

Essay



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Essay Transition in Mid-Life I was 52 years old when my life was turned upside down. I thought that at this stage of my life, things would be easier. Children had flown the nest, I had a well paid job, a good social life and a wide circle of friends. I enjoyed at least two holidays abroad each year. This essay raises many personal memories, but I have learned a lot and am able to reflect on this time in my life that was challenging on many levels. I am ‘middle-aged’ and have looked at how older people are perceived from a therapeutic point of view. My story began in December 2006 when I was rushed to hospital and required emergency life-saving surgery. Events after I arrived at the hospital seemed surreal to me, I was feeling vulnerable and anxious, I was not in control of anything that was happening to me, and I was in shock that this was actually happening to me. I thought I was going to die. I didn’t die, I woke up in a ward full of pre-op and post-op female amputees, average age 75 years old. I had to force myself to look down to see if my legs were still attached to my body. They were, but not the ones that I recognised after major surgery, but the relief that I still had them was immense. I could not walk, and found myself totally dependant on nurses for all my basic needs. I am such an independent person and used to doing everything for myself and I found it hard to adjust to this dependency. I did not like this feeling of not being in control and feeling helpless, and I resolved to get out of that bed and into physiotherapy as soon as possible. I pushed myself harder every day and graduated from a wheelchair to a Zimmer frame to a walking stick in record time, although it would be 3 months before I could walk unaided or drive. I had to get on with my life and deal with the situation, and started thinking about coping strategies for when I got home from hospital. I could only take a few steps, but I knew I could put

things in place that would help my recovery and also give me my independence. Progress was slow when I came home, I was still dependant on others, like nurses and care workers who came every day. I did get frustrated at times, and although I was off work for six months, I appreciated this second chance I had in life, and I resolved to make the most of it. One thing was certain, my life would never be the same again, at this stage, I didn't know how I was going to proceed with what I could do, what I couldn't do, and more importantly, what would I want to do. Thinking about my age and stage of life was on my mind a lot of the time. I had to learn to work through the transition period and prepare myself for the new life. I liked this passage and could relate to it as I see myself in the ' second half' of life. Bridges (1991) " The homeward journey of life's second half demands three things of us: First, that we unlearn the whole style of mastering the world that we used to take us through the first half of life. Second, that we resist the longings to abandon the development journey and refuse the invitations to stay forever at some attractive stopping place. Third, that we recognise that it will take real effort to regain the inner " home". The transitions of life's second half offer a special kind of opportunity to break with the social conditioning that has carried us successfully this far, and to do something really new and different. It is a season more in tune than the earlier ones, with the deeper promptings of the spirit. I have done this when two years ago at the age of 55 I made the decision to return to higher education, to realise my dream of becoming a counsellor. Some reactions I get are ' what are you thinking of at your age' ' I don't know how you can be bothered at your age'. Ability to understand, apply and evaluate appropriate theory through highlighting development processes. The historical development of

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counselling psychology and psychotherapy has itself been subject to different interpretations of mid-life, which has influenced the ‘seriousness’ with which particular approaches have addressed the problem. It is possible to see at least three phases in the conception of mid-life as an indicator of adult identity. Classic theories of human growth and development such as Freudian psychoanalysis, positioned mid-life. Psychoanalysis ignored distinctions in adulthood, however a few chance remarks by Freud himself, created a climate in which change was increasingly seen as unlikely with age. Second, mid-life has been seen as a crisis. This view became prominent in the 1950s and 1960s and was seen as a way of ‘solving’ the problem of transfer of power between generations, linking identity with processes of economic production. In the third phase, mid-life has become a period of consumer activity, which, it is assumed, can continue indefinitely until deep old age. Levinson’s theory states that when adults enter a period in which a new life structure is required, there is a period of adjustment, which Levinson called the novice phase. In the mid-era phase, adults become more competent at meeting the new challenges through re-assessment and reorganisation of the life structure they created through the novice phase. Stability returns in the culmination phase, when adults have succeeded in creating a life structure that allows them to manage the demands of the new development challenges with more confidence and less distress. This theory fits quite well with what was happening to me at that time. Bridges theory on making sense of life’s changes — Transitions Endings Every transition begins with one. Transition is the inner process through which people come to terms with a change. Transition represents a path to the next phase of my life. The ending of this transition, and the beginning of the next stage, was my

leaving the hospital where I felt safe and there were people there to care for me twenty four hours a day. My temporary safety net was going to disappear, and the fears and insecurities came flooding in. Bridges (1991) The ending-then-beginning pattern represents the way a person changes and grows, and although one may not want to think about larger issues while in the immediate turmoil of transition, they must be dealt with if one is to understand not only what is happening, but why, when and how it is happening. Neutral Zone Bridges refers to this stage as a seemingly unproductive time-out when we feel disconnected from people and things, and emotionally disconnected to the present. Feeling emotionally disconnected is a good description of how I felt after the operations. Firstly because a part of me was still in shock that this had happened to me, and secondly, I was frightened I would not be able to cope when I got home. I knew that I would have to come to terms with the imminent changes that were going to take place in my life, this was my time for reorientation, and the best way for me to make the most of it. I could not change what happened to me, but I could change how I would live with it. While I was in hospital the feelings of not being in control, feeling vulnerable, actually childlike reactions sometimes, embarrassment at someone having to wash and dress me, and I found myself constantly apologising when I asked for help. I was quite tearful most of the time, were having an affect on me displayed by withdrawing into myself, not wanting to communicate, and the constant feeling of nobody understanding how the impact this trauma was having on me. I am a person who seeks solitude to think things through, and I find it a valuable resource when these changes to my mental attitude were required. New Beginning I knew I would cope better once I was in familiar

