellors, little is known about clients' perspectives; and theories need to be developed to understand how older adults experience counselling. Narrative analysis, with its focus on providing insights into the stories and meanings of individuals' experiences, was deemed an ideal qualitative methodological approach given the purpose of this study.

A narrative analysis of the data, informed by a social constructivist epistemology, was conducted. Narratives provide in-depth information about the meaning people generate from their experiences (Elliott, 2005). In the past two decades, a growing number of researchers have recognized that personal stories (or narratives) are an important source of experiential data (Clandinin & Connelly, 2000; Elliott, 2005; Sandelowski, 1994). Narrative analysis is a method that recognises that the stories we tell provide insights about our experiences (Sandelowski, 1994). A comparable qualitative method is a hermeneutic phenomenological method. Phenomenological studies also use

long interviews but the focus is to understand the essence of a known phenomenon, while a narrative analysis focuses more on the story itself without assumptions about the phenomenon (Moustakas, 1994).

Narrative analysis is used for the purpose of exploring what meaning people generate from their lived-experiences through story-telling. Narrative analysis provided an understanding of how older adults experience psychological counselling and the counselling relationship. The results may inform future qualitative studies including phenomenological research which aims to highlight the participants' point of view, gather contextual data, and identify rich descriptions of the phenomenon being studied. From this study, particular phenomenon may be identified for future understanding.

Unlike other qualitative methods, there is no standard approach or list of generally recognized procedures for narrative analysis (Elliott, 2005). Instead, there are various perspectives from which narrative analysis is approached including discourse analysis and form analysis. The unifying theme of narrative analysis, however, is that semi-structured or unstructured, in-depth interviews are the primary method of data collection. The goal is to study respondent's feelings, thoughts, and perceptions of their experiences (Bauman, 1986; Weiss, 1994). Informed by a three-dimensional space approach of conceptualizing narrative research put forth by Clandinin and Connelly (2000), I will be analyzing the interaction, continuity, and situation of the participant narratives and present a description of the salient meanings of the participants' psychological counselling experiences.

**Terminology**

During the development of this research study, a discussion regarding terminology emerged. Several words can be used interchangeably to identify the process of engaging in psychological counselling, and different practitioners from different domains offer psychological counselling. For example, the words counselling and therapy are often used interchangeably to describe the process of a client and practitioner meeting regularly over a span of time to discuss and address mental health issues and/or life concerns. Similarly, psychologists, therapists, counsellors, and psychiatrists can all be identified as offering psychological counselling.

For the purposes of this study, a decision was made to use the term “psychological counselling” and “psychological counsellor” throughout the recruitment materials and in the discussion of this research. This term was considered important as there was specific interest in exploring how counselling psychology addresses the needs of older adults. The use of the word counselling was considered too general as it could be used to describe a non-psychological relationship that one might have with, for example, a personal trainer, a financial advisor, or a religious leader. However, participants who responded to recruitment identified themselves as older adults who had undergone psychological counselling.

Yet, not all participants had specifically been treated by a counselling psychologist. Some had worked with psychiatrists, clinical psychologists, or psychotherapists, but all identified as having undergone psychological counselling. While the initial preference had been to identify participants who had worked exclusively with counselling psychologists, it became evident that it would be difficult for the

purposes of recruitment. Instead, a broadening of the requirements was made to capture a greater depth of psychological counselling experiences. The term psychological counselling and psychological counsellor is therefore used throughout the research process except in direct quotes wherein participants used their own language.

### **Ethics**

This research project was submitted for an ethics review to the Review Ethics Board of the Faculty of Education at McGill. All completed ethics forms can be found in Appendix A. Upon receiving ethics approval, participant recruitment and data collection commenced.

All notes, transcribed hard copies of the interviews, digital recordings and computer files were locked and kept in a secure-location. Hard copies of the data were locked in a filing cabinet in the researcher's office and all computer files and digital recordings were securely encrypted on a computer disc. The digital audio recordings were destroyed once the interviews were conducted, transcribed, and verified for accuracy.

### **Participant Recruitment**

Upon receiving ethics approval, participant recruitment began. Purposive sampling was employed to ensure that the participant sample reflected the narratives sought for study (Polkinghorne, 2005; Wertz, 2005). Participants for this study were therefore required to be 65 years of age or older, and to have attended psychological counselling as an older person. Participant recruitment material stipulated that participants sought were those that had undergone psychological counselling at or over the age of 65. In order to prevent any potential interference with the counselling

experience, participants whose psychological counselling had terminated or decreased from on-going to occasional consultation were selected. These participant requirements were identified in the recruitment materials.

Participants were recruited using several methods. With permission from four community organizations (see Appendix B), flyers were posted and distributed within their organizations (see Appendix C). Snowballing sampling was employed as some participants were recruited by word-of-mouth from other participants.

Participant recruitment culminated in the recruitment of ten participants forming a heterogeneous sample. Four participants were recruited from a community organization outreach program for older adults. One participant was recruited from a continuing education program at a local university. Four participants responded to a recruitment poster in a local hospital. One participant was recruited by word-of-mouth by her former psychologist. The ten participants were recruited and interviewed over time. Given the challenges in participant recruitment and that 10 participants is considered appropriate in qualitative research (Creswell, 2007), a discussion with the research/doctoral supervisor concluded with the decision to end recruitment with ten participants.

Aiming to hear a diversity of experiences of older adults and to enhance the richness of the results, it was important for the purposes of this study to recruit a culturally diverse sample of individuals. Recruitment resulted in interviews with six woman and four men over the age of 65 who had received psychological counselling from a mental health provider (e.g., Ph.D. level clinical or counselling psychologist, Master's level psychological counsellor, or psychiatrist). Each of the participants had undergone psychological counselling when over the age of 65. Two participants had

entered their psychological counselling relationship before the age of 65 yet pursued counselling until their late sixties. Initially, the goal had been to interview individuals whose counselling relationship had ended so as to prevent interference with any current counselling experiences. Several participants, however, identified that while their counselling experience was ostensibly over, their positive regard for their counsellor led to a sense that they could continue to seek counselling as needed. In other words, the counselling relationship was not terminated though the ongoing counselling was completed. A decision was made to include these participants as their narratives would shed light on positive counselling relationships.

### **Materials**

During the data collection phase, several materials, which were designed by the researcher with comprehensive input from the research doctoral supervisor and members of the proposal committee, were employed. These materials include: informed consent form, contact information sheet, demographic information sheet, and semi-structured interview protocol. All materials were reviewed and approved by the Review Ethics Board which adheres to the Tri-council Policy Statement on Ethical Conduct for Research Involving Participants.

### **Informed Consent Form**

The informed consent form was created for use in the study. The aim was to ensure that all participants were clear about their rights, the limits of confidentiality, as well as a discussion of how the data would be used for the study (Appendix D). The form included the following information: the central purpose of the study and procedures employed in data collection, participants' rights regarding voluntary withdrawal from the

study, a discussion regarding how participant's confidentiality would be maintained and protected throughout the process, and lastly a statement regarding known risks associated with their voluntary participation in the study. Participants were presented with a consent form that addressed confidentiality and privacy. Participants in the interviews engaged in an oral and written informed consent procedure explaining the purpose of the study, participant rights and risks, and benefits of participation. Participants signed two copies, one for the researcher and one for the participant.

### **Contact Information Sheet**

The contact information sheet was created in order to collect participants' basic coordinates (see Appendix E). Participants were requested to identify whether they wished to be informed about the outcomes of the study. The contact information sheet was kept separate from all other forms to preserve participants' anonymity.

### **Demographics Information Sheet**

The demographic information sheet was created to obtain background demographic information on participants (see Appendix F). Information regarding age, gender, sexual orientation, ethnicity, religious affiliation, spoken languages, relationship status and education was requested. Information from the demographic sheet was used in conjunction with the narrative analysis to capture greater understanding of the lives of the participants.

### **Semi-structured Interview Protocol**

To ensure that all participants were encouraged to reflect on similar themes and topic areas, a set of pre-established questions were used to facilitate the recounting of their psychological counselling stories. Therefore a semi-structured and open-ended



interview protocol was designed with the consideration of feedback provided by dissertation committee members (see Appendix G). To help initiate the semi-structured interviews, a suggested list of exploratory ideas was prepared in advance. Generally, participants were invited to reflect on their experience in psychological counselling. Specifically, participants were asked to reflect on examples of meaningful interactions whether positive and/or negative with their psychological counsellor, and their overall satisfaction with their psychological counselling experience. Participants were also requested to reflect on how they would improve psychological counselling. These ideas were designed to be open and to elicit narratives of participants' experiences in psychological counselling. Participants were encouraged to share their perspectives on recommendations and suggestions for quality psychological counselling care for older adults.

A semi-structured, open-ended interview protocol was also designed for the follow-up interview (see Appendix G). In this interview, participants were requested to reflect on their experience through sharing their narratives in a research interview. They were also asked to reflect on how the researcher's cultural identities shaped their experience in the interview, and to comment on the restorying documents that they were asked to review.

### **Data Collection**

The following steps were identified and developed for the data collection phase. Following the granting of ethics approval, participant recruitment commenced. Potential participants were contacted by telephone to discuss further details about the study. Following this first contact, individuals who expressed interest and met criteria for the

study were invited to participate at their earliest convenience. Participants were presented with the option of conducting the interview in their home or at the office of the researcher depending on their needs and comfort level. Five of the interviews took place in a private practice office located in downtown Montreal. The other five interviews were conducted in the homes of the participants upon their request.

Given the sensitive nature of the topic (e.g., the discussion of psychological counselling experiences), in-process consent was employed. In-process consent is a mutually engaged ongoing dialogue about confidentiality and participant compliance that occurs throughout the data collection and analysis that also includes the option for participants to withdraw their data following participation (Balfour, 1999). Precautions were taken to protect the integrity of participants' reputations as well as the individuals that figure in their narrative, including their psychological counsellor. A commitment to explicitly discuss in-process consent to maintain the integrity of all involved was actively maintained by the researcher.

The researcher conducted all interviews; working to establish rapport and non-directivity with each participant allowed participants' experiential data to naturally emerge on its own. Participants talked naturally about meaningful interactions in psychological counselling.

## **Procedures**

### **First interview.**

As previously discussed, the first interview began with informed consent which included a discussion of the purposes and goals of study as well as how data would be used throughout the research process. Permission to digitally record all interviews was

obtained from all participants. Participants were encouraged to ask questions, before, during and after the interviews about any concerns, or clarification regarding confidentiality or process of research. Contact information for the primary researcher was provided to participants. Participants were asked to complete demographic information questions which included questions regarding race, gender, ethnicity, sexual orientation, education, employment, and relationship status.

Using the semi-structured protocol as a guide, participants were invited to share their stories of their psychological counselling experiences. While several questions were developed, interviews were expected to be flexible in their structure as the aim was to allow participants' narratives to naturally emerge. By rigidly adhering to the protocol the concern would be that stories would be unduly influenced by the questions and would divert from the thrust of the narrative.

Though the first interview was anticipated to be 60 to 90 minutes, the majority of the first interviews lasted on average two hours. The stories, as they emerged, were longer than had been anticipated and as the narrative approach emphasizes giving space for the narrative to naturally emerge, adhering to a firm time frame was considered secondary. Participants appeared to be interested in the process of exploring their experiences in psychological counselling.

Immediately following the first interview, the researcher wrote notes regarding any salient moments within the interview that might not be captured in the transcription including moments where participants appeared tearful, or joyful. Over the course of the week, following the first interviews, a process of journaling took place, wherein

reactions, feelings, and ideas both about the research and the interview were documented by the researcher.

### **Restorying.**

Prior to the follow-up interview, the researcher proceeded with writing the restorying document. The goal of the process was to capture the narrative of the participant. Discussion in more-depth about the method used for the re-storying analysis is described in the data analysis.

### **Follow-up interview.**

Follow-up interviews were conducted approximately one to two months following the first interview. The second interview was an opportunity to share the restorying of the participants' narratives. Participants were asked to first read the restorying and to then comment on the restorying texts summarized by the researcher, as to how accurately it captured their narratives. Also, participants were given a chance to comment on any further ideas or reflections they wished to share as well as to comment on the interpersonal experience of meeting and discussing their stories and engaging in the research process. An example of the restorying narratives is included in Appendix H. These interviews lasted between 20 to 40 minutes, shorter than had been expected. Participants felt that their stories had been captured in the first experience and discussion tended to focus more on the process of engaging in research as well as the interpersonal experience of working with a young researcher.

Following this interview, the researcher kept a journal of reactions, ideas, and thoughts. Once data from all first and second interviews were collected and transcribed, data analysis commenced.

### **Data Analysis**

A three-dimensional space narrative approach was conducted to analyze and conceptualize the data. This method is considered particularly useful for research that seeks to describe the experiences of participants (Ollerenshaw & Creswell, 2002). The three dimensions of analysis are: interaction, continuity, and situation (Clandinin & Connelly, 2000). Interaction refers to the interaction of the participant with the environment. In this study, interaction referred to participants' interactions with their psychological counsellor in the counselling sessions. The second dimension of the framework, continuity, considers the past, present, and future contained within the story. For example, participants' past experiences in psychological counselling as well as their expectations for the future of geropsychological counselling. Finally, the situation dimension was related to looking for specific situations including the physical places where the counselling took place (e.g., location or accessibility of their psychologists' offices).

Throughout the process of analysis, the following questions were consistently asked by the researcher: "How do I capture the experience of my participants?" "How do I stay true to their experience?" and "How does it inform psychological counselling practice with older adults?" An interim text was produced which was a written recount of the participants' first interview highlighting central themes and points on the three space dimensions. This text is an approximately two-page condensed version of the transcript which highlights the experiences and interactions of the individuals thus promoting an account of the participants' experiences in psychological counselling. In sum, this step of the analytic process involved the transformation of the raw data into a new abbreviated

restorying story which highlighted the salient events and meanings of older adults in psychological counselling. As mentioned above, participants were asked to comment on the interim text as to its verisimilitude to their narrative in a follow-up interview.

The next stage of analysis involved comparing the stories of each participant's narrative to extract converging and divergent themes across the domains of interaction, continuity, and situation from both the psychological counselling relationship and broader social context. This stage was a labour intensive, cyclical process which required full immersion into each of the narratives to fully capture the experience of the participants'. Data were constantly compared to one another. Codes and themes were generated, and these codes were then compared with subsequent data. The stage of coding of themes involved openness to the words on the page, and when possible, these codes used the words of the participants directly. Specific terms that participants use are called "in vivo codes" and are considered crucial in keeping the analysis rooted in the meanings and experiences of participants (Charmaz, 2006). The purpose of this stage was to engage in immersion with data and to allow ideas to emerge regarding the narratives. In this study, data were reviewed line by line and codes were generated to describe incidents across the three-dimensional space approach. An excerpt of a transcript with initial codes is presented in Appendix J.

Throughout this process, weekly meetings were held with the peer reviewer who reviewed the coding. A doctoral student from the Department of Counselling Psychology volunteered to serve as a peer reviewer for the data analysis. The peer reviewer, who was previously trained in qualitative data analysis, conducted a review of each of the transcripts to examine the extent to which the coding and extraction of themes was true to

the narratives of the participants. Weekly meetings were conducted to engage in a cross-review. During these meetings, an exploration of how coding decisions were made and how themes were identified was discussed. The peer reviewer asked questions about coding of themes and the decision-making process of coding, shared her reactions to the narratives, and provided suggestions when she noted an erroneous code. The peer reviewer also identified themes and codes that were potentially overlooked. Her role was also to review the analysis of the themes to ensure that the experiences of the participants were adequately captured. Throughout these meetings, reactions of the researcher and peer reviewer to the narratives were also explored. The purpose of this stage of analysis was to insure that the coding procedures were being followed and consistently honoured the narratives of the participants thus increasing the trustworthiness of the data.

The next phase of data analysis, convergent and divergent themes were summarized. This led to a process of the reorganization of codes based on proposed categories (or overarching themes) leading to increased levels of abstraction. Codes across narratives that appeared to share common threads were placed into a matrix of potential categories (see Appendix K). At the next level of abstraction, categories were placed into a matrix to be examined in order to identify overarching domains that fit with categories (see Appendix L).

Throughout this stage of analysis, the dissertation co-supervisor served as an auditor. She provided regular feedback about her perceptions, ideas, and reactions to the placement of codes into categories, her reactions to the naming of categories and domains. Her role was ultimately to ensure that the matrices of categories and domains naturally emerged from the participants' narratives and minimize the impact of the

researcher's assumptions and preconceived beliefs about the data. Domains and categories were refined in the process of writing the results. With continued auditing from the research supervisory auditor, more changes were made to the overall domains and categories, with the ultimate goal of allowing even more of the participants' voices to emerge through the storytelling of the results.

### **Credibility and Trustworthiness**

Qualitative research generally and narrative research specifically are influenced by the researcher's assumptions, experiences, and biases. An important element of qualitative research is the commitment to maintaining trustworthiness and rigour. The following methods: reflexivity, accuracy, verification, dependability, member checking, and catalytic validity were used to ensure the trustworthiness of the data (Lather, 2003).

### **Reflexivity**

Both the peer reviewer who reviewed the initial round of coding and the researcher took a social constructivist epistemological stance to the narrative analysis. With this stance, it was acknowledged that there is no one social reality for any individual or group, and in qualitative research, knowledge is co-creation between the participants' descriptions and perceptions and the researchers' interpretations and interactions with the participants' and the data (Charmaz, 2006). A social constructivist approach recognizes the reflexivity of the research process (Olsen, 2005) and attends to participants' and researchers' relationships to power and social structures. Olsen (2005) defines reflexivity as "the manner and extent to which the researchers present themselves as imbedded in the research situation and process" (p. 253). Through writing memos



throughout the data analysis process and having dialogues about the codes and categories with the peer reviewer, a reflexive process was created.

As stated, the personal experiences and professional training of the researcher had an influence on the epistemological stance and perspectives on aging. Undoubtedly, the process of data analysis was influenced by this perspective. The restorying of the narratives and the identification of themes and categories were vulnerable to the influence of biases and assumptions that could lead to focus on certain themes to the exclusion of others. As a way for the researcher to reflexively explore the influence of assumptions and biases on the research process, a journal of general experiences, reactions, and thoughts throughout the course of the research project as well as reactions concerning participants' narratives was kept. Working closely with the peer reviewer helped monitor and challenge any biases or assumptions that may have been inadvertently imposed or introduced into the narratives of the participants.

### **Accuracy**

When conducting qualitative research, the accuracy of the interview transcript is considered imperative (Merrick, 1999). To preserve participants' oral recounting of their narratives, specific measures were taken to ensure excellence in transcription. In preparation for the data analysis, the digitally audio-taped interviews were transcribed word for word by the researcher and two psychology undergraduate students. To maintain the confidentiality of participants' interviews, both student transcribers engaged in an oral and written confidentiality agreement process. Following the completion of the transcription, a review of each transcript was conducted by the researcher to ensure their accuracy.

**Verification**

A highly recommended method of maintaining trustworthiness in qualitative research is the use of an external auditor and peer reviewers (McLeod, 2001). The task of an auditor is to challenge erroneous interpretations and omissions on the part of the researcher and to ensure that meaningful interpretations and pertinent conclusions are drawn (Creswell, 2007; McLeod, 2001). As mentioned earlier, the researcher's dissertation co-supervisor served as an auditor who monitored directions vis-à-vis the data. As previously discussed, the peer reviewer provided cross-review of data analysis. The process of using an auditor and peer reviewer enhanced the credibility and trustworthiness of the analysis of the data.

