**‘Rediscovering meaning when entering ‘older age’: A counseling case study based on a lifespan development and a pluralistic approach’[[1]](#footnote-1)**

*By Nicholas P. Sarantakis, Senior Lecturer in Counselling Psychology, University of Northampton*

*www.nicholassarantakis.com*

**Abstract**

The entrance to ‘older age’ is a life transition that has significant emotional and identity repercussions for individuals. Even though the recent scholarly and research literature has been increasingly investigating this area of psychotherapy, this is often approached from a ‘life review’ perspective that tends to view meaning and fulfillment in older age as deriving more from the person’s past, rather than their present life. The case study in hand explores the therapeutic encounter with a client at this stage of life from a lifespan development and pluralistic perspective, which emphasizes the potential for growth and meaning in later age, based on the client’s constructive reflection on their accumulated life experience and the empowerment of their own agency and drive. Thus, the ‘lifeline exercise’ is used creatively by drawing on the client’s fondness for drawing and her lifelong connection with the ocean as a point of emotional reference. The case study argues that the particular client benefits significantly from this approach and this further suggests that this approach can indeed produce positive outcomes, when there is a robust and collaborative therapeutic relationship and when the client is ready to engage with such creative activities in therapy.

*Key words: Lifespan development, lifeline exercise, pluralistic therapeutic plan, older age counseling, client’s strengths*

**Clinical Impact statement:**

The current study endeavors to explore how:

1. A lifespan development perspective that emphasizes meaning and potential for growth in older age,
2. ii) the trusting in the client’s innate resourcefulness in portraying creatively the narrative of their past life experiences, and
3. the philosophy of pluralistic counseling (and especially the idea that clients ‘know best’ how to use the counseling space, while drawing on what their - also unique - therapist has to offer)

may be a vehicle for the creation of hope and new meanings for a client entering older age.

Being a qualitative case study, the manuscript in hand does not aspire to provide concrete guidelines on how to work with every client at this life stage, but to invite therapists to trust these three ideas and to reflect on how they could be creatively adapted for each unique client. The findings suggest that this approach was able to help ‘Anna’ rediscover hope and motivation to embrace new meaningful activities, even though this therapeutic work finished before these meanings were fully translated into specific behavioral changes in her life.

**Introduction and theoretical background**

*The lifespan development perspective in psychotherapy*

There are certain transition points in life that make us stop and ponder: Where am I now, what was my past really about and how do I envisage my future? One of the most profound and often challenging such landmarks occurs when we leave behind ‘for good’ our profession, which - traditionally in the western world – has been seen as the main source of our social identity (Siebert & Siebert, 2005). Despite the multiple social roles that we embody and the various personal and social factors that influence our transition to older age, research supports the hypothesis that older workers with high ‘work-role centrality’ (in terms of their social identity) do experience what has been described as ‘retirement anxiety’, when they leave their jobs (Bal & Kooij, 2011). In other words, people who tend to present themselves to society mostly in terms of ‘what they do for a living’, are more likely to feel ‘as if they are losing a significant part of themselves’, when they are about to retire.

Indeed, most of the social interactions we experience within the context of our professional lives have a substantial impact on our self-image and the meanings we attach to it (Caza & Creary, 2016; Roberts et al., 2005) and even more on our psychological wellbeing and self-esteem (Tajfel, 1974). Even though it is nowadays increasingly acknowledged that we also construct our identities through multiple group memberships, social roles and personal traits, besides our profession (e.g. Settles & Buchana, 2014), the need for redefining and reconstructing our sense of self, when we gradually enter older age or retirement, can definitely be a major challenge.

The significance of the process of moving towards older age, along with its emotional and social repercussions, are now being acknowledged more and more, as older people are steadily increasing in the population. However, even though there is now a growing body of literature and research on how psychotherapy can help with such issues (e.g. Gallagher-Thompson, Steffen, & Thompson, 2010; Knight 2004), few practitioners specialize and focus in working with this population (Mayers, 2014), older people are indeed ‘losing out’ in the provision of psychological therapy in the United Kingdom (NHS, 2017; BACP, 2019) and even fewer scientist-practitioners are publishing case studies that highlight the nuances of this area of the psychotherapeutic process. From an existential perspective, this hesitance of theorists, researchers and therapists to engage with this aspect of life challenges could be attributed to their own avoidance of facing ‘the ultimate givens of existence’ (Yalom, 1980).

Nevertheless, there is a great need in the counseling and psychotherapy field to face more the fact that ‘older age and retirement counseling’ is becoming an area of increased importance for both clients and therapists and that there is a necessity to enhance our understanding of these processes and of how relevant research can inform our practice. This understanding will inevitably have to traverse the understanding of our own selves (and our personal stance towards older age) as therapists and how we may use this self-awareness constructively (Baldwin, 2013; Rowan & Jacobs, 2002) to support older people.

An overview of the developments in the field suggests that while psychotherapeutic interventions can effectively promote psychological well-being in later age, there is also a need for further research into the ‘micro-processes’ of these approaches (Westerhof & Bohlmeijer, 2014). Thus, the current study is mainly focusing on the therapeutic process and on how therapy was guided, paced and navigated primarily by the client’s ongoing process. Such an approach is inevitably idiographic and may have limited applicability to other clients. Nevertheless, the aim here is rather to provide a positive example of how certain theoretical ideas can be individually tailored around a unique client and also to encourage other practitioners to adapt them, according to their own therapeutic style and according to the unique needs of their own clients.

Meanwhile, it has to be acknowledged that individuals who enter older age are a heterogeneous group and that their ‘felt experience’ differs vastly amongst each other (Zubair & Norris, 2015). Thus, a diversity of evidence-based techniques are starting to be suggested and applied for helping these clients to regenerate more fulfilling and happier lives, as entering retirement often provokes high levels of anxiety. Such therapeutic approaches have been introduced from paradigms such as Rational-Emotive-Behavioral counseling, where interventions are proposed by its founder Albert Ellis to help older individuals re-define the meaning of their lives and engage in new fulfilling activities (Ellis, 1999) and indeed counselling during this life transition has been found to reduce symptoms of depression and anxiety (Eman Shokry, Hanaa Hamdy, Bothina Elsayed, & Asad Abd, 2016).

Other authors and clinical researchers propose the adaptation of mainstream Behavioral treatments (e.g. Laidlaw, Kishita, & Chellingsworth, 2016; Laidlaw, 2015), in a way that is more pertinent to older age and informed by the individual and cultural diversity found within this population (Gallagher-Thompson, Steffen, & Thompson, 2010). Furthermore, a ‘map of modalities’ suitable for older people published by the National Health Service (NHS) in the United Kingdom suggests a number of mainstream approaches, such as humanistic or psychodynamic counselling, CBT, or an integration of them, while it acknowledges the major impact that accumulated major life events can have on the emotional well-being of older people (NHS, n.d.).

In the case study in hand, I chose to explore such life events with Anna from a lifespan development perspective for idiographic reasons relating to the personality and context of the specific client (explained at the beginning of the next section). Besides these idiographic reasons, the effectiveness of such an approach is supported by empirical research. Indeed, two recent meta-analyses of relevant empirical studies (Lan, Xiao, & Chen, 2017; Pinquart & Fortmeier, 2012) suggest that life review and life reminisce interventions with older adults generally produce positive outcomes in symptoms such as depression, overall well-being and Ego Integrity, while therapeutic outcomes were much less significant for factors such as life satisfaction, self-esteem, present life quality and purpose in life.

