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**THIS IS NOT ALL YOUR LIFE BUT THE PIECES YOU TALKED  
ABOUT YOUR LIFE: THE NARRATIVE THERAPY WITH THE  
ELDERLY****YAŞLILAR İLE ÇALIŞMADA ANLATI TERAPİSİ**

**Yunus BAYRAM<sup>1</sup>**  
**Taner ARTAN<sup>2</sup>**

**CORRESPONDENCE**

<sup>1</sup> PhD candidate, İstanbul  
Cerrahpaşa University, Graduate  
School, Doctoral Program of  
Social Work,  
ybayram@bartin.edu.tr  
ORCID ID: 0000-0002-0375-556X

<sup>2</sup> Assoc. Prof. Dr., İstanbul  
Cerrahpaşa University, Faculty of  
Health Sciences, Department of  
Social Work,  
taner.artan@istanbul.edu.tr  
ORCID ID: 0000-0002-8716-2090

**ABSTRACT**

The population of the elderly is increasing both in Turkey and the whole world day by day. The present situation highly necessitates solving the problems of the elderly. According to narrative therapy, elderly individuals encountering many problems in terms of bio-psycho-social aspects transfer all these problems into their lives in the form of narratives. The personal narratives of elderly people often include the themes of "loss" and "deficiency". These negative perceptions originate from the physical-mental health problems that increase with the old age and the narratives given to the elderly by the socio-cultural context. Narrative therapy provides an opportunity for elderly individuals to create an alternative narration to help them change their life stories. In this way, elderly individuals become aware of their existing narratives and collaborate with the therapist to build alternative narrations that will improve their well-being rather than being stuck in their existing stories.

In the current study, the contributions and applications of narrative therapy, which positively contributes to the individual's bio-psycho-social well-being, are discussed. The first section of the study includes the introduction, which deals with the scientific and conceptual relationship between narrative therapy and the elderly. Following the introduction, the second section of the study focuses on the discussions about the fundamental philosophy and targets of narrative therapy. The next section is about the detailed presentation of narrative therapy practice, which has conducted with the elderly.

**Key Words:** The elderly, Narrative Therapy, Narrative

**ÖZ**

Yaşlı popülasyonu, dünyada ve Türkiye'de gittikçe artış gösteren bir nüfus grubudur. Bu durum yaşlı sorunlarının çözülmesini önemli hale getirmektedir. Anlatı terapisine göre biyo-psiko-sosyal anlamda birçok sorunla karşılaşan yaşlı bireyler, tüm bu sorunları anlatılar şeklinde yaşamlarına aktarmaktadırlar. Yaşlı bireylerin kendi anlatıları genellikle "kayıp" ve "eksiklik" temalarını içermektedir. Bu olumsuz algılar, yaşlılık dönemiyle gelişen fiziksel-ruhsal sağlık sorunlarından ve sosyo-kültürel bağlam tarafından yaşlı bireylere verilmiş anlatılardan kaynaklanmaktadır. Anlatı terapisi, yaşlı bireylere yaşam hikâyelerini değiştirmede yardımcı olmak için alternatif bir anlatı oluşturma fırsatı sunmaktadır. Böylece yaşlı bireyler, mevcut anlatılarının farkına varmakta ve bunların yerine kendilerinin iyilik halini arttıracak alternatif anlatılar inşa etmek için terapistle işbirliği yapmaktadırlar.

Bu çalışmada bilimsel olarak bireyin biyo-psiko-sosyal iyilik haline pozitif katkı sunan anlatı terapisinin yaşlılık alanındaki katkıları ve uygulamaları tartışılmaktadır. Çalışmanın ilk kısmında yaşlılar ve anlatı terapisinin bilimsel ve kavramsal ilişkisinin kurulduğu giriş kısmı bulunmaktadır. Bu bölümden sonra anlatı terapisinin temel felsefesinin ve hedeflerinin tartışıldığı ikinci bölüm gelmektedir. Bundan sonraki bölümde yaşlılarla gerçekleştirilen anlatı terapisi uygulamasına ayrıntılı olarak yer verilmiştir.

**Anahtar Kelimeler:** Yaşlılık, Anlatı Terapisi, Anlatı

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### INTRODUCTION

Elderliness is a complex issue, whose significance is increasing day by day, both in Turkish and international scientific literature. The essential reason behind the dramatic increase in the number of scientific studies about elderliness is the people who are gradually aging in all countries-including Turkey. According to UN's "2019 Revision of World Population Prospects", Turkey's elderly population rate is closer to 10% in 2020. However, the same report predicts that this rate will reach 25% in the 2060s, 30% in 2080, and 35% in 2100 (United Nations, 2019). According to "The Statistical Report of the Elderly in 2018" by Turkish Statistical Institute, it has foreseen that the rate of the elderly population in Turkey will be 10.2% in 2023, 12.9% in 2030, 16.3% in 2040, 22.6% in 2060 and 25.6% in 2080 (Turkish Statistical Institute, 2018). All these data reveal that elderliness will be one of the biggest problems of Turkey, just like the rest of the world.