**Dependability**

Credibility and trustworthiness are enhanced by how efficiently a research project can be audited. Dependability is therefore defined by the maintenance of a clear and detailed paper trail of all transcripts, categorizations, matrices, theorizing, and journaling used throughout the study (Merrick, 1999). Dependability was maintained throughout the study. All materials and data employed in this study were stored in the researcher's locked private file cabinet in the researcher's private office.

**Member Checking**

Member checking is another way to increase the trustworthiness of data. It is a process of returning to participants to review identified categories, emerging analysis, and conclusions. Member checking ensures that the researcher accurately captures the participants' stories and subsequently their experiences (Smythe & Murray, 2000).

Member checking also enables the researcher to collaborate with the participants in co-constructing the meaning of their stories.

The follow-up interview served as a member check ensuring that participants' narratives were captured and understood at the stage of restorying. This member check served as a means of getting consent to enter the next stage of analysis. Each participant was presented with a copy of a restorying summary of their interview/narrative (see Appendix H). Participants were requested to comment on how well the restorying reflected their narratives, namely, the story of their experience in psychological counselling, and whether they would add or change anything about their restorying. Typically in qualitative research, a handful of participants are selected for member-checking; exceptionally in this case, all participants were given the opportunity to reflect on their restorying. It was considered especially important given how the research to date has largely underrepresented the experiences of older adults.

One participant noted that while the restorying generally captured her experience, she had hoped for greater detail and length to the restorying. Changes were made to her restorying to capture her feedback. All the other participants felt strongly that their restorying had accurately captured their experience. When asked, one participant simply noted:

Oh you're dead on. Because I remember, it all came back when I was reading....

Dead on. I was surprised because in reading that it came back very quickly.

Another participant noted:

I think it's exceptionally well done. I can't find faults really anywhere.

Another participant emphasized:

I: So, overall, would you sort of say that this summary that I've written does capture kind of your perspective and opinions given your experiences in therapy.

P: Excellent. You've captured me perfectly. And that's the same reason that I came to see you. And that's because I am not ashamed, afraid, embarrassed, I talk about it, I, I share it with friends who are, have had certain problems, and I think come on, go and see somebody.

These statements were consistent with other participant's (or participants') statements.

### **Catalytic Validity**

Catalytic validity refers to the extent to which the research moves and energizes the participants (or those being studied) to understand the world (Merrick, 1999).

Reviewing the transcripts particularly the follow-up interviews, participants expressed excitement about their involvement in the research process and several noted that they would be pleased to participate in future research.

I: Are there any last thoughts, reflections about our interaction, from today or from the first interview in terms of what your experience has been as we sort of wrap up?

P: I've enjoyed it. For me it was a pleasure. You know I don't see a lot of people, I don't even have intelligent conversations very often and of course people in general talk about themselves, and I don't get a chance to pontificate because I'm on leave from work so it's not as if I, maybe it's kind of a hunger towards students, maybe I'm not finished teaching, maybe I want to go back and teach. It's possible that I'm not finished – praise god, knock on wood. You know I've accrued a certain sense, how has it been? I've enjoyed it because it's

intellectually stimulating. I am incredibly fascinated by human interaction or human nature, I'm fascinated by what motivates them. I think that the details do give something very very rich, so I've enjoyed it, I've looked forward to it.... I'll tell you that I'd come back if you want me to. I would.

Another participant shared similar thoughts including the willingness to continue to be of assistance in helping with future research.

Well, I can tell you...I'm glad we met. I've always encouraged students and people even with a professional degree, who's doing a study already... I'm going back to our, to our interview, I'm very glad you accepted me in your study. I did not hesitate when I picked up your phone number. I said "oh, this could be interesting."... And, you have accommodated me 100%. You offered to come to the house, instead of me going...If I can be of help to you within this study or maybe another one you have my permission.

Some participants also noted that the focus on older adults provided reassurance that this research would help other older individuals and/or psychological counsellors working with older adults.

No, I had no reservations, I was ready to be open and frank because I know what you're doing...I think this thing will help somebody else. Maybe part of whatever research you're doing will help somebody else. Maybe not me but maybe somebody else down the way...Oh yes, I'd like to have somebody else to benefit. And I guess I've benefitted to a point from somebody else's research maybe. You know, there's always progress. It's like everytime there's a new medication for

something. The evolution. Everything is just developing. That's the way I look at it. No point in hiding, no.

Consistently, participants expressed gratitude for this step of the research stating that the restorying document had fully captured their experience. Perhaps most movingly, Allen was brought to tears when reading his restorying as he was grateful that his story had been heard and understood. This step gave confidence to go further into the next stage of analysis with each of the participants' well-wishes and support.

### **Participants**

Below demographic characteristics of the participants as well as a brief synopsis of the presenting concerns of participants are presented. Pseudonyms, chosen by the researcher to reflect the participants' identity while maintaining confidentiality, were used in lieu of participants' real names.

Participants used a variety of labels to identify racially and/or culturally. One participant identified as Indian, one participant identified as Egyptian, one participant identified as Jewish-American, two participants identified as Jewish-Canadian, one participant identified as German, and two participants identified as English-Canadian, and two participants identified as French-Canadian.

Participants ranged in age from 67 to 89 years old, with a mean age of 75 years old. Six participants were women and four participants were men. Two participants were unemployed, one participant was on medical leave from work, four participants were retired, one participant was self-employed, and two participants were self-described widowed housewives. Participants' levels of education varied. Ten participants completed high school and five participants had completed an undergraduate college

degree. One participant completed a Master's degree. Four participants were divorced and single, three participants were married, one male participant was partnered with a female, and a female participant was partnered with a female. Eight participants identified as heterosexual, one participant declined to identify her sexual orientation, and one participant identified as a lesbian.

Sue is a 67 year old, White, Canadian, heterosexual, Catholic, divorced, single woman with a middle-class background. Although her mother tongue is English, she is fluently bilingual. Sue was in counselling from the age of 61 to 66 years of age. Sue entered psychological counselling at 61 years of age to address issues related to post-traumatic stress following a workplace assault. Sue worked with her counsellor for approximately five years, initially for the first two years on a weekly basis and then periodically until the age of 66. Sue noted that she had found her psychologist through an employee assistance program. Sue described her psychological counsellor as an expert in labour laws whose theoretical orientation was unknown.

Jackie is a 69 year old, White, American, single, Jewish woman who declined to identify her sexual orientation. Jackie has entered in and out of psychological counselling numerous times during her lifetime. The experience that she recounts during the interviews pertains to her most recent experience in psychological counselling from the ages of 65 to 67. At that time, Jackie was referred by a psychologist in training to low-cost therapy with a psychological counsellor for weekly therapy to address concerns related to sexuality and to seek support regarding long-standing family issues. Jackie identified her psychological counsellor as a cognitive-behavioral therapist who specializes in sexual concerns.

Allen is a 79 year old, White, Canadian, single, heterosexual, Jewish man. Allen sought counselling from 59 to 74 years of age to address long-standing issues related to depression and social isolation. Allen pursued counselling from approximately 15 years with the same counsellor. While Allen continues to periodically see his counsellor e.g. four times a year, his narrative summarizes the counselling experience from the ages of 59 to 74 years of age when he met weekly or bi-monthly with his psychological counsellor. Allen was referred to his psychological counsellor by his general practitioner. Allen was unaware of his psychological counsellor's professional credentials or of his theoretical orientation. Allen stopped seeing his psychological counsellor regularly approximately three years ago, but maintains contact with him on a need by need basis.

Gia is an 89 year old, White, German, heterosexual, widowed, Jewish woman. Gia comes from a middle class background. Gia sought psychological counselling from 75 to 89 years of age to address issues related to grief following the premature death of her youngest son. She attended psychological counselling with a licensed psychiatrist who offered 60 minute, weekly counselling sessions. She identified her psychiatrist as a psychoanalyst.

Rochelle is a 75 year old, Indian, heterosexual, widowed, Catholic woman. Rochelle is from a lower middle class background. Rochelle sought psychological counselling from the ages of 69 to 73 to address concerns related to her husband's death and her ensuing grief. Rochelle met with a psychologist once, a social worker five times, and a psychiatrist once. No long-term psychological counselling relationship was established as the interactions were predominantly negative.



Marty is a 71 year old, White, Canadian, heterosexual, married, Jewish man. Marty sought psychological counselling from a licensed psychiatrist from the age of 65 to 71 to address concerns related to depressed mood, complications from a medical diagnosis, and family concerns. The first six months, he and his counsellor met weekly for 60 minute sessions and then met approximately once monthly or as needed from the remaining duration of their counselling relationship. Marty identified his psychiatrist as a psychoanalyst.

Chantal is an 80 year old, White, French-Canadian, heterosexual, widowed, Catholic woman. Chantal entered family therapy to seek support regarding her son's Asperger's disorder. Chantal attended family therapy periodically over five years from the age of 70 to 75. They met for weekly or bi-monthly sixty minute family sessions. Chantal was unaware of her counsellor's theoretical orientation. However, she described her being an expert in counselling individuals with developmental delays. She was initially referred to the psychologist by a social worker who was assigned to work with her son. She occasionally contacts the psychological counsellor to address concerns about her son's wellbeing on a need by need basis.

Denis is an 81 year old, Egyptian, heterosexual, married, retired, Coptic man. Denis sought psychological counselling with a licensed psychologist whom he found on the Order of Psychologists online directory. Denis attended counselling from the ages of 70 to 72 years. Denis attended bi-monthly 60-minute sessions psychological counselling with the goal of addressing concerns related to sexual dysfunction and marital problems. Denis was unaware of his psychological counsellor's theoretical orientation.

Andrew is a 67 year old, White, English-Canadian, heterosexual, divorced, single, atheist man. Participant was referred at the age of 65 to a licensed psychologist by his psychiatrist. Andrew attended counselling from the ages of 65 to 67. Andrew sought weekly counselling support to address concerns related to his diagnosis of Bipolar Disorder. Andrew is unaware of his counsellor's theoretical orientation.

Joanie is a 69 year old, French-Canadian, lesbian, partnered, Catholic woman. She was referred to a licensed psychologist by a medical doctor following a traumatic incident at her place of work. Joanie worked with her psychologist over a period of three years from the ages of 65 to 68. Initially, in the first year, they met weekly for sixty minute sessions and over time met on an as needed basis. Joanie is unaware of the theoretical orientation of her counsellor.

## **CHAPTER 4: RESULTS**

During the course of the data analysis and peer auditing, four domains emerged from the participants' narratives. Those domains are: (a) overall assessment of the psychological counselling experience; (b) influence of counsellors' cultural identity and cultural competence on the shaping of the counselling relationship; (c) client's perception of socio-cultural obstacles in psychological counselling; and (d) client recommendations for the improvement of geropsychological counselling. The four domains and categories within are presented below.

Throughout this chapter direct quotations are employed to emphasize the importance of participants' voices. As this study's central aim was to give voice to older adults' experiences in psychological counselling, it is crucial to use their direct quotes as frequently as possible.

### **Overall assessment of the Psychological Counselling Experience**

Participant overall assessment of their psychological counselling experience was one important aspect of participants' narratives. All the participants had strong reactions to their psychological counselling experiences and were eager to share their stories. The participant narratives tended to reflect a perception of either a negative or positive experience in psychological counselling. The transcripts of the interviews were analyzed in order to better understand which factors lead to positive psychological counselling experiences for some participants and to negative experiences for others.

One of the most salient factors that emerged in participants' narratives was the counsellor's characteristics that had significant impact on the shaping of the client-counsellor relationship. Another significant factor was the counsellor's technique as well

as their willingness to adapt their methods to the needs of their client. For most clients, the administration of the psychological counselling played a role, such as the physicality of the office, session frequency, and fees. Lastly, it was noted that the decision to end counselling was an important event for the participants who had a negative experience, while it did not appear to be as significant for those with a positive experience. These central themes are now discussed in greater detail in the following section.

### **Influence of Counsellor Characteristics on the Client-counsellor Relationship**

The counsellor's ability to demonstrate loyalty, caring, creativity, and trust appear to have played an important role in establishing a healthy psychological counselling relationship. This is illustrated in the following quote from Allen.

I could tell he was bright and caring and seemed to take more of an interest in me, and probably all his patients, than I would have thought another therapist would. So I was impressed by his professionalism and I was impressed with his sincerity. I suppose some of the strength I got was probably from him indirectly or directly to be able to cope.

Participants who had a positive regard for their psychological counsellors tended to describe counselling as a place to release feelings and reliably receive help. Both Allen and Joanie described the helpfulness of their counsellor in facilitating a release of emotion. Joanie, for example, noted "I use her as a valve... You know... and she's very helpful to me." After several years of psychological counselling, Sue developed a sense of trust in her counsellor because the counsellor proved reliable in times of need. Allen, Sue, and Joanie all reported feelings of gratitude towards their counsellors, as well as a sense of "good fortune" to have found a counsellor with whom they could connect. Sue

appreciated that her counsellor could easily recall previous sessions without relying on notes.

Boy, did she have a good memory 'cause she didn't write anything down. But she would also say, "You know, this is happening, and you want to behave this way, because of what happened here in your marriage..."

Some participants described feelings of indebtedness towards their counsellors and had even planned special actions to express their gratitude. Sue, for example, felt that without her counsellor's support she would not have sought early retirement from her abusive work place. Sue shared that upon her retirement she intended to send a thank you note to her counsellor for her role in this life-changing decision. In a particularly moving statement, Allen credited his counsellor with saving his life following an acute episode of suicidality: "I was having a complete depression or breakdown or worse or suicide (crying). I would guess he saved my life that way...I put him in my will."

Some of the participants had counsellors who did not appear engaged and failed to sufficiently demonstrate empathy or care. Andrew, for example, found that his counsellor brushed aside his attempts to explore his emotions: "There's so much emotion bottled up and I made attempts. And they were really brushed aside. You know, he went on to his 1-2-3-4 operation, however that's his method." On the other hand, Rochelle's counsellor attempted to explore topics which were seemingly irrelevant to Rochelle's presenting concern and this resulted in premature termination:

The counsellor, the first question she asked me: "did you have a fight with your husband?"...What kind of question is that? I'm just telling her my husband died and that I'm so depressed. And to ask me if I had a fight with my husband! Yes,

he died suddenly but he was a heart patient. Well that threw me off, so I never contacted them again. She could ask me, how can we help you? What kind of help are you looking for? Or what do you want? Or can we send somebody over? Or something like that.

Other participants had counsellors who made self-disclosures during counselling that elicited feelings of discomfort. Interestingly, in each case, the counsellor was approximately the same age as the participant. When challenged by the participants about the self-disclosures, the counsellors explained that the self-disclosures were meant to connect with the participants' experiences. The participants, however, felt that the counsellors had made an assumption that their problems were relatable. Furthermore, the participants began to feel a role reversal as the focus of psychological counselling shifted to their counsellors' concerns. Denis, for example, identified sexual concerns as a main presenting concern to be addressed in counselling. In response, his counsellor shared details of her sexual life and preferences in lovers which made him feel significantly uncomfortable. He noted: "She began to talk more about sex. She was going to little details...telling me that he has his bed, she has her bed, they make love and then each one has their bed. I didn't need to know that." Similarly, Jackie shared that as time passed in counselling, her counsellor's life increasingly intruded upon their counselling:

Her life was quite complicated and it began to intrude on her ability to be as sunny and all. She began to talk about her difficulties.... I heard a lot about her life.... So her veneer was slipping. Her professional mask was falling off.... I felt that she climbed off the professional veneer.... I felt at a certain point actually, here it was super meaningful, that I was counselling her... and I reassured her and

stuff like that. That was a key moment and I raised it later with her. I said... I felt that I had actually been her counsellor... Her defense, her impression, was that she was sort of relating by giving examples from her own life. But I don't think she had legs to stand on.

Ranging from positive to negative, participants assessed throughout their narratives the relational dimensions of the counselling experience and the counsellor techniques that influenced their experiences.

### **Counsellor Flexibility and Creativity in their Use of Techniques**

Many of the participants reflected on their counsellors' ability to adapt their counselling techniques and use creative approaches to help their clients. Marty, for example, recounted that his counsellor helped him tremendously with a visual exercise.

"I want you to take this piece of paper and you're halfway down the page, draw a line horizontally. Leave two inches and draw another line horizontally. Okay, and in the little space between, write down the word 'river'..." "On the top, now write down 'land,' and on below the second line, right down 'land'. Now I want you to imagine this in the land on one side of the river is your mother. And the land on the other side of the river is your father..." That story...helped me tremendously. It brought it so much to life.

Allen appreciated that his counsellor offered the psychological individual counselling rather than sending Allen to group counselling or exercise classes.

He's always there. He didn't send me to group therapy. He didn't send me to go to an exercise class.... He didn't send me to anger management. We talked the so

called talking cure.... Whatever we discussed was there in my subconscious and I was able to bring it forth when things were dreadful.

Some participants reported that their counsellors presented recommendations that lead to feelings of discouragement in the therapeutic process. Rochelle, who visited a psychologist to help her cope with the sudden and painful death of her husband, found, the psychologist's suggestion that she learn a musical instrument was unrealistic.

I don't like what she said. She said, "You said you like music, so why don't you go learn a musical instrument?" I said, "At this point in time, I am so low in my spirit, I am not going to buy a musical instrument. And, I don't have the feeling to learn something now." I needed some other kind of help.

Frustrated by her experience and financially limited in her options, Rochelle was referred to a psychiatrist by her general practitioner whose services were covered by her Medicare plan. She discussed her experience noting that the psychiatrist diagnosed her with Major Depressive Disorder and treated her with medication as well as a handbook to read between appointments.

He gave me this brochure (gesturing to a handbook on overcoming depression).

He told me one day: "you didn't make any remarks about it".... I said "you know something, there is not a single sentence about seniors in this." It connected to young people.... He hadn't noticed and said "no one ever told me that."

Rochelle was also frustrated that her psychiatrist would not allow her friend or son into her counselling sessions.



First of all a friend of mine went with me. I said I wanted her to be there ... because I don't know if I'll be saying all the things or asking the right questions.... But he didn't let her stay. He said "if you have any questions ask me now, but then you go out and I'm talking to her. I'll meet with her alone..." Well, that is the way they operate. That is the way they work. Same thing, he told my son, "if you have any questions ask now, and then you have to leave because I want to interview your mom alone." They should think about that.... Sometimes a husband or a friend or a child, or who ever goes with you, has different observations. Like might be able to say that... such and such a thing happened but you don't remember to tell the doctor. Or you don't see it the way the other person sees it.

For Andrew, the lack of a referral and the doubt about the appropriateness of asking for a referral to another counsellor affected his counselling as illustrated in the following quote.

He was evasive in that respect, I interpreted his actions to be evasive, maybe he has a different terminology for it, but I brought up issues like... my emotions to get a grip on them and understand them, and it was just sort of cast aside. I got the wrong guy for this. Maybe the counsellor could have said... "I'm not qualified" ... "please see this doctor, here's a referral." You know, I could've done that... you got to speak up for yourself too, to get help, serious help and attention. It's really, really challenging.

Other participants noted appreciation for a referral to specialists or psychiatrists highlighting the importance of counsellors helping clients navigate the referral process. For example, Chantal recalled that her family psychologist facilitated a referral to a psychiatrist stating: “she made it easier for my son to see a psychiatrist in order to get medication.”