I would argue that one possible explanation for these differences in outcomes is that such studies are largely based on the older age theme of ‘integrity vs. despair’ from Erikson’s seminal psychosocial theory (Erikson, 1982/1985), which views the primary source of meaning in older age as deriving from making sense of the past. Thus, the focus of most of these interventions is much more around achieving ‘a sense of coherence and wholeness’ (Erikson, 1982/1985, p. 65) based on ‘what life has been’ (and then a more positive perspective could alleviate feelings of depression), rather than generating new meanings and a sense of a new identity based on older life as such. Even though Erikson did acknowledge that psychosocial development can actually continue throughout our whole lives and despite the inevitable losses, he did not explore that much how meanings can emerge from the present life of older people, or how – for example – ‘side activities’ that were less of a priority during previous stages of our lives (when for instance ‘generativity vs. stagnation’ was at stake) could now gain a justifiably central place in the older person’s life.

A common technique within this tradition is the construction of a ‘life review’, which can help clients reframe their previous lives from a more positive angle, appreciate more their personal achievements and contributions to others and thus add more meaning to their present lives, despite its limitations or predicaments (Kampfe, 2015). Indeed, research studies have found that the life review intervention (as established by Butler, 1963) had a beneficial impact on the depressive symptoms and the overall psychological wellbeing of older people (Korte, Bohlmeijer, Cappeliez, Smith, & Westerhof, 2012; Haight, 1998) and that it can also facilitate the emotional processing of retirement, search for existential meaning (Flankl, 1985) and a compassionate re-definition of self (Malette & Oliver, 2006).

Such studies provide important qualitative and quantitative evidence, not only for the significance of such issues for people entering older age, but also regarding how the re-evaluation of older people’s past can help them embrace a more meaningful life in their present. The ‘life review perspective’ typically places more emphasis on unresolved developmental issues of the client’s childhood and adulthood life, on reconstructing more adaptive ways of thinking about their overall past (‘reminiscing’) and on adapting to the various challenges of older life, such as grief or chronic illness (Laidlaw & Knight, 2008; Knight, 2004;). Such approaches (as the ones mentioned in this and the preceding paragraph) the have made major contributions on developing models of working therapeutically with older adults and indeed they clearly acknowledge the potential for growth and living fulfilling lives in older age, despite the frequent challenges of having to manage gradual losses in their cognitive and physical abilities, relationships, or their overall wellbeing. Thus, these models offer important mechanisms and techniques on how to work psychologically with these issues and one of these techniques is indeed the ‘life review’ activity, which is viewed as purposeful when it can provide insights about the client’s past that are proportional and relevant to their current problems.

Hence, while the current case study is also working with the potential for growth in older age, it differs in terms of focusing primarily on facilitating a constructive ‘meaning-making process’ (Kropf, 2008), which is directly relevant to the ‘here-and-now’ of the client’s life, rather than working on cognitive restructuring and behavioral activation in a CBT (Cognitive Behavioral Therapy) fashion. Moreover, being a single-case study, the present manuscript highlights more the nuances of the therapeutic process. Moreover, instead of building on a problem-specific assessment, it builds more on the client’s own agency and on what I would name as the ‘therapeutic-process-based evidence’ about what the client herself wanted to make out of the ‘lifeline activity’ (a creative exercise where the client is invited to draw and portray visually her life’s ‘peaks and troughs’ on an imaginative lifeline) and which areas where more important for her to explore, compared to others. In other words, this work was more about facilitating the client’s step-by-step process of making sense of her current self, relationships and activities, while lifespan development psychology (e.g. Capuzzi & Stauffer, 2016; Kraus, 2008) critically informed this journey.

From a theoretical standpoint, the lifespan development perspective in counseling challenges the older Freudian notion that later adulthood is mainly about maintaining and unfolding the personality that we have essentially formed in earlier stages of life (Freud, 1937). This notion of downplaying the personality change and development that can unfold in later adulthood could be largely attributed to the influence of psychoanalysis and its derivatives (which prevailed in previous decades) in the understanding of human personality. In fact, these historical approaches argued that there is only a small potential for substantial change in adulthood (Salkind, 2004). This notion is eloquently depicted in Freud’s dictum that ‘the unconscious is timeless’, which suggests that our unconscious self, with all its unresolved conflicts that were crystallized during childhood, does not change substantially through the subsequent experiences of later life, unless these unconscious dynamics are processed through long-term psychoanalysis (Lear, 2005). In contrast with such conceptualizations, lifespan development psychology highlights the potential for positive change and growth during the entire life, through the constructive assimilation of our ongoing experiences and through our ongoing reflection about them (Kail & Cavanaugh, 2016; Wood, Littleton, & Oates, 2007).

However, in reality, development throughout life is rarely a linear and smooth progression to a certain direction: It is rather a spiral, tentative movement towards a partially unknown future (Langdridge, 2013). In other words, our movement throughout life is often inconsistent and convoluted and we might occasionally experience a loss of direction, despite our best efforts to pursue our goals. Furthermore, external contingencies inevitably affect our life journey and the realities we inhabit and we know as practitioners that such factors can often be perceived by clients as personal ‘failures’, or ‘missed opportunities’ that cannot be rectified, or that ‘it is too late to change anything’. Nevertheless, such challenging moments, often emanating from major transitions or life crises, can be the critical opportunities for re-engaging with our life purpose, or even for a radical redefinition of our values, as the Existential perspective of lifespan psychology highlights (e.g. Van Deurzen, 2010) and this last point is especially relevant to the work with ‘Anna’ described in the current client study.

*The relevance of lifespan psychology to Anna’s therapy*

All this ‘territory’ of therapeutic work was particularly relevant for ‘Anna’ (the pseudonym of the client presented here), both at the factual level (as she was in her mid-sixties and slowly entering older age and final retirement) and at the psychological level, as her recent diagnosis, treatment and recovery from breast cancer had marked her transition to a new life stage with new challenges, such as re-establishing a social network and connecting with others again, engaging in new fulfilling activities as a retired person (whilst her successful career had been the main pillar for her identity construction in the past) and embracing a new sense of ‘self-after-cancer’. Indeed, when I asked Anna why she decided to seek counseling at this particular point in time, she explicitly confirmed that link between her encounter with the cancer threat and her realization of moving towards a new life chapter. However, she also clearly stated that she wanted to focus on finding new meanings and fulfilling activities in her current life, rather than exploring her experience with cancer (from which she had adequately recovered and wanted to leave behind). Thus, given the pluralistic, client-centered philosophy of this work, we focused on exploring her possible ‘new meanings’, rather than her encounter with cancer.

Therefore, given all the complexities mentioned in the preceding paragraph, but also the particular personality and life circumstances of the client discussed here, a lifespan development perspective was adopted. Meanwhile, the integration of diverse techniques from different modalities was also deemed appropriate, because of the multifaceted nature of the client’s goals and her openness to such an approach. Thus, in the therapy presented here with Anna, I am primarily adopting a pluralistic standpoint, where the goals, methods and tasks adopted in the process, as well as the time and energy spent for each of them, were actually guided by the client’s process and feedback during the different stages of therapy (Cooper & Dryden, 2016; Cooper & McLeod, 2011). The therapeutic approach could also be labelled as integrative (McLeod & Sundet, 2016), as the therapist (myself) was tentatively, but also actively, suggesting to the client the combination of lifespan development psychology with techniques from the experiential, existential and cognitive paradigm in psychotherapy.

*The rationale for the lifeline exercise*

In particular, I suggested to Anna the *lifeline exercise* (e.g.; Peterson, 2014; Sugarman, 2001) as the main focus of our work, because I felt that a creative and collaborative use of it would enable Anna to visually portray and construct her current meanings by contemplating on her past, present and future. This technique builds - from a different perspective - on the idea of ‘re-inventing’ and thus ‘re-constructing’ our identity and the meanings of our major life stories, which is embedded in approaches such as narrative therapy (e.g. Madigan, 2011), or other lifespan personality development theories (McAdams, 2015).