The scientific studies conducted both at national and international level about ageing should be considered as significant investments for future societies. However, particularly in Turkey, the failure to diversify the studies about the elderly results in not being able to get prepared appropriately for the inevitable problem of the future. The fact that scientific studies with the elderly have often been conducted from the perspective of medicine, theology, spiritual studies, and case studies reveals the lack of diversity in the related studies (Klein, 2008). The present study tries to make a contribution to this diversity by approaching the topic of elderliness from the perspective of psychotherapy.

The literature review in the field of aging shows that some drawbacks such as physical dysfunctions (inability to perform specific movements such as walking, running, etc.), sexual dysfunctions (infertility, hormonal changes, etc.), and intellectual dysfunctions (amnesia, dementia, Alzheimer), may occur in individuals as they get older (Duyan, Yolcuoğlu and Artan, 2014). All these physical and intellectual drawbacks, and the decrease in financial power together with the death of spouses, close relatives, close friends and etc. put the elderly individual into a disadvantageous position. In addition, the question of whether psychotherapy studies will be effective for an elderly person with such a complex and various problems is an important topic of discussion.

Kennedy and Tanenbaum (2000), who tried to answer the question above, looked for evidence in the literature regarding whether the old people would be positively affected by psychotherapy despite all the disadvantaged processes they experienced. The authors revealed that the elderly gained significant benefits as a result of the psychotherapy process (Kennedy and Tanenbaum, 2000). Another study presenting important scientific findings related to the above-mentioned question belongs to Roth and Fonagy (1996). In their study, Roth and Fonagy (1996) pointed out lots of researches about the positive effects of psychotherapy processes on the elderly to improve their well-being. The authors stated that although older individuals adapt to the therapy process more successfully compared to young people, these individuals need therapy for a longer period of time than young people. The main reason for long periods of the therapy process with older people was found to be related to more life experiences of older people than young ones with a more complex set of relationships in their lives.

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In their study, Smyer and Qualls (1999) went one step ahead of the idea that psychotherapy has positive effects on old individuals and stated that therapy is necessary for the solution of their problems. According to Smyer and Qualls, an individual experiences the following losses as he/she gets older:

- 1) Loss of strength and physical ability
- 2) Loss of youth and attraction in return
- 3) Loss of close relationships such as spouse, relatives, friends
- 4) Loss of power and prestige
- 5) Loss of intimacy and sexual opportunities
- 6) Loss of recognition
- 7) Loss of hope

According to the authors, all these losses generate some psychological difficulties that the person must cope with. Among these, the leading ones are: unhappiness, restlessness, depression, hopelessness, death anxiety and stress. The participation of the elderly individual in the therapy process can provide important benefits to solve all psychological problems (Smyer & Qualls, 1999). Hence, the academic studies reveal that psychotherapy has positive effects to ensure the well-being of the elderly. In the upcoming sections of the present study, narrative therapy, which is one of psychotherapy types that contributes to the well-being of the elderly, is discussed in detail.

Narrative therapy's "narrative" theme, which is based on conceptual processes, provides a suitable framework for the psychotherapy process of the elderly. Explaining this relationship through Erikson, who suggests that personality develops with social processes, will highlight the importance of narrative therapy for older individuals. Erikson categorized the period of elderliness as "the period of hopelessness against self-integrity". According to Erikson, as long as the individual considers he has a happy, virtuous, purposeful and ideal life, he feels himself fine/positive as a whole. However, if the individual considers that he lives his life in an unhappy, aimless, hopeless and non-ideal way, he feels bad / negative as a consequence of the problems such as death anxiety, unhappiness, hopelessness and depression (Erikson, 1950). As can be understood from the aforementioned statements, Erikson puts forward that the elderly individuals have certain moods by reviewing their past life experiences. When the elderly individual reviews his life in the first case, he reaches to the conclusion that he has reached an ideal narrative of himself. In the second case, the elderly person is unhappy by reviewing his life and concluding that he was unable to reach the ideal narrative that he accepted.

Robert Butler explained the above-mentioned self-review process, which is not clearly stated in Erikson's study, with the theory of "life review". According to Butler (1963), every individual is naturally inclined to review his own life in a detailed way towards the end of his life. Within this context, life review is a self-reflection process in which the individual can evaluate his past experiences, memories and narratives. As a result of the above-mentioned reflection process, the individual feels more positive as long as he reviews his life from a positive angle. However, if the individual evaluates his past negative as a result of life review, he feels more negative. From the angle of Butler, the negative evaluation of life review can lead to depression, anxiety of death and hopelessness (Butler, 1963).