### **Assessment of Administrative Characteristics of Psychological Counselling Experience**

Almost all of the participants referenced an aspect of the administration of the counselling including the physicality and accessibility of the office, financial concerns, and the frequency of the sessions within their stories. The accessibility, privacy, and comfort of the counsellors' offices were important to several participants. For example, Jackie was unnerved by her counsellor's door which was not well padded. Sue recounted that she could not have sought counselling through her employee assistance program, had her counsellor's office not been sufficiently confidential: “It was completely confidential...I would have gone privately otherwise. I would not have used that service if I had in any way thought it was going to get out.” Sue also noted that the abundance of Kleenex and nice furniture made the office feel warm and comfortable:

The office was pleasant. Lots of Kleenex. That's important. And it was just a nice place to go... It wasn't a crappy little office in the hospital. You know, that needed paint, and wasn't everybody's leftovers. No, this was nicely done-up and everything else. Nice pictures on the walls... It made it warm and comfortable.

By contrast, Marty noted that his counsellor's office was tattered: “we had to go downstairs to the meeting room where he sat in a chair like you and I said, “You're a big

wheel in this department. Can you explain to me why all the chairs in this room are torn?"

For Rochelle the challenge of getting to her appointments was a struggle. The volunteer organization and community center that she belonged to, however, provided taxi stubs for her appointments with her psychiatrist.

And sometimes they give taxi tickets. They told me when I was sick, "what help can we give you?" I told them at that time I had to go every week to the psychiatrist. I said "maybe transportation because taking a taxi every time is really expensive."

Most participants referenced the financial implications of attending psychological counselling or their financial relationship with their counsellor. For some, the cost played an important role in choosing a counsellor. Jackie, for example, sought counsellors with low fees. This limited the quality and choice of counsellor's available to her.

The reason why I... got her as a therapist was money in a sense. It was cheap...I took it because it was a very cheap rate. I was paying and it was better than nothing. I thought, "I'm going to put up with this stuff that I think is not good enough because it's so cheap." \$25 an hour.

Marty resented paying for counselling that he doubted would be helpful: "I said "if he couldn't fix me, why am I going?" And I resented spending the money... whatever little it was." Jackie had a counsellor who did not adequately manage the financial aspect of her counselling relationships.

She was bad at keeping records, so there would be... quite a few minutes figuring out the receipts and the records and the check and the payments. And sometimes

she would forget to give me a receipt, and sometimes I would forget to ask for one, and that was part of the frustration of her and the system. And so it was all very annoying and complicated in terms of getting the refund and declaring the rest of it on your taxes.

Jackie continued by noting that her counsellor charged clients for cancelled sessions if the client did not give at least one day notice. The counsellor, however, did not follow her own rule when cancelling sessions. Jackie found this “arrogant” and “completely unconscionable.” Rochelle was unable to pay her counsellor’s fee and did not initially have a referral to a psychiatrist. As a result, she turned to psychotropic medication as a method of treatment.

I can’t go to a psychologist. I don’t have that kind of money to go. Unless your doctor recommends you to a psychiatrist, you can’t go to a psychiatrist.... So I said, you know, “where do I go”? .... So I was going to my GP regularly. He kept on giving me anti-depressants.

When participants felt that their counsellors were worth the money, they were more likely to continue seeking psychological counselling even when it was financially prohibitive for them. Sue felt that her counsellor’s high salary was well deserved. Sue also shared that her counsellor once provided a free session without mentioning it.

Her time is worth a lot of money. She is very good at what she does... She does make quite a bit of money at it. I don’t doubt it. She deserves every cent she gets. Last spring, I had used up all I could in my sessions. Over and above the fact – I found this out after when I was checking my calendar for something else – she actually gave me a freebie session. You know, how many people give you

freebies? Not a lot. When I did go back to her, I said to her...“how come you gave me a freebie?” And she said, “You needed it.” It really made me feel good like I was important.

In a similar story, Joanie exceeded her insurance limit for psychological counselling, but felt it was a worthwhile.” Allen shared that, when he was passing through a difficult financial period, his counsellor provided him a loan. Allen has yet to repay the loan, yet the owed money did not affect the relationship between him and his counsellor.

I was in bankruptcy and he gave me the money to get out of bankruptcy. It was not much, but it was a temporary relationship we had. I still owe him a \$1000. So I put him in my will (crying)...when I see him it never comes up. You know he’s not rich or poor but it has never come up directly or indirectly.

Another facet of counselling administration that emerged during the interviews was the frequency and structure of the counselling sessions. Some participants shared that the ability to get an appointment quickly was important. Participants appreciated a counsellor who was flexible with the time and length of the session. Gia shared that her counsellor invited her over whenever she felt sad.

That when I am sad....you’re getting older, you sometimes feel lonely and – you have to get it out. Then he’d say come on over. But that’s very special, I mean, because it isn’t normal because people make appointments and you can’t get any psychologists or psychiatrists very easily.

Gia also appreciated that her counsellor did not repeatedly check the time during sessions. She stated “I go there for an hour. I suppose he should only see me for fifty

minutes... He doesn't look at the clock, and that's rare." Gia's counsellor also explained to her that as long as he remained in practice, she was always welcome to access his services: He always says... "If you need me, call me. For as long as I'm in practice, I will see you..." I hope he stays in practice because then I won't have anyone to go to." Allen shared that he attends counselling on a need to need basis to address whatever is upsetting him: "I don't go very often anymore, because I mean I kind of ended... When something upsets me, I go." Gia noted that she can access counselling readily by calling and getting an appointment immediately which she sees as unique.

I phone and leave a message, and he answers on the phone. Immediately.

I take my car and I park and I go there. I am very lucky. Look, I am very fortunate. This isn't what other people have: stand up access.

Marty described contacting his counsellor on short notice following a family crisis. His counsellor responded with care and concern.

Anyway, the next morning, I got on the phone, I called [the counsellor], and I drove down from the country. He says "okay come in at five o'clock after I'm finished." "Just come in and tell me what's going on." I came in... and he listened and listened and listened... I mean if he was out of time or if he was busy, then he would say, "I'm busy," but I didn't hesitate to call.

Chantal called her counsellor with an urgent request and her counsellor invited her to her home immediately for a chat. Chantal stated: "So, I went to her home that day and we had a nice chat, and she understands our situation very, very well."

On the other hand, Jackie found that her counsellor was inconsistent. The counsellor asked Jackie to call her on the days of her appointments to make sure the appointments were still scheduled.

I had a scheduled appointment, and she wasn't there. And her expectation towards the end of our time together was that I would phone on the same day, check...my phone messages to make sure that the appointment was on. Fuck that, pardon me. But in those times, there were too many times that I showed up and the woman wasn't there. And once I had a bad, bad, bad day and I needed her and she wasn't there.

Denis had to arrive exactly at the top of the counselling hour because his counsellor had neither a waiting room nor a buzzer.

She had no way to move for clients. So I had to be on time because rain or shine she would not let me in until the previous client left. And I would not see the face of the client. But accidents do happen; I saw the client twice... She does her office in her private house. And she could have installed a buzzer or some gadget so she can open the door and you come in and you wait until your turn... in a closed room so that nobody would see your face.

In sum, the counselling relationship while important is also affected by the experience of attending counselling, the physical space, decisions that are made regarding booking and money as well as the location and accessibility of the counsellor's office.

**Influence of Counselling Experience on Decision to End Counselling**

Participants who discussed events surrounding the end of counselling were generally the same participants who found their counselling relationships negative. Participants, who had positive counselling relationships, tended to express a comfort in knowing that they could return to counselling as needed. In this manner, the ongoing counselling, not the counselling relationship, had terminated. Marty noted: "We became friends. I still see him...I saw him once, there was a problem which he was wonderful, and he helped me." By contrast, participants who had negative experiences felt it necessary to make intentional decisions to terminate counselling. The net effect tended to be that the participants' presenting concerns went unresolved and were also complicated by unresolved emotions concerning events surrounding the termination of counselling. In the following quote, for example, Andrew describes how he ended counselling by simply not going to his last appointment and not calling his counsellor.

I didn't really feel any great sense of guilt in calling him and saying, we're parting company you know?... I didn't go to see him. I was letting him know that this is a pretty cheesy operation... Because had there been a greater degree of respect, I would have gone to his office, and I would have said... "I've come to this decision, I hope you agree with me" ... I didn't ask for that.

Denis, for example, visited a psychologist to address sexual issues. When the psychologist discovered that Denis' wife was a medical doctor, she requested her contact information to book a medical appointment. Feeling too uncomfortable to refuse the



request, Denis gave the information. After the counsellor's appointment with his wife, Denis returned for one last session.

I went after she saw my wife. I went for the last meeting, the last session.

Of course, the last session was hard on me because I couldn't talk of anything privately about my wife, since she met my wife. Now she was telling me "your wife is charming, she's nice, she's quiet, she's the old family doctor." I decided that was the last session, she said "when do we book the next appointment" I said "I'm feeling great now, you know. I have to take some vacation with my wife."... And I said some story. And she said, "Take my number. I'm not far, you know. You can call me in the pm, and the next day I can see you." And basically that was it, and I never went back.

Jackie decided not to return to see her counsellor following her counsellor's remark that Jackie should continue counselling because her issues with her daughter would be lifelong.

That was her "parting shot." She did not think of it as a parting shot but that was her last remark as she left me sitting in her office putting on my coat or whatever in my office. That it's [my problems] likely to be lifelong.

Allen had a positive counselling relationship and appreciated his counsellor's attempts to help him. At the same time, however, Allen felt that he and his counsellor had exhausted every possibility in their counselling relationship.

We are at the level, he and I, where he knows me inside out, and I know reasonably that he is the doctor. Whatever theory, practice, and procedure, we've

talked about it for my situation. We've run the gamut. In the last five to ten years, it is just repetition. So I'm sort of on my own that way. To repeat sort of sillily, I don't sleep well but I know myself and my problems. That's what I mean be sort of tapering off. Not that he feels like "the jerk hasn't made it and buzz off." It means that you know the in's and out's of things and so when you are talking it is sometimes a repetition or there is some things you don't have to say. We'd exhausted our possibilities as a doctor/patient relationship, you know?

While discussing their termination experiences, those participants who had primarily negative counselling experiences gave final summaries. Jackie notes:

More compassion comes to mind....More veneer. Like, more veneer, more professional veneer. I don't recommend lack of warmth in a therapist. I don't recommend coldness. It's a very delicate balance. I think people need to have a gift for it.

Rochelle describes that counselling was not complete waste of time because she could vent but that overall she was disappointed with her experience in counselling and felt that the counsellor could have done better.

And then when I met up with her I was kind of disappointed, you know. I was disappointed. I think it took more than an hour or so but I don't know but I think I thought she could do better than that. I don't know. But anyway I don't know what her scope of being a psychologist is. I don't know what she can and can't do

Andrew believes that he would have liked more humour and laughing in his counselling to bring some light to his diagnosis of bipolar disorder.

Someone who can laugh at himself or at me... to humour, you know it's a pretty...Bipolar disorder is a pretty heavy label to carry I think, and to lighten it up a bit... He is certainly qualified, the man, but he doesn't smile often

In looking back, Allen believes he was lucky to find such a great counsellor "I'm sorry to build him up like that but when I think back I lucked out. I was very lucky."

Chantal's experience in counselling now allows her to encourage people to seek out services of a psychologist. Chantal convinced her sons that seeking professional help is not shameful but a wise thing to do.

It's no shame. If you have something wrong you go to the professional who can help you. And my sons turned, and said "we never thought of it that way." So now they realize.

Marty summarized his experience and his overall message regarding counselling as such:

"So, I guess I didn't want to be miserable, I don't want to be miserable anymore."

Andrew believes that given his negative experience in counselling that in future counselling experiences he would interview the doctor and keep notes on how his questions have been addressed

If I was to, let's say, try to pursue another relationship in that field...I would interview the doctor, that's not fair to say, but if I were to throw out certain concerns, and I would certainly note how they've been addressed. You know? I mean, having had some hard experience in this field.

### **Influence of Counsellor's Cultural Identity and Cultural Competence on the Shaping of the Counselling Relationship**

Participants reflected on the influence of their counsellor's cultural identity and cultural competence on their counselling relationship. Three categories emerged within this domain. Those categories are: (a) the age of their counsellors as a salient element of the counsellor's identity; (b) intersections of age with other dimensions of cultural identity; and (c) counsellor's ability to address unique presenting concerns of older adults.

#### **Age as a Salient Element of Counsellor's Identity**

Seven of the ten participants believed that the age of their counsellor was an important factor in their counselling experience. When presented with the option of working with a younger counsellor, these participants preferred to work with a counsellor of their own age. Furthermore, the majority of these participants noted that their counsellors were the same age, with variations of five years younger or older. These participants expressed the belief that the experience of the counsellor, as measured by age, was a central and defining ingredient for a positive counselling experience. A recurring theme was the view that a younger counsellor would not sufficiently understand or relate to their presenting concerns thus jeopardizing their competence in working with older adults. Gia, for example, shared the following concern about working with a younger counsellor:

A young person. I don't know if they can understand what I'm talking about. No matter how well-trained and well-meaning they are they cannot understand

somebody who's much older until they get there. I mean, you know, they don't understand.

Similarly, Rochelle stated: "I think a doctor, the older you get, the more experienced they are, the more understanding. That is my idea. I mean young people you haven't seen everything." Joanie reflected on whether she could work with a younger counsellor, such as the interviewer, and stated:

Because we don't have the same, you don't have the experience. You don't have the life experience. I know feelings, general senses, and whatever you want to call things are the same for everybody, but life experience is something else.

Some participants shared more negative attitudes towards younger counsellors.

Jackie emphatically stated, "sometimes, I feel the younger counsellor wouldn't quite get what my struggle is. My attitude can sometimes be what the fuck do you know about it?"

In the course of the interview, Joanie stated: "I want a lively old one...Well I wouldn't go for a young one like you. No offense. I don't think it's because you don't know what you're talking about...It's just that, well it's a different level." Similarly, Sue noted that she preferred her older counsellor for the tactile comfort she provided.

Being hugged by you would be completely different to being hugged by this older woman who has more flesh... It's just different. It's a very tactile thing. Some people are just better huggers at that period of your life... It's a physical thing in the fact that sometimes you just need to be almost... overwhelmed with a hug rather than just an acknowledgement that you're standing there.

Gia shared an experience she had with a medical doctor who did not sufficiently respect her privacy. Because she attributed his disrespect to his young age, the experience also significantly impacted her view of working with younger counsellors.

The arrogance of the young. This appointment, this particular, very young and arrogant neurologist, when I got in, he didn't examine me properly. He had me sit on this table and as he looked at me he had the door wide open. A patient came walking and said "Doctor, could you please close the door? We can hear every word and we don't want to hear."

Of all participants, only Chantal had significant experience working with a younger counsellor, and this experience had been positive. It was her impression, however, that many older people assume that if they are unable to handle a situation, despite their age and experience, a younger person would be at an even greater disadvantage to understand and help. Nonetheless, a few participants shared that working with a younger counsellor would be preferable. Andrew and Marty both felt that a younger counsellor would be more knowledgeable and up-to-date in his training. Andrew, for example, noted the following:

I believe you should have a young counsellor because he just graduated.

They have the best technology at hand. You know, they're sharp, they're hopefully sharp and concerned and establishing their business, making it viable.

Similarly, though Jackie felt strongly that a younger counsellor may not be able to relate to the experiences of an older client, she nevertheless noted from her own brief experience working with a younger counsellor that:

A younger person...she's full of juice, juice in the sense that she's full of enthusiasm for her profession. Your enthusiasm for your profession is your greatest tool. The stuff you have in your heart that made you choose it will help you to channel – you'll channel this energy, this compassion.

**Researcher stimulus-value.**

Stimulus-value refers to the extent to which the cultural identities of a researcher or counsellor evoke reactions, biases, or assumptions on the part of a participant or client. Both Sue and Joanie, for instance, specifically remarked on the researcher's youth and noted that they would not work with me, a younger counsellor, in a counselling relationship. Yet they both shared intimate details about their counselling relationship and expressly remarked on the significance of sharing their counselling stories throughout the course of the interviews.

Jackie for instance noted, "You've got it. I mean, you really did get it" when remarking on our interview experience. When Sue was asked:

I: Did my age or my status as a student impact how you felt in terms of talking to me?

P: No. No, you're a very open and warm person, which made it very easy... it was very easy for me to talk to you.

Strikingly, all participants shared intimate details from their experiences in psychological counselling as well as from their lives in general throughout the research process. The age of the primary researcher, as a 28 year-old woman, did not appear to be an impediment to the research process despite the concern from participants that younger counsellors (and younger people) do not understand their experiences. When specifically

asked if age served as an impediment to the primary researcher's ability to understand their experiences in counselling, all participants noted that they had felt comfortable and at ease with sharing their stories and that they felt understood.

### **Intersections of Age with Other Dimensions of Cultural Identity**

#### **Gender.**

Though participants generally reported that age was the most salient dimension of identity in their counselling experiences, a few participants noted that the intersections of age with gender and ethnicity were also important. Sue, a heterosexual single woman, for example, expressed concern that she would develop feelings of sexual attraction towards an older, heterosexual male counsellor and that this would impede her counselling process. Though she preferred working with an older woman than an older straight man, Sue mentioned that she would work with an older male counsellor if he were gay.

#### **Race and ethnicity.**

A few participants also referenced the ethnicity of their counsellor as being important to their counselling process. Allen, an older Jewish man, noted that his three experiences in counselling had all been with Jewish counsellors. Though he described it as a fluke, "I've fallen into the Jewish community and I feel very comfortable with that," he also tearfully stated that "underneath there is a shared experience...I would like to say that it goes back much longer, historically." Rochelle, an Indian-Canadian woman, noted that she preferred working with Indian counsellors and psychiatrists, in comparison to White-Canadian mental health workers, because "Indian doctors are fantastic, they respond quickly."



Joanie noted that she did not want to work with a counsellor who did not share her racial or ethnic background for fear that the counsellor would not be able to understand her experiences. The participant then gave the following example:

I don't know if you deal with Chinese people for instance. It's a different culture. They are very difficult to approach. They don't have your sense of humor. I couldn't relate or I couldn't share my soul to a Chinese person, but I have nothing against Chinese. I was brought up in a very open-minded family...I don't want there to be a wall, or I don't want to spend half my time explaining or apologizing.

With a sense of responsibility to counter these racially charged comments, the primary researcher presented Joanie with an alternative view. She reflected that perhaps her rationale for working with a "similar" counsellor was did not make complete sense.

I: On the flipside, would you ever worry about, let's say if you had a therapist that had almost an identical background to your own, sort of culturally, age-wise, would you ever fear that maybe they would make too many assumptions about your experience?

The participant responded "I never thought of it, but you have a point."

Marty reported that gender, age, ethnicity nor any other dimension of cultural identity were of central importance when choosing a counsellor. He noted that a connection was established through other characteristics such as personality.

I have no trouble talking with you. And I like the way you talk. So it is not a question, in my opinion, of age, even though it is easier for me. It's a question of how you can relate. Somebody soft spoken I can relate to a lot easier.

Marty noted that his counsellor worked with clients of all backgrounds. Marty inferred that his counsellor's ability to connect and build a solid relationship was more important than his age, gender, or ethnicity.