Indeed, Anna had been sharing extensively major past events and transitions of her life along with her associated feelings, such as regret and guilt. Thus, the lifeline activity would indeed correspond well to her own process and it would also provide her with a visual tool for reflecting and synthesizing her learning from these past experiences. Furthermore, this activity could also help Anna move from ruminating about her past onto embracing a self-compassionate stance to her past life choices and present potential (Neff, 2013).

Another theoretical perspective that was relevant and useful for Anna’s therapy was the idea proposed by Erikson (1959) that the successful resolution of the ‘identity crisis’ associated with each life stage leads to Ego strengthening and personal maturation. This particular aspect could shed light to the strengths (as well as possible patterns) that Anna has been utilizing in critical points of her life to tackle contextual or emotional challenges.

However, Erikson’s theory is based on culturally-specific assumptions, especially regarding older age, where the main theme of this stage (‘integrity versus despair’) is primarily making sense of the present in terms of the past life (e.g. Wood, Littleton, & Oates, 2007). On the contrary, the perspective adopted here was more in line with seminal scholars such as Peck (1968), who acknowledge the full potential of later age, through the achievement of enhanced *mental flexibility* (vs. mental rigidity) and *Ego differentiation* (vs. work-role preoccupation). Indeed, such processes provide the opportunity for a new type of growth and enjoyment, even after retirement. Indeed, seminal research has shown that older people may perform better than younger ones in tasks that require *crystallized (experiential) intelligence* (Horn & Cattell, 1967), or the ability to accept contradictory evidence (*dialectical maturity,* Datan & Reese, 1977) and such cognitive abilities may continue to grow even in older age (Hess, Strough, & Lockenhoff, 2015; Li, Baldassi, & Johnson, & Weber 2013).

The lifeline exercise that was utilized in this work was based on the style of questions proposed by Sugarman (2001, Appendix 1), as such questions would facilitate the type of exploration and insights relevant to Anna. Thus, the client was invited to express freely herself by drawing with various colors and shapes to portray her lifeline and indeed she responded positively to this activity by bringing her own pastels from home. Anna was also encouraged to think in terms of periods of her life (Peterson, 2014), as this would offer her the chance to identify overarching themes of her life periods. Furthermore, we utilized the metaphor/imagery of a vessel travelling through the sea to portray her life journey (Ford & Lerner, 1992), as she had a strong connection with the ocean throughout her life and this indeed stimulated her creativity. Thus, her lifeline was portrayed as a series of ‘waves’ (peaks and troughs of events and life periods) crossing the sea surface (‘baseline’, or neutrality of happiness).

This way, the overall aim was to explore, in an open-ended, semi-structured fashion, how lifespan development psychology, within a broader pluralistic/integrative therapeutic framework (McLeod & McLeod, 2016) could help Anna regain meaning, a sense of purpose and motivation to re-engage with current relationships and new activities. The specific objectives of the case study were to explore how the creative use of the ‘lifeline exercise’ (Peterson, 2014 Sugarman, 2001), combined with a humanistic-experiential approach (e.g. Mearns & Thorne, 2000) and a few behavioral activation techniques (Hopko et all., 2004) would facilitate her developmental trajectory.

**The context of the client and the therapy**

*The therapist*

At the time that I delivered this therapy I was at my final year of my Counseling Psychology training in the United Kingdom as a mature student, I had already completed the humanistic and CBT components of my doctoral training and I was highly engaged with the pluralistic philosophy in psychotherapy, embedded mainly on the two traditions outlined before.

*The previous experience of the participant/client with counselling/therapy*

Anna was self-referred to the organization where the therapy and case study took place.

The client reported that her previous positive counseling experience with the organization contributed to her feeling very comfortable within this environment. The session notes from these previous sessions were not available, so all the information presented here is based on the information provided by Anna during this course of therapy.

Anna had previously received counseling on three occasions. The first one was marriage counseling (when she had difficulties with her ex-husband) which took place fourteen years before the present encounter and which she regarded as a negative experience, since she felt that the therapist was ‘taking her ex-husband’s side’ (who had previously had one-to-one sessions with the same practitioner). She self-referred to counseling for a second time when her father died and she described this experience as ‘so-so’, as she ‘did not like the counselor as a person’ (and meanwhile she could recall only very limited details regarding the content of these sessions).

On the contrary, she regarded her third encounter with therapy (when she seeked emotional support to recover from cancer) as very positive, given that she perceived her counselor as highly engaging and caring (practicing within a Transactional Analysis modality). This piece of work ended two years before the present one, it occurred at the same organization as the latter and its length was open-ended (it eventually lasted approximately a year).

When asked at the beginning of this therapy, she reported having no issues regarding the gender of her previous or current therapist.

*The current life context of the participant*

Anna had a difficult operation of tumor removal four years before, following her diagnosis with stage three breast cancer.

Since then, she has managed a satisfactory physical recovery from cancer (critical period of post-diagnosis follow-up was five years). She was - at the time of our sessions - generally healthy and she was living an independent, functional life, even though she occasionally suffered from physical pain (as a consequence of the operation), which sometimes made her sleep uncomfortable and interrupted.

She was living with her partner for twelve years, but she had not been working over the last four years, as a result of the closing of her business, but primarily because of her encounter with cancer. Thus, she was at the present facing the challenge of processing various ‘losses’ compared to her past life (notably, decreased finances, not having a career, limited social network, lack of motivation for engaging in self-fulfilling activities, etc.). Given all these precipitating events and that she was at the time in her mid-sixties, she was realizing the ‘permanent loss’ of her previous professional and social life, which led her to seek therapy again. Anna’s therapist understood her current presentation as centered around a resulting ‘void of meaning’ and therefore I approached her treatment accordingly.

*The Assessment Interview with the client*

(1) *Goals from therapy*:Anna reported as her main goal from therapy to ‘find purpose in life’ and to become more motivated to engage in creative activities that she always wanted to pursue more (e.g. drawing, or playing the piano), but she did not have sufficient time in the past. Meanwhile, she wondered what the meaning of her life was now, as it seemed much poorer when she compared it to her past.

1. *Basic life history:* Anna narrated how she grew up in a conservative, Catholic family, where she felt controlled and repressed by her mother in her childhood years.

Anna actually moved away from home in her early twenties and she eventually gained a rich employment experience abroad.

During her lifespan, she held senior positions and she lived approximately half of her life in other, non-Western countries. She moved back to the U.K. when she espoused to her ex-husband.

After her divorce, she once again made a new beginning to a Mediterranean country, where she opened her own business. Eventually she had to close her business and return to the U.K. four years before this therapy, when she was diagnosed with breast cancer, as she wanted to receive the optimal cancer health care possible.

Anna had not been working these last four years. Moreover, closing her business abroad under difficult financial circumstances resulted in her losing most of her savings and therefore she was at the time supporting herself through welfare benefits and she was also relying on her partner’s contribution for their household.

1. O*bservations on the therapeutic relationship and direct observations about the client:* The client came across as ready to engage with counseling. She possessed a good understanding of the process and she was exploring her feelings and thoughts in a very natural way. She engaged positively with my suggestions for the activities to be used, while feeling free to express her preferences. Anna was feeling comfortable with direct eye contact and she was addressing me with my first name. She was also always arriving early for her appointments and she was taking good care of her physical appearance.
2. *Risk assessment:* No such issues were identified through the verbal assessment and the Clinical Outcomes in Routine Evaluation (CORE-10) questionnaire (CORE IMS, n.d.). No substance abuse issues were reported by the client, nor any relevant signs could be identified.
3. *Protective factors, coping mechanisms & strengths:* Anna was in a stable, supportive romantic relationship for twelve years, she was keen to enjoy music and the arts and to engage in drawing (she appreciated the therapeutic value of creative and physical activities and she was highly psychologically-minded).