Birren and Cochran (2001) asserted that the review of life experiences is the center of therapy in the therapeutic relationship with the elderly. According to the authors, when elderly individuals perform their own life review in a group environment, great therapeutic benefits are obtained for both the person and the group. Besides, the elderly individual's self-review with more than one person provides the opportunity to perform this review through different perspectives. Caldwell (2005) went a step further and suggested that the review of life experiences is the key to create new meanings in the life of the elderly.

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From the perspective of Caldwell, the review of life is an important opportunity to eliminate the problematic reviews of the elderly and develop more positive reviews for them. For this reason, Caldwell stated that the techniques such as bibliotherapy, diary, life maps, memory boxes and videography can contribute to the positive mood of the elderly. He also keynoted that working in cooperation with the relatives of the elderly individual is very important for the therapeutic relationship to reach its target.

Both the significance of transferring past experiences of older people in the therapy process and the possibility of these people to gain different perspectives while reviewing the past implied successful application of narrative therapy in the field of old age. In other words, "life review" theory has proved that narrative therapy can be applied to the elderly. The scientific studies in the literature support this argument. In the qualitative study of Gardner and Poole (2009), narrative therapy was conducted with 12 people who are aged between 55 and 70 years old and addicted to drugs or have mental disorders. The research concluded that narrative therapy has effects that reduce drug abuse and mental discomfort in elderly individuals. Also it was displayed that this therapy has contributed a lot to the psychological well-being of the elderly. In the case study carried out by Heidari et al. (2016), it was concluded that narrative therapy reduces death anxiety and increases the happiness rate in elderly individuals.

In the quantitative study conducted by Chow (2018), 192 people with an average age of 72 who had a palsy before received narrative therapy. The results of the study revealed that narrative therapy reduced depression level of the patients who had palsy before and increased their happiness, hope, self-review and the level of discovering the meaning of life. The qualitative study conducted by Klein (2008) reveals the experiences of the professionals who applied narrative therapy on the elderly. According to the obtained results, narrative therapy was found to be a very useful form of therapy for treating the problems of despair, depression, unhappiness, death anxiety and loneliness. In that case, it has become rather essential to fully understand what the narrative therapy, used functionally in the field of ageing, is and how it can be applied with the elderly individuals.

### **NARRATIVE THERAPY**

Apart from the daily life, the following sentences can also be seen in literary works such as novels, stories and theater scripts: "I am a bad-tempered man", "I am a calm person", "People find me repulsive" and "Life is very boring". This situation is pretty naturally since art fictionalizes a copy of life from human mind. However there is always an important difference between art and everyday life, which is the phenomenon of reality. Raskolnikov might be a bad-tempered person. But the reader knows that if Dostoevsky had desired, he could have been a cheerful person. On the other hand, if one of your close relatives is a bad-tempered person, it is impossible for you to change him. Because your close relative is neither a story hero nor it is a fiction that your relative is a bad-tempered person. Well, is it really so?

The answer of White and Epston (1990) for the question above is definitely "No". According to the authors, a person forms his life and personality with dozens of "narratives" that he tells himself, the people around him or the narratives that other people tell him. Here, the concept of narrative refers to all judgements that the person make for himself and the people around him. For instance, the statement of "I am an introvert person" is a narrative that the person taught himself or learnt from his environment (White, 2007). As the person believes in this narrative, the situation of being introvert will preserve its reality in his life. So why should the judgment of the person be a narrative that is likely to change, not the real one?

The answer for the question above requires for a clear explanation of "postmodernism" and "social constructivism" concepts which constitute the root of narrative therapy. Social sciences have always been profoundly affected by the significant changes in natural sciences. This interaction played an important role in shaping the information set of social sciences (Fay, 1996).

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The statements of Newton clarifying the essential and unchangeable truths of the world and universe through “Principia” caused modernism, which aims to reach unchangeable truths, to be effective in social sciences. However, the falsification of Newton’s ideas by Albert Einstein paved the way for questioning modernism in social sciences. By suggesting the theory of relativity, Einstein proved that there could be more than one reality that varies according to time and location rather than a fixed reality. As Newton suggested, time did not flow in the same way everywhere. The reflection of this situation on social sciences appeared with the concept of postmodernism (Freedman and Combs, 1996). If time is relative, why would not truths be relative as well? While there appears nothing that bases there is a fixed truth, what would be criteria to claim someone’s statement wrong? In a more explicit statement, all concepts sanctified by modernism such as “universal truth, the unique reality, information that everyone must obey, universal goodness” have expired. There are now thousands of sets of information that are uttered from a particular perspective, being not more accurate than the other ones (Kropf and Tandy, 1998). According to postmodernism, no stable truths or realities exist in the universe that man is bound to discover. Modernism made a great mistake by looking for universal facts and truths. Since the universe we live in has a relative structure in which we can have more than one perspective on a subject. For instance, a woman can say “I think it is not an appropriate behavior for a woman to burst into laughter in the presence of other people” while another woman can say “ I think it is usual for a woman to burst into laughter in the presence of other people”. If the absolute truth was “It is a wrong behavior for a woman to burst into laughter in front of people”, then it would be a wrong behavior for a woman to laugh loudly in front of people. However there is not such an absolute truth in postmodernism. Thus, both the woman who burst into laughter and the one who did not are evenly right and their opinions are evenly valuable. Neither of them says something wrong.