### **Income and social class.**

Income and social class appeared to be related to the participants' experiences in counselling. Participants with financial means appeared to access counsellors with greater ease and had greater mobility in determining the suitability of a counsellor's approach. By contrast, the participants with limited financial mobility were met with limited choice in counselling. Predominantly, those participants worked with psychiatrists as the costs were covered by Medicare.

Andrew, an unemployed, single man living on disability payments, received counselling from a psychiatrist at a hospital. His visits were therefore paid by Medicare, the national social health care plan. Andrew was dissatisfied with the quality of care as treatment focused almost exclusively on medication management with limited psychological counselling. Given his financial situation, with no private insurance and limited financial means to pay for private psychological counselling, Andrew was resigned to working with a psychiatrist. Rochelle, a recently widowed woman with limited income, noted that the primary feature that she was looking for in a psychological counsellor was low cost. Yet when she was referred to a lower cost psychologist, she was dissatisfied with the quality of the help and thus forwent counselling for a period of two years despite debilitating depressive symptomatology. Jackie, a single woman who is on extended sick leave and living on 60% of her income from teaching, noted that her primary motivation for choosing her psychological counsellor was the low cost. While

Jackie was dissatisfied with the counselling, she felt limited in her ability to seek other services for fear of the cost. By contrast, participants with greater financial mobility rarely noted the cost of counselling as a factor or consideration in their assessment of their counselling experience.

### **Counsellor's Ability to Address Presenting Concerns of Older Adults**

Emerging from participants' narratives were discussions regarding (a) the presenting concerns that drew them to counselling and (b) whether their presenting concerns were addressed by the counsellor. The concerns that were presented in counselling centered around three central categories: (a) career, (b) sexuality, and (c) interpersonal/familial.

The question of age and its relevance to the presenting concern or to how the concern was addressed was difficult to tease apart from the narratives. A few participants explicitly noted how age played a role in their presenting concern and how it was addressed. For other participants, it could be inferred that age played a significant role in both instances but participants did not explicitly connect their experiences to the dimension of age. This result highlights the assumption that may be inadvertently made by counselling researchers that older clients seek counselling to address issues of aging. The one presenting concern that appeared to be most explicitly connected to age as the participants saw it was questions regarding career. Sexuality and familial concerns appeared to be somewhat related to age.

#### **Career concerns.**

Joanie and Sue entered psychological counselling in their mid-sixties at a difficult time in their professional careers. Sue was suffering from Post-traumatic Stress Disorder

following a physical assault in the workplace. Joanie entered counselling to address fears about losing her employment following an interpersonal conflict with a colleague. Both women entered counselling with fears about the future of their professional careers. Joanie noted that her counsellor helped her address her fears re-establishing herself professionally: "I did send some applications, but they didn't reply. So she strongly pushed me to go on your own, start on your own. She was so helpful and she really supported me." Joanie noted that her counsellor directly encouraged her to open her own business countering Joanie's belief that at her age, her career was over. Sue described her counselling process:

I needed some sort of support to do this job. I really did not want to go to work, there were times when I'd cry and I wasn't myself. As an older person, this is probably more traumatic than if I had been in my twenties or thirties. Because I think as you get older you bring feelings into it and past experiences. I called, and went to see her, and she was very good. I only have good things to say about her. She was absolutely wonderful. She knew the labor laws... she could be a labor lawyer; she knew her stuff so well. She would tell me legally what my recourses were. I would have ended up quitting, without her support, because she really kept me going.

For Sue the events at her workplace were highly distressing, and without the support of her counsellor, she believed the incident would have ended her career. Sue noted that her trauma response to the events was accentuated by her age as they triggered past traumatic experiences. While Sue did not disclose, in our interview, if her counsellor directly attended to the relationship between age and her trauma, Sue credited her

counsellor with empowering her to take legal action against the perpetrator of her workplace assault. Sue believed that her counsellor helped her attend to her past traumas while taking direct action to overcome the current trauma.

### **Sexuality.**

Age appeared to be related to the presenting concern of sexuality. Both Jackie and Denis had parallel experiences in counselling as each sought counselling to address concerns related to the wish to rekindle their sexual lives following a divorce and medical complications respectively. Jackie and Denis expressed hopefulness about reconnecting with their sexual identities at the beginning of their counselling experiences. Jackie, who declined to identify her sexual orientation during the interview, did not elucidate on the specific sexual concerns that she had hoped to address in counselling. Denis, a straight, married, man noted that he had hoped he could address issues related to low sexual desire and erectile dysfunction. Yet, both reflected that by the end of their counselling relationships, their sexual concerns remained unattended and unresolved. Interestingly, both Jackie and Denis made the decision to terminate the counselling relationship because of a sense of dissatisfaction with their counsellors' inability to address their sexual concerns. Jackie, with a deep sigh, noted: "she didn't like to go deeply into things... So the sex part began to fade as well. Didn't seem to be possible." While neither explicitly noted if these experiences were related to the counsellors' discomfort in discussing issues of sexuality with older people, the experience ultimately led to decreased hopefulness about being able to reengage with their sexual identities. It should be noted that both Denis and Jackie counsellors were close in age to their clients. Neither

elucidated on why they felt hopeless about rekindling their sexuality following their experiences nor about what triggered their acquiescence.

**Interpersonal/Familial concerns.**

Allen struggled with severe episodes of depression triggered by feelings of hopelessness about his ability to redeem his life following failures in business, family, and relationships. He sought the help of a counsellor to get support. As previously cited in the results section regarding participants' beliefs about counselling older adults, Allen was skeptical that counselling would help address the underlying reasons for his depression. Nonetheless, he credited his counsellor with saving his life at a time when he was acutely suicidal. Tearfully, Allen expressed gratitude for his counsellor taking his threats of suicide very seriously and appropriately addressing his symptoms of depression.

I didn't cope well with my marriages and life in general. Socially and financially things were very bad. So, we started talking and then it developed into a professional patient liaison. After a couple of weeks or a couple of months, it was necessary to be medicated...That helped and I was having a complete depression, or breakdown or worse or suicide. I would guess he saved my life that way.

Allen credited this counsellor with providing an empathic and understanding relationship. While Allen believes all counsellors are limited in their ability to advocate against the systemic challenges that older people face, he nonetheless believes in the power of the counselling relationship as a place of comfort and solace.

Chantal noted that her age played a significant role in seeking support. Chantal is the primary caregiver to her son who has Asperger's disorder. Chantal, concerned about

her son's wellbeing following her death, contacted a psychological counsellor to address her son's living situation and to prevent her daughter from taking a primary care role for her brother. Chantal explains:

I was talking with my daughter and we were talking about life in general. I said "you know you might end up in Vancouver." She said, "Mom, I never will leave my brother after you die." And I thought, "Oh my gosh, we've got to do something here. This isn't my daughter's problem." So I called the psychologist, and said "Listen, we've got to do something here, we've got to put him in a home somewhere or because he cannot live alone." So, I went to her home that day and we had a nice chat and she understands our situation very, very well.

Chantal's psychologist was proactive and provided resources. Overall, she improved Chantal's quality of life.

She made it easier for my son to see a psychiatrist in order to get medication. So my son still sees him once a year for medication. She gave her own diagnosis to the doctor too. She did give us some papers on Asperger's and that was good...I am so grateful to her. She has just improved my quality of life by the umpteenth degree...And my sons made so much progress.

Even though Chantal's age was not predominantly the central topic of counselling, her older age was a primary motivation for working with a counsellor who could advocate in providing resources for Chantal's son.

Both Gia and Rochelle entered counselling following the death of their husbands. Devastated by the death of both her husband and son, Gia sought counselling to attend to

her grief and get support. Similarly, Rochelle was incapacitated by grief following her husband's death. Gia noted that:

Now that's a very important point, in terms of aging and being a widow.

Widowers ...single, old women need psychological help. Every single one of them. Some they admit it, or not admit it... It has to be good training for these psychologists to understand the problems that come with that kind of situation and they're huge.

For Gia, widowhood and aging were interrelated challenges that she needed to address in counselling.

Rochelle explained that she sought counselling to address her loneliness and all the changes in her roles subsequent to her husband's death.

Because my husband is helping me we did everything together we went out together. We went shopping together everything together and then so lonely like all day I'm by myself you know type of thing. You know I lost my husband he used to do all the accounts, the shopping, I went with him but he knew things Shopping, the banking, the investments this that, the bills.

But Rochelle did not note whether her experience was influenced by her age. Yet her experience of seeking counselling was predominantly negative as her counsellor did not sufficiently understand the depth of Rochelle's concerns. Rochelle noted that she would have liked her counsellor to ask the questions: "Should ask me, maybe, how can we help you? First, you know, what kind of help are you looking for? Or what do you want? Or can we send somebody over or something like that?"



In sum, the presenting concerns of participants were diverse and varied. Primarily those that had negative experiences were the participants' who's presenting concerns were not sufficiently addressed while those that had positive experiences felt satisfied that their concerns were addressed. Clients of all ages present with concerns about career, sexuality, and familial concerns. Yet, according to the participants, age influenced how these concerns particularly, sexuality and career, were addressed.

### **Client's Perception of Socio-Cultural Obstacles in Psychological Counselling**

Several participants felt that counsellors face unique obstacles when working with older adults. In response, several participants reflected on obstacles that may impede effective counselling of older adults. These obstacles included the embedded social challenges of being an older person, socio-cultural assumptions about older people, and the lack of accessibility to counselling for older adults.

### **Social Challenges of Being an Older Person**

Participants noted that while psychological counselling can be an ideal place to seek support and comfort, they do not believe that counselling can fully address the larger social issues that many older people face. Issues like poverty, isolation, and social alienation were perceived as being beyond the scope of a counsellor's expertise.

Allen's reflections on this matter were most striking. Allen noted feelings of hopelessness about the ability of a counsellor to help older people emerge from a marginalized place. Allen is 80 years old and feels overwhelmed by financial, social, and medical hardships, including bankruptcy, cancer, a lost marriage, and erectile dysfunction. At this point in his life, Allen expressed concern that it is too late for him to find a new career, have a successful marriage, be sexually virile, and feel attractive.

I don't know what your thoughts are but you can't change them and you can't make them successful after bad marriages. You can't make them healthy when they've had major setbacks. You can't rescue them from the business world when they fucked up, you know. So I think your challenges are overwhelming...My life has been screwed up and I'm here and I'm in a marginal place. Can you assist me in living a more normalized and healthful life? You couldn't. But then I wouldn't ask you 'cause I've been through the gamut of behaviours from a to z. No, it is a great profession, but to work with older people, I don't know what you and the profession can do, you know?

### **Socio-cultural Assumptions of Older People**

Some participants noted that they frequently face negative socio-cultural assumptions and challenges. They believed that a counsellor could be instrumental in helping older clients overcome these challenges. While there was a sense that counsellors could not necessarily address the social oppression of poverty and isolation, participants suggested that counsellors could address the socio-cultural assumptions that older people face.

Jackie noted that once an older person enters counselling, a counsellor may be able to provide a renewed energy or focus on addressing long-standing issues.

New territory is very interesting. As a therapist you can foster the notion of goals if they don't think they have any. That might be very healing for them... Lifelong chronic depression, for example, you know, people don't tend to think they have the right to have things. Or many times,

older people think they don't have the right, many rights they don't think they have. There's a certain passivity that we've raged against...

Jackie was hopeful that perhaps a counsellor could help an older person overcome or challenge the cultural assumptions that older people are passive and without rights. Yet Jackie presented the belief that the central obstacle for older adults is the cultural assumption that after a certain age older adults should no longer need psychological counselling.

There's a cut off date...Perhaps the cultural assumptions are that you're supposed to get wiser as you get older. I think I would feel kind of stupid being in therapy... beyond 70-72, semi-permanent basket case. You know someone who cannot handle her life, who is not capable of coping alone. Who has not made peace with herself, with her past, with her limitations. Well, about self image. I'm fucking 82 and I'm in therapy. For fuck sake, when are you supposed to live? Just live and be who you are. Have a heart attack and die while I'm in therapy.

Sue shared a similar statement noting: "I think the stigma of: "is this where I'm supposed to be in my life?" Sue went on to note that those older adults who acknowledge a need for counselling or who appear to be struggling with mental health challenges are not offered counselling: "if you're slightly off your rocker, if you want to put it that way, they just stick you in a home...a lot of those people just want to talk."

### **Lack of Accessibility to Counselling**

Several participants noted challenges in accessibility that may impede older adults from seeking psychological counselling. These included challenges related to financial barriers, difficulty getting to appointments, and lack of adequate services specifically

addressing the psychological needs of older adults. Rochelle noted she struggled to attend appointments because she required a taxi for each appointment due to her age.

The resulting transportation costs became exorbitant:

I had to go every week to the psychiatrist. I was taking a taxi every time. It was expensive. Every time I spend \$15-20 especially in a snowstorm. It took forever. A lot of people don't have the finances or the ways or means to get to a hospital or to a doctor. I don't know how that can be improved.

Rochelle went on to express concern for other older adults in their eighties and nineties stating:

I feel sorry for really older people who really cannot see and they cannot hear completely. They are impaired, or they cannot read, or they are not even able to walk properly. They are incapacitated up to a point...You know, how do these people find out [where to go]?

Sue expressed concern that counselling is inaccessible for older people.

People have to take seniors a different way. We are different people than people that are in their forties or their twenties. We're coming to the last phase of our life. Things become more important. They're different. They're completely different. There's very little help out there in the line of psychological help. Go to a family doctor, he gives pills. What we need is somebody to talk to. Probably wouldn't need all these pills if we actually had someone to talk to. You have to wait for a long time, and all this sort of stuff. It's very difficult for elderly people.

Gia shared her sense that obstacles abound for older people trying to access psychological counselling:

I have a lot of criticism of the way the elderly are treated, which is why I go to A (the participant's psychiatrist), this is what you've picked up. I think there is lack of respect. There is lack of understanding. No elderly person should have to wait five hours to see somebody...You know, it is a very sad picture. I disapprove of the system in which you make an appointment and it's an elderly person has to try and push buttons in order to get an appointment and then the secretary will have the telephone on hold. I mean, these are all things that an aging person is hard to digest.

Neither Sue nor Gia articulated their view of why accessing counselling was more challenging for older people. Yet both noted a fear of being unable to find adequate counsellors if their counsellor were no longer available. Gia stated:

I wouldn't find anybody, you know? Who would I find? First of all, psychiatrists and psychologists don't see people, they're the most sought-after people in the world. And a young person – I don't know if they can understand what I'm talking about.

### **Client Recommendations for the Improvement of Geropsychological Counselling**

All participants reflected on recommendations for counsellors on how to improve geropsychological counselling. The recommendations were most often based on the experiences or challenges that they faced in counselling. These recommendations fell into three central categories: (a) recommended counsellor attitudes for working with older

clients, (b) recommended counselling skills, and (c) recommended changes to the structure and format of counselling.

### **Recommended Counsellor Attitudes for Working with Older Clients**

Participants were encouraged that counsellors may be able to help older clients overcome the socio-cultural assumptions that older people may face yet they had concern that counsellors themselves may hold beliefs, assumptions, and biases against older clients. At the forefront of their recommendations for the improvement of geropsychological counselling was the suggestion that counsellors, individually, and the profession as a whole must strive to address any inherent ageism in order to do good work with older clients.

Jackie expressed concern that counsellors may hold ageist attitudes or assumptions:

...The societal beliefs about older people which penetrate inevitably in ... the potential counsellor, into her consciousness or her outlook. Deal with reduced potential, reduced hopes. This is what people are saying about being older.

Jackie continued by adding:

We must not assume that older people have lost their ability to intellectualize a little bit about their own situation and that's also about respect. A fundamental assimilation of the fact that they can look at the larger view or compare their experience somehow or label – think rationally about their experience.

Gia, Joanie, and Sue noted that in their day to day experiences in the world, they experienced elderspeak. All three women shared examples of elderspeak from service providers such as waiters or medical doctors. These exchanges were characterized by a tone of voice and language that they deemed patronizing. Jackie noted:

I went to register for a course the other day at a community center and the guy called me “dear.” I turned around and I said “well, sweetie” or something, and we had an exchange back and forth

All three women shared that their recommendations for counsellor attitudes were informed by these experiences and the fear that psychological counsellors would also use elderspeak or patronizing tones. Joanie noted that a counsellor must maintain a respectful attitude and not infantilize when working with older clients. She stated :

It’s to make sure, I’ll have to use a French word – infantilization, do you know what that means? Stay as far away from that because this is used so much now. I’m old, I’m not deaf...I think it’s a really sensitive issue, infantilization. It is a very sensitive issue and it is widespread...It’s degrading, it’s condescending.

Jackie explained that that the first step counsellors must take in entering the profession is to address the motivations for working with older clients.

I would never suspect anyone of going into working with older people because they just want to hang back and not work as hard. We always need to think of our motives for going into the psychological trade. Like, do we want to have power over people? Do we want to feel superior? Do we want to be of help or do we want to get revenge on someone from our past? What are our motives? Examine clearly what our motives are for going into this trade, into this profession. Be

very structured mentally in the way you approach the person, in the way you deal with the person depending on what kind of problems the person has. Anxiety which I think might be a big problem among older people. Depression might be a huge problem, it might be chronic. As a psychotherapist, as a therapist or a counsellor, to be prepared that that would be two of the issues that you'd run into. That relationships with their children are going to be a big feature. You have to empathize with their position.

Marty explained that older adults may be scared or reluctant to enter counselling.

Therefore, counsellors must have an open, non-judgemental attitude.

There has to be a way that this person can get the trust and not be judged mental at the beginning of their patient. As we get older we get fixed in our ways, more and more fixed in our ways. I don't want to be told I'm wrong. So that to me is what I would think that older people are afraid what somebody is going to tell them. They'll find some big secret that's kept hidden. So you have to establish trust and I believe that people have to pick their help in a way that comfortable.

Joanie related a similar sentiment stating that counsellors must create a feeling of hope about entering counselling. She stated:

You have to be convinced that changing will be something good. What's the point in changing if it's not for the better? So you have to say to me, if you did this like this, it's for the pleasure of changing. Well, is it worth the bother? You see what I mean.



### **Recommended Skills for Psychological Counselling**

The participants shared recommendations regarding the skills that counsellors could adopt that would benefit older clients. Jackie who shared frustrations about her counsellor's inattention to detail and disorganization shared her recommendations.

Preparation, being very thorough and very disciplined. And your approach being thorough and disciplined. I want to suggest that you need to be as organized and as prepared even though older people give off a different vibe.

While Gia suggested that counsellors working with older adults should be much like her counsellor.

Have to understand what they're talking about. To know enough to understand, to listen. Listening. And not giving sort of, um, answers, clichéd answers that don't mean anything. To understand the person that's sitting there, trying to understand the person that's sitting there, and not a generalized, make a generalized judgement and say that'll be 80 dollars thank you very much, that's not what I'm saying. And training.

Gia suggests that training must involve first hand experiences of working with older adults.

Well there's a lot of things that can be, first of all what you're doing right now, interviewing people, talking to old people, going to old age homes.

According to, Chantal counsellors would benefit from having a network of other health professionals whom they collaborate and consult with. Chantal noted that her counsellor referred her and her son to a psychiatrist, social worker, and helped put Chantal's son on a waiting list for reputable home for adults living with developmental

and mental challenges. Chantal recommended that counsellors develop lasting and useful relationships with other professionals.

