Representation of the Elderly in Counselor Education Textbooks

Alicia V. Fahr
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REPRESENTATION OF THE ELDERLY IN COUNSELOR EDUCATION TEXTBOOKS

by

Alicia V. Fahr

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Philosophy
Department of Counselor Education and Counseling Psychology
ADVISOR: DR. SUZANNE M. HEDSTROM

Western Michigan University
Kalamazoo, Michigan
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ACKNOWLEDGMENTS

To my chairperson, Dr. Suzanne Hedstrom, I offer my admiration for always making me feel like I was her only student. She never stopped believing in me and she ignited my passion for working with the elderly. Knowing her has made me a better person. She is truly a safe harbor.

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Not only is he one of my best friends, but he is also my hero. I will always be his little girl.

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Alicia V. Fahr
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CHAPTER I

INTRODUCTION

The Background

According to the U.S. Bureau of the Census (2004a), a dramatic increase in the proportion of elderly persons in the population will be evident over the next five decades, from 12.4% in 2000 to 20.7% in 2050. It is estimated that approximately 20% of the population will be over 65 years of age by the year 2030 (U.S. Bureau of the Census, 2004a). Currently, 12.4% of the population are 65 years or older. In the United States today, those 75–84 and those in the over-85 age group are the fastest growing segments of the population (Lawhon & Ennis, 1995).

Researchers have attributed the “graying of America” to the effects of increased life expectancies, the aging of the Baby Boom generation (those born between 1946–1964), and decreasing fertility rates (Tice & Perkins, 1996; Wright, 1995). Myers (1998) reported that changes in the numbers of older persons in the population are due to a variety of factors. People are living longer due to improvements in medical care, nutrition, discovery of antibiotics and other disease-fighting medicines, vaccinations, and decreased infant mortality rates. In addition, improved public health measures such as sanitation, controlled water supplies, and federally regulated food inspections have contributed to a healthy standard of living. Significant changes in life expectancy have also been noted over the last two
centuries. In the United States, individuals born in 1776 had an average life expectancy of 35 years and those born in the 1900s had an average life expectancy of 47 years (Butler, Lewis, & Sunderland, 1998). Currently, individuals born in the 21st century can expect to live more than 75 years (Butler et al., 1998).

At the turn of the 20th century, only 3.1% of the population in the United States was 65 years and older (Butler et al., 1998). The age group between 65 and 74 years is 8 times larger than it was in 1900 (U.S. Bureau of the Census, 2004a). In addition, the age group between 75–84 years is 16 times larger, and the over 85 age group is 38 times larger than it was in 1900. Siegel (1996) documented a 75% increase in the number of older persons aged 65 years and over between the years of 2010 to 2030. The U.S. Bureau of the Census estimated that the age group over 85 years will increase from 4.6 million in 2002 to 9.6 million in 2030.

Counseling Services

Several researchers over the last three decades emphasized the elderly as potential recipients of counseling services, but often a seriously neglected group in counseling since they did not come in for services (Blake & Kaplan, 1975; Bledsoe & Lutz-Ponder, 1986; Myers, 1990). In a study conducted by Hooyman and Kiyak (1996), the same situation existed in community counseling centers across the country. According to the Special Committee on Aging (1983), only a small percentage of older adults (2–4%) were treated in mental health clinics annually. In addition, fewer than 50% of mental health centers provided special services for older
individuals (Butler, Lewis, & Sunderland, 1991; Flemming, Rickards, Santos, & West, 1986). Several other researchers determined that adults 60 years and older constituted only 26.8% of the clients in community mental health centers, 17% of psychiatric clients, 6.4% of social work clients, and 3.2% treated in private practice by a psychologist (Meeks et al., 1990).

Myers (1998) concluded that regardless of the clinical setting, a larger number of mental health professionals could expect to provide counseling services to the elderly and their families in the near future based upon sheer numbers of older adults in the general population. Gatz and Finkel (1995) reported that the psychological and emotional needs of the elderly were not being adequately met by mental health professionals and would not be met by the year 2020. The authors concluded that two of the reasons for this predicament were the increasing growth of older adults in need of mental health services and a lack of sufficient counselor training.

Researchers have determined that mental health delivery systems for older adults are largely inappropriate, inaccessible, and ineffective (Lewinsohn & Tilson, 1987; Toward & Ostwald, 2002). Furthermore, they suggested that psychological services be provided to older adults through more visible, less costly, and less stigmatizing services. Researchers have postulated several reasons why the elderly have not consistently utilized mental health services. One reason was that many older individuals held negative attitudes toward public mental health services (Lagana, 1995). Additionally, mental health providers' age biases and prejudices hindered older adults from seeking counseling services (Lagana, 1993). Finally, the costs of mental
health services were not affordable to many older individuals on social security and pension budgets (Steuer, 1992).

Counselor Training

A lack of sufficient counselor training in working with the elderly has been well documented in the literature over the last 30 years (Blake & Kaplan, 1975; Gatz & Finkel, 1995; Holcomb-McCoy & Myers, 1999; Margolis & Rungta, 1986; Moore-Bennett & Sneed, 1999; Myers, 1992; Myers & Blake, 1986; Myers, Poidevant, & Dean, 1991; Myers & Schweibert, 1996; Ryan & Agresti, 1999; Salisbury, 1975; Sue, 1998). The majority of the responsibility for training counselors to work with older adults falls upon academic programs in colleges and universities. In a study conducted by Myers et al. (1991), 75% of counselor training programs reported little to no interest in offering gerontological counseling courses to students. In another study, aging issues rarely appeared on class syllabi for training mental health professionals (Schmitz, 1992). One explanation for the lack of specialized training in counseling programs to work with the elderly was ageism (Myers & Blake, 1986). Ageism is defined as any negative attitude, feeling, belief, or action toward a person because of his or her age (Butler, 1975).

It is the counselor educator's responsibility to adequately prepare trainees with the tools necessary to work with diverse and special populations. Older adults fall within this "diverse and special" category, and counselor competence is vital in providing adequate services to this group. Counselor education programs can teach
students how cultures have developed institutions and mechanisms which have helped older individuals to deal with problems, how special needs have surfaced for older adults, and how these problems and needs have been addressed (Kleinman, 1988). Counselors have a responsibility for advocating on behalf of the elderly and confronting some of the negative myths and stereotypes prevalent in society about aging.

Although the special needs of older persons have received some attention in counselor training programs, the focus is not adequate enough to meet the aging demographic changes which have taken place in society nor the mental health needs of this population (Myers, Loesch, & Sweeney, 1991). Today, many new counselors have graduated without adequate knowledge of aging issues and the special counseling needs of older adults. Based upon the current and anticipated proportion of older individuals in the United States, each counselor at some point in his or her career will be faced with providing services to an elderly person.

Overview of Study

In order for counselors to be effective in providing mental health services to older adults, several factors must be present. First, counselors need to be knowledgeable about the facts of aging and aging issues (Myers, 1998). Second, counselors must be able to acknowledge their own attitudes and beliefs toward older individuals (Ponterotto, 1991). Third, counselors must become more aware of the special counseling needs of older adults (Myers & Blake, 1986). Fourth, counselors
need to be fully aware of the myths and stereotypes of aging. Last, counselors must be familiar with the effects of ageism on older adults (Myers, 1998). Since counselors are trained in counselor education programs, the responsibility of preparing counselors to adequately meet the special needs of older adults falls upon counselor educators.

The choice of appropriate textbooks is vitally important to the preparation, training, and professional development of students (Hogben & Waterman, 1997). Textbooks are valuable tools for training counselors to work with older adults. The inclusion or exclusion of race, ethnicity, sexual orientation, gender, age, and step families have been previously explored in psychology, social science, and marriage and family textbooks (Campbell & Schram, 1995; Coleman, Ganong, & Goodwin, 1994; Hogben & Waterman, 1997). The presence of ageism has been explored in psychology textbooks, introductory psychology courses, and counseling psychology literature (Hogben & Waterman, 1997; Munley, 1974; Scherman & Doan, 1985; Werth, Kopena-Frye, Blevins, & Bossick, 2003; Whitbourne & Hulicka, 1990). The representation of disability has been explored in counselor education textbooks (Rosenau, 2000). What remains to be explored is the possible existence of ageism in the textbooks chosen by counselor educators for preparatory courses in counseling. Counselor development can be directly influenced by the representation of aging and aging issues in required textbooks (Hogben & Waterman, 1997).

How textbooks represent aging and aging issues, if represented at all, carries substantial implications for counselors in training. As of August 2004, no previous
textbook analysis was found in the Psyc INFO and ERIC data bases for the inclusion of aging issues into counselor education textbooks used for training. This study will examine how older adults and aging issues are represented in counselor education textbooks. Attention will be focused on language, portrayal, and inferences about older adults and aging issues. Textbooks will be explored for signs of culturally embedded references to aging, some of which may be stereotyped. Textual discussions, case studies and examples of other diverse groups will be examined for the absence or presence of older adults.

Operational Definitions

For the purposes of this study, older adults, the elderly, ageism, and core areas of study can be defined as follows:

Older adults can be defined as anyone 65 years of age and older.

The elderly can be defined as an individual 65 years of age or older. For the purposes of this study, this term will be used interchangeably with older adults.

Ageism can be defined as any negative attitude, feeling, belief, or action toward an older person solely based upon age (Butler, 1975).

Core areas of study can be defined as the areas of common core curricular experiences required by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2001) which include the following: helping relationships, human growth and development, professional identity, assessment, research and program evaluation, social and cultural diversity, and group work. The
following texts were used for these curricular experiences: counseling techniques (helping relationships), career development (career development), counseling theory (human growth and development), issues and ethics (professional identity), texts and measurement (assessment), research methods (research and program evaluation), multicultural counseling (social and cultural diversity), and group counseling (group work).

Research Questions

The following research questions guided this study and were utilized to examine how counselor education texts were representing older adults and aging issues, if at all, to students. These research questions helped frame an exploration of missed opportunities for representing the elderly in textbooks. The research questions also helped guide the study toward creating more realistic representations of older adults and aging issues in counselor education texts.

1. How do counselor education textbooks represent older adults and aging issues to counselors in training?

2. How do counselor education textbooks support or negate ageism?

3. What opportunities did the texts miss to represent older adults and aging issues?

4. How might older adults and aging issues be represented differently in counselor education textbooks where, in some cases, the representations were inappropriate?
5. What examples, case studies, or discussions of older adults and aging issues could be created where opportunities were not taken in texts?

Contextualization of the Study

As the author of this study, I am a middle-aged, Caucasian female who has chosen Gerontology (the study of the aged and aging issues) as a clinical counseling specialty and as a teaching specialty. I am currently working with older adults at a nursing home and at a hospice center as a portion of my internship experiences. I am a cancer survivor who has faced end-of-life issues twice in my journey through life. My parents are now elderly and are facing frail health issues with subsequent losses. Undoubtedly, my personal history, work experiences as a mental health and spiritual counselor for older adults, and education as a counselor educator and supervisor in a CACREP-accredited doctoral program will influence my analyses, interpretations and writings in this qualitative research study.

Rationale for the Study

A study of the inclusion of aging issues into counselor education textbooks is important for several reasons. First, due to the rapidly increasing population of older adults in the United States, more and more counselors can expect to provide services to the elderly and their families. Second, there is a shortage of qualified counseling professionals in the field to provide services to older adults. Third, while most counselor education programs are focusing on multiculturalism and diversity issues,
not many are incorporating attention to aging into their curricula. Last, ageism is prevalent in our society and it is the responsibility of counselor educators to challenge students' attitudes, beliefs, and behaviors toward the elderly. Counselor educators can also prepare students to serve as advocates for the rights of older Americans.

Since multicultural competence and diversity training is our ethical obligation as counseling professionals according to the ethical standards of the American Counseling Association (1995), and since older adults are a diverse group, I will emphasize counselor training for work with the elderly. Since textbooks are widely used in training counselors, I will focus upon popular counseling texts used in each of the eight core areas of study as determined by (CACREP, 2001). I will examine textbook representations, misrepresentations, and missed opportunities for representation of the aged and aging issues. I will explore each textbook for the presence or absence of ageism. I will frame ageism into a social learning perspective. I will then discuss the importance of selecting counselor education textbooks which represent the elderly more realistically to students.

