

Introduction of Clinician's Thoughts on Aging

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The experience of creating this special edition on aging has been exciting and gratifying, especially since there has been a clear neglect in the literature on clinical processes with older adults. While there have been several books and articles on cognitive behavioral applications to alleviate specific symptoms and problems in older adulthood, little has been focused on the significance of understanding the dynamics that influence the potential of older adults to face the challenges of aging. Perhaps this is a disavowal because of the myths associated with ageism, and specifically an archaic view that the challenges of aging impair the ability of older adults to benefit from therapy.

Clinicians also experience their own fears of inevitable challenges and, ultimately, confrontations with mortality. These may create an unconscious reluctance on the part of therapists to embrace the topics of aging in their clients as well as in themselves. Clinicians must gain an appreciation that all of life development, the realities of later years, and the impact of those challenging life experiences on how we live and anticipate the future is at the heart of our work. Perhaps this is especially difficult because of our own conscious and unconscious needs to deny our own changing lives. After all, these issues, which impact our clients, impact clinicians themselves. Physical limitations, unwanted diagnoses, losses of friends and family are all universal experiences that occur in this most taxing of life stages. For clinicians confronted with the

vicissitudes of aging in themselves and those they work with, there are transferences and countertransferences that are insistently at play.

It is in the course of the creation of stories based on our own experiences and those with whom we work, that we are given the chance to reflect. Embracing these internal and external encounters make apparent the quality and importance of relationships we engage in with clients, as well as friends and family. The articles compiled in this special issue provide a snapshot of the meanings we assign to our work, our environment and relationships, all in the service of anticipating our “older” selves.

It is clear that as the number of aging adults increase, this population will change the complexion of clinical practice. The demographics of age have clearly shifted to a sizable portion of the population. There were 40.3 million adults over the age of 65 in the United States in 2010 and it is expected that this number will increase to 72.1 million by 2030 (IOM, 2012) Not only have we seen an exponential rise in the number of older adults over the age of 65, but people are living and working longer despite the likelihood of chronic conditions. The new demographic of older adults includes those having grown up in a generation that values “talking” about problems, using relationships to solve problems and gain perspective on our motivations, feelings and behaviors. This cohort is amenable to relational problem solving and are eager to “tell their life story,” making them especially receptive to psychodynamic psychotherapy.

There are, however, few within the mental health professions who specialize in work with older adults. Only 4 % of practicing social workers have a primary focus/training in gerontology. Approximately the same percentage of psychologists focus on work with older adults. (APA) There are few programs that offer training or

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specialize in gerontology. There is a swelling need to increase opportunities for specialized training and education to meet the demands for necessary mental and behavioral health services (SAMHSA, 2007).

The purpose of this special edition of the *Clinical Social Work Journal* is to contribute to the literature on clinical practice with older adults and to stimulate interest in further exploration of this long phase of life. The theme reflects the personal concerns affecting many older adults, as well as clinical issues that tend to arise. As aging proceeds, older adults often feel marginalized and invisible to those outside their immediate social circles. It is assumed that issues of loss prevail; however, a singular focus on loss is reductionist and ageist. Many older adults are eager to face the various challenges of this phase with vitality and hope. Adjustments to changes associated with aging impact patients as well as therapists. The articles selected for this issue will address the process of psychotherapy with older adults and the relationships that sustain them as they progress through the life cycle. We hope to encourage the writing of more articles focusing on adults, age 60 and up to demonstrate the variability in this long phase of life and the ways in which these changes are experienced for both clinician and patient.

Each article depicts the importance of continuity of self and relationships in the context of age. Spira and Berger consider the impact of age on the nature of practice, the therapeutic relations, and identity. Ruderman further explores the developmental stage of aging and the cultural stereotypes that influence the aging clinician engaged in psychotherapy. The impact of cultural expectations is depicted in the articles by Shatsky and also Chernus. Shatsky confronts the difficult recognition by a patient of a professionally respected and personally beloved therapist's diminishing faculties. She contrasts this experience with the dilemma of clinicians who choose to retire in good

health. The implications for patients are considered and further elaborated in the article by Chernus on the impact of forced retirement with vulnerable clients. When life circumstances and the needs of the clinician override those of the client, therapists are struck with more conflict.

Turning to more general consideration of older adults, both clinicians and clients, Sokolec writes about the issues of secure attachment that extend to place attachment, including the meaning ascribed to home and recognition of how the environment is imbued with symbols of our continuity and sense of self. However, end of life issues must be further addressed and Ordille adds to this understanding. This time of life is poignantly explicated as her ideas about the role of empathy and compassion, are explored in relation to the phenomenological and existential experiences of terminally ill older adults and practice within the model of hospice care.

Alternative methods of connection are offered through Carolan's article on therapeutic drumming. Consideration of different forms of communication are essential to sustain connections in the face of barriers that might make usual forms of interaction insufficient. Freidman and Goldbaum follow with their report of an experiential class using role play and reflection to teach younger social work students about aspects of work with older adults.

Finally, Edwards illustrates the profound implications of understanding the impact of our own aging on our work and friendships. She describes the experience and recognition of personal physical, psychological and social changes, the power of sharing "our aging selves" with cronies and the accrued wisdom that we hope leaves a legacy for future generations. The issue would not be complete without a section of tributes to many of those we have lost. These memorials represent some of the luminaries of our profession, people who have left a legacy of scholarship to inform and inspire our future work.