### **Recommended Changes to the Structure and Format of Psychological Counselling**

Participants made recommendations reflecting the structure or format of psychological counselling. Proposed changes included an increasing of flexibility in the structure and format of psychological counselling as well as the inclusion of family members/friends in sessions.

Rochelle expressed disappointment and frustration that she was not allowed to invite her son and friend into her sessions because of the counsellor's concerns about confidentiality. Rochelle noted: "I said I wanted her to be there because at that point at the first interview, I don't know if I'll be saying all the things or asking the right questions so I told my friend if feel like asking any questions but he didn't let her stay." Rochelle suggested that family and friends may have insights and may remember questions or concerns that the older client cannot recall. Sue suggested that her fifty minute sessions felt too brief and that she would have appreciated flexibility in the time/length of her sessions. Sue noted that with all their life experience, older clients may need more time in a session to fully explain their life experiences and the challenges they are currently facing. Sue, Gia, and Joanie noted that an attitude of patience combined with longer session time is important when working with older adults. When noting how older people behave in counselling, Sue noted:

Things just don't come out, evolve out...It might take you fifty minutes just to get that person to the point where they're going to tell you five minutes worth of

information, which would have been nice to have gotten right at the beginning because then you deal with it. The time constraint, it should be different.

Sue went on to note that the ritualization of counselling would be important for older adults. Sue noted that beginning counselling with a cup of tea or using the same closing statement at the end of each session would be helpful for older adults. Sue did not elaborate on why this would be important or whether this approach was used in her counselling experience but strongly emphasized its importance.

Some participants' suggest that group counselling would be ideal for older adults. Andrew noted that it would address accessibility concerns: "it takes pressure off the system in a sense, because instead of serving one person, you're serving five or six that are gonna benefit in the same way." Both suggested that their experiences in group counselling made them feel less alone and that groups exclusively for older people could address issues of loneliness that older people may face. Rochelle shared her experiences in group as an example of how it might be helpful for other older adults. She shared an experience of having group members call her to check in when she missed a meeting as an example of the care and concern members can express.

There's a need for this group...you can see we are lonely. Like one day they didn't see me at some meeting and they called and said "what's wrong with you I heard your sick" I said "yeah, I am" and she responded, "well tell me, call me and I'll come over anytime." You know, so sweet.

Both suggested that their experiences in group counselling made them feel less alone and that groups exclusively for older people could address issues of loneliness that older people face. Sue and Chantal, neither of whom attended group counselling, also noted

this as a possible counselling modality that would be ideal for older adults. Both women expressed that if the opportunity presented itself they would be willing and open to attending group counselling but were not aware of any groups existing that addressed the needs of older adults.

Rochelle suggested that psychological counsellors and mental health advocates should work to promote the concerns of older people by writing articles in newspapers, journals, and materials accessed by the general public. Rochelle noted that this may help to address those underlying and pervasive barriers to older people seeking psychological counselling.

Ultimately, however, all participants noted, throughout their narratives, that the central and defining aspect of good counselling work was working with a counsellor who was invested, caring, and who took time to fully understand and support their clients.

### **Summary**

Four domains emerged from the participants' narratives: (a) overall assessment of the psychological counselling experience; (b) influence of counsellors' cultural identity and cultural competence on the shaping of the counselling relationship; (c) client's perception of socio-cultural obstacles in psychological counselling; and (d) client recommendations for the improvement of geropsychological counselling. The experience of older adults receiving psychological counselling was captured in each domain. Domain one and two captured the depth to which the relationship between counsellor and older client was important in creating a positive counselling experience. Furthermore, counsellor age and life experiences appeared to influence the choice of counsellor and participant beliefs about psychological counselling competence. Next, domain three

captured the participants' views on their cross-cultural experiences, both in seeking counselling and within the counselling relationship. Lastly, domain four, client recommendations for the improvement of geropsychological counselling, provided new directions and considerations for multicultural competent geropsychological counselling. These results and more are discussed in greater detail in the discussion as well as the implications for research and practice sections to follow.

## CHAPTER 5: DISCUSSION

Through a social constructivist epistemological lens, the aims of this study were to explore older adults' experiences in counselling through the use of narrative analysis. The purpose of the study was to capture the experiences of older adults who underwent psychological counselling, to understand what qualities and experiences older adults seek in the process. Additionally, by listening to participants' stories the goal was to capture their perspectives on how current geropsychological practice can be improved, and to understand which factors older clients deem important to their psychological well-being. This discussion chapter will discuss and review the central themes that emerged from participants' narratives, followed by a presentation of the strengths and limitations of the study. Implications of this study and recommendations for psychological counselling and research will be presented, followed by a review of the original contributions of this study.

The goal of a social constructivist epistemological lens is to empower research participants by challenging dominant social structures and meaning systems (Haverkamp & Young, 2007). As such, results from this study shed light on several factors that appear essential to the psychological counselling experiences of older adults. Central to the participants' preferences in psychological counselling was a positive relationship with their psychological counsellors, characterized by a counsellor-driven environment of trust, care, and dedication. Additionally, participants' noted that, in creating a positive counselling experience, qualities such as trust, care, and dedication would ideally be complimented by counsellors' older age and life experience. Results further reflected that the presenting concerns of the participants, while not unique to older adults, required

interventions that directly attended to the participants' age and social status as an older adult. Participants' recommendations for the improvement of geropsychological counselling emphasized the importance of counsellors' attendance to the socio-economic and social status of older adults. Counselling interventions, which address the marginalization of older adults and challenge the socio-cultural assumptions regarding old age, were of particular salience.

### **Essential Elements of the Counselling Relationship**

During the interviews, the participants tended to focus on their relationships with their counsellors and, in particular, which qualities made the relationship and counselling experience meaningful. Participants who had experienced counselling as positive tended to emphasize their counsellors' trust, care, and dedication. It appears that these factors were central to the building of a positive counselling experience. These qualities described by the participants are well established in the counselling psychology literature. Referred to as common factors (Wampold, 2001), the qualities of trust, care, and dedication transcend theoretical orientations, and are considered central ingredients of a successful counselling experience. These factors comprise a positive counselling alliance. By contrast, participants who had negative counselling experiences described counsellors who failed to address and understand clients' presenting concerns, self-disclosed details from their own lives that made clients uncomfortable, and offered recommendations which overlooked client needs.

Overall, these results are consistent with research findings concerning clients in counselling; specifically, clients want a solid counselling relationship characterized by a trusting bond, care, and dedication (Wampold, 2001), while negative counselling

experiences are characterized by a lack of responsiveness, lack of directiveness, and not feeling understood (Paulson, Overall, & Stuart, 2001). Though these findings are consistent with the findings about clients in general, the participants identified additional qualities related to age and life experience that they deemed important in the successful building of a counselling relationship. These qualities will be discussed in further detail later.

### **Creating Meaningful Relationships: Employing Cross-cultural Empathy**

Even though the participants tended to discuss a trusting bond, care, and dedication as important elements of the counselling relationship, every participant also mentioned that the age of the counsellor was important. The majority of participants noted that they preferred a counsellor who was their age or older. Most participants suggested that this preference was informed by their doubts about the competence of younger counsellors. The participants noted that while access and finances were a factor in their choice of counsellor, age was also a significant determinant in the choice. Consistently, the participants were concerned that a younger counsellor would be ill-equipped to successfully address their concerns and establish a meaningful relationship. They felt that a younger counsellor could not reasonably understand and relate to their experiences as an older client. Participants noted that while qualities like care and a trusting bond were important, these qualities needed to be complimented by significant life experience as measured by years lived.

Several participants recounted experiences with ageism and age-based prejudice when encountering younger people in the context of their day-to-day lives. These same participants noted that their reluctance to work with a younger counsellor, while in part



informed by concerns about competence, was also influenced by their daily experiences with ageism. In other words, participants might have purposively sought older counsellors who they believed could readily relate to their experiences and who they believed would not contribute to further experiences of ageism.

While participants noted that they preferred and sought out older counsellors who they believe could more readily establish a meaningful relationship of mutual understanding, the likelihood of an older client working with an older counsellor cannot be guaranteed. It is highly probable that most counselling of older adults will involve an inter-generational client/counselling relationship. The likelihood of older adults being in an intergenerational counselling relationship therefore highlights the importance of counsellors attending to cross-cultural differences in age and perceived life experience, and the influence of these factors on the counselling relationship. As the participants highlighted, an empathic counselling relationship is not just a warm trusting bond, but rather it involves a multidimensional interpersonal process wherein inter-generational differences are explored and integrated into the counsellors' empathic understanding of older clients. A multidimensional interpersonal process is congruent with what is defined in the literature as cultural empathy (Ridley & Lingle, 1996; Ridley & Udipi, 2002). It highlights a more nuanced understanding of the relationship between client and counsellor, and the expression of empathy (Sinclair & Monk, 2005). In other words, counselling with older adults would require utilization of cross-cultural empathy characterized by dynamic collaborative process wherein shared meaning is created (Clark, 2000).

**Self-disclosure as a Counselling Tool**

Participants noted that the life experience of an older counsellor would ensure greater competence and understanding. Two participants noted, however, that their older counsellors had self-disclosed challenges from their lives as older adults, specifically, the challenges of interacting with adult children and asserting one's sexual needs. When challenged by the participants about the rationale for the self-disclosures, the counsellors noted that the self-disclosures were therapeutically motivated as a means of empathizing with their similar aged client. In each case, the participant felt strongly that these self-disclosures had limited their counselling experience and led directly to termination of counselling. In addition, both participants felt that they had become their counsellor's counsellor. Drawing from these experiences, it would seem that what is important is the implicit knowledge that an older counsellor can relate to the experiences of aging, and not the actual sharing of life experiences that was preferential to older clients.

Self-disclosure as a therapeutic tool for expressing empathy may need to be carefully reflected upon by counsellors working with older adults. While the shared experiences of aging and the challenges therein may be a source of comfort for older clients, it cannot be assumed that counsellor self-disclosure about those experiences will always positively influence the course of therapy. Instead, as recommended in MCC, psychological counsellors ought to engage in on-going dialogue with clients about the role of self-disclosure as a helpful tool (Hays, 2001). Furthermore, counsellors must engage in on-going self-reflection about the motivation for self-disclosure, and clarify whether it is a personal issue to be addressed in supervision or personal counselling (Brown, 1994). Lastly, a more nuanced discussion about perceived similarities in life

experience is required such that counsellors do not impose their perceptions of similarity between their own and their client's life experience. When used appropriately, however, self-disclosure can be a tool to discuss the cross-cultural differences or similarities in the context of the counselling relationship, and facilitate rapport building and the creation of change.

### **Intergenerational Research Relationship: Lessons for Counselling**

As a younger counsellor at the beginning of her counselling career, the researcher was struck by her reactions of sadness and frustration with the participants' wholehearted belief that a younger counsellor could not competently counsel them. The researcher felt judged, and at times internalized these feelings wondering if she would make a competent counsellor when working with older adults. Motivated by the belief that younger counsellors are as competent as older counsellors, and questioning if her reactions were a response to a prejudice against younger people, the researcher used journaling and regular discussion meetings with her co-supervisor to reflect on and monitor these reactions and feelings.

The researcher created a dialogue about her stimulus value as a younger person in the interviews by openly reflecting upon and encouraging feedback about the intergenerational differences in our research relationship. Participants consistently noted that they felt understood and comfortable in sharing their stories with me. Participants' positive feedback suggests that successful intergenerational relationships characterized by trust and care can be readily established when the understanding of intergenerational differences is integrated into the treatment of older clients.

The participants' experiences of trust and care in the inter-generational research relationship provide further insight into the role of story-telling in counselling older adults. When asked about their experience in the research project, the participants consistently noted that they experienced feeling understood and cared for by their counsellors. They expressed appreciation of the researcher's commitment to giving voice to the stories of older adults, and to improving the experiences of older people in counselling. These results demonstrate the usefulness and applicability of story-telling as a potential technique for working with older adults. According to the participants, sharing their stories with a younger person was a comfortable and safe process, in that they felt heard, empowered, and had a sense of agency. This result implies that a narrative approach to counselling that focuses on storytelling could be an effective intervention when working with older adults.

A few participants expressed a favourable attitude toward working with younger counsellors. These participants agreed that younger counsellors are full of "juice" or enthusiasm for their profession. In some cases, preference for working with younger counsellors was related to the participants' belief that younger counsellors may have more up-to-date knowledge about the field of psychology. These reactions may reveal implicit messages of ageism against older counsellors, namely that age leads to a decrease in passion or competence in one's profession. Alternatively, it may suggest that these participants, in contrast to those who sought older counsellors, were seeking different qualities in their counselling relationship. While some participants were in search of a counsellor with life experience as measured by age, other participants were seeking passion and vitality in their counsellor which may have been independent of age.

**Other Cultural Factors**

Interestingly, when discussing their counselling relationships, the participants did not initially focus on the gender, sexual orientation, race, and/or ethnicity of their counsellor. Participants generally discussed their counsellor's ability to create a trusting bond, express care, and demonstrate dedication. Participants reflected that concerns related to the other cultural identities of their counsellors beyond age were secondary. Both Allen and Marty, for example, noted that while they were open to working with a counsellor of any cultural/ethnic background, they found comfort in working with older, Jewish psychological counsellors. They noted that the shared identity of being Jewish meant that, at times, they could share a sense of humour and specific cultural references. So while the shared religious/cultural identity had not been a primary concern in the building of a therapeutic relationship, it had been appreciated. It would seem, therefore, that if the criteria of care and shared age were met, clients would then explore the influence and importance of other cultural identities on the quality of the counselling relationship.

**Presenting Concerns Addressed in Counselling**

Several participants discussed the presenting concerns that brought them to counselling. While these presenting concerns, such as career and sexuality, are not unique to older adults, the stories highlighted how reflecting on age and social status as an older person is critical to the counsellor interventions chosen to address these topics.

**Career**

As illustrated in Sue's and Joanie's narratives, career was a salient part of the identity of participants. Counselling provided empowering experiences in getting support

and feedback about career decisions as older adults. With support and feedback from their counsellors, Sue decided to switch employers following a workplace trauma, while Joanie embarked on a new business venture. Their experiences underscore the important role that counsellors have in taking older adults' career concerns seriously. Both Sue and Joanie expressed that their counsellors had given them a sense of empowerment and agency in making important career decisions.

Herr, Cramer and Niles (2004) noted that limited attention has been paid to the career issues of older adults. The results from this study coupled with the extant literature suggest that counsellors can play an important role in exploring client's beliefs and perceptions about their career plans (Canaff, 1997; Herr et al., 2004). Contrary to the perception that older adults are poor candidates for therapy because they have a reduced ability to change (Myers & Schweibert, 1996, Palmore, 1999), Sue and Joanie's narratives reveal that older adults can use counselling to engage in and explore significant career changes. These results highlight the increasing need for counsellors to attend to the career issues of older adults.

### **Sexuality**

Much to their frustration and disappointment, the participants who had sought counselling to address sexual concerns found that their concerns were consistently ignored and minimized. Jackie noted that her counsellor "brushed aside" her sexual concerns, and that counselling had not addressed issues of sexuality. Jackie's reluctance to identify her sexual orientation and specific sexual concerns during the research interview may be related to a fear of having her concerns brushed aside again.

Counsellor inattention to the sexual concerns of older clients is consistent with the existing literature that cites sexuality as one of the most often ignored or dismissed topics by psychological counsellors (Hodgson & Skeen, 1994). Counsellor disregard for the sexual needs of older clients may be related to the counsellor's discomfort and their belief in the co-existence of asexuality and aging (Bouman, 2005; Hodgson & Skeen, 1994). Furthermore, literature suggests a cohort effect, with LGBTQ older adults more likely to "pass" as straight due to legitimate, historically based discrimination and persecution (Reid, 1995; Shankle et al., 2003). Counsellors are therefore encouraged to attend to those cohort effects in creating safety for LGBTQ clients. Sadly, both Jackie and Denis expressed little interest in pursuing further avenues for addressing their sexuality in counselling, highlighting the profound influence that counsellors can have on client beliefs and behaviour. Jackie's and Denis' experiences suggest that older people seek counselling to address sexual concerns. Psychological counsellor's dismissal or omission of older clients' sexual concerns may reflect ageist assumptions of asexuality and heterosexist biases.

### **Mortality and Loss**

Anecdotal experiences throughout the researcher's professional training suggest that many counsellors are uncomfortable working with older clients for fear that it would require extensive time reflecting on mortality and loss. Predominantly, counselling theoretical frameworks propose that end-of-life issues are a central feature of counselling older clients (Knight, 2004; Orbach, 2003; Yalom, 1981). By contrast, the narratives of participants of this study did not reflect a focus on end-of-life issues as a central feature of their counselling experiences. The presenting concerns of the participants in this study

focused on such topics as: family and relationship concerns, sexuality, career, and living with depression and bipolar disorder. While some referenced the loss of a partner and accompanying loneliness as topics explored in counselling, the counselling concerns were not centrally focused on death and dying, as suggested in the literature. The results of this study suggest that counsellors should work to reduce their assumptions about end-of-life issues of older adults, while also attending to the interconnectedness of their presenting concerns. Ultimately, counsellors should pay attention to those concerns that clients deem centrally important.

### **Recommendations for Improving Geropsychological Counselling**

During the course of the participants' narratives, they reflected upon their ideas and recommendations for the improvement of geropsychological counselling. It appeared, however, that in order for participants to begin this reflection, they first needed to assess their experiences in counselling for clues and insights into those qualities, behaviours, and practices that promote competent geropsychological counselling. In other words, their experiences informed their opinions of what it means to competently practice geropsychological counselling.

### **Acts of Kindness and Ethical Practice**

Several of the recommendations from participants challenge long held beliefs about ethical psychological counselling practice. Chantal, for example, noted that she had been invited into the private home of her counsellor for crisis sessions. Allen shared that his counsellor had provided a loan to help him through some difficult financial times. Both shared how these "acts of kindness" were of significant importance as it demonstrated profound care and concern on the part of their counsellors. Chantal and



Allen's primary recommendation for the field, drawn from their own experiences, is that psychological counsellors should be willing to go above and beyond for clients.

The participant examples of receiving a loan from their counsellor and being invited to their counsellor's home were surprising to hear as these examples challenge notions of what is considered appropriate by general standards of ethical psychological practice. Interestingly, the peer reviewer, supervisory auditor, and researcher expressed strong reactions of surprise and wonderment about the decision-making process of the counsellors in offering these gestures. The research team were challenged to reflect on how as counsellors determine what is considered appropriate in the context of the counselling relationship. These acts of kindness appeared to go beyond the realm of acting as advocate, coach, and educator, a diversity of roles that multicultural counselling encourages counsellors to assume. Central to the research teams discussions of these good deeds was the notion that the ethical standards put forth by the APA and the Canadian Psychological Association do not provide ample direction about navigating decisions such as those made by the counsellors of participants in this study. However, these acts of kindness suggest that ethical psychological practice is not easily defined within the context of geropsychological practice, or any practice for that matter.

Also central to the research team discussions was a curiosity about whether stories like these are truly exceptional or if counsellors often engage in behaviours that would be considered unorthodox, yet profoundly moving for clients. The research team also wondered if these behaviours are perhaps not well documented. In addition, it begged the question, how did the counsellors come to these decisions to engage in acts of kindness, and what influenced their decisions to provide these options (e.g., loans and offers of

having clients at their homes)? These questions offer future direction for research, particularly: how are decisions such as these are made by counsellors, and is age a contributing factor?