The following chapter will be a review of the related literature which will include aging demographics, ageism, social learning theory, aging myths and stereotypes, counseling needs of the elderly, multiculturalism, diversity training, and training of counselors. Chapter III will describe the methodology I have chosen to analyze the manner in which older adults and aging issues are represented in counselor education textbooks. Chapter IV will illustrate how older adults and aging issues are constructed in textbooks chosen for counselor training. Chapter V will
show how the representation of the elderly in counselor education textbooks could be changed to present older adults in a more favorable, but realistic manner. Chapter V will conclude with a discussion of the research findings, strengths and limitations of the study, and recommendations for future research.
CHAPTER II

REVIEW OF RELATED LITERATURE

Overview

Butler et al. (1998) believes that successful counseling interventions depend upon a general awareness and respect for the unique cultural, social, economic, personal, and familial realities of each older individual. The literature review will begin with an overview of aging demographics in the United States. The literature review will include a discussion about ageism and how it is perpetuated in the U.S. by popular myths and stereotypes of old age. Stereotypes of the elderly and the processes of aging are socially constructed (Hooyman & Kiyak, 1996). Conversely, these stereotypes of old age can be deconstructed if the values of a given society are changed. The literature review will show the ageist attitudes, beliefs, values, feelings, and behaviors toward older adults held by American culture.

Aging myths and stereotypes will be brought to the forefront and framed within a social learning theory perspective. The selected literature will further identify special counseling needs of older adults, multiculturalism, and diversity training for counselors to work with the elderly. The literature review will conclude with a highlight of previous textbook analyses. The purpose of the literature review is to frame the importance of including older adults and aging issues into popular counselor education textbooks.
Aging Demographics

**Categories of Old Age**

Riley and Riley (1986) have divided the older adult years into three separate categories and these categories continue to be used today. First, the “young-old” consist of individuals aged 65 to 74 years. Second, the “old-old” are those adults aged 75-84 years. Third, the “oldest-old” make up a group of individuals who are 85 years and older. Furthermore, the “young-old” are described as “frisky,” the old-old are labeled “frail,” and the “oldest-old” are known as “fragile.”

**Gender Differences**

According to the National Center for Health Statistics (2002), several significant differences existed between men and women in older age. First, women were expected to live 5.8 years longer than men. In the United States, the life expectancy of a male baby born in 1997 was 73.6 years compared to the life expectancy of a female baby which was 79.4 years. Waldron (1986) proposed several explanations for the higher male mortality rate. Men tend to die sooner from arteriosclerotic heart disease, lung cancer, emphysema from prolonged tobacco use, industrial and motor vehicle accidents, suicide, and cirrhosis of the liver from excessive alcohol use. Elderly women outnumber elderly men 3 to 2, and the ratio continues to widen with age (Butler et al., 1998).
Marital Status

According to the U. S. Bureau of the Census (2003), most older men (aged 65 years and older) were married (73%) and most older women (aged 65 and older) were widowed (46%). In addition, there were five times as many widows as widowers. Only 5% of older men and 6% of older women were divorced. Another 4.7% of older men and 4.3% of older women were never married. Older persons living alone tend to be female and 75 years of age or older. Being old, widowed, and living alone has dire consequences for the elderly. These older persons experience higher poverty levels which make them more at risk for hospitalization and institutionalization.

Living Arrangements

According to the U. S. Bureau of the Census (2003), elderly individuals (aged 65 years and older) lived in a variety of settings. Only 4.5% of the older population lived in institutions such as nursing homes, foster homes, mental institutions, and chronic disease hospitals. This means that most older adults lived in the community (95.5%). The majority of older individuals lived with a spouse (53.6%), but 30% lived alone. Only 12% of older adults lived with their children or other relatives. A total of 2% of older individuals lived with nonrelatives. The increased availability of home care services has made it possible for more older adults to remain in their homes for longer periods of time.
Employment

Butler et al. (1998) determined that 16% of older individuals (aged 65 years and older) worked in the labor force. It appears that many older workers were displaced in the labor market due to such factors as technological obsolescence, educational requirements, and physical limitations prevented older workers from attaining and maintaining meaningful employment (Butler et al., 1998). As a result, most older workers were forced, regardless of personal choice, into low-earning jobs such as agriculture, part-time work, or self-employment (Butler et al., 1998).

Income

According to the U. S. Bureau of the Census (2000), the median annual income of older persons (aged 65 years and older) was $19,436 for men and $11,406 for women. In addition, approximately 12% of older adults fell below the official poverty line. According to Butler et al. (1998), in 1994, older adults received slightly more than half the income of younger adults. Butler et al. stipulated that another 26% of older persons were “near poor.” The most financially disadvantaged groups of older persons were ethnic and racial minorities, women, and those over 85 years of age. There are five reported sources of income for the elderly (U. S. Bureau of the Census, 2000). Older individuals' income came from Social Security (38%), private and public pensions (17%), employment (23%), assets (18%), and public assistance (4%).

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**Ethnicity**

According to the U. S. Bureau of the Census (2004b), minority individuals made up 17.2% of the older population (those over 65 years) in the United States. African-Americans comprised 8.1% of the older population; Hispanic elders made up 5.5%; Asians and Pacific Islanders made up 2.7%; and American Indians constituted less than 1% of the older population. Minority populations are projected to represent 25% of the older population by 2030 in the United States.

**Ageism**

Robert Butler first described ageism in 1968. Ageism is defined as any negative attitude, feeling, belief, or action toward a person because of his or her age (Butler, 1975). Historically, old age was viewed in the United States as a time of undesirable psychological, physical, emotional, social, and financial losses (Myers, 1998). As a result, the elderly were viewed as a group living in poverty, with multiple disabilities, diminished independence, and suffering with depression. In addition, many older adults were perceived to be hopeless and helpless in making any positive changes in their lives.

Ageism is still prevalent in American society in the 21st century (Myers, 1998). Numerous studies in the past five decades confirmed the pervasiveness of negative attitudes toward older people (Myers, 1998). Negative attitudes toward the elderly were found among a variety of health care professionals, including nurses, physicians, counselors, psychologists, and rehabilitation workers (Carmel, 1992;
Duerson, 1992; Singleton, 1998). Ageist attitudes were identified in persons of all ages, including children, adolescents, young adults, and older persons themselves (Kupetz, 1994; O'Hanlon, Camp, & Osofsky, 1993). Many health care providers failed to recognize their own negative attitudes, stereotypes and misconceptions about older persons and the aging process (Carmel, 1992; Duerson, 1992; Singleton, 1998).

Myers (1998) identified three different forms of ageism. In addition, ageism could be both formal (such as employer encouragements to retire early) and informal (such as the attitudes and behaviors of family, friends, and neighbors towards older persons). The first form of ageism is reflected in negative words, beliefs, feelings, and behaviors toward an older person. As a result, the elderly are often treated as weak, sickly, slow, dull, boring, forgetful, and stubborn, in spite of their real condition. Even the use of negative phrases to refer to older adults functioned to stereotype, label, and even disparage the lives of older persons (Myers, 1998). Ageism permeates every aspect of an older person’s existence.

A second form of ageism identified by Myers (1998) is the lack of public awareness of aging and aging issues. Myers explained that humans tend to fear what they do not understand, and the processes of aging are not well understood in our culture. In addition, most of the knowledge disseminated about older people stems from research conducted in institutional settings because of easier access for study. The older adults in institutions are those who suffer from the most serious and disabling physical and mental conditions. Consequently, most people typically
associate the elderly with disability and loss of independence, which happen to be two of the most feared characteristics in our society (Myers, 1998).

A third form of ageism exists on an institutional level (Myers, 1998). Ageism exists in places of employment, healthcare establishments, and places of residence. Prejudice against older adults is found in the labor market where younger workers are preferred and retirement packages are made appealing to older workers to encourage disengagement from the work force. Negative myths and stereotypes about the aged are maintained in hospitals, medical clinics, and private doctors’ offices where many diseases are viewed as a natural part of aging. Discrimination is perpetuated in certain neighborhoods where older adults are not preferred residents like younger adults. 

Ageism has been rooted in history and has been an integral part of our socialization. Ageism has contributed to the discrimination and oppression of older adults in a variety of settings for many generations.

Ageism has been identified among mental health service providers (Carmel, 1992; Duerson, 1992; Fillmer, 1984; Kupetz, 1994; O’Hanlon et al., 1993; Singleton, 1998; Valeri-Gold, 1996). Research by Vontress and Jackson (1988) found that counselors need to become aware of their own personal biases, stereotypes, and cultural indifferences in order to work effectively with the elderly. The researchers concluded that awareness of bias toward the aged is the first step toward changing harmful attitudes. Researchers learned that the majority of counselors work best with individuals who are youthful, attractive, verbal, intelligent, and successful (Krumbolz, Becker-Haven, & Burnett, 1979). Researchers called this phenomenon the “YAVIS”
syndrome. On the other hand, counselors do not work as well with individuals who are homely, old, unattractive, nonverbal, and from diverse backgrounds. This phenomenon is known as the “HOUND” syndrome.

Myers (1998) reasoned that since counselors are members of an ageist society, they are likely to hold negative views of older persons. Therefore, it is incredibly vital for counselors to explore, on an individual level, their own attitudes, beliefs, opinions, and knowledge-base of older persons and the aging process before beginning to work with older adults. Ageism can be attacked only on an individual level before it can be eliminated on an institutional level.

In the following discussion, I relate representations of older adults in counselor education textbooks to social learning theory. I discuss how myths and stereotypes of aging are formed and perpetuated by society. I explain how ageism is closely related to misperceptions of the aged and aging issues. Last, I demonstrate how ageism is spread and maintained through our cultural values, language, literature, and the media.

Social Learning Theory

According to Bandura (1977) social learning theory explains human behavior in terms of a reciprocal interaction between the environment and a person's thoughts and behaviors. In other words, the environment helps determine personal factors and personal factors help shape the environment. People learn primarily through observation of others and reinforcements. In fact, role modeling is at the root of social
learning theory. All thoughts, feelings, and actions are influenced by the observation of role models (Bandura, 1977). In this manner, cultural values, ageism, victim blaming, stigmatization of the elderly, and the formation of stereotypes are five examples of social issues perpetuated from generation to generation through social learning. Social learning theory describes the acquisition, maintenance, and extinction of learned behaviors, attitudes, beliefs, values, and feelings via role modeling.

1. Cultural values. Cultural values are created, sustained, and changed through social learning. Both direct learning experiences and vicarious learning through observations of others help create and maintain cultural values. The media also help create and maintain cultural values by transmitting various images and role models. Since cultural values are formed and perpetuated by learning through role modeling and media representations, values can also be changed through these same modes.

Rokeach (1973) conducted a study of personal values and determined the importance of the following values for both men and women in America: family security, freedom, a comfortable life, and happiness. The most important instrumental values for both men and women were ambition, competence, and independence.

Aging is perceived as a threat to all of the most important American values (Palmore, 1999). For example, the elderly are often perceived as disabled, dependent, poor, senile, and chronically ill, all of which threatens family security, freedom, a comfortable life, and general well-being. In addition, the elderly are often perceived as apathetic, incompetent, and helpless, which directly threatens the American values of
hard work, competitiveness, and self-reliance. Since the elderly are perceived as not possessing any of our society's most valued qualities, they are often discriminated against as a result of these perceptions. Cultural misperceptions about older adults and aging issues contribute to ageist feelings, beliefs, and behaviors toward the elderly.

2. Ageism. Researchers have defined ageism as prejudice, stereotyping, or discrimination against older adults strictly because of their age (Breckler, 1984; Eagly & Chaiken, 1998; Palmore, 1999). Prejudice against older adults is a negative feeling (affect) toward an individual because of age. Stereotyping of older adults is negative thoughts (cognition) about someone because of advanced age. Discrimination of the elderly is the negative treatment (behavior) of older adults due to their age.