surroundings. Progress was slow, and I did get frustrated at times, and although I was off work for six months, I appreciated this second chance I had in life, and I resolved to make the most of it. One thing was certain, my life would never be the same again, and I did not want it to be the same. I had plenty of time to reflect and know I led an unhealthy lifestyle. I did not eat breakfast, I drank too much coffee, had a poor appetite and smoked too many cigarettes. I have gained a healthier and balanced life, and I learned how to work through this development and adjust to a different way of living my life. On reflection, there is nothing I miss in my 'old life'. I live life at the pace that is comfortable for me, and accept that weekly visits to the doctor, and having to take medication for the rest of my life is a small price to pay for having a life at all. I discovered a new sense of purpose to life, so the 'letting go' stage was not as difficult, as my needs, and outlook on life had changed. King (1980) points to increased awareness of personal ageing, possible illness and consequent dependency on others and the anxiety it arouses. I can relate and empathise with a client who is going through a transition and recognise the struggles they have to make changes to their life for the better. Levinson's theory is that I would have been in the 'era of middle-adulthood' age (45-65). Ability to reflect on personal learning from this life event I can relate to Bridges' statement that being alone is a valuable resource when changes of mental attitude are required after major alterations in circumstances. We live in a culture in which interpersonal relationships are generally considered to provide the answer to every form of distress, and it is sometimes difficult to persuade well-meaning helpers that solitude can be just as therapeutic. I agree with both of these statements to a certain degree, but now the question of attachment or detachment. Bolby

(1980) describes attachment behaviour as seeking to maintain strong affectional bonds. If there is no secure base in childhood, fear and anxiety may persist throughout life, affecting relationships and future experience of loss. Disengagement theory (Cummings and Henry, 1961) sees ageing as a gradual process of separating individuals from their social roles and interests. It was the result of being ill that separated me from these roles. According to this theory, the process is natural and is also positive in so far as separation results in reflection and self-sufficiency. I can certainly see how this theory applied to me at that stage of my life. Havinghurst's Activity Theory (1969) with its opposite expectations, risks intruding on those who want time to be alone, and attempting (with or without counselling) to find meaning in their lives. After a period of solitude, I would seek out relevant others to discuss my issues. The one thing that could have helped me during this time was professional counselling. This would have been beneficial in helping me come to terms with all the feelings and emotions that I experienced over this time and equip me with the tools I needed to affect the changes that were going to happen. I had to learn to work through the transition period and prepare myself for the new life. I liked this passage and could relate to it as I see myself in the 'second half' of life. Bridges (1991) "The homeward journey of life's second half demands three things of us: First, that we unlearn the whole style of mastering the world that we used to take us through the first half of life. Second, that we resist the longings to abandon the development journey and refuse the invitations to stay forever at so Consider implications for future practice Sugarman, L. (2001) We live in a storied world and there exist many strands of narrative-informed counselling and psychotherapy (McLeod 2000) Spence's (1982) description <https://assignbuster.com/essay-essay-samples/>

of the central mission of therapist and client as the construction of the client's life story holds for practitioners from a range of theoretical backgrounds, although the type of story they construct will be influenced by their theoretical orientation and their personal philosophy. A major goal of intervention from a life-span perspective is therefore to work with the client to construct self-empowering rather than self-limiting life stories. King (1980) points to increased awareness of personal ageing, possible illness and consequent dependency on others and the anxiety it arouses. I can relate to this, and empathise with a client who is going through similar struggles and the dilemmas they may face, and how they would manage making changes to their life. Some points to note in relation to anti-discriminatory practice working with older people. Transition management, goal setting, action planning and implementation, prioritising etc, become potentially relevant issues for a client to address, as some clients may not want to accept change and lack change-management skills. Defining mid-life It is unsurprising that definitions of mid-life are often indistinct and depend upon the particular interest of the practitioner involved. However, I will look at some attempts to define mid-life and the issues surrounding it. I will look at some explanations given that may be able to identify some of the key issues that can arise in therapeutic contexts. Mid-Life issues in therapy Kleinberg (1995) suggests that clients 'do not necessarily enter treatment to cope with a mid-life crisis. Instead they are interested in the relief of symptoms, in resolving family conflict, or in feeling more creative' (p207). Issues that may be interpreted as mid-life problems, may not be presented in life course terms, and it is only through the therapeutic process itself, that an awareness of the adult life course dimension becomes more sharply defined.



Kleinberg has observed that in mid-life presenting problems often belie a personal feeling of senselessness and aimlessness, and that much of the therapeutic task consists of 'working through stagnation'. References Bee, H & Boyd, D. (2008) Lifespan Development (3rd Ed) Boston, Allyn & Bacon pp380-382 Bridges, W. (1991) Transitions Making Sense of Life's Changes, Addison-Wesley Publishing Company, Inc. pp28-30 52-54 Lago, C. and Smith, B. (2004) Anti-discriminatory Counselling Practice, London: SAGE. pp90-92 Professor James, P. (2003) Counselling Psychology (2nd Ed) London: SAGE. Pp316-318 368-370 Kleinberg, J. (1995) Group Treatments of adults in mid-life. International Journal of Group Psychotherapy, 45: 207-22. Word count 2450