### **Structure and Format of Psychological Counselling**

Participant reflection on recommendations for geropsychological counselling revealed several ideas which would require counsellors to adapt their services to older clients. Using multiple sources in the assessment of older adults' counselling sessions, lengthening the counselling sessions, and the use of group counselling were emphasized by participants as important considerations when adapting the structure and format of psychological counselling to older adults. Ultimately, the recommendations underscore the importance of tailoring the practice of counselling to the unique demands and requirements of each client.

Allowing family members/friends to attend sessions was a recommendation noted by several participants. As Rochelle stated, it should be understood that older clients may want and/or need family members to be present in their sessions. Rochelle expressed frustration that her request to have a family member present in her session was refused. She noted that having a family member or friend present would be a source of comfort, offering an additional perspective into details of her presenting concern. Rochelle's experience raises a question regarding the underlying Western cultural value of individualism that informs psychological counselling. An assumption of individualism has been identified by the field of multicultural counselling. Rochelle's experience highlights the important role of family and friend systems in the lives of clients (Hays, 2001). As Rochelle reported, her experience of being refused the presence of a family

member in her session was disempowering. Her recommendation therefore suggests that the voice of older clients be empowered in the counselling relationship in order for counsellors to know what is best for clients in the context of their counselling experience.

Another recommendation for the structure and format of counselling concerned the length of sessions. For example, Sue suggested that a fifty-minute session hour was too brief, thus not accounting for the depth of experiences that older clients' may have. Longer sessions would therefore allow for greater exploration and assessment. This suggestion raises questions about the negotiation of session length and on-going discussion with clients regarding appropriate length of sessions. This highlights that clients wish to be engaged in defining, not just the content of their counselling sessions, but also the structure and format of counselling. Sue also noted that counselling sessions need to be ritualized with a familiar beginning and end to give comfort to older clients.

The field of counselling psychology has consistently advocated for the position that clients are the experts of their lives and counsellors are the experts in the provision of counselling (Pedersen, 2003). However, the results of this study suggest that creating dialogue between client and counsellor about the structure and format of counselling sessions may be empowering for clients. In other words, discussion not just about what happens in counselling, but about how it happens may be of equal importance in the context of psychological counselling.

Lastly, group counselling was discussed as a useful form of psychological counselling for older adults. Andrew and Rochelle, for example, had experienced group counselling and each made the case that it helped them to overcome issues of loneliness and isolation. Chantal wondered if promoting group counselling for older adults would

help diminish the stigma against counselling that she believes is still strongly present among older adults. This study aimed to explore all types of counselling, but the participants consistently referenced their experiences with individual rather than group counselling. Group counselling has often been cited as a welcome alternative to individual counselling for its cost-effectiveness, but also its ability to bring together people with shared experiences and struggles (Yalom, 2005). Participants also noted that discussions regarding the social barriers that older people face in the context of group would be both empowering and validating. Being in a group with peers may counterbalance the feelings of marginalization that older adults experience in their day-to-day lives. While participants expressed interest for and recommended greater access to group counselling, several participants remarked that they were unaware of group counselling for older adults. A recommendation therein was for the creation and advertisement of more group counselling opportunities for older clients.

### **Socio-Cultural Concerns in Geropsychological Counselling**

As mentioned earlier, this research study was guided by a social constructivist epistemological stance, which examines and deconstructs the dynamics of power, oppression, and privilege related to multicultural identities such as race, ethnicity, class, religion, disability, sexual orientation, and age (Enns & Sinacore, 2005). By taking this epistemological stance, the goal was to empower research participants by challenging dominant social structures and meaning systems (Haverkamp & Young, 2007). The role of the researcher, therefore, was to be engaged in the explicit goal of exploring avenues for creating change and reducing oppression.

Client's perception of socio-cultural obstacles in psychological counselling illuminated the concern about how psychological counsellors can realistically advocate on behalf of older adults on such topics as financial parity and ageism. During Allen's interview, he struggled to identify recommendations for the enhancement of geropsychological counselling. He expressed hopelessness about whether psychological counsellors could reasonably address his overarching presenting concerns of poverty, ailing health, and isolation. His statements regarding his hopelessness were powerful and moving. They highlight the existing perception that psychological counsellors are able to address internal emotional problems, but not the socio-political struggles that older people face.

The results of this study suggest a need for psychological counsellors to promote the perception that the role of a counsellor is to encourage individual and systemic/social change that will benefit the lives of all older people. That is, results of this study provide evidence that advocating to ensure financial accessibility of counselling for older clients and challenging societal ageism are important avenues through which to promote the overall well-being of older adults. Such efforts would be consistent with tenets of both MCC and social constructivist epistemology which is founded on the notions that psychologists and scholars have a responsibility to provide equal opportunity, be inclusive of all individuals, and work to remove individual and systemic barriers that disadvantaged and marginalized groups face in the pursuit of self-determination (Haverkamp & Young, 2007; Sue, 2001).

**Promoting Financial Parity for Older Adults Seeking Counselling**

The impact of social class and income on the decision-making of older adults seeking counselling highlighted the disparities amongst those who could afford psychological counselling and those who had to seek alternative options. Predominantly, visible minority elders and single older women are more likely to live in poverty as compared to White, older men (Myers & Schweibert, 1996; Sue & Sue, 2003). In turn, older adults living below or at the poverty line tend to show greater declines in cognitive functioning (Kitayama, 2001). Notably, the participants who had the greatest challenges in securing adequate and reliable counselling were Rochelle, an older woman of colour, Jackie a single, older woman, and Andrew, a White, disabled man. Each of these participants' lives on limited fixed incomes, and the financial cost of counselling figured prominently into their narratives. While they had requirements and preferences vis-a-vis the kind of counselling and counsellor they were seeking, the decisions of these participants were primarily dictated by the cost of the hourly sessions. Predominantly, the White, middle class participants did not identify cost as a significant factor in accessing help.

Due to high cost of psychological counselling and the challenge of finding adequate yet affordable counselling, Rochelle chose not to see a counsellor during an especially intense period of depression. Her symptoms worsened over time which she credited to the lack of accessibility to counselling. Rochelle's experience raises the concern that many older adults with fixed incomes and limited financial mobility may suffer without psychological support; a situation that could potentially exacerbate their symptomatology. The literature suggests that the stress of living at or below the poverty

line is related to greater cognitive impairment in older adults. This may pose even greater health risks and concerns for these older adults (Kitayama, 2001). The narratives of the participants in this study highlight the importance of promoting financial parity for older adults seeking counselling.

Limited by the high cost of weekly psychological counselling, Rochelle and Andrew were seen by psychiatrists in lieu of counsellors or psychologists as the former was covered by health care. Treatment was primarily medication based with occasional conversations with the psychiatrist about lifestyle choices. As noted in the literature regarding treatment of older adults' mental health concerns, the first line of treatment tends to be psychotropic medication rather than psychological counselling, even when clients would benefit from counselling (Myers, 2007). Both Rochelle and Andrew expressed frustration that psychological counselling was not readily available to them, and that the psychiatrists had not advocated for treatment beyond medication. The experiences of these participants mirror the discussion in the literature, which suggests that the field of psychology needs to promote the understanding that psychological counselling is both useful and desired by older adults (Hays, 2001). In addition, this literature highlights the need to deconstruct the socio-cultural barriers that prevent access to counselling for older adults (Hays, 2001).

### **Challenging Ageism**

The results of this study also indicate that internalized ageism could pose a barrier to older adults' process of seeking help. For example, Jackie feared that being in counselling past the age of eighty would be an admission of "being a semi-permanent basket case." Allen also expressed concern about how he would be perceived if he

remained in counselling past a certain age. Their reflections suggest that a social message may exist that older people do not or should not need counselling once they have reached a certain age. Chantal noted that the most prevalent messages that she received about older people not needing counselling was from members of her own age group. Jackie concurred that the pressure to appear wise and psychologically sound was intra-generational. She added that both her experiences of ageism and the pressure she felt to not be in counselling past a certain age was experienced most directly by people her own age. These results indicate that the combined stigma of being an older person in need of psychological support with that of seeking counselling may be a barrier to older people presenting for counselling.

While participants experienced internalized intra-generational ageism, they also expressed concern about the beliefs and assumptions that counsellors might hold about older adults. Jackie, for example, wondered how society's ageist attitudes and assumptions would "inevitably penetrate" and influence the counsellor. This concern is shared by gerontologists Angus and Reeve (2006) who wrote: "often the very people who are supposed to be advocates for older people have been socialized and professionally sanctioned to be unaware of their ageist stereotypes or their role in them" (p. 140).

Several participants recommended that counsellors engage in a reflexive process of exploring their beliefs and perceptions of working with older adults. Jackie, for example, wanted psychological counsellors to carefully reflect on their reasons for choosing a career path in geropsychology. The recommendation of reflexivity is in alignment with the recommendations of MCC theorists who emphasize a commitment to self-awareness (Sue et al., 1998). The process of developing self-awareness involves



ongoing reflection, awareness, and deconstruction of one's assumptions, biases, and values regarding aging, and counselling older adults. This process involves a reflection on how oppression, ageism, age-based discrimination, and stereotyping affect counsellors personally and professionally, and provides opportunities to reflect on their own ageist attitudes, beliefs, and feelings (Sue et al., 1998). Psychological counsellors are therefore strongly encouraged to seek out educational, consultative, and training experiences to enhance and enrich their competence and effectiveness in working with older adults.

On the surface, recommendations made by the participants in this study seem to diverge from the recommendations offered by CBT theorists for working with older adults (Laidlaw, 2003). When reflecting on CBT as a modality for treating older adults, Laidlaw and colleagues (2003) suggested that exploring older adults' erroneous negative beliefs about aging may be ideal in curbing depression. Results from the present study suggest that this may indeed be useful. However, it would appear that what need to be closely monitored are the erroneous beliefs that older clients and counsellors hold about older adults being in counselling. Using CBT in conjunction with MCC to address the maladaptive beliefs held by both counsellors and older adults themselves may be useful when working with older clients.

### **Role of Self-Awareness and Advocacy in Geropsychology**

Though many of the participants' narratives demonstrated that the work of a psychological counsellor can be immensely rewarding for a client, several participants, such as Gia, Jackie, and Rochelle, noted that their experiences would have been enhanced by their counsellors' advocacy in addressing issues such as age-based prejudice, and affordability and accessibility to counselling. Psychological counsellors' may focus on

the therapeutic relationship and the emotional well-being of clients while seeing the socio-political barriers of older clients as secondary and/or difficult to address. Allen's words of "going above and beyond" sound an important call for psychological counsellors. The words emphasize the lasting change that counsellors can exact in the lives of their clients. Using the power of education and the privilege of a professional identity, psychological counsellors may need to go beyond the counselling session to advocate on behalf clients to seek greater economic, political, and judicial parity for all older people.

Knight (2004), a well-known theorist in geropsychology, argued that a humanistic orientation to counselling may be an ideal approach when working with older adults. He argued that unconditional positive regard would be an antidote to the experiences of discrimination that older people often face. Interestingly, results from this study highlight that unconditional positive regard in and of itself may not be enough for a successful counselling relationship. This study highlights how unconditional positive regard alone would not adequately address the marginalization and oppression that older adults may experience.

Participants' narratives in this study highlight the need for psychological counsellors who are dedicated to their clients through a process of creating positive counselling relationships founded in counsellor self-awareness and commitment to advocacy. Participants noted that counsellors need to engage in self-examination to understand how their own experiences of aging, the impact of their existing relationships with older adults, and their own experiences influence their counselling approach and beliefs about this population.

### **Strengths and Limitations of the Current Study**

#### **Strengths**

Giving voice to the experiences and expertise of older clients is the central and defining strength of this study. Embarking on the literature review for this study revealed the absence of the voices of older people in the defining of their unique counselling needs. Quite simply put, there were many counsellor-driven assumptions regarding older adults' beliefs, values, and needs vis-a-vis counselling. However, older adults' own perspectives are not represented in the literature. Driven by the pervasive absence in the literature of older people's voices, this study aimed to hear directly from older people about their experiences, beliefs, and needs as clients seeking counselling. By using their voices as experts and collaborators, it represents an important step in the field of multicultural counselling; a step characterized by expert clients who are empowered and encouraged to identify the qualities, skills, and knowledge that counsellors should have.

A further strength of this study is the use of a critical lens informed by MCC and social constructivist epistemology. Employing this lens centralizes the voices of marginalized or disempowered individuals by allowing them to speak about the various individual and systemic influences on their lives. Using this lens gave light to participant experiences in counselling while at the same time attending to the individual and systemic factors that influenced their experiences. Ultimately, this lens allowed for the deconstruction of current systems of geropsychological counselling.

The subjectivity of the researcher cannot be overlooked in qualitative research as researcher biases and assumptions can both be a hindrance and strength. Collaborating with a peer reviewer and an auditor allowed the researcher to examine her biases and

assumptions, which ultimately allowed for increased trustworthiness and strengthening of the study overall. Collaborations with reviewer and auditor allowed the researcher to note when reactions to the participants' narratives provided important insight or when it detracted from participants' narratives. It also helped the researcher to acknowledge her positionality. The peer reviewer and the auditor provided important insights and directions that may have been overlooked given both the researcher's complete immersion in the data and direct connection with the participants.

A further strength of this study was the use of participant member checking. As described earlier, a restorying document was presented to each participant for personal review, which gave participants the opportunity to discuss their reactions to the analysis and to provide feedback as to how accurately the researcher captured their stories. In each case, participants expressed gratitude for how closely the researcher had captured and understood their stories. This added an additional level of trust from the participants in the research process. It was also important to ensure that all the participants were reassured that the researcher would honour and stay true to the intimate and important stories they had shared.

### **Limitations**

Participant recruitment spanned approximately eight months as it was a challenge to recruit participants for this study. Despite having access to numerous community resources, recruiting participants proved to be difficult and raised questions as to what made recruitment challenging. Several participants noted that their older friends and family are reluctant to explore counselling or to admit seeking psychological counselling. This raises the question of: were older adults reluctant to self-select for this study given

the nature of the topic? This limitation may provide further insight into the preconceived notions about counselling held by older adults, and offers further incentive for the dispelling of myths about the role of counselling.

As recruitment proved to be challenging, a decision was made with the consent of the research co-supervisor to broaden the recruitment from individuals who had worked with counselling psychologists to individuals who had worked with psychological counsellors. In other words, some participants described experiences with counselling psychologists while some had worked with mental health social workers, psychiatrists, and master's level counsellors. All of the participants noted that they had been in psychological counselling with their psychological counsellor. This raises a question regarding the extent to which the experiences of participants in psychological counselling can be attributed to differences in training perspectives of the different mental health professionals. While this may be a limitation, several participants' experiences with psychiatrists and non-counselling mental health workers spoke of the challenges of meeting with counselling psychologists and the lack of affordability of on-going counselling hence providing important insights regarding challenges to seek counselling. These experiences may not have been heard had all participants worked with counselling psychologists.

### **Implications and Recommendations**

This study is an important contribution to the field of multicultural counselling, which to date has overlooked an examination of older adults experiences in and perspectives on counselling. It is a timely exploration of the first-hand experiences of

older adults in psychological counselling, and the results have several significant implications for research, practice and training.

### **Implications and Recommendations for Future Research**

Resoundingly, the participants expressed gratitude to be involved in a research project. Several participants explicitly stated that they felt a responsibility to engage in research as a means to both challenge pervasive societal assumptions about older adults and to improve psychological practice. Participants also noted that their relationships with their counsellors had been meaningful and they wanted to share what had contributed to these positive or negative experiences. Perspectives shared by the participants suggest that researchers should more readily engage older adults as participants and as research collaborators. Engaging older adults not just as participants, but in every phase of the research, from the design of research studies to the dissemination of research results, would enhance the cultural validity of future research in this area (Quintana, Troyano, & Taylor, 2001).

The focus of this study was to capture the stories of people who had been in counselling. By virtue of having attended counselling, the participants demonstrated a degree of openness and willingness to engage in the process. This study did not aim to capture the stories of people who are unwilling to seek counselling. Future research that captures the narratives of older adults who are unwilling to attend counselling may shed additional light on the perceptions and beliefs older adults hold about psychological counselling.

As this study only addressed client experiences, further research could explore the issue from counsellors' perspectives. For instance, in a follow up study, the counsellors

of these participants could be interviewed to compare the narratives of both the client and counsellor. The contrast and comparison could highlight important converging and diverging experiences of the client and counsellor that may shed light on ways to adjust the practices of counselling to better meet the needs of older clients.

Emerging from the data are numerous, previously underexplored research topics that are driven from the perspective of clients. Important areas warranting further exploration include an analysis of: the influence of older adults' experiences with ageism on preferences for older counsellors, the sources of older adults' concerns about the competence of younger counsellors, the root of younger counsellors' reluctance to work with older clients, experiences of counsellors and clients in inter-generational counselling, and positive inter-generational counselling experiences.

### **Implications and Recommendations for Practice and Training**

Overall, this study demonstrates that psychological counsellors can serve as advocates for older adults. Participants spoke throughout the interviews about their concerns regarding the economic challenges and lack of access to socio-political resources that older people face. As MCC highlights, counsellors have a role in advocating for systemic change on a provincial, national, and international stage (Vera & Speight, 2003). Psychological counsellors can engage in advocacy to address unjust social conditions that are exacerbated by additional factors such as ageism, poverty, and classism amongst older adults.

Tang and Lee (2006) note that there has been little advocacy on the part of non-governmental organizations and human rights activists for a legally effective international convention on the rights of older people. They argue that the promotion of older people's

rights is long overdue. Their call brings to light a possible role for psychological counsellors in advocating the promotion of human rights for older adults. The APA, for example, has been working with the Elder Justice Coalition, a national advocacy network devoted to supporting elder justice in the U.S. to promote greater awareness regarding issues such as elder abuse, neglect, and exploitation. Furthermore, psychological counsellors can pool their efforts to advocate at provincial and national levels for greater accessibility and affordability of psychological services for older adults. Psychological counsellors could lobby the government to include the cost of psychological counselling under the subsidized medicare plans of older adults. For ideas on how to advocate at the systemic level, Hinrichsen (2010) has written a seminal guide on how psychologists can manoeuvre the public policy systems to advocate for change to mental health and aging public policies.

Continued efforts to de-stigmatize psychological counselling on a societal level may also be warranted. In an effort to promote greater awareness of the needs of older adults, psychological counsellors could partner with community centers to provide a workshop series on the mental health and well-being of older adults. Deconstruction of the perception that older adults are not in need of counselling, and that counselling would center solely on issues of loss and death, would enable psychological counsellors to meet the clients where they are. Psychological counsellors could encourage their professional orders to use public forums, such as advertising campaigns, to show images of older people seeking and benefitting from counselling. Additionally, creating more cross-discipline collaborations with other helping professionals and promoting greater counselling referrals by other respected health professionals, such as doctors and nurses,



may help create dialogue around, and raise awareness of, the useful role of counselling in health promotion.

Awareness of one's own worldview and biases is an integral component of multicultural competence for counsellors and supervisors (Arrendondo, 1999; Hays, 2001). Psychological counsellors are encouraged to examine and confront their biases about counselling older adults. As narratives of this study demonstrated, these biases may exist not just in intergenerational, but also in intra-generational, counselling relationships.