Ageism against the elderly serves several purposes (Butler, 1987). Ageism allows the younger generations to view the elderly as different from themselves. Ageism allows younger individuals to eliminate their own fears about aging, illness, and death by ceasing to identify with older adults as human beings. Ageism becomes a societal method of avoiding responsibility for the elderly. Last, ageism contributes to the reduced costs of providing care and support for older adults. Ageism is both created and cultivated through social learning.

3. Victim blaming. A phenomenon in our culture which contributes to ageism called "victim blaming" (Levin & Levin, 1980). This is the tendency to blame a social problem on the characteristics of the people who are its victims. In this instance, the elderly are blamed for specific social problems because of their age. Therefore,
negative feelings, behaviors, and attitudes towards the elderly are justified by the characteristics of the aged themselves and are seen as necessary for the “good of society” (Palmore, 1999). Since advanced age is viewed as contributing to many social problems, it benefits society to blame, ignore, and neglect the elderly. In this manner, individuals who become old brought certain problems on themselves. If an individual did not become old, there wouldn’t be a problem. Therefore, society is not obligated to help the elderly. Victim blaming is perpetuated by social learning through the media representations of the aged and aging issues as well as the role modeling of others.

4. Stigmatization of the elderly. The stigmatization of the elderly can be defined as rejecting older adults from the social group because they have an attribute that dehumanizes them according to others (Jones, Farina, Hastorf, Markus, Miller, & Scott, 1984). The attributes of old age that are so offensive to others typically include immobility, frailty, wrinkles, sagging skin, forgetfulness, and dependency (Braithwaite, 2002). The acts of stigmatizing older adults include displays of disapproval, cutting them off from society, reducing their status in society, and avoidance (Blaney, 1994; Braithwaite, 2002). The multiple losses associated with old age also carry a stigma in society (Braithwaite, 2002). Not unlike ageism and stereotypes of old age, the stigmatization of the elderly is a result of social learning. Stigmas about the aged and aging issues are formed in society and maintained through vicarious learning. Stigmas about the elderly are learned through the observation of others and media representations of older adults.
5. Formulation of stereotypes. Bandura (1977) also believed that specific conditions of contemporary life led to the formation of negative stereotypes toward many minority groups, including the elderly. Bureaucratization, automation, urbanization, and increased social mobility contributed to people relating to each other in impersonal ways. Also, the dehumanization of minority individuals began when social practices divided people into in-groups and out-groups.

Many of the myths and stereotypes of aging and the aged are formed through social learning. In fact, many of the misperceptions that people develop about older adults are developed and promoted through symbolic modeling of stereotypes (McArthur & Eisen, 1976). People also tend to form strong beliefs about others on the basis of insufficient data and overgeneralize their biases from very limited experiences (Bandura, 1977). In addition, Bandura noticed the tendency for people to react emotionally toward others (in this case, the elderly) and accept many stereotypes without having had any personal contact with older adults. The formation of negative stereotypes about the aged and aging issues can be contributed to social learning.

Learning Via the Media

In addition, social learning theory also explains the role of the media on learning. The media are important transmitters of cultural values. Media also contribute to the perpetuation of stereotypes, victim-blaming, and stigmas toward many diverse groups, including the elderly. Since social learning contributes to the
formation and acceptance of stereotypes, then social learning can also contribute to the debunking of stereotypes.

A major source of social learning is provided by television, radio, film, books, magazines, newspaper articles, and drama (Bandura, 1977; Nelson, 2002). Humans acquire attitudes, form emotional responses, and develop new styles of behavior through filmed and televised modeling (Bandura, 1973; Liebert, Neale, & Davidson, 1973). In fact, individual perceptions of social reality are heavily influenced by the images conveyed in the mass media. Many biased perceptions about aging and older adults are developed through the vicarious observations of others and imitating what is seen, heard, and read in the media.

Learning Via Role Models

According to social learning theory, role modeling affects learning and behavior in several ways (Bandura, 1977). Societal rules and standards are transmitted and facilitated by role modeling. Modeling plays a significant role in spreading new ideas and practices within and between cultures. Vicarious learning, which is the observation of others' behaviors and their consequences, can have more impact on learning than direct experiences. Modeled behaviors are more likely to be adopted if they are valued by the individual regardless of reinforcements or punishment. Role models who are viewed as having prestige, competence, and power are more effective in changing others' behaviors than are models of lower status. The role modeling of more positive attitudes, beliefs, feelings, and behaviors toward older
adults could have incredible effects on changing the myths and stereotypes about aging that are so prevalent in our society.

Conclusion

Social learning theory helps explain how prejudices, discriminatory practices, cultural values, victim blaming, stereotypes, and stigmas are formed and perpetuated in society via role modeling and media exposure. Stereotypes pose a threat to members of society because they are typically widely held beliefs which become unquestionable social truths (Haslam, Turner, Oakes, McGarty, & Reynolds, 1998). More specific to this study is the fact that ageism is created and maintained through social learning. In fact, social learning is considered one of the strongest determinants of stereotyping, prejudice, stigmatization, and discriminatory practices against the elderly (Taylor, Peplau, & Sears, 2000).

Unfortunately, racism, sexism, and ageism are never totally eliminated in society; they can, at best, be managed and contained (Braithwaite, 2002). The daunting task of managing and containing ageism in society can be approached in several ways. First, media exposure must be changed to include the elderly and portray more accurate attributes of aging. Research attests to the media’s underrepresentation of older adults (Kubey, 1980; Robinson, 1989). Additionally, when older adults are visible to viewers, they are often portrayed in a negative manner (Harris & Feinberg, 1977; Kubey, 1980; Palmore, 1990). Another approach, intergenerational contacts are recommended to begin challenging ageism. Weinberger
and Millham (1975) demonstrated that adults' attitudes toward a 70-year-old adult who had become personalized were more favorable than attitudes toward a generalized 70-year-old adult.

A third approach to managing and containing ageism is educational instruction (Montepare & Zebrowitz, 2002). Facts on the aged and aging issues must be disseminated in order to begin changing misperceptions about the elderly. Facts of aging can be portrayed to society through the media in art, literature, movies, and television. Facts about older adults can be shared in preschool, elementary, and secondary schools, colleges and universities. Facts of aging can be shared at the institutional level through training workshops.

In addition to dispersing facts on the aged and aging issues at the individual and societal levels, accurate information must include the diversity among the elderly population. Kite (1996) determined that the observation of older adults carrying out a variety of social roles was shown to challenge many negative stereotypes aging. Last, in order to eliminate the stigmatization of older adults in society, the elderly must be treated with respect and inclusion (Braithwaite, 2002). Older adults must be included in the media, every day conversations, school settings, and society at large. Furthermore, role models are needed to give voice to the elderly and model appropriate attitudes, feelings, and behaviors toward older adults.
Aging Myths and Stereotypes

Kart (1994) identified the following myths and stereotypes of aging in the United States: (a) senility inevitably accompanies old age; (b) most old people are lonely and isolated from their families; (c) the majority of old people are in poor health; (d) old people are more likely than younger people to be victimized by crime; (e) the majority of old people live in poverty; (f) old people tend to become more religious as they age; (g) older workers are less productive than younger ones; (h) old people who retire usually suffer a decline in health; (i) most old people have no interest in, or capacity for, sexual relations; and (j) most old people end up in nursing homes and other long-term care institutions. Butler et al. (1998) identified the following myths of aging: (a) chronological age determines how “old” one is, (b) all old people are senile, (c) old age is a time of idyllic serenity and tranquility, (d) old age is associated with unproductivity, and (e) old people are resistant to change. The realities of aging serve to debunk each of these common myths and misconceptions of aging.

Some of the first empirical studies of aging attitudes in the 1950s reflected many of the aging myths and stereotypes found in society. Old age was typically associated with dependency, frailty, incompetency, and senility (Covey, 1993; Kearl, 1982). In fact, old age was often viewed as a second childhood or a return to infancy (Covey, 1993). Bell and Standfield (1973) described old age as a period characterized by dire economic conditions, isolation, resistance to change, failing physical health, and deteriorating mental capacities. In a study that assessed college students’ attitudes...
towards the elderly in both 1979 and again in 1988, the overall attitudes toward older adults were generally negative in both samples (Peabody & Sedlacek, 1982; Schwalb & Sedaleck, 1990). The stereotypical beliefs expressed by the students in these studies seemed to perpetuate the common myths and misconceptions of aging found in the dominant culture.

In contrast, later studies conducted to assess students' knowledge of, attitudes toward, and experiences with the elderly revealed both positive and negative attitudes toward older adults and the aging process itself, depending upon levels of exposure to older individuals (Donorfio, 1991; Fillmer, 1984; Ralston, 1985; Valeri-Gold, 1996). Perhaps students were beginning to view aging and aged individuals in a more factual manner with increased awareness, experiences, and educational interventions.

Most negative stereotypes of the elderly have been reinforced by early gerontological research that was primarily based upon the institutionalization of older adults (Hendricks & Hendricks, 1977). While only approximately 5% of all older adults reside in nursing homes, negative impressions still prevail about the frailty of older individuals. Educators have had a primary role in challenging the myths, stereotypes, and misconceptions about the elderly. Negative attitudes about growing old have significant effects on behavior toward older adults (Finnerty-Fried, 1982).

Counseling Needs of Older Adults

Older adults have a multitude of special needs which may be addressed in counseling. Such needs may require specialized counseling interventions by mental
health professionals. For example, some older individuals have experienced an incredible amount of loss over the span of their lives. Loss of health, social roles, loved ones through death, independence, prized material possessions, economic stability, and social status could be experienced by some older person as he or she advances with age. As a result of some of these significant losses, some older adults feel as though they have no control over their lives and may experience depression, suicidal tendencies, alcohol and drug abuse, physiological changes, chronic illnesses, organic brain disorders, and other psychological conditions.

Depression

Several researchers found that the elderly exhibited more symptoms related to depression than the younger population (Barusch, Rogers, & Soleman, 2000; Mirowsky & Ross, 1992; Newman, 1989). In a study by Rogers and Barusach (2000), 79 frail low-income older adults were interviewed and their case files reviewed to determine the extent to which service providers accurately identified their symptoms of depression. The results indicated that 29% of the older adults sampled exhibited symptoms of clinical depression, which was not much different than younger age groups or other older adults who were not poor or frail. Of these older individuals who showed depressive symptoms, only 31% were receiving counseling interventions. Furthermore, only 37% of the older adults who screened positively for depression were identified by the treating counselors. Interestingly, only 42% of the older individuals with symptoms of depression actually reported feeling depressed to their
counselors. In summary, depression in the elderly often proceeded without being recognized by either the older adult, his or her physician, or a mental health service provider.

Rogers and Barusch (2000) provided several reasons for the fact that mental health counselors often overlooked depressive symptomatology in the elderly. First, physical symptoms often masked depression in older individuals. This could have resulted in missed diagnoses by both medical doctors and counseling professionals alike. Second, the masked depressive symptoms contributed to the tendency for older adults to underutilize mental health services. Last, as a result of the stigma attached to mental illness, many elders felt embarrassed about admitting psychological symptoms to a medical doctor or counselor. For many older adults, it was easier to talk about physical problems than mental health issues.

Suicide

Individuals over the age of 60 years had the highest suicide rates of any age group and constituted 25% of all suicides (Leenaars, Maris, McIntosh, and Richman, 1993; Valente, 1994). Of the older adults who committed suicide, 80% had visited a medical doctor in the 6 months prior to their deaths, but the physicians failed to detect their clues and suicidal risk (Bongar, 1992; Osgood, 1991). Researchers have identified several factors known to increase an older adult’s suicidal risk (Lyons, 1984; Osgood, 1991; Tobias, Pary, & Lippman, 1992). Physical illness, mood disorders, substance abuse, loneliness, repeated losses, poor economic conditions,
discrimination and oppression, hopelessness, helplessness, and the inability to cope with the stressors of aging were all contributing factors to the increased risk of suicide. Illness contributed to 69% of older adult suicides (Steiner & Marcopulis, 1991) and depression contributed to 45-70% of older adult suicides (Kivelae & Pahkala, 1989).