*Psychometric assessment*

The CORE-10 questionnaire (CORE IMS, n.d.) was used at the beginning of each session in order to track the impact of therapy, as it is a well-validated and also a pan-theoretical outcome measure of overall therapeutic change that does not require any prior specific assessment or diagnosis (Barkham *et al.,* 1998), which made it appropriate for the pluralistic approach adopted in the current study. Furthermore, the CORE outcome measure system is a commonly used psychometric instrument in the United Kingdom over the last several years (CORE, 2007) and I have also used it extensively in my own work and found it fit for purpose for a wide range of clients. The CORE-10 psychometric questionnaire consist of 10 questions which measure the overall psychological state of the individual and it is freely available to use online (CORE IMS, n.d.). The ‘heatmap’ of the graph (Appendix 2) portrays the severity of psychological distress, with a score of 10 being the ‘clinical cut-off’, scores from 10-15 indicating low distress, scores of 15-20 moderate, 20-25 moderate-severe and scores above 25 indicating severe psychological distress.

Indeed, the graph of the scoring diagram (Appendix 2) confirms an overall improvement of Anna’s psychological distress.

**Therapeutic method: Working formulation and therapy plan**

The pluralistic theoretical model proposed by Cooper and McLeod (2011) was used collaboratively with the client. The essence of this theoretical ethos is the idea that, as a substantial body of research suggests, common therapeutic factors, such as the therapeutic relationship/alliance, as well as clients’ factors such as their motivation, expectations and agency are rather more important factors for the effectiveness of therapy, than the choice of a specific therapeutic model or technique over another one (an overview of such research is presented in Cooper, 2008 and this approach is also supported empirically, for example by the recent review of the relevant meta-analyses by Wampold, 2015, or the seminal study by Asay and Lambert, 1999). Thus, from this perspective and given the client’s specificities, in often makes more sense to combine elements from different models based on the collaboration and active feedback of the client about their ongoing needs. In other words, from this theoretical perspective, it matters more what the client feels will be most helpful for them and what will keep them engaged and motivated in therapy, than which generic technique the literature suggests for a specific psychological difficulty.

Thus, in the work with Anna, instead of a traditional case formulation, a pluralistic therapeutic plan was followed. That means that instead of depicting causal relationship between factors affecting the client’s presenting issues (as it would normally be the case with a case formulation), we organized our work together in three distinct areas, namely the ‘therapeutic goals’ (as we explored them sand agreed upon them at the beginning of this therapy), the ‘therapeutic tasks’ (how we may reach the desired therapeutic goals) and the ‘methods’ (the specific techniques we would use to fulfil the therapeutic tasks). Thus, our overall therapeutic plan can be outlined as follows:

1. *Therapeutic goals (‘destinations’):*

* Find more purpose and meaning in her life in general
* Be more motivated for engaging in creative and meaningful activities
* Feel more connected with others (she reported having a poor social network, as she has previously lived abroad for many years)
* Overcome day-to-day dysfunctional fears and anxieties (e.g. feeling insecure when being alone, fear of flying and noises, or of sitting in the front seat of the car)

1. *Therapeutic tasks (‘routes’, explored and agreed collaboratively):*

* Exploring: what could the meaning(s) for the client be at this stage of her life, what were the feelings associated with her fears and anxieties?
* Understanding self: what were Anna’s internal obstacles for becoming motivated again (e.g. ‘unhelpful thoughts’)? Also, understanding internal and external difficulties for feeling connected with others again.
* Changing behaviors: finding and applying new behaviors that will serve these therapeutic goals/new meanings.

*Methods (‘vehicles’):*

* Interactive methods: open-ended discussions/ and reflections. Synthesizing them, allowing time and space for new concerns, issues and re-considerations to occur, person-centered connectedness in therapy
* Creative methods: lifeline exercise, drawing, story-making, visualization/imagery exercises
* CBT methods: analyzing in writing cognitive patterns underlying behaviors, monitoring planned behavioral changes

*Reflection on the process of reaching a pluralistic formulation and therapeutic plan*

Anna had been informed by the organization before the first session that I practice both within a person-centered and a CBT modality and she reported that she ‘would like to try CBT’. However, during the assessment session the client said that she expressed this preference mainly because she wanted to try a new approach. Meanwhile, she was using the semi-structured questions of the assessment to freely expand on her narrative and explore her feelings, which suggested that the therapeutic relationship was developing, but also that therapeutic tasks, such as an open-ended and experiential process would be the most beneficial approach for Anna. Thus, drawing on the way that Anna was using the counseling time during the first sessions, I inferred that she needed more to expand freely on her narrative and explore her life journey, rather than to work on designing and implementing a specific plan of behavioral activation.

For these reasons, I decided to suggest to Anna a pluralistic framework (which is also my preferred theoretical ethos). Thus, through the collaborative tasks and methods mentioned in the previous section, we would capitalize on the strengths she had demonstrated throughout her life and empower her sense of agency and choice in respect to her current circumstances (as these elements would eventually facilitate motivational activation). All this rationale was discussed with Anna in a colloquial language and she reported being totally happy with this perspective, and thus we reached collaboratively this pluralistic therapeutic plan.

**Analysis**

*The beginning of therapy: Understanding Anna and forming a therapeutic plan (Sessions 1-3)*

The first three sessions with Anna were a combination of gathering information and ‘composing’ the pieces of her past and present. However, the most important feature of the process was the empathic and caring listening of her narrative. In terms of the working formulation outlined in the section ‘Therapeutic method: Working formulation and therapy plan’, this stage corresponded to the task of exploration through interactive and creative methods. One of the benefits that occurred during this stage was the client’s empowerment and embracement of her strengths and self-compassion, as an alternative to ruminating, self-blame and guilt. For example, Anna regretted having got married with a controlling and repressive man and in fact validating her need (of that time) for emotional security enabled her to soften her self-criticism.

The client was also invited to create a drawing and a story depicting her present experiencing of ‘feeling trapped in a void of purposelessness’. This suggestion (to which Anna responded very positively) was meant to trigger her motivation for positive behavioral change (a main therapeutic goal set by the client), through a creative medium that Anna enjoyed, such as drawing. Meanwhile, this activity proved to be a rich source of information for the assessment, for understanding her present experiencing and for deepening the therapeutic connection. Indeed, Anna drew a square, wooden box within which she imagined herself being ‘locked and trapped’. On top of this box, she drew a big, old-fashioned key with a question mark next to it and thus we discussed her puzzlement about what this ‘key for unlocking herself’ could be and how we could retrieve it. From my perspective as her therapist, I felt that our creative lifeline activity could in fact help us find this ‘key’.

Furthermore, behavioral activation was also encouraged by planning and reviewing simple, but nonetheless self-soothing activities (e.g. listening/playing music, starting a painting as a present for her brother, or even watching the moon eclipse, which also had an existential dimension, as she felt that this would – most likely – be her last chance in life to watch such a spectacular phenomenon).

*The development of therapy: The lifeline exercise and therapeutic outcomes (sessions 4-9)*

The main periods and events of Anna’s life as she drew/noted them on her lifeline depiction can be outlined as follows[[2]](#footnote-2):

*Early childhood:*

When she was fifteen months old, her father got angry with her because she was crying during the night and he threw her to the wall (she knows this incident from others’ narratives and she described his act as ‘not intended’). When she was three years old her new-born brother died just a few weeks after his birth. She did not start speaking until she was five years old (she was wondering ‘why did I not speak?’).