Social constructivism is regarded as a ring of postmodernism. According to social constructivism, the concepts are the most essential elements that an individual constructs himself, his environment and relations. An individual constructs his social world with the concepts he uses (Besley, 2002). These concepts take place in all thoughts and feelings of the individual. Through the concepts that he uses, the individual determines his subjective identity both cognitively and emotionally. Thus, changing concepts means that the individual completely rebuilds himself and his social environment. Because first the concepts then the sentences formed with these concepts change, and via these sentences, the person who feels himself as the subject changes emotionally and cognitively (White, 2004). Postmodernism and social constructivism ground narrative therapy at this point. By building therapies on the basic philosophy of postmodernism and social constructionism, narrative therapy aims to change the concepts, sentences and narratives based upon these sentences. The individualization of alternative narratives that will make the person feel better is one of the main targets of therapy (Goodcase and Love, 2017). However the individual possesses “dominant narratives” which prevent the person from individualizing these alternative narratives.

Dominant narrative is a kind of scenario that threatens bio-psycho-social well-being of the person and consists of narratives about his life and identity that his environment and he tells himself. This scenario is often produced by social culture as the ideal way of life that the person is expected to lead. It is observed that social culture is frequently manipulated by power holders owing to political and economic interests. As Foucault advocates that power holders put individuals into invisible pressures with the concepts of social culture, he underlines social concepts and narratives (Besley, 2002). For example, the scenario imposed to a heterosexual middle-class individual living in the Republic of Turkey through concepts and narratives are summarized as follows: Graduating from high school, studying at university at bachelor’s or associate degrees, finding a job, getting married, having children, experiencing the roles of mothers and fathers, retiring and being active in life as much as possible while waiting death (Goodcase and Love, 2017). The narrators of these scenarios were the experiences of elderly individuals until the striking progress of media and technology.

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Nevertheless, technology and media have recently handled the task of imposing scenarios on what individuals in society should do (Mehlsen, 2011).

To illustrate the point, the image of happy shoppers is imposed to individuals through advertisements on television. The above-mentioned image converts into the narration of "The more shopping you do, the happier you are". With thousands of narrations like this, a person is imprisoned in an "ideal" scenario that is not owned by himself but the media and technology which are guided by the people with political, cultural and economic power. This scenario imposed on the person is experienced as a "dominant narrative". In other words, ideal personality of a given person constitutes dominant narratives. For sample, the postulate "A person deserves more respect as he earns money" is one of the dominant narratives of today's society. Nevertheless, the reason why this narrative is true is not questioned by the person or based on logical justification. This scenario is dictated to the individual by social culture, media, technology and his / her own desires. The unhappiness of the person comprises of the gap between dominant narratives and the completed behaviors of the individual (Berntsen & Rubin, 2002).

According to narrative therapy, the behaviors of the individual who failed to reach the goals of the dominant narrative are the main reasons of the psycho-social problems experienced by the person in the old age (White and Epston, 1990). To explain the situation through Erikson's theory, one feels self-integrity or hopelessness in old age. From the angle of narrative therapy, self-integrity means for a person to reach the targets of his dominant narrative at the end of his life. On the other hand, hopelessness refers to the failure of reaching the targets of a person's dominant narrative at the end of his life. Thus, changing the negative emotional state of an elderly person is conducted by thinking about his deep-rooted narratives (Goodcase and Love, 2017). To illustrate the point with a sample, an old person who has been unable to possess a house throughout his life is expected to evaluate himself as "idle" and "weak". The reason behind this evaluation is based on the following dominant narrative: "Possessing a house makes the person successful". However, there are no universal truths in a postmodern world. In the narrative therapy based on this philosophy, basic treatment model is established on the following hypothesis: The dominant narrative of an old person can be hindered by questioning. Instead of this dominant narrative, the alternative narratives which display strong sides of the individual, can be created.

### **NARRATIVE THERAPY METHOD FOR THE ELDERLY**

White and Epston (1990) put forward that the following steps are available in psychotherapy process of narrative therapy:

- 1) Identifying the impact of the problem
- 2) Externalization and revealing the main structure
- 3) Designating unique results
- 4) Reconstituting the narrative and the members of the narrative from the beginning
- 5) Strengthening and clarifying the weak narrative
- 6) Identifying and consolidating the potential of the empowered weak narrative for future problems.