Substance Abuse

Substance abuse among the elderly has continued to be a growing concern. It was estimated that alcoholism occurred in up to 60% of older individuals who were living independently and 44% of those living in institutions (Marcus, 1993; Solomon, Manepalli, Ireland, & Mahon, 1993; Widner & Zeichner, 1991). Medical and psychological service providers tended to misdiagnose alcoholism in older adults and often confused the signs and symptoms with those associated with the normal aging process (Booth, Blow, Cook, Bunn, & Fortney, 1992; Marcus, 1993; McMahon, 1992).

Researchers found a pattern of alcohol abuse among the elderly who were having difficulties coping with retirement, death of loved ones, lowered income, depression, loneliness, boredom, and losses associated with physical well-being (McMahon, 1992; Schonfeld & Dupree, 1990, 1991; Solomon et al., 1993; Widner & Zeichner, 1991). Specific signs for alcohol abuse in the aged include falls, cognitive impairments, sexual dysfunction, incontinence, malnutrition, tremors, weight loss, change in appetite, and self neglect (McMahon, 1992; Solomon et al., 1993). Several
research studies determined that once the problem of alcohol abuse was identified and appropriate treatment was implemented, the prognosis for recovery of an older alcoholic was good (Atkinson, Tolson, & Turner, 1993; Solomon et al., 1993; Widner & Zeichner, 1991).

Chronic Illnesses

Burlingame (1995) studied various aspects of the aging process and discovered several important facts about chronic illness and the life span. First, women typically live 7 years longer than men. Second, more than 75% of deaths of men over the age of 65 years are attributed to heart disease, cancer, and strokes. Third, women tend to suffer longer with chronic illnesses and have more arthritis, high blood pressure, strokes, diseases of the colon, incontinence, osteoporosis, and senile degeneration. Fourth, older individuals also experience an aging of their psychological system which makes them more susceptible to personality and cognitive changes in memory, learning, and thinking. Last, the elderly are more prone to mental health issues such as mood and anxiety disorders.

Organic Brain Disorders

Counselors have been faced with treating older individuals who are suffering from the effects of organic brain disorders. Some of the more common brain disorders found in the elderly include Alzheimer's disease, dementia, and Parkinson's disease. Burlingame (1995) suggested a multidisciplinary team approach for work with all
older adults who are coping with an organic brain disorder. The team consists of a medical doctor, psychiatrist, psychologist, physical therapist, social worker, and counselor. The primary role for the counselor is to offer support and family counseling to the individual and help build strengths for maintaining healthy relationships. Counseling interventions include assistance with acceptance and adjustment to the mental disorder, and prevention of further mental deterioration.

Multiculturalism

Multicultural counseling has been described as any counseling relationship in which the counselor and the client belong to different cultural groups, hold different assumptions about social reality, and subscribe to different world views (Das, 1995). Traditional counseling theories are products of middle-class European-American culture and techniques based on these theories tend to work best with clients who share the same values and assumptions of the culture (Wohl, 1989). Conversely, traditional counseling tools and techniques do not seem to work as well with clients from minority subcultures, lower socioeconomic classes, or non-Western cultures.

The ethical codes and standards of practice of the American Counseling Association (ACA, 1995), require that counselors obtain professional competence and training to work competently with clients from diverse backgrounds. CACREP (2001) has also developed training standards that required multicultural training to work effectively with diverse clients. CACREP proposed a very broad definition of multiculturalism to include differences pertaining to age, gender, religion, sexual
orientation, and ethnic and racial groups. Counselor training programs must provide appropriate multicultural training experiences to include all of these diverse populations, without exception.

Attitudes and beliefs about people from other cultures and diverse backgrounds are found to be formulated very early in life (Cushner, 1988). These attitudes and beliefs remain with individuals for a lifetime unless challenged and altered through both cognitive and emotional learning experiences. Learned attitudes and beliefs have emerged as biases and stereotypes (Midgette & Meggert, 1991).

It is common for people to resist change and attempt to maintain their cultural norms (Prilleltensky, 1989). Culture influences every aspect of an individual’s life (Brislin, 1993). For example, culture shapes a person’s view of social and psychological reality. In addition, culture colors an individual’s perceptions and expectations of self and others. Culture also mediates a person’s understanding of what constitutes a problem and how it can be resolved (Marsella, 1985). Historically, in our Western culture, many negative views of aging are perpetuated and rarely challenged. This same situation exists today in our society. Culture has played and continues to play a significant role in the effectiveness of counseling.

The quality and depth of training provided in the majority of counseling programs did not sufficiently meet the mental health needs of many diverse populations (Sue, Arredondo, & McDavis, 1992). The researchers determined that the problems that minority groups experience in using mental health services stem from both their different cultural values and worldviews and the attitude of the service
providers toward them. In 1995, course work in multicultural counseling was included in approximately 90% of counselor education programs (Das, 1995). Researchers learned that gender, educational level, contact with diverse groups, and age are related to multicultural competence (Sabanini, Ponterotto, & Borodovsky, 1991; Sodowsky, Taffe, & Gutkin, 1991). Recent counselor graduates are more knowledgeable about their own personal worldview after receiving diversity training, but remain less knowledgeable about their client’s worldview (Holcomb-McCoy & Myers, 1999).

Expectations are increasing for counselor educators to become more sensitive to issues of age, gender, race, sexual orientation, disability, and ethnicity (Weinstein & Obear, 1992). Counselor educators have to treat diversity issues as part of their teaching responsibilities. They need to focus attention on their own beliefs and attitudes toward diverse groups. Counselor educators need to remain open to more individual experiences with members of diverse groups. They also need to assess their comfort and skills in working with diverse clientele.

To date, very few studies have been conducted to determine current attitudes of counselor educators toward the elderly. If counselor educators are to train students in awareness, knowledge, and skills to work with older persons, they have to first become aware of their own personal biases, stereotypes, and cultural indifferences toward older individuals (Ponterotto, 1991; Ridley, Mendoza, & Kanitz, 1994; Vontress, 1971; Vontress & Jackson, 1988). Awareness of bias toward the elderly is a first step in attitude change.
The cognitive, social, and emotional distances between mental health service providers and the elderly are reduced through intensive reeducation of the counselors which is aimed at changing their attitudes towards older individuals (Das, 1995). To effectively work with older adults, counselors must acquire specific knowledge and understanding of aging issues. Counselors need to obtain a general understanding of the sociopolitical systems and the institutional barriers that prevent older adults from using mental health services. Counselors must learn to understand those aspects of social organization and cultural norms and values that generate stress in the lives of people that lead to psychological distress (Ivey, Ivey, & Simek-Morgan, 1993; Pedersen, 1988, 1991; Sue et al., 1992).

Counselor educators have to take responsibility for obtaining knowledge about the aging process and becoming more aware of the social norms and learned beliefs that affect interactions with older adults (Marchesani & Adams, 1992). Furthermore, counselor educators hold the responsibility for challenging and examining the culture-specific beliefs that are such an intricate part of cultural socialization. Schmitz (1992) found that counselor educators across the country are challenging the traditional counseling curriculum. Counselor educators are asking questions about what knowledge base students need to possess and what kinds of values and habits students need to develop to become effective members of a multicultural and diverse society. The infusion of multicultural studies, including aging issues, in core counseling coursework is critical for educating students to live and
counsel in a socially diverse society and an increasingly interdependent environment (Butler, 1991; Gaff, 1992; Higgenbotham, 1990).

Midgette and Meggert (1991) predicted that a multicultural approach to instruction was needed in education in order to prepare students to meet the diverse populations of the 21st century. In the early 1990s, more than one third of all colleges and universities had a multicultural requirement for bachelor’s degree graduates (Levine & Cureton, 1992). Another third offered course work in ethnic and gender studies and more than half of the institutions of higher learning introduced multiculturalism into their departmental course offerings (Levine & Cureton, 1992). Aging issues rarely appeared on syllabi fulfilling the general education requirements for many colleges and universities (Schmitz, 1992).

Multicultural training in counselor education has made some unique contributions to counseling the elderly (Kleinman, 1988). First, multicultural training clarified how culture shapes the behaviors of older adults, and how cultural norms, values, and expectations contribute to the problems for which older individuals sought counseling. Second, multicultural training taught how each culture develops institutions and mechanisms which helps the elderly to deal with problems. Last, multicultural training showed how special problems for older adults arise in a diverse society, and how these problems can be addressed. Becoming multiculturally competent has required a lifelong commitment to learning about one’s own culture as well as the culture of others.
Special and diverse populations share many of the same experiences in life, such as discrimination, oppression, problems in identity development, need for self-esteem, validation of personal experience, and the need for empowerment (Axelson, 1994; Baruth & Manning, 1991; Margolis & Rungta, 1986). The elderly are a special and diverse group within the general population. Therefore, older adults are not immune to the shared experiences of other minority groups in our society. Counselor educators have a responsibility for advocating on behalf of the elderly and infusing aging studies into counselor training programs. In this manner, steps can be taken to challenge and possibly eradicate ageism.

Diversity Training for Counselors

Sue (1998) determined that diversity training is a crucial element in the mental health profession due to several factors. First, a large number of counselors are required to provide services to minority populations. Second, individuals of diverse ethnic backgrounds are not faring well in the mental health system. Last, much work is needed to be done to improve the provision of mental health services to diverse groups. Some counselor education programs apparently fail to provide professionally mandated diversity training as specified by the American Counseling Association (ACA, 1995; Herlihy & Corey, 1996).

Research has shown that teachers play a proactive role in teaching values, ethics, and social responsibility to students while modeling appropriate attitudes and behaviors (Mathiasen, 1998). All educators bring their own beliefs and values about
older adults and the aging process to the classroom and this is reflected in their teaching (Chapman-Walsh, 1999). It is the role of teachers to enlighten students to the facts of aging and the special needs of the aging population. Most importantly, educators need to lead students by their example in exhibiting the highest standards of ethical behaviors when working with the elderly. The teacher's honesty, passion, and proficiency with aging issues as well as engagement with older adults markedly affect the outcome of students' learning.

Researchers found that the values students associate with learning specific tasks are directly related to their motivation to learn and to academic performance (Paulsen & Gentry, 1995; Pintrich, 1989; Pintrich & Garcia, 1991). As counselor educators expose students to information and facts about the elderly, their special needs, and the process of aging, perhaps students will come to value the importance of aging studies. As more counselor educators become interested in aging issues, perhaps more interest will be generated in their students. This, in turn, may increase the number of research projects completed on aging topics, the number of enrollees in gerontology courses, and the number of counselors who choose to specialize in working with older individuals (Myers, 1995).

According to Myers et al. (1991), prior to the mid-1970s, counselor education programs were focused upon training counselors to work with school-age children. Since the mid-1970s, and up until the mid-1980s, more attention was given in counselor preparation programs to the counseling needs of the elderly. New courses in gerontological counseling were expected to be among the fastest growing in all
counselor education programs (Hollis & Wantz, 1986). In 1975, only 6% of counselor training programs offered an elective course in gerontological counseling, but not one program had a required course (Salisbury, 1975). Due to involvement by the U. S. Administration on Aging, by 1983 nearly 37% of counselor education centers provided course work on aging issues in counseling (Myers, 1983).

Ryan and Agresti (1999) concluded that the lack of sufficient training among mental health professionals for working with the older population was due to a relatively low perceived interest among trainees for working with older adults. If counselor educators develop a passion for advocating on behalf of the aging population, a similar passion may be fostered in students. Counselor educators can serve as role models by showing an interest in aging studies and incorporating facts about aging into core counseling courses.