*Later childhood:*

She suffered continuous sexual abuse from her uncle, but she was too scared to disclose it to anyone. She was left with feelings of hate, anger, guilt, surprise and ‘feeling dirty’.

*Adolescence:*

She did not mention any major event happening during this period, apart from the fact that she was feeling controlled and repressed by her mother and that she could not wait to become an adult and be able to ‘flee away’ from her family home. She described the presence of her father as positive, but it was her grandfather that she depicted as the one who brought ‘lots of joy and fun to her life’. Both her childhood and adolescence periods were portrayed below the sea surface level with rather dark colors, with the exception of her grandfather’s presence, which was depicted with a bright, orange color and highly above the lifeline (sea level).

*Early adulthood (20-35 years old):*

Anna’s grandfather and grandmother passed away during her very early twenties, which was a big loss that brought deep sadness to her. Meanwhile, her partner suddenly disappeared from her life when she was in her early twenties, a fact that boosted her to ‘flee away’ from home and start a new life and career in Africa (she attached the words ‘independence’ and ‘control of my life’ to this life period and she used a light green color to portray it ‘highly’ on her lifeline). She also described this period of her life (lasting fourteen years) as ‘very interesting and fulfilling’.

*Middle adulthood (35-52 years old):*

She continued having a successful career abroad, but she remembered being exploited by one of her bosses, having confronted him and eventually having moved on to another equally satisfying job. Another major event Anna narrated (and noted on paper) was her marriage in her mid-thirties to a man she described ‘as controlling as her mother’ (and she regretted having got married to him). She moved back to the U.K. (after having a successful career and an interesting life abroad) with the plan to have a child. She lived with him for ten years, but he eventually changed his mind about having a child (Anna never had one, which made her feel an emotional void). Her divorce (after she realized how unhappy she was with him, but also after discovering his repeated infidelity) led to intense disappointment, frustration and also to the loss of a large part of her financial assets and general sense of security. The loss of her father (from pancreatic cancer) when Anna was in her late thirties made her feel very lonely and wanting to move away from the U.K. again.

Later in her life, she had to place her aged mother (with whom they never had a close relationship and who was at the time suffering from dementia and for whom the client had been the primary carer for five years) in a care home. The client was experiencing feelings of guilt for that, which were precipitated by the blaming of her younger brother for ‘abandoning’ their mother (even though Anna was aware that she realistically had no other option). The rupture of her relationship with her brother resulted in the loss of Anna’s relationships with her nephew and two nieces.

Overall, that was a period of her life that was depicted on paper with mixed colors and also described with mixed (rather negative) feelings.

*Middle/later adulthood (52-mid-sixties):*

Anna engaged in a new romantic relationship (which continued to be generally satisfying, supportive and fulfilling up to the time of these sessions). She made - once again - a new beginning by moving with her partner to a Mediterranean island, where she opened her own business. It was an interesting and most of the time happy period of her life, despite the hard work and struggle for her business (which at the end did not survive the contextual and financial pressures). Her diagnosis with cancer was depicted as a very dark moment, which ‘violently suspended’ her ‘life pathway’ (this is a word Anna preferred instead of ‘journey’). She then moved back to the U.K. to receive ‘good cancer care’, although she did not feel happy living there.

Overall, it seemed that a key theme for most of Anna’s life was the endeavor to ‘escape’ from different sources of control and repression. Thus, what was critical from the lifespan development and humanistic stance adopted here, was to invite and empower the client to view such patterns of responses to her life events from a positive light, rather than just a (maladaptive) pattern of avoiding to face each situation and its related adverse emotions. Indeed, she had managed on different occasions to demonstrate high levels of resilience, confidence and determination for making radically new professional and personal beginnings.

Thus, at this stage of her life, it seemed that on top of the challenge of gradually entering retirement age, the predicament of cancer was threatening to take control over her life too, in a way that she had not fully acknowledged yet. Thus, it was vital for Anna to draw - once again – on her endemic strengths, rather than just passively live with her present limitations and weaknesses (APA, n.d.). Therefore, my therapeutic rationale was, as we were exploring her ‘life pathway’, to facilitate Anna through *guided discovery* (Padesky, 1993) to re-discover these strengths, construct her new, updated meanings and articulate them with her own words (as she did, when replacing the word ‘journey’ with ‘pathway’). Hence, once her narrative through the lifeline exercise provided an adequate picture of her strengths and when she was sharing a significant achievement (for example managing to overcome her father’s death and to make a new beginning in life again), I was actively encouraging her to reflect on this aspect and consider how she could use such resources of herself within the new context of her present life.

A relevant psycho-educational idea that we explored - in colloquial language - with Anna was the well-researched psychological mechanism of *state-dependent memory* (Lewis & Critchley, 2003; Erich, 1995)*,* which sheds light on how we filter or downplay our memories, according to our current emotional state. Indeed, Anna tended to underestimate some positive aspects of her life history, because she was - at the time of remembering them - feeling helpless and vulnerable. Hence, I invited her to reconsider her account of her past in the light of this insight, with the visual help of the lifeline exercise.

Overall, it was interesting to see how the ‘in vivo therapeutic process’ was naturally leading to different elements of the outlined in the pluralistic formulation. For example, the therapeutic task of ‘*understanding self’* was also implemented through the CBT method of testing unhelpful thoughts against empirical facts (Dryden, 2012) and psychological knowledge (e.g. mood-dependent memory).

In particular, Anna outlined in writing her main outcomes from the lifeline activity as follows (with all punctuation marks and underlining being her own):

* *‘I am a strong person’*
* *‘I have been a generous person all my life: heart, spirit, feelings’*
* *I give a lot in my relationships!!!’*
* *‘I put my ‘stamp’ on everything in my life’*
* *‘I am considerate and empathic’*
* *‘Control: I fight it first – if I don’t succeed – I fly away’*
* *Determination – once a door has* ***closed****, I look immediately for another one to OPEN!’*
* *‘WHY? can’t I be generous to me? ! ! !’*

This depiction in writing followed Anna’s remark that she tended to forget the insights/gains from our sessions and indeed she took this list of her insights home to further reflect on it. From my standpoint, I felt that while we had already gained significant insights, it would be especially useful to explore more her last point (‘why I can’t be generous to me?’), as it seemed to have the most emotional weight for her current life (and indeed she became tearful when we addressed it).

*The end of therapy: Consolidating the therapeutic gains (Sessions 10-11)*

Given the relational depth (Mearns & Cooper, 2018) that we had achieved at this point of our work together and which could safely contain difficult ‘emotional areas’, I drew on the idea that therapeutic change is most likely to happen once the process reaches the deeper emotional layers of the client’s experiencing (as e.g. the *cathexis model of catharsis* suggests, Straton, 1990). Thus, we used the last sessions to revisit this more ‘emotional space’ of not having been generous enough to herself throughout her life and of how she could now embrace this generosity to her own self. Thus, I facilitated this process by encouraging Anna to take more ownership of her ‘discoveries’ and her future life direction, while I avoided excessive directivity, as this can have detrimental effects, especially when psychological trauma is present (e.g. Bozarth, 2012; Young, 1992). Anna had definitely experienced trauma (sexual abuse during childhood) and we did address (when this theme emerged naturally during the first sessions) how these early experiences may be related to her core belief (Beck, Rush, Shaw & Emery, 1979) ‘of feeling worthless’.

However, what was really at stake here was whether this realization would activate further rumination for the past, *or* whether it would boost her motivation to become generous to herself in the present and future. It was thus important for Anna to experience more compassion for herself (Neff, 2013) and her past choices (and regrets) and this is what we focused on during the last sessions and indeed I suggested that ‘perhaps she needed to be generous to herself more than ever before’.