Each of these processes forming the treatment phase aims to eliminate dominant narratives in order to eliminate the person's despair. Instead of these dominant narratives, new narratives, which will be created with the person and contribute to the well-being of the person, are tried to be formed.

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### 1. **Listening to the Elderly and Comprehending the Impact of the Problem (Identifying the impact of the problem)**

As in all other therapies, the most significant role of a therapist in narrative therapy is to listen to the client effectively. The therapist's effective listening is very important in order to understand the concepts of the old person, the dominant narrative he embraces and where he sees himself in this dominant narrative. Besides, apprehending what the old person feels in each narrative is also essential so as to find out the clues of alternative narratives crushed in the dominant narrative (Rappaport, 1995). In addition, elderly individuals can provide a separate therapeutic benefit by explaining their past experiences. For many elderly people, telling a curious listener about his past experiences uninterrupted provides a very beneficial psychological effect. Therefore, effective listening of the therapist while a person is reviewing his life is of great importance for other stages of narrative therapy to continue successfully (McLeod, 1996).

A clear understanding of the impact of the problem depends on comprehending the dominant narrative and the relationships of its members. In narrative therapy, "the members of the dominant narrative" refer to all people, living creatures and objects that the client is in relationship while telling his personal narrative. Thus, as the therapist understands the problem of the person, he must successfully analyze the dominant narratives dictated to the person by himself and his environment, the achievement degree of this dominant narrative and the emotional state of the elderly against this dominant narrative. Also, the following parameters are of great importance: the effect of the relationship of the elderly with the narrative members on the dominant narrative, the emotional outputs that these relationships create in the person and how the person makes sense of their relations with these members (Estes, 1993).

Another point to consider during listening and comprehension of the problem is that the narration of the person is perpetually changing. The main reason for this change is related to the constantly changing mood of the person; that is to say, the person can narrate the same event from various perspectives (i.e. from a negative perspective on a sad day and from a positive perspective on a happy day). This is a significant advantage for the therapist to show to the elderly that he has the power to create new narrations. On the other hand, this situation has a negative effect on the therapist's ability to successfully determine the dominant narrative, the members of this narrative and their relationship with the elderly, and the emotional state of the person in relation to this dominant narrative and relationships. Being aware of this negative effect, the therapist should keep his knowledge of the dominant story constantly updated on his agenda (Goodcase and Love, 2017).

### 2. **Separating the Elderly from the Problem (Externalization and revealing the main structure)**

In this phase of therapy process, it is initially set forth how the determined problem affects psychological problems such as depression, unhappiness, hopelessness, regret and guilty. Discussing the questions such as when the elderly individual first noticed the problem, how this problem affected the elderly, how the problem affected the person in the strongest and weakest moment will help to understand the impact of the problem on the psychological situation in all aspects (Polkinghorne, 1991). After the problem - psychological state relationship is analyzed successfully, the therapist tries to externalize the problem from the person. In this way, the therapist encourages the client to be an independent person far away from the problem. Furthermore, as the person considers the problem as a separate entity from him, he has the chance to obtain new narratives with more rational reasoning about the nature of the problem (Kelley, 1995). As an illustration, imagine that the elderly individual's spouse passed away a few months ago. He was unable to recover from the intensive bereavement period and drifted into a depressive mood. A therapist who wants to treat the client suffering from depression after his loss (problem) with narrative therapy can initially ask the following questions in order to detach the person from his "loss or bereavement": Now, let's suppose that we take away your sense of loss or bereavement that makes you feel unhappy.

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What would you like to say to this feeling, how do you think it affects you, how is your relationship with this feeling, do you think to keep it with you forever, what would you say to this feeling if you wanted it to leave you, do you think your spouse would want this feeling to stay with you? (Guterman and Rudes, 2005)

First of all, analyzing the relationship between the problem and psychological state clearly and then externalizing the problem from the person are important stages of narrative therapy. Because when the person externalizes the problem from himself, he automatically externalizes his psychological problem and the dominant narrative that he believes. Indeed, this externalization should be considered as a cognitive preparation for the fiction of a new narration in the later stages. Because in the therapy relationship, it is initially stated that the problem may affect the person only if the individual believes in the problem. This is the most basic point of all the remaining stages in therapy. Therefore, together with the stage of listening and understanding the problem, this stage prepares the person cognitively to fictionalize a new narrative (White, 2007).