Psychological counsellors' willingness to create space for older clients to determine the course of their counselling experience could be warranted. Counsellors could do this by allowing them to identify the presenting concerns that are salient to their wellbeing. As the results of this study suggest, psychological counsellors who strive, for example, to overcome preconceived notions and beliefs about the sexual lives of older adults may more effectively and compassionately help their older clients. Additionally, psychological counsellors who provide career counselling and address such topics as ageism in the workplace, re-entry into the workforce, retirement, career changes, and workplace trauma, may provide valuable support for older clients.

### **Training.**

As noted in the literature review, few counselling psychology programs incorporate training modules on geropsychological counselling (Myers, 2007; Qualls et al., 2002). With a growing population of older adults, geropsychological training will need to be integrated into all counselling psychology training programs. Results from this study suggest that older people seek counselling and are amenable to the services

provided by psychological counsellors. Training opportunities which incorporate reflexivity and self-awareness exercises, wherein students reflect on their own beliefs and views about aging and deconstruct the myths and misconceptions that society holds about older people, would be beneficial. Furthermore, training which attends to career and sexuality of older adults may be important. As Herr, Cramer and Niles (2004) noted, training should address the career concerns of older adults.

Many training programs do not actively train psychological counsellors on conducting individual assessments using multiple sources, such as family and friends (Suzuki & Ponterotto, 2008). Obtaining information from multiple perspectives may help psychological counsellors gain a fuller picture of the clients' situations while also demonstrating a flexibility and willingness to give clients a voice in determining the course of their treatment (Hays, 2001; Suzuki & Kugler, 1995). As Rochelle highlighted, older clients may benefit from having family and friends involved in the assessment process.

Furthermore, few internship opportunities in geropsychological counselling are available to Master's and Doctoral students. Training programs can improve practicum and internship opportunities by developing relationships with community resources and non-profit organizations that are focused on addressing the needs of older adults. Both APA and CPA can play an integral role in promoting greater training opportunities in geropsychology. Promisingly, APA urged Congress to restore funding for geropsychology training through the Graduate Education Training program (APA, 2009). A new generation of counselling psychologists need to be prepared for the increasing demands of an aging population.

### **Original Contributions**

Historically, the literature on multicultural counselling, and as it relates to older adults specifically, has omitted the knowledge and perspectives of clients in the development of multicultural competent counselling theory and practice. Driven by Pope-Davis and colleagues' (2002) recommendation for the inclusion of clients' perspectives and expertise in the definition of multicultural counselling, this is the first study that directly attends to the perspectives and opinions of older adults in the movement towards a collaborative definition of multicultural counselling. The social constructivist epistemology used to frame this study further centralized the voices of older adults.

This study represents an important direction in the field of multicultural competent counselling as it incorporates the voices of older adults as experts on their psychological counselling needs. Using narrative analyses, this study gave voice to the stories and experiences of older adults in counselling. As Schaie (1993) elucidated, much of the research on older adults even in the past fifteen years since he wrote his seminal work on ageism in research practices, does not directly implicate older adults as research collaborators with expertise in their experiences. Schaie argued that much of the empirical knowledge of older adults is heavily influenced by societal assumptions about aging. This study adds a significant contribution to the geropsychological literature, as it is, to the best of my knowledge, one of the first that draws from the firsthand accounts of older adults' experiences in psychological counselling. In sum, this study heralds a new direction in the field of multicultural gerontological counselling by using older adults' voices and stories to guide both future research and social change.

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Appendix A:

Application for Ethical Approval for Human Subjects Research



**Respond directly on this form below each question. Do not delete the text under the question. Do not omit or reorder any questions. Answer each question.**

### **1. Purpose of the Research**

*Describe the proposed project and its objectives, including the research questions to be investigated (one page maximum). What is the expected value or benefits of the research? How do you anticipate disseminating the results (e.g. thesis, presentations, internet, film, publications)?*

This proposed qualitative project is designed to fill a gap between the growing population of older adults and the limitations of current geropsychological research, theory, and practice. Broadly speaking, my proposed study is influenced by an emic (or culture-specific) approach that emphasizes the importance of attending to the uniqueness of cultural groups from the perspective of members of a cultural group in the further refinement of psychological theory, research, and practice (Arthur & Collins, 2005). This proposed study also aims to answer a call to include client's perspectives in enhancing multicultural competence of counselors (Pope-Davis et al., 2002). Guided by the increasing demand for geropsychological care and the associated need to gauge the current experiences of older adults undergoing psychological counselling, I will perform a narrative analysis of older adults' reflections and stories concerning the overarching question: What are older adults' experiences receiving psychological counselling? The overall goal of the proposed study is to gain an understanding of older adults' experiences of, and perspectives on, psychological counselling. While studies have sought to understand psychological counsellors perspectives on working with older adults as well as the ageist behaviors and beliefs of counsellors, few studies to date have given voice to older adults' experiences of psychological counselling nor explored their recommendations for improving practice. In order to fill this gap in the literature, this proposed study aims to collaborate with older adults as both research participants and experts in gaining understanding on how to improve the current state of geropsychological counselling. The results of this study will deepen the understanding of strengths as well as limitations of current geropsychological care, and identify older clients' perspectives and needs within therapeutic relationships. The results of my proposed study will be disseminated in my doctoral dissertation, doctoral defense, and will be submitted to academic publications in the field of counselling psychology.

### **2. Recruitment of Subjects/Location of Research**

*Describe the subject population and how and from where they will be recruited. If applicable, attach a copy of any advertisement, letter, flier, brochure or oral script used to solicit potential subjects (including information sent to third parties). Describe the setting in which the research will take place. Describe any compensation subjects may receive for participating.*

Older adults who are 65 years and over and who have received psychological counselling while in their senior years (i.e., after the age of 65) from a licensed psychologist or psychological counsellor will be recruited for the study. A history of cognitive impairment as well as any recent hospitalizations are the only exclusionary criteria for participation in the study. An attempt will be made to recruit 10-15 participants, which is reported as a conventional number of participants that are needed for qualitative inquiry (Creswell, 1998).

The main sources for recruiting will be clients of the Cummings Centre of Montreal, referrals from counsellors who belong to my existing network of colleagues, and postings placed in senior centres such as the Good Shepard Community Centre for Seniors. Preliminary consent has been provided to recruit participants from these institutions. The postings will include a brief synopsis of the study, the researcher's name and phone number, and a request for respondents (See Appendix A). A snowballing technique will be also used for participant recruitment.

Interviews will be conducted in a private setting either at my office in the Department of Counselling Psychology or at the home of interviewees depending on accessibility and/or preference of participants. As this is an unfunded doctoral dissertation, monetary compensation for participation is not available. Participants will be made aware of this in both the recruitment letter and within the informed consent.

### **3. Other Approvals**

*When doing research with various distinct groups of subjects (e.g. school children, cultural groups, institutionalized people, other countries), organizational/community/governmental permission is sometimes needed. If applicable, how will this be obtained? Include copies of any documentation to be sent.*

Currently, I have a preliminary consent from the institutions where I plan on recruiting participants. These institutions are the Cummings Centre for Seniors and the Good Shepard Community Centre. I will be meeting with the appropriate staff members to work out the details of recruitment. (See Appendix B for the recruitment letter that will be presented to the institutions). This recruitment letter will be distributed in three possible ways. With the consent of the organizations, I plan to request an address list of possible participants and I will mail out the letter using this list. In addition, I will be using a snowballing technique to recruit participants. I will be asking participants as well as colleagues who counsel older adults, if they know of any possible people in their network who would be eligible to participate. I will request their contact information so that I may send a letter. Alternatively, I will provide letters for colleagues or participants to present to people within their network if they prefer that method. Lastly, if I receive telephone calls from possible participants who have seen the recruitment poster and who request more detailed information about the study, I will offer to mail a copy of the recruitment letter to them.

### **4. Methodology/Procedures**

*Provide a sequential description of the methods and procedures to be followed to obtain data. Describe all methods that will be used (e.g. fieldwork, surveys, interviews, focus groups, standardized testing, video/audio taping). Attach copies of questionnaires or draft interview guides, as appropriate.*

Participants will be asked to engage in two 60-90 minute interviews which will be audiotaped. In adherence to narrative tradition, the interviews are meant to be guided by the participants' experiences as such the interview will be generally unstructured and questions will be open-ended. To help initiate the unstructured interviews, a suggested list of exploratory questions have been prepared in advance (see Appendix C). Questions regarding participants relationship with their psychologist, questions regarding the helpfulness of the therapeutic work, as well as ideas for how to improve practice. I will put forth efforts to establish rapport and non-directivity, which will allow participants' experiential data to naturally emerge on its own. Finally, participants will be asked to reflect upon and provide suggestions for practice.

The interviews will be transcribed verbatim. These field texts will provide the raw data for the analysis of the narrative story such as the characters, setting, and actions characterizing the participants' experiences in counselling (Ollerenshaw & Creswell, 2000). A method for preserving some of the additional meaning that is conveyed by the speaker's use of intonation, pauses, rhythm, hesitation, and body language will be employed. To ensure the trustworthiness within the transcription of the data, I will continue to return to the original recordings and devise explicit transcription rules and well-specified notation system including codes for pauses, talk-over, and voice tone.

I will conduct a three-dimensional space narrative approach to analyze and conceptualize my data. This method is considered particularly useful for research that seeks to describe the experiences of participants (Ollerenshaw & Creswell, 2002). The three dimensions of analysis are: interaction, continuity, and situation (Clandinin & Connelly, 2000). Interaction refers to the interaction of the participant with the environment. The second dimension of the framework, continuity includes considering the past, present, and future contained within the story. Finally, the situation dimension is related to looking for specific situations including the physical places where the interaction took place. Using the transcribed stories, I will begin the process of re-storying or re-telling the experiences of older adults in counselling. This process of re-storying will result in an interim text which will be a written recount of the participants' interview highlighting central themes and points on the three space dimensions. In sum, the analysis process involves the transformation of the raw data into a new story which highlights the salient events and meanings of older adults in counselling.

Following the re-storying of the participants' narratives, I will conduct a follow-up interview. Participants will be asked to comment on the interim text as to its verisimilitude to their narrative. I will collaborate with participants to renegotiate the meanings and themes where the participant believes it has shifted too far from their original narrative. Furthermore, I will be asking participants to comment on their experiences in the first interview and whether any new ideas or perspectives were generated related to the topic following the first interview.

I then will proceed with the next phase of re-storying wherein I make revisions to the interim text to reflect my participants' comments and perspectives. Once this step is complete, I will embark on the final step of analysis. At this point, I will compare the stories of each participant's narrative to extract converging and divergent themes across the domains of interaction, continuity, and situation from both the counselling relationship and broader social context. I will proceed by summarizing these convergent and divergent themes and remarking on any patterns that emerge across the participants' experiences and recommendations.

## 5. Potential Harms and Risk

*a) Describe any known or foreseeable harms, if any, that the subjects or others might be subject to during or as a result of the research. Harms may be psychological, physical, emotional, social, legal, economic, or political.*

While the potential harms related to participating in this study is assessed to be very minimal, it is nonetheless possible that participants may experience some emotional or psychological distress in reminiscing on their therapeutic experiences or in recounting their feelings regarding their relationship with their therapist.

*b) In light of the above assessment of potential harms, indicate whether you view the risks as acceptable given the value or benefits of the research.*

The impetus for this proposed study is to provide a thorough understanding of older adults' experiences in therapy with the aim of improving psychological services. The benefits of this study, in light of the rapid growth of the older population and the lack of sound understanding of how to improve geropsychological services, are potentially groundbreaking. It is my opinion that the potential risks to participants in engaging in this study are acceptable given the value and benefit of this research.

*c) Outline the steps that may be taken to reduce or eliminate these risks. If deception is used, justify the use of the deception and indicate how subjects will be debriefed or justify why they will not be debriefed.*

From the outset of the interviews, I will explain to all participants the potential risks highlighting that discussion of past therapeutic experiences may raise difficult emotions or memories. I will ensure that participants are aware that they are not obliged to explain the content of their therapeutic experiences nor are they under any obligation to continue in the research process if they feel the risk of discussing their therapy experience is too great. I will also provide

research participants with an understanding of the potential benefits of their participation to the field of psychology. Lastly, I will provide referrals for participants who may wish to re-engage in therapy following the recounting of their experiences.

## **6. Privacy and Confidentiality**

*Describe the degree to which the anonymity of subjects and the confidentiality of data will be assured and the specific methods to be used for this, both during the research and in the release of findings. This includes the use of data coding systems, how and where data will be stored, who will have access to it, what will happen to the data after the study is finished, and the potential use of the data by others. Indicate if there are any conditions under which privacy or confidentiality cannot be guaranteed (e.g. focus groups), or, if confidentiality is not an issue in this research, explain why.*

I will seek participants' permission to digitally record all interviews. Following each interview, I will document, using note form, any salient moments within the interview that are not contained in the audiotape (e.g. non-verbal expressions of anger or sadness). All notes, digital recordings, the interview data, and transcripts will be locked and kept in a secure-location. Only I, the principal investigator and her supervisor will have access to the original recordings. I will change the name of all participants as well as any identifying information in the written documents or in any oral presentations of the data to ensure participants' confidentiality. I will be working with a peer reviewer during the stage of data analysis. The peer-reviewer will have access to the transcripts which will not include names of participants but may contain other identifying information. This peer reviewer will be a graduate student in the Department of Educational and Counselling Psychology who is trained in privacy and confidentiality and therefore will also strive to assure the maintenance of participant's confidentiality.

## **7. Informed Consent Process**

*Describe the oral and/or written procedures that will be followed to obtain informed consent from the subject. Attach all consent documents, including information sheets and scripts for oral consents. If written consent will not be obtained, justification must be provided.*

At the outset of the interview, participants will be presented with a consent form (See Appendix D) that addresses confidentiality and privacy. In-process consent will also be employed. In-process consent is a mutually engaged ongoing dialogue about confidentiality and participant compliance that occurs throughout the data collection and analysis that also includes the option for participants to withdraw their data following participation (Balfour, 1999). Precautions will be taken to protect the integrity of participants' reputations as well as the characters that figure in their narrative, including their counsellor. Participants will be informed that all identifying information will be changed to protect their identity.

## **8. Other Concerns**

*a) Indicate if the subjects are a captive population (e.g. prisoners, residents in a center) or are in any kind of conflict of interest relationship with the researcher such as being students, clients, patients or family members. If so, explain how you will ensure that the subjects do not feel pressure to participate or perceive that they may be penalized for choosing not to participate.*

Participant recruitment will not be from a captive population nor is there any foreseeable conflict of interest. The participants will not be former clients or patients of mine. There is however a possibility that I will know the counsellor with whom they received counselling. I will from the outset make this clear to the participants and explicitly ensure them that I will not be disclosing the content of the interviews nor the participants involvement in the project to their former therapist.

*b) Comment on any other potential ethical concerns that may arise during the course of the research.*

Given that I am licensed psychologist and that the interviews are about participants counselling experiences, it is possible that participants may request my services as a psychologist e.g. participants may ask to meet with me to explore any emotional issues in the capacity of client and counsellor. Given that our initial relationship will be one as participant and researcher, it could potentially be a conflict of interest to work together in a therapeutic context. It is important therefore that I make it explicit that our work as researcher and participant is a) not therapy and b) that I can provide a referral from my network if they wish to take the opportunity to further explore personal issues in therapy. I will have a list of referrals available in the instance that participants request psychological service. I do not foresee any other ethical concerns arising in the course of this research project.

Appendix B:  
Recruitment Letter for Community Organizations

October 3, 2008

To Whom It May Concern:

I am doctoral candidate in the Department of Counselling Psychology at McGill University. I am conducting a doctoral research project for my dissertation under the supervision of Dr. Jeeseon Park. This proposed qualitative project is designed to fill a gap between the growing population of older adults and the limitations of current geropsychological research, theory, and practice. Guided by the increasing demand for geropsychological care and the associated need to gauge the current experiences of older adults undergoing psychological counselling, I will perform a narrative analysis of older adults' reflections and stories concerning the overarching question: What are older adults' experiences receiving psychological counselling? The overall goal of the proposed study is to gain an understanding of older adults' experiences of, and perspectives on, psychological counselling.

I am currently at the stage of participant recruitment and I would like to collaborate with the McGill Institute for Learning in Retirement to invite eligible members to participate in my study. I am collaborating with other organizations including the Cumming's Center for Seniors and I would like to recruit from a broad intersection of the Anglophone senior community. I am aiming to recruit between 12 and 15 participants approximately four of whom would be from the MILR. I am seeking English speaking participants who are over the age of 65 and who have recently undergone therapy or counselling. Each individual would participate in two individual hour long interviews. No compensation would be provided. I propose two options for participant recruitment. The first would be to place recruitment posters within the institute and secondly to present my study in two or three study groups or lectures and circulate a participant recruitment letter.

I am looking forward to receiving feedback about the possibility of recruiting participants within your institute. Please feel free to send any documentation outlining your research procedures or practices with the MILR.

I believe the benefits of this study, in light of the rapid growth of the older population and the lack of sound understanding of how to improve geropsychological services, are potentially groundbreaking. Please feel free to contact me with any questions or concerns regarding my proposal. I look forward to collaborating with your institute.

Regards,  
Winnifred Hunter, M.A. Ph.D. candidate  
Psychologist  
Department of Counselling Psychology  
514-885-5570

Appendix C:  
Advertisement Flyers: English and French  
Recruitment Letter for Participants





Have you recently received psychological counselling?  
We need your help.

	Yes	No
Are you an older adult over the age of 65?	[ ]	[ ]
Have you recently been in psychological counselling but no longer are being followed?	[ ]	[ ]

If you answered yes to both questions, then we invite you to participate in a confidential interview as a part of study conducted by Winnifred Hunter, a Ph.D. candidate in the Faculty of Education of McGill University under the supervision of Dr. Jeeseon Park. Your participation will help us learn more about older adults' experiences in therapy.

If you are willing to participate, please call 514-885-5570 or email [winnifred.hunter@mail.mcgill.ca](mailto:winnifred.hunter@mail.mcgill.ca) providing your name and contact information.

We appreciate your support.



Avez-vous récemment reçu la consultation  
psychologique?

Nous avons besoin de votre aide.

	Oui	Non
Êtes-vous un adulte plus âgé au-dessus de l'âge de 65?	[ ]	[ ]
Avez-vous récemment été dans la consultation psychologique mais plus n'êtes-vous suivi?	[ ]	[ ]

Si vous répondiez oui aux deux questions, vous êtes éligible pour participer à notre étude. La participation à cette étude comprendra une entrevue confidentielle qui durera environ 1 heure. Cette étude est dirigée par Winnifred Hunter, candidate du Doctorat du Département de Psychologie Conseiller de l'Université McGill et Dr. Jeeseon Park. Pour plus de renseignements, contactez Winnie Hunter au 514-885-5570 ou courriel :

[winnifred.hunter@mail.mcgill.ca](mailto:winnifred.hunter@mail.mcgill.ca).

To Whom It May Concern:

**Re: Participant Recruitment**

You are invited to participate in a research project that examines older adults' experiences in counselling. This study is conducted by Ms. Winnifred Hunter (principal investigator) under the supervision of Dr. Jeeseon Park in the Department of Educational and Counselling Psychology at McGill University.

Your participation will help us provide insight to counselling psychologists, psychologists, clinical supervisors, and professors regarding experiences of older adults' in counselling.