Work With Older Adults

Myers et al. (1991) conducted studies of counselor education programs to determine if specialized training about work with older individuals was provided. They found that 43% of counselor preparation programs reported at least one course offered to train counselors to work with elderly adults. Interest and growth in counselor training to work with the elderly increased drastically from 1975 (6%) to 1983 (37%), but increased only slightly by 1991 (43%). National efforts were implemented in the 1980s which recognized the need for specialized training to work with older adults. Over a span of nearly 15 years, the U.S. Administration on Aging
funded the American Counseling Association with over $1.2 million to develop curriculum and training materials to improve counseling services to older individuals (Myers, 1995; Myers & Schwiebert, 1996). No studies have been found in the literature assessing the status of older adults and aging issues in counselor education programs.

Counselor educators have been and still are key individuals in implementing change within the counseling profession. According to Myers et al. (1991), increased awareness and knowledge of older adults and their needs among counselor educators is vitally important for several reasons. It is the counselor educator who is responsible for the inclusion of more aging issues in counselor training programs. Counselor education programs have evolved in order to keep up with the diverse population changes in the United States. Counselor educators need expertise in the field of aging due to increasing numbers of older adults in the population. Preventative counseling needs of the aged need to be identified and implemented by counselor educators.

Myers (1998) suggested that counselors be trained to serve older individuals' needs in several ways. Counselors must be trained to work towards empowerment of the elderly so that they experience a sense of personal power over situations in their lives. Training for counselors to serve as advocates for older individuals' rights is important. In addition, training counselors to directly affect laws and policies which pertain to services available to older adults is needed. Student counselors should be encouraged and trained to conduct both qualitative and quantitative research with older adults in order to meet the special needs of the elderly.
The calls for additional gerontological studies in counselor education programs in order to provide adequate services to meet the needs of our aging population have been well documented in the literature (Myers, 1992; Myers & Blake, 1986; Myers & Schweibert, 1996). Researchers have proposed several challenges for counselor educators based upon our aging society (Friedsam & Seltzer, 1994). The need exists for well-trained teachers to provide trainees with the specialized skills and tools necessary to provide adequate counseling services to the elderly. The need also exists to develop and conduct continuing education for counseling professionals in order to update current knowledge and skills for working with older adults. Counselor educators must provide all students with factual information on what it means to grow old and the implications of our aging society.

One of the primary tools that counselor educators utilize in providing information to students about older adults and the aging process are textbooks. Hogben and Waterman (1997) surveyed college professors and found that most (81%) believed that textbooks are critical to the learning success of students. Textbooks, however, have been challenged as the embodiment of sociocultural stereotypes (Campbell & Schram, 1995; Coleman et al., 1994; Hogben & Waterman, 1997; Jensen & Burgess, 1997). Specifically, counselor education texts may embody sociocultural stereotypes, including ageism. Ageism may be present by the inappropriate representation of older adults and aging issues.
Textbook Analyses

No textbook analysis was found through August 2004, in the PsylINFO or ERIC data bases or in *Dissertation Abstracts* related to the inclusion of aging issues into counselor education textbooks used for training. Hogben and Waterman (1997) conducted a content analysis to assess the inclusion or exclusion of race, ethnicity, sexual orientation, gender, and age in psychology textbooks. The researchers calculated the mean number of paragraphs devoted to each topic in the content analysis as a function of the gender of the textbook author. Both quantitative and qualitative analyses were performed on the data (Cochran's $C$, chi-square, and one-way ANOVA). Results indicated that the quantity and quality of diversity representation in introductory psychology textbooks had improved from older texts, but further improvement was needed.

Campbell and Schram (1995) analyzed psychology and social science textbooks in the Michigan State University library system for the representation of sexist language. The researchers utilized a content and thematic analysis of individual texts. A chi-square analysis was conducted to test for differences in the coding categories. Results indicated that the majority of social science and psychology textbooks did not use sexist language. Coleman et al. (1994) studied the representation of step families in marriage and family textbooks via a content analysis. The researchers examined textbook passages as well as references and tallied the total number of pages that mentioned specific topics pertaining to stepfamilies. The results
indicated that the majority of introductory marriage and family textbooks included more information about stepfamilies than ten years prior.

Rosenau (2000) conducted a content analysis on counselor education textbooks for the representation of disability. The researcher viewed the inclusion of disability from a qualitative interpretive perspective. Rather than counting the number of times disability was represented in texts, the focus was upon how disability was represented. Individual textbook passages were examined from a descriptive, analytic, and interpretive approach. Results indicated that the representations of disability in counselor education textbooks was negative. This study was the only counselor education textual analysis found in the literature.

Ageism was identified in texts through a content analyses of textbooks used to teach introductory psychology courses between 1949 and 1989 (Whitbourne & Hulicka, 1990). The researchers utilized page counts for the representation of adulthood and old age in textual passages, pictures, and references. Both positive and negative statements about the elderly were examined in context with the language used to represent the aged. Ageist themes in various texts were then identified and compared to the larger culture. The results indicated that introductory psychology texts were more likely to represent the aged and aging issues in the 1980s than any previous decade.

A content analysis study of the counseling psychology research from 1954-1972 revealed that the primary research focus was on the college student (Munley, 1974). A review of the counseling psychology literature from 1978-1982 found that
the elderly were not participants in any of the studies (Scherman & Doan, 1985). Werth et al. (2003) examined empirical and nonempirical articles contained in the *Journal of Counseling Psychology* and *The Counseling Psychologist* from 1991-2000 for representation of the elderly. Of the 523 empirical articles reviewed, just 8 studies had samples that included older adults; of the 441 nonempirical articles analyzed, only 8 articles focused on the aged. This means that only 1.7% of the total articles published over the previous 10 years in both professional journals portrayed older individuals. Researchers concluded that life-span development has not been reflected in the major Counseling Psychology journals (Werth et al., 2003).

The previous textual analyses were content analyses. One study employed both a content and thematic analysis of textbooks. This study utilized thematic and narrative analysis of counseling textbooks in order to yield descriptive data from which richer meanings could be derived.

Appropriate textbook selection in the training of counselors would include texts and journals that represent multiculturalism and client diversity. Older adults are a part of the diversity in our culture and need to be represented in the helping professions. Counselor educators play an important role in providing students with accurate information on aging and aging issues. Therefore, the proper selection of texts used to train counselors to work with the aged should be carefully considered. Textbooks must not only encourage students to think about older adults but also teach how to think about older adults. As a result, the inclusion or exclusion of diverse groups, such as the elderly, in textbooks will influence counselor...
development. Textbooks must be carefully selected in order to train counselors to work with older adults.

Conclusion

The previous section highlighted how the elderly are a part of the diversity in our culture with their own special counseling needs. Since aging is viewed from the perspective of diversity which also includes race, gender, sexual orientation, and disability, a discussion was provided for the importance of diversity training for counselors. Multicultural competency was discussed to encourage counselor educators to begin eradicating ageism on individual, institutional, and societal levels. Specialized training for counselors to work with the elderly was also addressed. Finally, the importance of selecting textbooks with appropriate content for counselor training was discussed.

The following chapter will describe the methodology for this study. The focus of this study was to analyze counselor education textbooks for the manner in which older adults and aging issues are represented.
CHAPTER III

METHODOLOGY

Gerontology is the study of the aged and the aging process itself. Both quantitative and qualitative methodologies have contributed to the current body of knowledge in gerontology through profiles, trends, and associations elicited from surveys and statistical analyses (Sankar & Gubrium, 1994). In addition, qualitative methodologies have contributed to the field of gerontology through the patterns of meaning, context, language, and culture obtained from narratives, ethnography, autoethnography, participant observations, interviews, and document analysis (Sankar & Gubrium, 1994). A major strength of qualitative research is its reliance on rich data and its focus on process, context, and meaning (Ellis & Bochner, 2000). The specific qualitative methodologies being used in this research study are thematic, textual, and narrative analyses. These methodologies are described later in this chapter.

For the purposes of this study, I portrayed the way in which the meaning of aging was constructed in textbooks chosen for training of counselors. I examined how aging issues were represented in the texts and how this may have an effect on reader interpretations and understandings of the aged. Luborsky (1994) indicated that the nature of an experience is defined in the process of "how" something is said as well as "what" is said. Sankar and Gubrium (1994) believed that both the personal and social aspects of experience are evidenced in the themes and patterns found in talk. In my
analysis, I searched for both themes and common patterns of aging that were represented in textbooks. A textbook analysis for inclusion of aging topics is well suited for qualitative research. A literature review has shown a consistent lack of representation of the aged and aging issues in counselor training programs since the early 1990s (Friedsam & Seltzer, 1994; Myers, 1995; Myers et al., 1991).

The following section will include a discussion about qualitative inquiry and social learning theory. I will detail my thematic, textual, and narrative methodologies and explain the process for my textbook selection. A thorough description of my analyses and my specific research questions will ensue. Finally, I will highlight the inherent limitations in my qualitative research design strategies to help eliminate bias in my study.

Qualitative Research Paradigm

Miles and Huberman (1994) defined qualitative research as an investigation by the researcher who attempts to ascribe meaning to social situations by contrasting, comparing, and categorizing the object of study. The qualitative research model was founded on the disciplines of cultural anthropology and sociology (Denzin & Lincoln, 2000). Therefore, social class, race, gender, and ethnicity have shaped the process of qualitative inquiry for many years. This is the main reason why qualitative research has been considered a multicultural process. Some of the purposes of qualitative research have been to gain an understanding of social situations and specific groups of people (Locke, Spirduso, & Silverman, 1987).
Qualitative inquiry has been comprised of several major paradigms and perspectives. The significant paradigms of qualitative research include, but are not limited to, the following: positivism, postpositivism, interpretivism, hermeneutics, social constructivism, feminism, critical theory, queer theory, racialized discourses, and cultural studies (Denzin & Lincoln, 2000). I utilized reader-response theory as the analytic framework for this study. I recognized that the actual reading of the text passages was an interaction between myself as the researcher-as-instrument and the texts. The process of reading and meaning-making for the purposes of this study was also a product of my sociocultural experiences. The results of my study are presented in terms of social learning theory. Finally, I created representations of older adults and aging issues in each textbook to reconstruct reader understandings of the elderly.

Characteristics of Qualitative Research

Characteristics of qualitative research have been identified by various researchers.

1. The qualitative researcher is the primary instrument for the mediation of data (Merriam, 1988).

2. Qualitative research occurs in the field (Merriam, 1988).

3. Qualitative research yields descriptive data which portrays meanings through words (Merriam, 1988).
4. Qualitative researchers focus on process, rather than outcomes. Of particular interest is an understanding of how things occur (Fraenkel & Wallen, 1990).

5. Concepts, hypotheses, and theories are formed from details. Qualitative researchers use idiographic interpretation and inductive reasoning where particulars are recorded and not generalizations (Creswell, 1994).

6. Qualitative researchers study meanings. Meanings are viewed from multiple realities (Lincoln & Guba, 1985).

Other researchers have described the characteristics of qualitative designs which distinguish them from quantitative research. For example, theories and hypotheses are not established a priori, as in quantitative designs (Creswell, 1994). In addition, qualitative research typically use emergent designs and meanings are discovered as the study progresses with the research subject at hand (Lincoln & Guba, 1985; Merriam, 1988). Furthermore, outcomes are based upon intuition and felt knowledge which is not quantifiable (Lincoln & Guba, 1985). Last, qualitative researchers strive for believability (Eisner, 1991) and trustworthiness (Lincoln & Guba, 1985), rather than validity and reliability measures.

Janesick (2000) characterized qualitative research in the following eight ways: (1) qualitative designs are holistic in that the larger picture is studied in order to understand the sum of its parts, (2) qualitative designs look at relationships within systems from a specific cultural view, (3) qualitative designs focus upon understandings of given social settings, (4) the researcher then develops a model of
what occurred in the social setting, (5) the researcher becomes the research instrument, (6) the role of the researcher as well as his or her own biases are described, (7) qualitative designs require the construction of a narrative interpretation of what occurred in the study, and (8) qualitative designs require ongoing analysis of the data.

I chose a qualitative research design and thematic, textual, and narrative analyses to examine the representations of older adults in counselor education textbooks. I chose this design to gain an understanding of how older adults and aging issues are represented in counselor education textbooks in relation to how older adults are represented in society. Qualitative research elicits descriptive data from which meanings can be derived. This design helped provide meaning for the ways in which the elderly are represented to counseling students in training. I identified and summarized the most common representations of the elderly in each of the eight core counseling texts.