As our work together was reaching an ending because of external reasons, this process of embracing self-compassion and meaning in her present life inevitably remained an on-going, unfinished process for Anna.

**Discussion: Overview and evaluation of therapy**

This piece of work was primarily based on the principles of lifespan development and pluralistic counseling, as they have been outlined in the Introduction of the current study. Thus, on the one hand, we drew with Anna on the idea that self-development is possible even in older age, not only in terms of making sense of the past (‘life review’), but also through the re-engagement with a new identity and new meaningful activities. On the other hand, we drew on the idea of pluralistic counselling that ‘the client knows best’ what will be most beneficial for them in the counselling process and therefore a collaborative therapeutic relationship was at the heart of our journey together.

These ideas were primarily integrated in the counselling process through a creative and individually-tailored application of the ‘lifeline exercise’, in a way that invited the client to ‘draw her life story’ with her own images, colors and words. This creative activity was guided by the aim to access the deeper emotional layers of the client (as mentioned before), but it was also meant to produce a sort of experiential evidence in the ‘here-and-now’ of the therapeutic encounter that creativity and purpose were indeed possible in Anna’s current overall life, even after she would finish therapy. Meanwhile, it is true that our work was partially incomplete, as we concluded our sessions before reaching an integrated concrete behavioural plan about her new life in older age.

In fact, it became apparent at this final stage of therapy, that what Anna eventually needed even more than merely understanding her past ‘life journey’, was to regain her motivation and self-confidence to engage with her ‘new self’. A milestone towards that was definitely her realization (through the lifeline exercise) that she had always been more generous to others than herself and the obvious implication was that entering older age could be her precious chance to ‘finally allow’ her to be more generous to herself. She was then able to find more motivation and meaning in pursuing creative activities (e.g. drawing, or playing the piano again) and as she was approaching this mindset, she gradually started to actually engage in such activities.

Overall, the narrative presented here suggests that Anna gained significant benefits from this therapy, as she engaged creatively with the process and the ‘tasks’ (as outlined in the therapeutic plan) and by the end of this - relatively short – encounter with counseling, she reported feeling more optimistic and she was already planning new fulfilling activities that were both meaningful and feasible for her present life. This was enabled by the strong therapeutic alliance that was evident by her opening up to me about deeply personal and sensitive memories and feelings throughout our sessions and also by offering me a symbolic, small gift at the end, which I considered as appropriate - and beneficial for her - to accept. Moreover, the positive outcome was also facilitated by Anna’s readiness to engage in such an approach and to explore positive possibilities for her upcoming life as an older person.

However, an obvious limitation of this approach is likely to be that a client needs to already be in such an exploratory, potentially hopeful mindset, as Anna was, in order to truly benefit from this style of therapy, which requires high levels of engagement, motivation and creativity from their side. Moreover, in this particular therapy, it was probably also helpful the fact that Anna was already quite familiar with the counseling process, that she had achieved a satisfactory physical recovery from cancer and that at the time when this therapy begun, she already had some time to process the shock of her illness, her treatment and her pathway towards physical and emotional healing.

Furthermore, as it is the case with all such client studies, limitations may also arise from the fact that certain choices were made by the therapist/author, as to the direction and focus of the therapy. These choices were inevitably subjective to some extent and they do depend on the practitioner’s own therapeutic style, as well as the engagement style of the client. However, the whole work presented here was not planned and implemented randomly, as it was consistently guided by the (pluralistic) principle of facilitating the ongoing collaborative process, as it was guided by the client’s explicit feedback.

At the same time, some other choices were also made by the author as to what to include/focus on in this manuscript and such decisions were also partially subjective and dependent on his own judgment. However, it is hoped that the inclusion of data deriving directly from the client (e.g. Anna’s own written statements on page 29 and the description of her own drawings of the lifeline exercise and the box where she felt locked in) provide reasonable justification that the themes highlighted in this case study were actually significant for the client as well.

Given that, I am also aware that the work with Anna could have been much more extended both in terms of length and content and that the development of therapy was not entirely consistent with the initial ‘therapeutic plan’. On the one hand, this can be attributed to the nature of the pluralistic approach as such, which prioritizes a flexible navigation through the sessions based more on what is happening ‘in-the-moment’, rather than the accurate implementation of the initial therapeutic plan. From that perspective, even though there was a CBT element in the pluralistic plan, its application was inevitably – to a large extent - eclectic and without a full-case formulation. On the other hand, the initial plan was left partially incomplete (and especially its behavioral element, meaning the implementation of her ‘newly- gained-insights’ into her life), as my work with Anna ended rather sooner than expected, because of external circumstances.

Thus, for example, it is evident that we could have explored more the reconstruction of her rich life history and we could also have worked more on ‘translating’ her insights about her life and identity into practical ways of creating a more meaningful life in the present. Furthermore, during the lifeline exercise, we focused more on her adulthood experiences, instead of her significant childhood traumas, as Anna herself explicitly expressed her wish not to expand on them. Overall, while it was unfortunate that we did not have more sessions to work on such ‘tasks’, the fact that Anna started implementing some behavioral changes (e.g. she started producing a painting to give to her brother for his birthday), that she wanted to take home the written materials she produced during the sessions (‘lifeline drawing’ and ‘outcome list’) in order to reflect further on them, makes me think that the positive therapeutic movement continued after the end of our encounter and that positive behavioral change followed this movement as well. Another example that indicated this movement forward was the fact that Anna started seeing her life and herself as worthy again, even if she was now not working, not earning money and not progressing professionally, as she was used to do throughout most of her adult life. Furthermore, Anna started valuing herself and her current life more by being more ‘generous to herself’ and engaging in activities that she had largely neglected in the past, such as walking in nature, drawing and playing the piano again.

Anna’s CORE-10 scores support the hypothesis of a positive therapeutic outcome, but I believe that the most important evidence of this was the way that she consistently engaged in our exploration and creative activities and the way that she gradually felt more and more animated and motivated. Indeed, our mutual trusting of the ongoing process and the genuine way we related with each other led to the arrival of hope and positive change in the counseling room.

From a theoretical angle, we could say that this way Anna started to achieve more ‘Ego differentiation’ and ‘mental flexibility’ (Peck, 1968), rather than being mostly preoccupied with the loss of her professional identity and the competences that are required for professional success.

On the one hand, she has been able to experience more fulfilment - in the present - about her past achievements, by realizing the strengths and qualities she has been demonstrated throughout her life journey, while coming to terms with her perceived ‘past failures and regrets’, by embracing more self-compassion. On the other hand, she begun to realize that her self-concept could be seen as a flexible, dynamic construction, which evolves according to her changing life circumstances and therefore starting to focus in ‘retirement activities’ did not need to be perceived only as the ‘ending of her professional life’, but also as the beginning of a different, yet equally valuable, life chapter.

More broadly, this client study advocates the significance of psychotherapy provision during this (sometimes overlooked) life transition. Moreover, it demonstrates how counseling can facilitate older clients to embrace their present lives, not only in terms of making sense of their past, but also in terms of generating new meanings and engaging with new activities (that are more relevant to this age) and which can indeed enhance their life satisfaction and happiness.

Given that this is a single client study, it does not intend to propose a ‘one size fits all’ therapeutic model for this population, but rather to encourage practitioners to be more empathically attuned to their client’s process and their explicit and implicit strengths that can lead them to a happier life.

**References**

APA (American Psychological Association), Society of Counseling Psychology (n.d.). What is Counseling Psychology? Retrieved from the APA website <http://www.div17.org/wp-content/uploads/WhatIsCounselingPsychology-Brochure-10-02-2012.pdf> (Accessed September 11, 2019).