It has been observed that the most difficult and long-lasting phase in the narrative therapy applications for the elderly is the externalization phase. Because the problems encountered in the elderly period are based on quite various and complex narrative patterns. In other words, the problem of the old person, who says that he is psychologically desperate, is based on his overall life experience. This situation makes it difficult for the elderly to externalize hopelessness. Because the elderly individual interprets this problem as his own character rather than being a separate entity that affects him. For instance, as the elderly person is told "Face the hopelessness", he has difficulty in following this instruction cognitively. Because, from the perspective of the elderly person, hopelessness is an innate characteristic feature of him. This situation causes an increase in the number of therapies conducted with the elderly (Goodcase and Love, 2017). As a result of all these time-consuming efforts, the fundamental question for the elderly who separates the problem from him is as follows: If the problem did not affect you negatively, how would your life be?

### **3. Designating Unique Situations to Reveal the Alternative Narrative of the Elderly**

White (2004) notes that people do not have a lifestyle that is suitable only for dominant narratives in all periods of their lives. According to the author, individuals sometimes act contrary to their dominant narratives. However, these behaviors are often weakened and trivialized under the thumb of dominant narrative. The situations including the opposite behaviors of dominant narrative, consisting of few experiences compared to dominant narrative behavior in life, being weakened and trivialized by dominant narrative are called "unique situations".

At this stage of the therapy, other narratives that are against the dominant narrative in life span are shown to the client. Here, it is noteworthy for the therapist to ask the right questions. These questions and the review with the client are significant in order to show unique results to the elderly (Omer, 1997). For example, in the dominant narrative, an old person who feels unsuccessful because he was unable to buy a house for the rest of his life states that he has helped a poor person in some of his life story and enjoyed it. In the therapy process, the old person is inclined to return to the dominant narrative by addressing such small details. Therefore the therapist must try to further strengthen these small and unique situations, which are not suitable for the dominant narrative at this point, in the narrative of the person with questions (White and Epston, 1990). These unique situations are essential parts of the person's new narrative. Eventhough the person failed to buy a house with regard to the dominant narrative, he succeeded in helping a poor person. However, this success was overwhelmed by the failure of the dominant narrative. Therapist should try to cultivate the roots of the alternative narrative which becomes weaker under the dominant narrative with the following questions: "Do you think that the only way to be successful in life to buy a house? Don't you think that helping a poor person is a success?", "You told me that you helped a poor person. Let us focus on this issue. What exactly did you feel at that moment?" and "Well, did you have other events in your life that made you feel happy just



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as the moment you helped a poor person?" (Kropf and Tandy, 1998). All these questions try to show the alternative narrative which the person is not aware of by himself via bringing unique results to the forefront.

At the end of this phase, the elderly person feels himself independent from the problem, and his psychological well-being gradually increases with the alternative narrative. Nevertheless, in order to eliminate the negative effects of the dominant narrative, it is not enough to lay the foundations of an alternative narrative with the elderly person. What needs to be done is to strengthen the alternative narrative created on the basis of unique situations and enable the elderly person to accept it to a large extent.

#### **4. Re-evaluating the Relationship of the Elderly with the Members Constituting His Narrative (Reconstituting the narrative and the members of the narrative from the beginning)**

As stated earlier, the personality / identity of an elderly person is closely related to the environmental factors that s/he lives in. Moreover, the environment in which the elderly person lived and grew is quite important in the formation of dominant narration. Cultural expectations, "ideal" narratives spread by media and technology, lifestyles of close friends and relatives, and other environmental factors are the main points so as to understand how elderly people consider their own narrations (White, 2007). The elderly individual forms his personality and ideal life style through the narrative which is constituted by these essential points. When the above-mentioned ideal narrative is not reached by the elderly person, psychological problems arise in the person. Thus the problem, identity and life story of the elderly individual are determined by his relationships with his environment. For this reason, the therapist should focus on the relationship of the elderly person with the people around him at this phase. The therapist must analyze how the old person transfers cultural values to his dominant narrative. The therapist must also determine to what extent this network of relations affects the old person's problem (Goodcase and Love, 2017).

As an illustration, an old person may label himself as a bad person since he divorced the spouse in early years of the marriage. The essential reasons behind the negative labelling can be stemmed from several environmental factors such as the expectation of married couples in the cultural system of the society that the elderly live, negative value judgement of close friends and relatives towards living out of marriage order and the failure of continuing marriage while close relatives and friends are good at marriage life. Thus, a therapist should focus on questioning the relations of the elderly individual with all the environmental members that constitute the dominant narration (Florio-Ruane, 1997). The main goal expected in this questioning is a rebellion. The mentioned rebellion is activated for the relationships which were accepted with no reason and formed between the person and members of narration. In this phase, the individual opposes the narratives of cultural expectations, relatives, the media, technology and business leaders. The above-mentioned opposing confirms the possibility of rewriting all narratives with the therapist (Rappaport, 1995). Cultural expectations, close friends and relatives may expect the elderly to continue marriage. However, it is the person, himself / herself, who is in an unhappy marriage life. Hence, creating personal narrative rather than being oppressed under the pressure of the aforementioned cultural narrative is very important in the provision of the person's well-being. At this point, the elderly individual is questioning, reviewing and finally reconstructing each environmental relationship with the therapist. All these efforts destroys the dominant narrative of the elderly to a large extent and strengthens the alternative narrative (White and Epston, 1990).