Thematic Analysis

Luborsky (1994) defined thematic analysis as the identification of recurrent statements that are labeled, described, and summarized to portray the most common representations in texts. Luborsky identified the following four major benefits of thematic analysis: (1) themes provide insight into the cultural attitudes, beliefs, and values that shape how individuals plan, make sense of, and respond to people, events, or situations; (2) themes give voice to individuals whose views, feelings, and
experiences have been silenced or ignored; (3) themes are amenable to coding and systematic comparisons across disciplines; (4) themes preserve both the richness of data in significant detail and context, as well as decontextualize and standardize data through coding.

Luborsky (1994) pinpointed three ways to identify themes or patterns in talk or text. First, meaningful themes and patterns are discovered by mere repetition. More specifically, repetition occurs at the word, clause, and story levels. Helpful words or phrases include explicit discourse markers, intensifiers, and exclamations. Second, evaluative clauses predict patterns if found in addition to the topic at hand. Researchers have defined evaluative clauses as those which express the author's attitudes, beliefs, or judgments about a specific topic (Labov, 1972; Linde, 1987; Price, 1987). Last, important themes have been identified by separate brief stories which support the main theme.

Themes have been used in qualitative research to provide structure, a sense of order, and meaning to text, but are not without limitations (Luborsky, 1994). For example, themes have shared sociocultural settings and have been considered culturally laden. Another limitation of thematic analysis is the tendency to overgeneralize the importance of assigned meanings or themes. Third, themes are often viewed as constants. Themes must be accepted as forthcoming and changeable in meaning throughout the life span. Last, themes are criticized as being reductionistic and simplistic. Many of the rich contexts and complexities of the original texts are
presumed to be lost through thematic analysis. Consequently, when themes are identified, these limitations need to be kept in mind.

All textbooks are a part of a larger system which helps shape their meaning (Manning & Cullum-Swan, 1998) and are meant to be read and interpreted (Foucault, 1973). According to Manning and Cullum-Swan, every text is constructed socially and derives its meaning from its readers. Therefore, interpretations are constructed on the basis of shared understandings, practices, and language of the dominant culture (Schwandt, 2000).

One of the purposes of this study was to examine the possible multiple understandings of the aged as represented in counselor education textbooks. I analyzed individual text passages to identify representations of the elderly and the aging process to determine whether cultural ageism is supported or negated within the text. I also examined text passages for the unnatural exclusion of the elderly which could affect reader understanding.

Method of Data Collection and Analysis

Textbook Selection

Textbooks have been important to qualitative researchers for several reasons (Hodder, 2000). They have endured throughout the ages and have provided remarkable historical insights. Texts have provided easy access to data at low costs and have been used as a medium to express muted voices. Last, textbooks have been
considered a form of media. Media has been a force that has acted upon and changed existing social conflicts, desires, and power relations (Frow & Morris, 2000).

I purposefully selected eight of the most used textbooks from a total of 62 texts currently used in specific areas of study in counseling programs at various universities across the country. The eight specific areas of study that were targeted at universities which had CACREP accredited counseling programs were the following: counseling techniques, career development, counseling theory, issues and ethics, tests and measurement, research methods, multicultural counseling, and group counseling.

To identify textbooks that were commonly used, these were the steps I followed in selecting the textbooks for analysis: (a) I randomly selected 27 CACREP-accredited institutions from the CACREP list obtained on the Internet; (b) I visited the selected university websites to access the counseling program of study for each school; (c) I obtained course numbers for each of the eight specific areas of study for 20 of the CACREP-accredited universities from their university websites; (d) I then contacted the bookstore manager of these 20 institutions by telephone to inquire about the current selection of texts for the eight specific areas of study offered by each university; (e) 11 of the university bookstore managers responded to my request for assistance; (f) I compiled the textbooks most commonly used from the 11 bookstores; (g) I identified the most commonly used textbooks (the mode) for my textbook analysis (see Appendix B).

A total of eight counseling textbooks were identified, the mode from each of the eight specific areas of study as recommended by CACREP (2001). I limited my
textbook analysis to no more than one text per author. If an author was represented more than once, findings could be skewed.

Each of the eight textbooks were examined for the inclusion of older adults and aging issues. In order to respond to the research questions, I read each textbook and highlighted all textual passages which represented older adults and aging issues, as well as highlighting passages which included other diverse groups and various age groups, but not the elderly. The specifics of the coding analysis are described later in this chapter.

Textual Analysis

Ryan and Bernard (2000) outlined the following six steps to a textual analysis:
(1) researchers examine words, sentences, paragraphs, pages, ideas, meanings, and even what is missing from texts; (2) researchers interpret, mark, retrieve, and count textual passages as data; (3) interpretive and numerical analyses are applied to the data; (4) textual analysis is used for exploratory and confirmatory purposes; (5) themes are identified and then compared across texts; and (6) themes are combined into conceptual models and theories to explain and predict social occurrences.

Manning and Cullum-Swan (1998) described three methods of textual analysis: content analysis, narrative analysis, and semiotics. Content analysis is defined as a procedure for establishing a set of categories and then counting the number of times that data fell within each category (Atkinson, 1990). Content analysis is unable to accurately capture the context within which a text has been written; therefore, the
meaning of the text can suffer (Manning & Cullum-Swan, 1998). Every text has been constructed socially and derived its meaning from its readers. Narrative analysis takes the perspective of the researcher, rather than that of society or the research subjects (Manning & Cullum-Swan, 1998). In this manner, texts exist as symbolic actions which are used to frame a situation and construct meaning (Merelman, 1992).

Semiotics is the science of signs which consists of a connection of expressions and content that is thought to be socially constructed (Culler, 1975). Signs are shared and collective which provides the basis for our cultural ideas, norms, rules, and codes (Barley, 1983; Culler, 1975). Since signs or expressions are represented in texts, it can be presumed that texts speak with many voices and have many potential meanings (Manning & Cullum-Swan, 1998).

I have chosen narrative analyses as my specific textual analysis methodology to answer the following research questions:

1. How do counselor education textbooks represent older adults and aging issues to counselors in training?

2. How do counselor education textbooks support or negate ageism?

3. What opportunities did the texts miss to represent older adults and aging issues?

4. How might older adults and aging issues be represented differently in counselor education textbooks where, in some cases, the representations were inappropriate?
5. How might examples, case studies, or discussions of older adults and aging issues be created where opportunities were not taken in texts?

The specific steps that I followed for my textual analysis were:

1. In order to select individual passages in textbooks that represented aging, I marked each passage with a yellow highlighter if it directly referred to older adults and/or the aging process.

2. Each passage that used examples, illustrations, photos, case studies, end of chapter questions and activities, of other diverse groups such as the disabled, racial minorities, or different sexual orientations, and other age groups such as children, adolescents, college students, or middle aged adults, but did not take the opportunity to mention older adults, was marked with a purple highlighter.

3. Each passage that neglected to mention age when listing other diverse characteristics, such as race, social class, gender, sexual orientation, or disability, was marked with a pink highlighter.

4. Each passage that mentioned age when listing other diverse characteristics, such as race, social class, gender, sexual orientation, or disability, was marked with a green highlighter.

5. In addition, each passage (already highlighted in yellow because it related to older adults) that supported ageism toward older adults or the aging process was marked in the margin with a blue highlighter.
6. Each passage (already highlighted in yellow because it related to older adults) that appeared to refute ageism was marked in the margin with an orange highlighter.

7. I compiled actual examples of textual passages that related to the older adult and aging issues.

8. Textbook findings were analyzed for patterns and themes.

9. Examples were created which included older adults and aging issues in various discussions, case studies, illustrations, and activities.

The following discussion will identify limitations in my qualitative research design. Limitations regarding trustworthiness and replicability will be addressed. Additional limitations in my study from the researcher-as-instrument stance will be discussed.

Limitations

Trustworthiness

One of the limitations of qualitative research is trustworthiness. Merriam (1988) defined internal trustworthiness as the accuracy of the reported data and whether or not it matched reality. Janesick (2000) described trustworthiness in qualitative research as whether or not the explanations fit the description of data. In my study, I enhanced trustworthiness by reporting the convergence of data among eight different counseling textbooks on the representation, nonrepresentation, and misrepresentation of older adults and aging issues. Merriam defined external
trustworthiness in qualitative research designs as the limited generalizability of findings from the study. I focused more on forming unique interpretations from my data rather than generalizing results.

Replicability

Another limitation of qualitative research is replicability. Creswell (1994) defined replicability as limitations in duplicating the study due to contextual analysis. To enhance the replicability of my study, I have explained the focus of my study in depth, discussed my role as the researcher, described my selection of textbooks, and focused upon the context from which my data was obtained (Goetz & LeCompte, 1984). As recommended by Yin (1989), I reported a detailed protocol for my data collection and analysis so that my study could be replicated in a different context.

Researcher as Instrument

Researchers-as-instruments have brought considerable social, historical, political, and cultural baggage to qualitative studies (Gubrium, 1992; Harding, 1987; Keller, 1985). The researcher must own personal understandings, beliefs, values, prejudices, biases, and worldviews when assigning meaning to data (Sankar & Gubrium, 1994). The researcher must also be aware of inherent data selection bias. My interpretations of data involved both personal biases and values because I chose to ignore some issues while emphasizing others (Fischer, 1994). I conducted my research alone and did not have other researcher input.
As the researcher, my view of the elderly and aging issues has been formed by my personal experiences, readings, and coursework. The lens from which I viewed the aged was tinted by my own age, social class, gender, education, belief system, and experience with aging individuals (Jaffe & Miller, 1994). In other words, my personal position alone has created meaning (Atkinson, 1990; Clifford & Marcus, 1986; Gubrium & Silverman, 1990). Meaning construction, identity formation, and shared realities are all mediated by social structures (Jaffe & Miller, 1994). As a result, social structures help shape the creation of both personal and cultural meanings.

I managed personal meaning construction in several ways. First, I was aware of my values regarding aging and aging issues. My experiences as a clinical intern with the elderly shaped my attitudes and beliefs about aging. I firmly believe that it is a blessing to be able to grow old. I recognize that individuals age in a variety of diverse ways. I believe that the elderly are often victims of society with regards to ageism, oppression, and discrimination which affects how older adults feel about themselves.

In my attempts to manage personal meaning construction, I remained conscious of the fact that I used myself as a reference for meaning-making. I anticipated that my research findings would not be good and the elderly would consistently be misrepresented or not represented at all in counselor education textbooks. This assumption was based upon how narrowly the elderly are projected in the media and our culture. To eliminate bias, I carefully framed my research and made explicit my design template for what I was looking for in my textual analysis. I also
made regular notes to myself as I recognized my values and beliefs in order to refrain from imposing my personal views of the elderly on others.

Summary

The intent of my study was to examine what can be learned about the elderly and aging issues from reading core counseling textbooks. In addition, my study explored how counselor education textbooks supported or negated ageism that is so prevalent in our culture today. The methodologies chosen to address the research questions were textual and thematic analyses. A social learning theory paradigm provided the foundation for the methodology chosen. The analytic framework which formed the structure for my study was based upon reader-response theory. The analytic process for which my results are presented was through narrative analysis.

This study was designed to provide insight into how older adults’ lives are contextualized and framed in core counseling textbooks used to train counselors. Textbooks have been used as primary sources of information for the training of students. More specifically, core counseling textbooks have been the primary source of knowledge, ethics, and information for students training to be counselors.
CHAPTER IV

FINDINGS

The interests of this study were the representations, misrepresentations, and missed opportunities for representation of older adults and aging issues in counselor education textbooks. A total of eight counseling textbooks were selected, one text from each of the eight core areas of study as established by CACREP (2001). The specific counseling areas of study included the following: counseling techniques, career development, counseling theory, issues and ethics, tests and measurement, research methods, multicultural counseling, and group counseling. The research questions which guided this study were:

1. How do counselor education textbooks represent older adults and aging issues to counselors in training?

2. How do counselor education textbooks support or negate ageism?

3. What opportunities did the texts miss to represent older adults and aging issues?

4. How might older adults and aging issues be represented differently in counselor education textbooks where, in some cases, the representations were inappropriate?