Asay, T. P., & Lambert, M. J. (1999). The empirical case for the common factors in therapy: quantitative findings, p. 25-33. In M. Hubble, B. L. Duncan, & S. D. Miller (Eds). *The Heart and Soul of Change: What Works in Therapy.* Washington, DC: American Psychological Association.

BACP (British Association for Counselling and Psychotherapy0 (2019). Older people: Strategic priorities. Retrieved from <https://www.bacp.co.uk/about-us/about-bacp/older-people/> (Accessed May 16, 2019).

# Bal, P. M., & Kooij, D. (2011). The relations between work centrality, psychological contracts, and job attitudes: The influence of age. *European Journal of Work and Organizational Psychology, 20*, 497-523. DOI: 10.1080/13594321003669079.

Baldwin, M. (2013). *The use of self in therapy* (3rd Edn). New York: Routledge.

Barkham, M. Evans, C., Margison, F., McGrath, G., Mellor-Clark, J., Milne, D., & Connell, J. (1998). The rationale for developing and implementing core outcome batteries for routine use in service settings and psychotherapy outcome research. *Journal of Mental Health, 7,* 35-47.

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression.* New York: Guildford Press.

Bozarth, J. (2012). ‘Nondirectivity’ in the theory of C. R. Rogers: An unprecedent premise. *Person-centered and Experiential Psychotherapies, 11*(4), 262-276. Doi: <https://doi.org/10.1080/14779757.2012.740317>

Butler, R. N. (1963). The Life Review: An Interpretation of Reminiscence in the Aged,*Psychiatry, 26*(1), 65-76. doi: [10.1080/00332747.1963.11023339](https://doi.org/10.1080/00332747.1963.11023339)

Capuzzi, D., & Stauffer, M. D. (2016) (Eds). *Human growth and development across the lifespan: Applications for counselors.* New York, NY: Wiley.

Caza, B. B., & Creary, S. J. (2016). *The construction of professional identity* [Electronic version]. Retrieved from Cornell University, SHA School site: <http://scholarship.sha.cornell.edu/articles/878> (Accessed June 16, 2019).

Cooper, M. (2008). *Essential research findings in counselling and psychotherapy: The facts are friendly*. London: Sage.

Cooper, M., & McLeod, J. (2011). *Pluralistic counselling & psychotherapy.* London: Sage.

Cooper, M., & Dryden, W. (2016) (Eds). *The handbook of pluralistic counselling and psychotherapy*. London: Sage.

CORE IMS (2007). A decade of development. Retrieved from <http://www.coreims.co.uk/site_downloads/core-a-decade-of-development.pdf> (Accessed June 16, 2019).

CORE, IMS (n.d.). The CORE outcome measure. Retrieved from <http://www.coreims.co.uk/About_Core_System_Outcome_Measure.html> ((Accessed June 16, 2019).

Datan, N., & Reese, H. W. (Eds) (1977). *Lifespan developmental psychology: Dialectical perspectives on experimental research.* New York, NY: Academic Press.

Dryden, W. (2012). The therapeutic relationship in CBT. In W. Dryden, & R. Branch (Eds), *The CBT handbook* (pp. 83-100). London: Sage Publications.

Ellis, A. (1999). Rational Emotive Behavior Therapy and Cognitive Behavior Therapy for Elderly People. *Journal of Rational-Emotive and Cognitive-Behavior Therapy,* *17*([1](https://link.springer.com/journal/10942/17/1/page/1)), 5–18. doi: https://doi.org/10.1023/A:1023017013225

Erich, E. (1995). Searching for mood dependent memory. *Psychological Science,6*(2), 67-75. doi: 10.1111/j.1467-9280.1995.tb00309.

Erikson, E. H. (1959). Identity and the life cycle: Selected papers. Psychological Issues, 1, 1-171.

Erikson, E. H. (1982/1985). *The life cycle completed: A review.* New York, NY: Norton.

Ford, D. H., & Lerner, R. M. (1992). *Developmental systems theory: An Integrative approach.* Newbury Park, CA: Sage Publications.

Freud, A. (1937). *The Ego and the mechanisms of defence*. London: Hogarth Press and Institute of Psycho-Analysis.

Frankl, V. E. (1985). Man’s search for meaning (revised and updated Edn). New York, NY: Washington Square Press.

Gallagher-Thompson, D., Steffen, A. M., & Thompson, L. W. (2010). *Handbook of Behavioral and Cognitive therapies with older adults*. New York, NY: Springer.

Haight, B. K. (1998). Life review: Preventing despair in newly relocated nursing home residents: Short and long-term results. *The International Journal of Aging and Human Development, 47*(2), 119-142.

Hess, T. M., Strough, J., & Lockenhoff, C. E. (2015). *Aging and decision making*. London: Elsevier.

Horn, J. L., & Cattell, R. B. (1967). Age differences in fluid and crystallised intelligence. *Acta Psychologica, 26,* 107-129.

Hopko, D. R.; Lejuez, C. W.; Lepage, J. P.; Hopko, S. D. & McNeil, D. W. (2004). A brief bevavioral activation treatment for depression. *Behavior Modification*, *27*(4), 458–469. [doi](https://en.wikipedia.org/wiki/Digital_object_identifier):[10.1177/0145445503255489](https://doi.org/10.1177%2F0145445503255489).

Kail, R. V., & Cavanuagh, J. C. (2016). Human development: *A life-span view* (7th Edn). Boston, MA: Cengage Learning.

Kampfe, C. M. (2015). *Counselling older people: Opportunities and challenges*. New York, NY: Wiley.

# Korte, J., Bohlmeijer, E. T., Cappeliez, P., Smit, F., & Westerhof, G. J. (2012). Life review therapy for older adults with moderate depressive symptomatology: a pragmatic randomized controlled trial. *Psychological Medicine,* 42(6):1163-73. doi: 10.1017/S0033291711002042.

Knight, B. G. (2004). *Psychotherapy with older adults* (3rd Edn). London: Sage.

Kraus, K. L. (2008). *Lenses: Applying lifespan development theories in counselling.* Belmont, CA: Wadsworth Cengage Learning.

Kropf, N. P. (2008). Narrative therapy with older adults. Retrieved from <https://www.tandfonline.com/doi/abs/10.1300/J018v18n04_02> (Accessed June 16, 2019). doi: <https://doi.org/10.1300/J018v18n04_02>

Laidlaw, K. (2015). *CBT for older people: An introduction.* Thousand Oaks, CA: Sage.

Laidlaw, K., & Knight, B. (2008). *Handbook of emotional disorders in later life: Assessment and treatment*. Oxford: Oxford University Press.

Laidlaw, K., Kishita, N., & Chellingsworth, M. (2016). A clinician’s guide to CBT with older people. Retrieved from <http://www.uea.ac.uk/documents/246046/11919343/CBT_BOOKLET_FINAL_FEB2016%287%29.pdf/280459ae-a1b8-4c31-a1b3-173c524330c9> (Accessed May 13, 2019).

Lan, X., Xiao, H., & Chen, Y. (2017). Effects of life review interventions on psychosocial outcomes among older adults: A systematic review and meta-analysis. *Geriatrics and Gerontology International, 17*(10), 1344-1357. doi: 10.1111/ggi.12947

Langdridge, D. (2013). *Existential counselling and psychotherapy*. London: Sage.

Lear, J. (2005). *Freud.* New York, NY: Routledge.