The investigation of the elderly individual's relationship with all the narrative members that make up the dominant narrative at this phase of therapy means the re-creation of each narrative membership. Since media, technology or culture has a different effect on the narrative that the person feels his own identity, which displays that membership has been re-fictionalized from the beginning. This situation undoubtedly enables the new narrative, which is created with unique results, to be clarified and strengthened by reconstructing the relationship of the narrative members. The elderly individual now has an alternative

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narrative and a new network of relationships up to this phase of therapy. The brand new and solid perspective makes life review of the elderly more meaningful and happy for him.

### **5. Reinforcing and Clarifying the Weak Narrative**

As the client begins to realize alternative-weak narratives, these narratives should be strengthened. The main reason for this situation is the actions of the old person that reinforced the dominant narrative for decades. All these actions cause the person to adopt the dominant narrative. However, with narrative therapy, the elderly individual realizes an alternative narrative, no matter how weak it is. What the therapist needs to do at this stage is to increase the number of the narratives in the consciousness containing feelings that the person feels strong and happy (White, 2004). To give an example, a person mentions about himself as being a helpful person while telling his dominant narrative. By making use of this statement, the therapist should increase the number of the narratives and reviews related to helpfulness in the mind of the person. Since helpfulness stands there as a source of self-confidence and happiness despite the dominant narrative of the person. However helpfulness did not adequately appear in the forefront of the dominant narrative. The therapist should use the theme of helpfulness to strengthen the alternative narrative by decreasing the power of the dominant narrative. For this, more life experience related to helpfulness should be brought to the forefront, the elderly person should be able to review helpfulness more, and thus the alternative narrative should be strengthened (Goodcase and Love, 2017). In this phase, the main action is to put new and logical narratives against the dozens of actions that root the dominant narrative. As these new and logical narratives increase, there will be a positive contribution to the well-being of the person. In some cases, however, the client or therapist may have unrealistic expectations. These conditions appear especially in chronic conditions such as dementia, alzheimer's, heart problems and lung failure. Trying to empower the alternative narrative of the elderly in such situations is considered as unrealistic expectations. To speak generally, it is a must to understand that the change potential of these elderly people is quite limited (Tomm, 1989).

Another negative factor on the change of the elderly person's narrative is that the person experiences severe psychiatric problems. The therapist should focus on minor changes in negative experiences such as severe depression, trauma and history of abuse. White (2007) explains this situation via Vygotsky's (1986) scaffolding theory. In this regard, the therapist should work on more achievable goals depending on the mental and physical health of the elderly in such situations in narrative therapy. The sustainability of these minor changes indicates that the elderly can benefit positively from narrative therapy even under difficult conditions.

Putting effort to strengthen the alternative narrative of the elderly individual is an important phase for keeping the well-being of the person. However this is not the last phase of therapy. Because the alternative narrative, which is created and strengthened according to narrative therapy, is unlikely to be permanent in one's life without being integrated with the living space. Thus, alternative narrative should be integrated with real individuals in life, first with therapist, and then with reality itself in life.

### **6. Determining the Strengthened Weak Narrative of the Elderly Person for the Future Problems and the Process of Consolidation**

The aim of this phase is to tackle with the remaining problems, such as family narratives and possible events in the future. In the last phase of narrative therapy, alternative narrative is reinforced by a broader uprising by questioning the narratives of political, economic and cultural powers. Indeed, this alternative narrative must unite with reality in order to integrate with one's self (personality). The therapist should consider inviting members of the narrative (the client's family, close friends, relatives, etc.) who have the potential to support the alternative narrative in this phase (White and Epston, 1990).