5. How might examples, case studies, or discussions of older adults and aging issues be created where opportunities were not taken in texts?

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This chapter illustrates the manner in which the elderly and aging issues were constructed in textbooks chosen for training of counselors. I examined how older adults were represented in each of the eight texts and how this may affect reader interpretations and understandings of aging. In order to answer Research Question 1, each text was examined for representations of older adults and aging issues. In order to answer Research Question 2, each text was explored to verify whether representations of the elderly were unbiased, ageist, or non-ageist. Each textbook passage was examined at the descriptive, analytic, and interpretive levels.

To answer Research Question 3, texts were reviewed to note any missed opportunities for representing older adults and aging issues. To answer Research Question 4, counselor education textbooks were examined for inappropriate representations of the elderly and I show how the aged and aging issues could have been represented differently. In order to answer Research Question 5, I created examples of representations of older adults where opportunities were missed in the textbooks. I created discussions, case studies, illustrations, and activities which include older adults for each of the eight counseling texts.

The following sections will be the textual analyses for each of the eight counselor education textbooks. For each text, there will be an overview of the textual representations of older adults and the missed opportunities to include the elderly.
The introductory chapter in the career development textbook (see Appendix A for citation) highlights the importance of holistic career development interventions across the life span. The textbook endorses career counseling strategies which are aimed toward enhancing the meaningfulness of work for individuals regardless of age, gender, race, ethnicity, or other diverse characteristics. However, due to such social factors as discrimination, oppression, and prejudice, work is not satisfactory and meaningful for all people. Stated values of the text are sensitivity to diversity issues and life-long processes to career planning and development which are reflected in the passages below. All passages from this textbook are identified by the acronym CD.

Moreover, because career development involves human development throughout the life course, career interventions must be provided across the life span. (CD-p. 2)

Providing holistic, comprehensive, and systematic career development interventions across the life span requires career practitioners to understand and appreciate the central role that work plays in the lives of most people. (CD-p. 2)

Career development refers to the lifelong psychological and behavioral processes as well as contextual influences shaping one’s career over the life span. (CD-p. 7)

Issues such as dehumanizing work conditions, unemployment, prejudicial hiring practices, and mismatches between people and their jobs lead to the conclusion that for many people, work is anything but meaningful. (CD-p. 5)

The text discusses the National Career Development Association’s (NCDA) career counseling competency statements and demonstrated proficiency in designated areas for diverse populations. Career counseling competency would presumably
encompass people of all ages including older adults. Proficiency in career planning and development would also include individuals from diverse groups with special needs. Career counseling services must also be available for hard-to-reach populations.

Minimum competency for: knowledge and skills considered essential in providing career counseling and development processes to diverse populations. (CD-p. 15)

Demonstration of ability to: implement individual and group programs in career development for specified populations. (CD-p. 19)

Demonstration of ability to: identify community resources and establish linkages to assist clients with specific needs. Advocate for the career development and employment of diverse populations. Design and deliver career development programs and materials to hard-to-reach populations. (CD-p. 20)

The stated values of the career development text are reflective of diversity and career counseling competency with individuals from many different backgrounds. The career development text also supports career planning across the life span.

Representation of the Elderly

Representations neither supporting nor negating ageism. In the career development textbook, the aged and aging issues are represented often among other diverse groups in an unbiased manner. The elderly are portrayed and included often in the text. Sixteen references to the elderly did not represent any bias, either positive or negative, in their portrayal of older adults. The following sample of eight textbook passages neither support nor refute ageism.
The young, the elderly, the unemployed, the underemployed, the displaced homemaker, the displaced worker, and members of diverse racial, ethnic, and socioeconomic groups are each confronted with work-related issues that have significant implications for their lives. (CD-p. 5)

Indeed, the rapid changes occurring in the world-of-work influenced by technological developments, the emergence of an interdependent global economy, and an increasingly diverse workforce bring into question whether career development interventions need to be revised to meet the career development tasks confronting people in the 21st century. The evidence seems clear that people, both young and old, are struggling to cope more effectively with these tasks. (CD-p. 23)

Many people associate exploration only with adolescents who are at the pre-implementation stage of career development, however, exploration continues throughout life. For example, some people use exploratory behavior to maintain their current positions while they focus on retirement planning. (CD-p. 39)

The stages of career development in their typical sequence are growth (childhood), exploration (adolescence), establishment (early adulthood), maintenance (middle adulthood), and disengagement (late adulthood). (CD-p. 33)

Increasingly in the 21st century, counselors will deal with clients who represent a wide range of diversity—in gender, sexual orientation, ethnic background, race, age, and types of disability. (CD-p. 169)

Care should be taken to eliminate bias and stereotyping against persons with a disability, or based on gender, race, social status, ethnicity, age, or religion. If graphics or pictures are used, these should be current, accurately depict the environment, and represent without stereotype persons of both sexes and of different races, ages, and physical abilities. (CD-p. 183)

For example, in the primary grades students can identify the occupations of their family members (e.g., parents, grandparents, aunts, and uncles) as well as the level and type of education each family member attained. (CD-p. 258)

Equal Opportunity, Access, and Affirmative Action (e.g., staff members and services must not discriminate on the basis of age, color, disability, gender, national origin, race, religious creed, sexual orientation, and/or veteran status). (CD-p. 345)
Representations supporting ageism. Several examples are found which support ageism when the elderly are represented in the career development textbook. A reading of this text results in the notation of three textual passages which reflect ageism. These three examples of older adults and aging are all negative.

At some point toward the end of the maintenance stage, often as physical capacities begin to decline, interest in work activities begins to wane. Workers become more concerned with planning for retirement living. Thus, the disengagement stage involves the career development tasks of deceleration, retirement planning, and retirement living. As workers begin decelerating from their work activities (currently at about age 65), they begin to become concerned about their lifestyle and activities in retirement. Often, these concerns contain physical, spiritual, and financial considerations. (CD-p. 35)

Imagine that you have just been hired as a career counselor by a large corporation that needs to reduce the size of its workforce. It is doing this by offering older employees an early-retirement financial package and terminating 456 middle managers. You decide to initiate a program for the 456 mid-level managers first, since their needs are more immediate than those of the early retirees who have 6 more months of employment left. Also, since these employees are in the age range of 42-50 and most have worked for this company for many years, it is assumed that they need to review the latest job-search techniques and to practice these until they are comfortable. (CD-p. 245)

Among other things, he wondered if he would be “smart enough” to finish his degree, if he would be able to cover the tuition costs, if his family would support his decision, and if, at age 35, he would be the “old man” in his classes. (CD-p. 329)

Representations negating ageism. No examples are found in the text which directly refute ageism.
Missed Opportunities

Lists. The text provides 10 lists of diverse groups to be considered in career counseling. The following sample of seven textbook passages fails to mention age as a diverse characteristic.

Career Counseling Competencies and Performance Indicators:
Demonstration of knowledge of: Individual differences related to gender, sexual orientation, race, ethnicity, and physical and mental capacities. (CD-p. 16)

Demonstration of ability to: Evaluate and select valid and reliable instruments appropriate to the client’s gender, sexual orientation, race, ethnicity, and physical and mental capacities. (CD-p. 18)

Demonstration of ability to: Identify development needs unique to various diverse populations, including those of different gender, sexual orientation, ethnic group, race, and physical or mental capacity. (CD-p. 20)

Demonstration of ability to: Design evaluation programs which take into account the need of various diverse populations, including persons of both genders, differing sexual orientations, different ethnic and racial backgrounds, and differing physical and mental capacities. (CD-p. 22)

Despite these developments, there is also ample evidence to suggest that women, people of color, persons with disabilities, gay men, and lesbian women encounter tremendous obstacles in their career development. (CD-p. 98)

These statistics suggest that many women, people of color, persons with disabilities, and gay/lesbian/bisexual individuals regularly experience discriminatory practices in hiring and promoting, insufficient financial resources, and a lack of role models and mentors. Thus, it may be that traditional approaches may not be appropriate for assisting members of diverse groups in their career development. (CD-p. 99)

Consider the characteristics of the person or group for whom the instrument is being selected. Determine if gender, racial or ethnic background, reading ability, intelligence level, or disability signal an alert to take special care in selection. (CD-p. 178)
Discussions. The text provides 23 discussions of diverse groups and various age groups, but none included the elderly. Many discussions focus upon race, ethnicity, and gender. Other discussions include diverse groups such as gays, lesbians, and bisexuals, religious groups, the disabled, and immigrants. Discussions are also provided on children and adolescents, but not older adults. When age was paid attention to, it seemed to be in one direction, that of younger individuals. An examination of the text and its discussions regarding diverse groups reveals that there are no discussions that include older adults. The following are 10 examples chosen from multiple examples in the career development text in which discussions include others, but not older adults.

Career Counseling Competencies and Performance Indicators. Demonstration of knowledge of: Changing roles of women and men and the implications that this has for education, family, and leisure. (CD-p. 18)

Research related to career development theory and practice has gone beyond addressing the career development of white middle-class men. Issues of gender and cultural bias in career development theories and practices have been exposed, resulting in greater attention to how such contextual variables factor into the career development process and bringing into focus the importance of including the cultural context in career development theories and interventions. (CD-p. 23)

Most of the early theories of career development were based on the career experience of white males and lack applicability to women and members of diverse racial, ethnic, socioeconomic, and religious groups. (CD-p. 65)

The average age of the workforce will rise, and the pool of young workers entering the labor market will shrink. (The average age of the workforce increased from 36 in the late 1980s to 39 in the year 2000). More women will enter the workforce. Minorities will be a larger share of new entrants into the labor force. Immigrants will represent the largest share of the increase in the population and the workforce since the first World War. (CD-p. 98)
Although knowing that specific cultures are oriented toward individualism (e.g., European Americans) or collectivism (e.g., Asian Americans) is useful, it is also inappropriate to apply this knowledge to clients in a stereotypical fashion (e.g., "all European Americans are individualistic," "all Asian Americans are collectivistic"). (CD-p. 103)

Although acculturation is generally an important variable to address in providing career development interventions, it is especially important in identifying appropriate career development interventions for Asian Americans, Hispanic Americans, and Native Americans. (CD-p. 104)

Oppressive environmental influences restricting the career development of women occur in the home, school, community, and workplace. Stereotypes are perpetuated pervasively in books, movies, television shows, and magazines. (CD-p. 108)

However, as with racial and gender identity, assessing identity development levels of gay, lesbian, and bisexual clients represents a crucial element in the career counseling process. (CD-p. 110)

Obviously, white, majority counselors should uncover any possible biases toward African Americans, Hispanics, or other groups; professionals who are themselves culturally different should undergo similar self-scrutiny regarding the majority. (CD-p. 116)

Careers unfold and develop throughout the life course. To ignore the process of career development occurring in childhood is similar to a gardener disregarding the quality of the soil in which a garden will be planted. For children and adolescents, their school and leisure activities represent their work. (CD-p. 253)

**Case studies.** The following case studies are provided for understanding and applying theories of career development. An examination of all of the 13 case studies in the text reveals that the upper age is 35 years. One case study is given in the text for a 5-year-old; 4 case studies are provided for the age group of 16-19 years. In addition, 4 case studies are given in the text for 20-28 years olds, and 2 case studies are mentioned for 30- and 35-year-old clients. The following is a sample of nine textbook passages relating to case studies presented in the text.
Juanita is a 17-year-old Latina student in the 11th grade in a predominantly white, middle-class, neighborhood. She is “normal” in intelligence but reports that she dislikes school. She associates with a group of girls that are often in trouble with the police. . . . (CD-p. 29)

Ronald, a 20-year-old African-American male, presents for career counseling during the second semester of his sophomore year in college. (CD-p. 70)

Ju-Shin, a 28-year-old first generation Asian American (her parents were from Taiwan), presented for career counseling expressing concern about her current career choice. (CD-p. 96)

Maggie, a 25-year-old single European-American woman, presented for career counseling. Maggie desperately wanted out of her current work situation. (CD-p. 121)

Mary Sue, a 35-year-old woman reentering the workforce after 10 years of child rearing, sought the assistance of a career counselor in determining possible jobs she could pursue. (CD-p. 158)

Clarice is a 28-year-old single parent of three children who lives in a modest apartment and receives support from public aid. Recent legislation has mandated that she go to work within a year and provides access to funding for some training. (CD-p. 181)

Rosita was only 5 years old but she had already experienced many difficult situations in her life. Her father, Enrique, left home before she was born. Her mother, Rosa, struggled with substance abuse problems. (CD-p. 250)

Alexa is a 30-year-old woman with a bachelor’s degree in accounting. She has been working as an accountant for 7 years and is greatly dissatisfied with her choice of occupation, one strongly suggested by her father. (CD-p. 362)

Jose, a 16-year-old student in the ninth grade, was asked to come into the school counselor’s office to review his interest inventory results (the inventory had been administered to all ninth-grade students). (CD-p. 376)

Illustrations and examples. The following illustrations and examples of diverse groups and age groups other than the elderly are provided for understanding various career counseling interventions. Twenty-four illustrations and examples are presented in the text about different ethnic and racial groups. Elementary, middle
school, and high school students are represented in several illustrations and examples, and middle-aged women are included in a few illustrations. Diverse clients such as prisoners and the disabled are also represented in the text. There are, however, no illustrations or examples that include the elderly. The following 11 passages are examples selected from multiple examples given in the career development text.