Lewis, P. A., & Critchley, H. D. (2003). Mood-dependent memory*. Trends in Cognitive Sciences,* 7(10), p. 431-433. doi: 10.1016/j.tics.2003.08.005

Li, Y., Baldassi, M., & Johnson, E. J., & Weber, E. U. (2013). Complementary Cognitive Capabilities, Economic Decision-Making, and Aging*. Psychological Aging, 28*(3), 595-613. doi: 10.1037/a0034172*.*

McAdams, D. P. (2015). *The art and science of personality development.* New York, NY: The Guildford Press.

Madigan, S. (2011). *Narrative therapy*. Washington, DC, US: American Psychological Association.

Malette J., Oliver L. (2006). Retirement and existential meaning in the older adult: A qualitative study using life review. *Counselling, Psychotherapy, and Health, 2*(1), 30-49.

Mayers, L. (2014). Ages and stages [Electronic version]. Retrieved from the Counselling Today website: <http://ct.counseling.org/2014/03/ages-and-stages/> (Accessed June 16, 2019).

McLeod, J., & McLeod, J. (2016). Assessment and formulation in counselling and psychotherapy. In M. Cooper, & Dryden, W. (Eds), *The handbook of pluralistic counselling and psychotherapy* (p. 15-27).London: Sage.

McLeod, J., & Sundet, R. (2016). Integrative and eclectic approaches and pluralism. In M. Cooper, & Dryden, W. (Eds), *The handbook of pluralistic counselling and psychotherapy* (p. 158-170).London: Sage.

Mearns, D., & Thorne, B. (2000). *Person-centred therapy today: New frontiers in theory and practice.* London: Sage.

Mearns, D. & Cooper, M. (2018). Working at relational depth in counselling and psychotherapy (2nd Edn). London: Sage.

Neff, K. (2011). *The proven power of being kind to yourself: Self-compassion.* New York, NY: HarperCollins Publishers.

NHS (National Health Service) (2017). Older people are losing out in psychological therapy. Retrieved from <https://www.england.nhs.uk/blog/alistair-burns-22/> (Accessed May 16, 2019).

NHS (National Health Service) (n.d.). Psychological therapies with older people: Approaches and considerations. Retrieved from <http://www.dwmh.nhs.uk/wp-content/uploads/2015/03/P22c-Julia-Pschological-Therapies-with-Older-Adults-100215.pdf> (Accessed May 16, 2019).

Padesky, C. (1993). Socratic questioning: changing minds or guided discovery? Keynote address at the European Congress of Behavioural and Cognitive Therapies, London, 24 September 1993. Retrieved from the Padesky website: <http://padesky.com/newpad/wp-content/uploads/2012/11/socquest.pdf> (Accessed June 16, 2019).

Pinquart, M., & Fortmeier, S. (2012). Effects of reminiscence interventions on psychosocial outcomes: A meta-analysis. *Aging and mental Health, 16*(5), 541-558. doi: 10.1111/ggi.12947

Peck, R. (1968). Psychological developments in the second half of life. In B. Neugarten (Ed.), *Middle age and aging* (p. 88-92)*.* Chicago, IL: University of Chicago Press.

Peterson, C. C. (2014). *Looking forward through the lifespan: Developmental Psychology* (6th Edn). French Forest, Australia: Pearson Australia.

Roberts, L. M., Dutton, J. E., Spreitzer, G. M., Heaphy, E. D., and Quinn, R. E. (2005). Composing the reflected best self-portrait: Building pathways for becoming extraordinary in work organiza­­tions. *Academy of Management Review*, 30, 712-736.

Rowan, J., & Jacobs, M. (2002). *The therapist’s use of self.* Buckingham: Open University Press.

Eman Shokry, A. A., Hanaa Hamdy, A., Bothina Elsayed, S., Asad Abd, E. R. S. (2016). The Effect of Counseling Sessions on Managing Psychological Problems among Pre-Retirement Employees. *Journal of Nursing and Health Science,* *5*(6), 7-16.

Salkind, N. J. (2004). *An introduction to theories of human development*. London: Sage.

Settles, H., & Buchanan, N. T. (2014). Multiple groups, multiple identities and intersectionality. In V. Benet-Martinez, & W. Hong (Eds), *The Oxford handbook of multicultural identity* (pp. 160-180)*.* Oxford: Oxford University Press.

Straton, D. (1990). Catharsis reconsidered. *Australian & New Zealand Journal of Psychiatry, 24,* 543-551. doi: 10.3109/00048679009062911.

Sugarman, L. (2001). *Lifespan development: Frameworks, accounts and strategies* (2nd Ed.). East Sussex: Psychology Press Ltd.

Siebert, D.C., & Siebert, C. F. (2005). The caregiver role identity scale: A validation study. *Research on Social Work Practice,* 15, 204-212.

Tajfel, H. (1974). Social identity and intergroup behavior. *Social Science Information*, *13*(2), 65-93.

Van Deurzen, E. (2010). *Everyday mysteries: A handbook of Existential Psychotherapy* (2nd Ed.). London: Routledge.

Yalom, I. (1980). *Existential psychotherapy*. New York: Basic Books.

Young, M. E. (1992). *Counseling methods and techniques: An eclectic approach.* New York, NY: Macmillan.

Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry, 14*(3), 270-277. doi: [10.1002/wps.20238](https://dx.doi.org/10.1002%2Fwps.20238)

# Westerhof, G. J., & Bohlmeijer, E. T. (2014). Celebrating fifty years of research and applications in reminiscence and life review: state of the art and new directions. *Journal of Aging Studies*, 107-114. doi: 10.1016/j.jaging.2014.02.003

Wood, C., Littleton, K., & Oates, J. (2007). Lifespan development. In T. Cooper, & I. Roth (Eds), *Challenging psychological issues* (pp. 1-69)*.* Milton Keynes: The Open University.

Zubair, M., & Norris, M. (2015). Perspectives on ageing, later life and ethnicity: ageing research in ethnic minority contexts. [*Ageing and Soc*](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4396438/)*iety, 35*(5), 897–916. doi: [10.1017/S0144686X14001536](https://dx.doi.org/10.1017%2FS0144686X14001536)

**Appendix 1:**

**‘Navigation guidelines’ for the lifeline exercise (Sugarman, 2001, p. 1-2)**

* *Take a blank sheet of paper and, allowing the left and right hand edges of the page to represent the beginning and end of your life respectively, draw a line across the page (in the manner of a temperature chart) to depict the peaks and troughs experienced in your life so far, and those you would predict in the future.*
* *When finished, sit back and ask yourself some questions about this graph – your ‘lifeline’:*
* *What is its general shape? Does it continue to rise throughout life? Does it depict peaks and troughs around some arbitrary mean? Alternatively, is there a plateau and subsequent fall in the level of the curve? Is it punctuated with major or only relatively minor peaks and troughs?*
* *The horizontal line represents time; but how about the vertical line? What dimension does that reflect?*
* *What (or who) triggered the peaks and troughs in the graph? Why did they occur at the time they did?*
* *What might have been done (or was done) to make the peaks higher and the troughs shallower? How might the incidence and height of the peaks be increased in the future? And the incidence and depth of the troughs decreased?*
* *What positive results emerged from the troughs and what were the negative consequences of the peaks?*

**Appendix 2:**

**CORE-10 scoring diagram\***

*\*the lowest the CORE-10 score becomes as therapy progresses through the sessions, this indicates a decrease of psychological distress.*

1. The case study was exempt from Ethical Review as this was undertaken by the Glasgow Caledonian University Ethics Committee prior to assigning it to the trainees of the Counselling Psychology Doctorate. [↑](#footnote-ref-1)
2. The actual lifeline/drawing is not included as an appendix, although it would be informative for the

   current study, as this possibly could compromise the client’s anonymity. [↑](#footnote-ref-2)