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It should be ensured that the alternative narrative of the old person is told to the members of the dominant narrative in company with the therapist. The support and approval of the alternative narrative of the old person by the members of the narrative is one of the most crucial phases in making this narrative permanent in the life of the old person. In these therapy sessions in which narrative members are invited, the old person and his relatives are required to discuss how the new / alternative narrative will affect future life relationships of the old person. Indeed this discussion constitutes the first experiences of the alternative narrative which the old person constructed outside of the dominant narrative after many years. In this way, the alternative narrative strengthened and supported in the area of consciousness will also be strengthened in the area of action (getting experienced by discussing with real people) accompanied by the therapist (White, 2007). In other words, for the first time, the person has the opportunity to discuss and implement the alternative narrative, which he has created with the therapist as a result of long sessions, with his relatives in the presence of the therapist. For this reason, the members of the narrative who do not care about the elderly person, support the dominant narrative of him, humiliate him and prevent his development should never be invited to the therapy sessions. The final target of narrative therapy in this phase is to explore how the old person will lead his future life with the alternative narrative. In the therapeutic relationship improved with the elderly, the essential problem that the person will frequently encounter in the future is the anxiety of death due to his age. This situation is explicitly set forth in Erikson's theory of psychosocial personality development. Erikson advocates that the elderly person will have low level of death anxiety as long as he evaluates his all life positively (self-integrity); on the contrary, if he evaluates his all life negatively, he will have high level of death anxiety (hopelessness) At this phase of the therapy, the elderly person is expected to evaluate himself and his past life positively by reconstructing his narrative. This is the main goal of narrative therapy for the elderly. Thus, the elderly person who reviews his life in a positive way should be suggested to share his knowledge with the younger generation. The therapist can ask the elderly person to carry out the above-mentioned action in the face of him by inviting young narrative member (the old person's grandson / daughter and etc.) to the sessions. Apart from this, the elderly individual is expected to share his achievements, knowledge and experiences by talking to the narrative members, writing letters or through digital media vehicles. This is of great importance for the elderly person to change his negative narrative throughout the therapeutic process and create a positive alternative narrative by overcoming the most rooted problem in the future, death anxiety, and having a peaceful old age (Goodcase and Love, 2017).

### CONCLUSION

The present study reveals that negative or positive review of his own life is the determining factor for the elderly person in experiencing psychopathological conditions such as depression, death anxiety, loneliness, suicide and etc. Thus, "the review of life" is rather a determining process for the elderly individual's well-being. Also this study puts forward that the aforementioned review of life is composed of changeable narratives through narrative therapy. The narrative therapy, shaped by the influence of postmodern philosophy, agrees with the view that more than one truth should be accepted while opposing universal truths. Instead of a life story that makes the old person unhappy, narrative therapy builds the treatment model based on the question "Why do not we build a story that brings the old person's powerful features and increases his well-being?". Because if a person reviews his life positively, many psychopathologies that are common in old age will disappear. And the positive review of one's life depends on the notice that the narrative he believes consists of a fallacious and dictated narrative set.

Narrative therapy has a very simple argument for changing the dominant narratives that are shaped by the imposition of various power sets, which put the person at a disadvantage: identifying the alternative / new / weak narrative crushed under the dominant narrative in the old person's life and ensuring him to adopt the new narrative. Therefore, narrative therapy creates the treatment model by using six basic steps to ensure the well-being of the elderly individual.

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The first of these steps is to identify the impact of the problem. In this phase, the main aim is to understand the elderly person's dominant life story and how he was affected by this story via listening to him effectively. Besides, in this phase, it is of great significance to determine the relationship clearly between the old person and the dominant narrative, together with the problem stated by the old person. The second stage of the treatment includes externalization and revealing the main structure. The main purpose at this stage is to ask effective questions to ensure that the old person is a separate entity from the problem. The fact that the person describes himself as a separate entity from the problem increases the potential of creating an alternative narrative. The third phase of the treatment is to determine unique results. At this stage, the therapist tries to lay the base of the alternative narrative by identifying the experiences and values against the dominant narrative of the elderly person. These unique situations are the fundamental parts of the alternative narrative that will be strengthened in the next phase of therapy. The fourth phase of the treatment is related to the reconstruction of the narrative and the memberships of the narrative completely. At this stage, each individual, with whom the elderly person has a relationship, is subjected to a new formatting by getting rid of the relationship with the object and the living being in the dominant narrative. The reconstruction of previous relationships has a reinforcing effect on the alternative narrative. In the fifth phase of the treatment, it is tried to strengthen and clarify the weak narrative. In order for the alternative narratives, which were grounded and put into pieces, to take place on the mind of the old person, it is aimed to focus on the reviews and experiences related to these narratives. The last phase of the treatment aims at strengthening the weak narrative and identifying its potential for future problems. The alternative narrative, which is tried to be empowered on the old person's mind, is converted into experiences with the reviews conducted by the relatives of the old person who make contribution to support the new narrative. In order for the old person to overcome the death anxiety which he will experience in the rest of his life, it is highly emphasized that the old person shares the alternative narrative with young generation.

In an era when the world is aging continuously, the efforts to ensure the well-being of the elderly should be considered as important investments to be made for today and future. Therefore, it is not sufficient for the studies related to old age to remain only in the context of medical and social policy. The academic studies about old age need to be handled from a much more diverse and wider perspectives. The current study was carried out to ensure psychological well-being of the elderly. It should be propounded by clinical-scientific studies that narrative therapy contributes to the well-being of the elderly. Hence the applied scientific studies about the relationship between narrative therapy and the field of ageing gain importance. Filling this gap sufficiently in the related literature is very important in terms of strengthening the practices.

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