You are eligible to participate in the study if you are an older adult over the age of 65, with no history of cognitive impairment, who has participated in a psychological counselling/therapeutic relationship as an older adult but is no longer receiving counselling

Your participation is voluntary. If you agree to participate, you will be asked to do two interviews that will take between 60 to 90 minutes. Please be assured that any information that you share will be handled in a confidential manner. Your identifying information including your name will be changed to ensure confidentiality of your data. Information that you provide will be analyzed to find themes emerging across interviews. Only the principal investigator will be able to link research data with a specific individual. Readers of the final summary of findings will not be able to identify your participation as names and identifying information will be changed.

If you are interested in participating, please contact Winnifred Hunter, by email [winnifred.hunter@mail.mcgill.ca](mailto:winnifred.hunter@mail.mcgill.ca) or by phone at 514-885-5570, to schedule an interview. Please be advised that there is no monetary compensation for participation in this study.

This study has been approved by the Research Ethics Board at McGill University. If you have any questions concerning this research project, please contact Winnifred Hunter at [winnifred.hunter@mail.mcgill.ca](mailto:winnifred.hunter@mail.mcgill.ca) or 514-885-5570 or her supervisor Dr. Jeeseon Park at [jeeseon.park@mcgill.ca](mailto:jeeseon.park@mcgill.ca) or 514-398-3452. Thank you for considering the invitation.

Sincerely,

Winnifred Hunter, M.A.  
Ph.D. Candidate

Appendix D:  
Informed Consent Form

### INFORMED CONSENT

This is to invite you to participate in a study entitled “Qualitative Study into Older Adults’ Experiences Receiving Psychological Counselling” which is being conducted by Winnifred Hunter in the Department of Educational and Counselling Psychology at McGill University under the supervision of Dr. Jeeseon Park. The purpose of this research is to study older adults’ experiences receiving therapeutic counselling.

Your participation in the study will entail two oral interviews, lasting approximately 60 to 90 minutes, to be conducted by Winnifred Hunter. These interviews will be tape-recorded. In the first interview you will be asked to discuss your experiences in counselling. In the second interview you will be asked to review the written summary and extraction of themes of your first interview and to comment on your experience in the first interview. Your participation will help us provide insight to counselling psychologists, psychologists, clinical supervisors, and professors regarding experiences of older adults’ in counselling.

Your participation is voluntary. Please be assured that any information that you share will be handled in a confidential manner. Your identifying information including your name will be changed to ensure confidentiality of your data. Your participation is voluntary and you may choose or withdraw from the study at any time or refuse to answer any question you do not wish to answer. You will not receive compensation for participation in this study.

Your name will not be revealed in any written or oral presentations and no record will be kept of your name. Portions of the interview will be included in the final written dissertation and may appear in academic journals. However all identifying information including your name will be changed to ensure confidentiality of your interviews.

The recorded tapes of the interviews and the transcriptions of the interviews will only be accessible to Winnifred Hunter and her supervisor and will be kept under locked conditions. Tapes will be destroyed following the analysis of the data. Tape recording is voluntary.

You may contact Winnifred Hunter at tel# 514-885-5570; email: [winnifred.hunter@mail.mcgill.ca](mailto:winnifred.hunter@mail.mcgill.ca) ; if you have any questions or concerns.

I agree to be tape-recorded \_\_\_\_ YES \_\_\_\_ NO

I agree that the tape may be used as described above \_\_\_\_ YES \_\_\_\_ NO

I have read the above and I understand all the above conditions. I freely consent and voluntarily agree to participate in the research.

Participant’s signature \_\_\_\_\_ Researcher’s signature \_\_\_\_\_

Participant’s printed name \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions or concerns about your rights as a research participant in this study please contact the McGill Research Ethics Officer at 514-398-6831.

Appendix E:  
Contact Information Sheet

Contact Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to receive information about this study once it is complete?

YES \_\_\_\_\_ NO \_\_\_\_\_

Appendix F:  
Demographic Information Sheet



### Demographic Information Sheet

Please answer all of the following questions by circling the appropriate response(s)

Please fill in any additional information where necessary

#### Background Information

1. Date of Birth: \_\_\_\_\_
2. Age: \_\_\_\_\_
3. Sex: a) Male  
b) Female
4. Sexual Orientation:  
a) Heterosexual  
b) Lesbian  
c) Gay  
d) Bisexual  
e) Transgender  
f) Questioning
5. Ethnicity/ies: \_\_\_\_\_  
\_\_\_\_\_
6. Country of birth: \_\_\_\_\_
7. Citizenship: \_\_\_\_\_  
\_\_\_\_\_
8. Religious affiliation(s): \_\_\_\_\_
9. First language  
a) English  
b) French  
c) Other \_\_\_\_\_
10. Languages spoken:

- a) English
- b) French
- c) Other \_\_\_\_\_
- d) Other \_\_\_\_\_

11. Relationship status

- a) Married
- b) Single
- c) Partnered
- d) Divorced
- e) Separated
- f) Widowed
- g) Other \_\_\_\_\_

12. Living Situation

Educational and Occupational Information

12. Highest Degree Obtained: \_\_\_\_\_

13. Are you currently...?:

- a) Employed
- b) Unemployed
- c) Retired

Appendix G:

Semi-structured Interview Protocol for Interview 1 and 2

### **Semi-structured Interview Protocol**

*“A psychological counsellor works towards helping people improve their wellbeing, alleviate distress and maladjustment, resolve crises, and increase their ability to live more highly functioning lives through the support, counsel, imparting of specific knowledge and skills.”*

#### **Central narrative interview questions**

1. Tell me about your psychological counselling experience
2. Could you tell me about a meaningful interaction that you had with your psychological counsellor?
3. Could you tell me about a negative interaction that you had with your psychological counsellor?

#### **Counselling location**

1. How did you find this psychological counsellor?
2. How welcoming was your psychological counsellor?
3. Describe the physical space and location of your psychological counsellor's office. What about it was comforting or uncomfortable?

#### **Counselling relationship**

3. How did it feel to be with your psychological counsellor?
3. How satisfied were you about your relationship with your psychological counsellor?
4. What are the things, if any, that you wish were different in your relationship with your psychological counsellor?
5. How sensitive/empathic was your psychological counsellor to your needs, concerns, and issues?
6. Describe any situations in which you experienced your psychological counsellor as insensitive toward you or your concerns.

7. How did your psychological counsellor help you cope with any challenges that you might be experiencing?
8. Had you been in psychological counselling before? How was this experience different?

**Counselling skills and resources**

1. How would you describe your psychological counsellor's degree of knowledge and skills?
2. What tools, skills, or resources did your psychological counsellor provide for you, if any? How were these helpful or unhelpful for you?

**Feedback and Suggestions**

1. Given your experience in psychological counselling, what specific recommendations or suggestions would you give to a psychological counsellor who wants to work with an older population?
2. Do you have any recommendations that you would like to improve the practice of counselling with an older population?

**Wrap up**

1. Is there anything else you would like to share or add?
2. Do you know anyone who could be a potential participant in this study?

**Interview Protocol for Second Interview**

1. I'm going to ask you to read over the restorying of your first interview. I have extracted key elements and attempted to capture your story. I am seeking your opinion, perspective on how well I have captured your story. Please share with me what changes you would like or if you notice any omissions.
2. Following our first interview, did you remember any other stories, comments regarding your therapy experience that you wished to share? If yes, what were they?

Appendix H:  
Example of Member Checking - Restorying

## Case 001

The participant entered therapy approximately eight years ago to address issues related to work-place violence and stress. Her therapist specialized in employment counselling and was knowledgeable about labour laws and practices. The therapist provided invaluable feedback and suggestions about navigating work-place conflicts and issues. The participant reports that therapy was a very positive experience. She recounts that her therapist, who was the same gender and similar in age, was supportive, kind, empathic and confrontational when necessary. The participant describes her therapist's expertise including knowledge, skills, and awareness as highly attuned to her needs and presenting concerns.

The participant reports that her therapist's age and gender were important factors in facilitating her sense of comfort and ease in therapy. She believes that working with either a younger therapist or a male therapist may have impeded her ability to be candid and to feel understood.

During her most recent experience in therapy which ended approximately six months ago, the participant was grappling with issues related to a violent and traumatic work-place experience. Her therapist was highly attuned to her needs and provided a helpful diagnosis which clarified and empowered the client. She describes one meaningful experience as being when she found out surreptitiously that her therapist, unbeknownst to her, had given a free session when the client was distressed. When the participant remarked on this to her therapist, the therapist acknowledged this gesture stating she felt they needed that extra session for their therapeutic work. This willingness to be accessible and flexible was highly meaningful for the client. She described this gesture as an example of her therapist's dedication and care for her clients but also for her in particular. The participant reports that therapy and the work of her therapist were integral to her overcoming some difficult work-related challenges. In turn, the process also helped her make some important decisions vis-à-vis retirement. In sum, she has no complaints, concerns, or negative reactions to her therapists work. She believes that her therapist was exceptional in the quality of her care. She believes that therapy is beneficial and a much needed service.

In comparing her experiences as a younger woman in therapy to her experiences now, she believes her needs as an older woman are significantly different. She believes that her therapist needs to be more patient, understanding and provide room to explore past history including abuse experiences in order to understand her presenting concerns. She believes that her therapists older age facilitated this understanding as the therapist could relate to issues of aging.



The participant is a volunteer working with elderly clients. This experience, as well as her experiences of aging, has provided insight into how to improve practice with older adults. Primarily, the participant suggests that accessibility and affordability of psychological services is poor particularly for older adults. She suggests that the field of psychology needs to improve the visibility of the field and provide more affordable services. In turn, she suggests that the framework of counselling e.g. the fifty-minute hour is not appropriate when working with an older population. She believes older adults would benefit from longer sessions that allow more time to ease into a discussion of the presenting issues. She suggests that counsellors need to be more patient, and be more themselves by not sticking too closely the role of a counsellor but being a natural person. Lastly, she suggests that older adults have some stigma about counselling which she believes therapists need to address when making our services more visible.

Appendix I:  
Data Analysis Instructions for Peer Reviewer

### Instruction for Data Analysis

I will conduct a three-dimensional space narrative approach to analyze and conceptualize my data. This method is considered particularly useful for research that seeks to describe the experiences of participants (Ollerenshaw & Creswell, 2002). The three dimensions of analysis are: interaction, continuity, and situation (Clandinin & Connelly, 2000).

Interaction refers to the interaction of the participant with the environment. In this study, interaction will be participants' specifically their interactions with their counsellor in the counselling sessions. The second dimension of the framework, continuity includes considering the past, present, and future contained within the story. For example, this might include participants past experiences in counselling as well as their expectations of future counselling experiences. Finally, the situation dimension is related to the cultural location of the both the therapist and the clients and the interaction of their cultural identities in therapy

### Using a three dimensional analysis

#### Interaction

- How did you experience your relationship with your counsellor?

#### Continuity

- What were your experiences, beliefs, assumptions, values regarding therapy before your therapeutic experience?
- What were your experiences, beliefs, assumptions, values regarding therapy during your therapeutic experiences?
- What were your experiences, beliefs, assumptions, values regarding therapy after your therapeutic experiences?

#### Situation

- How does the therapists' cultural identities (based on Pamela Hay's ADDRESSING model) impact therapy?
- How does the clients' cultural identities (based on Pamela Hay's ADDRESSING model) impact therapy?
- How does the interaction of the therapist and client cultural identities (ADDRESSING model) impact therapy?

Appendix J:  
Example of Coding and Peer Review of Coding

### Coding Example

- I: So maybe I'll start by asking you to tell me, just, about your counseling experience.
- P: Uh, you're going to have to be a little more specific.
- I: (Overlapping) More specific?
- P: (Overlapping) In your questions because I– just to say– I don't know if (Pause) it'll actually apply to your study. I – I (I: Ummm.) Well yeah I guess it does. Okay. Cause I'm thinking just of the last year but, uh, this counselor I've been seeing I've been seeing off and on for eight years.
- I: Eight years.
- P: Yeah. (I: Okay). Um. I'm still employed by one of our local hospitals. (I: Okay.). And I started to go to this counselor about eight years ago. (I: Hm.). Um. Where I work was very stressful. And, um, The nature of my job, and, um, and the hours were very stressful. And because of the hours I worked I had no support – little or no support from any sort of management.
- I: (Overlapping) Hm.
- P: Like I was off and on hours so I'm just a non-person in their eyes.
- I: Hm. Right, so not a lot of support from people around you.
- P: Yeah, yeah, no support. And, um, when they brought in this thing at the, at the hospital where I work, um, aid to employees and all that, they had three suicides in like the fall... (I: (Overlapping) Oh my god). So they decided they'd bring in...
- I: (Overlapping) They'd bring in...
- P: Um, some counseling. So I thought, ooh, I'll go, why not?
- I: (Overlapping) Like an employee assistance program.
- P: Yeah. We were entitled to eight sessions a year, and I did all eight sessions every year.
- I: (Overlapping) Every year. Good for you.
- P: (Laughing) Anything. Anything. I needed the support. I needed some sort of support to do this job.
- I: For sure.

Comment: Participant's employer introduced an employee assistance program to help staff deal with work stress.

Comment, peer reviewer: P welcomed the newly introduced employee assistance program to help staff deal with work stress (AGREE)

P: And um, I only have good things to say about her. She was absolutely wonderful.

Comment: Participant only has good things to say about her therapist as she was wonderful.

I: Wonderful.

P: She knew the labor laws like nobody I've ever – she could be a labor lawyer, she knew her stuff so well.

I: Hm.

P: So when you have somebody that you're dealing with that has a great deal of knowledge... (I: Yeah. It makes a big difference because you're not getting an opinion, you're getting facts. And a lot of things, like I would ask her, and things like this she would, uh, tell me legally what my recourses were...

Comment: Therapist imparted her in-depth knowledge of labour laws to the client.

And, as well as– she– was the person I needed to encourage me... (Overlapping) (I: Ummm.) To go after my needs. (I: Right.) So I got to the point where I knew what the needs were, I just, uh, had nothing left in me to go after them. So she was able to give me the steps, and I went, did, went all the way on several real important issues.

Comment: Therapist was the right person to encourage the participant to take the steps to look out for her needs

And she was just fabulous, and, uh, the last time I saw her was this year. This year was a lot more important. Um, the past years, I always joked about it and said I went once a year for my oil and lube.

I: Hm, yeah. (Laughing) A little touch up.

P: (Laughing) Yeah, a little touch up.

Comment: Participant would see her fabulous therapist occasionally over time for touch-up.

But this year was like very important because I, um, I was accosted by a surgeon, twice.

I: Oh my god.

P: It's part of my job. I was – in April of this year I was – no, it was last year. Um, in March of last year I was injured by a patient. I worked as part of the emergency department,

I: Okay.

P: I was the respiratory technician in the evening,

I: Wow.

P: So it's just crap that comes in. And, um, in March I was injured by a patient, and, um, in April I was accosted by this doctor twice. And the only thing that saved me was my porter. Happened to have a couple of black belts, and he interceded, but, without realizing it, I was well into post traumatic stress syndrome.

Appendix K:

Example of matrix of core ideas and categories

Core Ideas

Category	Sub-Category	Core Ideas	
Therapist facilitation of accessible office		Whereas the therapist missed appointments due to difficulty parking, participant walked or used public transportation to get to the appointments.	2
		Participant's new therapist attended to his limited mobility.	8
Appearance		Therapist's physical shape was chubby and maternal which served as a comfort.	2
		P and her therapist have lost weight together.	10
		P describes aging as a process that changes one's life including appearance and physical capacity.	4
Age of therapist		Therapist being the same age may be a double-edged sword because of the ability to identify with certain struggles where a younger therapist might not.	2
		In his perceived immature outlook he would have viewed a younger therapist as too inexperienced and immature to help with his problems.	3
		At an earlier age, participant would have felt uncomfortable revealing his problems to a younger person but he attributes this to his own reluctance.	3
		Younger therapist knows what they are talking about but that it is a different level with an older therapist.	10
		Want a lively old therapist and not a young one like the interviewer.	10
		Working with a significantly younger therapist is challenging as younger therapists may not have the growth and experience to help their older clients.	10



		Therapists patience is important to working with older patients in therapy.	10
		In their twenty year relationship, both participant and therapist have aged together resulting the sense that nothing more can come of therapy.	3
		Participant suggests that when therapists work with older clients of anyone background they should tread carefully because of all the baggage.	3
		Therapy is often focused on aging.	4
		Aging people including the participant tell endless stories about family, children, grandchildren	4
		Participant believes therapy is necessary for older people	4
		Entering therapy as an older person is about learning one's limits.	4
		Therapist age is not a question that concerns him but rather can he relate to his therapist.	6
			6

Appendix L:

Example of domain matrix

Category	Sub-category	Core Idea	Participant
Positive regard for therapist professionalism and care		There were no negative interactions as the therapist was professional, caring, empathic, and very good at her job.	1, 7, 10
	Feelings of gratitude towards counsellor	Fortunate to have had such a good therapist as many counselors are not good.	1, 3
		Therapist is very good at what she does deserving every cent of her pay.	1
		Participant feels grateful towards her therapist for improving her and her son's quality of life.	7
		Participant describes that without her therapists help, she would not have been able to tolerate difficult situation with her boss alone	10
		Over the years the participant really came to trust her therapist as she was always there when she really needed	1

		her.	
		Participant was impressed and continues to be by his therapist's professionalism, loyalty, and sincerity.	3
		Therapist provided an underlying strength that helped him cope.	3
		Consistently, the participant felt supported therapist in the way they offered positive feedback.	4, 7
		Participant felt defended by therapist	7
		Participant got along exceptionally well with therapist from the first appointment.	6
		Therapist reinforced participant's position and was a great help to her.	7
		Participant describes using her therapist as a valve and that her therapist has been very helpful to her.	10
		Participant wouldn't change her therapist for anything in the world as she has been very helpful.	10
		Participant greatly appreciated that the therapist was never late and rarely missed	1

		appointments.	
		In their therapy relationship there was an interplay of humour but his therapist never got upset or fed up with P's lack of progress.	3
	Use of humour in facilitating positive regard	Use of humour in therapy was very therapeutic.	1
		When he told his therapist his family saga, therapist replied with humour that P's family description is similar to his, which helped P the most.	6
	Acts of gratitude towards counselor	When the participant retires she will send a note of gratitude to her therapist for giving her all to the participant.	1
		Participant put his therapist in his will in an attempt to repay his therapist the money he lent him	3
Negative interactions in therapy	Therapist inappropriate self-disclosures limited therapy	Participant describes that her therapist began to change over time as her complicated life started to intrude her ability to be sunny.	2
		Overtime the therapist talked more and more about herself, her	8

		sexuality, and her family problems.	
		Therapist's talking about her difficulties led to participant loss of respect for the therapist	2
		Therapist in defense responded to participant's criticisms that her self-disclosures were intended to related to participant.	2
		Therapist once told the client to "fuck off" but it was not meant to harm and did not impact the relationship	3
	Counselor inability to facilitate depth	Participant describes her therapy as being limited by her therapist's theoretical orientation and her dislike of going too deeply or of talking about that past.	2
		Therapist's inability to go into deeper made it impossible for participant to explore her sexuality in therapy.	2
		Therapy was formulaic leading to limited exploration any further.	2
		Participant describes her counsellor asking a question that threw	5

		her off and resulted in her never contacting her again.	
		As a result of the negative opening question the therapist asked, participant did not want to talk to her anymore and did not go back to see her.	5