For example, a woman who is African American and who possesses ability sufficient for a career in engineering, but has low self-efficacy beliefs, can be exposed to engineers who are also African American and female. (CD-p. 75)

Another illustration of this point is provided by the career counseling case of "Munier." Having recently relocated to the United States from Iraq, Munier came to the career services office during his first year in college with the concern of whether poor performance in his physics and math courses would prevent him from being able to major in chemical engineering. . . . (CD-p. 102)

For example, because the history of American Indian identity is typically maintained through oral tradition, an American Indian client is likely to define words as powerful and value-laden. Thus, the tendency to use words causally might be avoided at all costs and silence may predominate in sessions. (CD-p. 115)

Some secondary school students, for example, present for career counseling because their parents have pressured them to make career choices and these students do not yet see the importance of career planning in their lives. (CD-p. 127)

As an illustration, assume that you are working with a group of women who are planning to return to the workforce after some years of child-rearing. (CD-p. 166)

Television, for example, often provides children with examples of men and women in gender-stereotyped roles and occupations (e.g., only women working as nurses, only men working as auto mechanics, women taking the primary or sole responsibility for homemaking and parenting). (CD-p. 255)

As an example of the task of coordinating, suppose that a counselor working in a prison setting identified vocational training as one of the primary needs of a client. (CD-p. 366)
As an example, suppose that a 45-year-old, single mother who comes to a community mental health center for career counseling has a heart condition that is significant enough that it could affect the kind of work that she can do. (CD-p. 366)

Suppose that you worked as a career counselor in a rehabilitation agency. A local community college offers an excellent program in desktop publishing, and five of your disabled clients are enrolled in it. However, it is very difficult for your clients to get a job, no matter how well they do in this program, because of the prejudice against persons with disabilities. . . . (CD-p.367)

As an example, suppose that an instructional unit were provided to high school seniors who are not planning to enter any kind of post-secondary education. The unit provides extensive instruction about job-seeking skills. (CD-p.403)

How many sixth graders participated in the career fair? How many eighth graders brought their parents for an interview to develop a 4-year plan related to a selected career cluster? What percentage of college-bound seniors entered one of the majors selected in their career plan? (CD-pp. 396-397)

Activities. The following five activities are suggested for understanding career counseling concepts in the text. Each of the suggested activities is for exposure to various age groups and diverse clients. None of the activities in the text include older adults. The following activities are the only activities presented in the career development text.

Session 1. Encounter and Exploration Stage: Introduction of persons in group, including statement of a career fantasy when in 5th or 6th grade. Discussion of sex-role stereotyping. (CD-p. 220)

Picture This! Purpose: To discuss assumptions students make about workers based on race/ethnicity and gender. (CD-p. 274)

The Pie of Life. Have students draw a second circle that reflects their lives as an adult (choose a specific age, such as 35 years old). Instruct them to divide their “pies of life” into slices according to how they hope to spend their time in the future. (CD-p. 306)
Becoming a member of another culture: A Fantasy. Purpose: For students to learn what it would be like to suddenly find themselves as members of another culture. (CD-p. 308)

Responding to Labels. Purpose: For students to think about some of the ways society labels people and how one can sometimes use some of the conflict resolution techniques they feel like they are possibly being labeled. Write one of the following labels on separate sheets of paper and tape them on a few of the students’ backs. Have the students without the labels walk around and react to the students as if they actually were what they are labeled. Famous movie star, person with HIV, mental patient, deaf person, criminal, drug addict, famous athlete. (CD-p. 311)

Pictures. No pictures are included in this text.

Summary. Textual passages in the CD text represented older adults and aging issues in the following manner: ageist (3), unbiased (16), and non-ageist (0). Other diverse groups, but not the elderly, were represented in the following manner: lists (10), discussions (23), case studies (13), illustrations (24), activities (5), and pictures (0). Although the stated value of the CD text was attention to diversity, older adults were represented infrequently when compared to the number of times other diverse groups and age groups were represented in the text.

Research Methods Text

The most commonly used text for Research Methods is an educational research textbook. Consequently, most information in the text pertains to an educational setting and working with students, K-12. There is some discussion in the research methods textbook (see Appendix A for citation) with regards to developing multicultural competence in conducting research with diverse subjects. A stated value of the text is sensitivity to diversity issues to include age, gender, race, ethnicity,
religion, sexual preference, and disability, which is reflected in the passages below.

Diversity between the interviewer and the participant are noted to have an effect on the outcome of research studies. All passages from this textbook are identified by the acronym RM.

**Principle D: Respect for People's Rights and Dignity**

Psychologists are aware of cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. (RM-p. 80)

Second, while the concept of an interview study seems straightforward, it can be a complex and difficult undertaking when the gender, culture, and life experiences of the interviewer and participant are quite different. (RM-p. 210)

Experimenter effects may be passive or active. Passive elements include characteristics or personality traits of the experimenter such as gender, age, race, anxiety level, and hostility level. (RM-p. 366)

The stated value of the research method text is reflective of diversity. The text also supports multicultural competence when conducting research with individuals from many different backgrounds.

**Representation of the Elderly**

*Representations neither supporting nor negating ageism.* In the research methods textbook, the aged and aging issues are represented (on six occasions) among other diverse groups and age groups in an unbiased manner. Most references to the elderly did not represent any bias, either positive or negative, in their portrayal of older adults. The following four samples of textbook passages neither support nor refute ageism.
The 500 selected teachers could be expected to appropriately represent all relevant subgroups of teachers, such as elementary teachers, older teachers, male teachers, and so on. (RM-p. 105)

For example, we may value our free time, our special friendships, or a vase given by our great-grandmother. (RM-p. 131)

Maturation refers to natural physical, intellectual, and emotional changes that occur in participants over a period of time. These changes may affect participants’ performance on the dependent variable. Especially in studies that last a long time, participants may become older, more coordinated, unmotivated, anxious, or just plain bored. (RM-p. 360)

When applying treatment across participants, they should be as similar as possible (matched on key variables such as age and gender), and the experimental setting should be as identical as possible for each participant. (RM-p. 389)

Representations supporting ageism. Several examples are found in the research methods textbook which support ageism. A reading of this text results in the notation of four textual passages which reflect ageism. These four examples of older adults and aging issues are all negative.

For example, the hypothesis that first-grade students who brush their teeth after lunch every day will have fewer false teeth at age 60 would obviously take a very long time to test. (RM-p. 64)

There will be statistically significant relationship between teachers’ numbers of years teaching and their interest in taking new courses. (RM-p. 124)

Older teachers are less likely to express approval of new teaching strategies than younger teachers. (RM-p. 127)

The Dislocated Textile Worker in Rural Alabama: A Portrait
Almost all of the workers in this group are women aged anywhere from 37 to 65 and some look much older than their questionnaires indicate; however, they all have one thing in common regardless of age, background, gender, and marital status: they have all just been laid off from possibly the best job they ever held. (RM-p. 179)
Representations negating ageism. No examples are found in the text which directly refuted ageism.

Missed Opportunities

Lists. The text provides two lists of diverse groups to be considered in research studies. Both of these passages fail to list age when representing other diverse groups. Only two examples are noted in the text where lists are provided on participant characteristics which include: gender, ethnic and racial background, socioeconomic status, and religion, but not age. The following two examples are the only examples provided in the research methods text which exclude age from a list of diverse traits.

Bias is present when respondents' ethnicity, race, gender, language, or religious orientation distort their performance or responses. (RM-p. 134)

Did the researcher fully describe participants' relevant characteristics, such as socioeconomic structure, gender makeup, level of urbanizations and/or acculturation, and pertinent social and cultural history? (RM-p. 536)

Discussions. The text provides 12 discussions of diverse groups and various age groups, but none included the elderly. Many discussions focus upon school-aged children. Other discussions include the physically disabled. Discussions are also provided for different racial and ethnic groups. When age is discussed, it is usually focused on younger individuals in the school setting. An examination of the text and all discussions regarding diverse groups reveal that there are no discussions that included older adults. The following eight text passages are examples chosen from multiple discussion examples in the research methods text.
The student populations of the schools are generally lower-middle, working class, mostly Hispanic and African-American. (RM-p. 24)

For a quantitative study, a well-written statement of the topic generally describes the variables of interest, the specific relationship between those variables, and, ideally, the nature of the participants involved (i.e., gifted students, learning-disabled fourth graders, teenage mothers). (RM-p. 45)

One recent new domain of qualitative research topics derives from the inequity and needs of lower socioeconomic status persons, ethically diverse groups, persons with disabilities, and other advocacy groups. (RM-p. 171)

The value of observational research is illustrated by a study conducted in the Southwest on the classroom interaction between teachers and Mexican American students. Many teachers claimed that Mexican American children are difficult to teach due to their lack of participation in classroom activities and their failure to ask or answer questions. (RM-p. 198)

Yesterday Billy Bungle was caught drawing pictures on his desk. You made him stay after school and wash and wax all the desks. The principal has just informed you that a very upset Mrs. Bungle is on her way to see you. What will you say to Mrs. Bungle? (RM-p. 205)

There is no significant difference between the mean reading comprehension of first grade students who receive whole language reading instruction and first-grade students who receive basal reading instruction. (RM-p. 449)

Kindergarten children who receive a midmorning snack exhibit better behavior during the hour before lunch than kindergarten students who do not receive a midmorning snack. (RM-p. 454)

The purpose of this study was to determine the effectiveness of a curriculum that emphasized writing with respect to the reading comprehension of fourth grade students reading at least one level below grade level. (RM-p. 511)

Case studies. The text provides 11 case studies for understanding and conducting research studies. An examination of all of the case studies in the text reveal that the stated upper age is 18 years. Two case studies refer to middle-aged adult teachers, and one case study refers to young adult homeless women, but no specific ages were mentioned. Case studies are provided for children ages 6-12 years.
The following are a sample of six textbook passages relating to case studies presented in the text.

Abstract: A total of 406 heterogeneously grouped students in Grades 3, 4, 6, 7, and 8 in three K through 8 Chicago public schools were assigned randomly in two conditions. . . . (RM-p. 23)

Abstract: A study examined how the classroom literacy behaviors of middle school students relate to their academic success and reinforce students' evolving sense of self. (RM-p. 52)

The student population of the youth center was composed from a diverse socioeconomic background, including Asian, Hispanic, and White children. Seven boys, who ages ranged from 6 years through 9 years (mean age = 7.42), routinely engaged in R&T. (RM-p. 218)

Do Graphic Displays Aid Understanding in Expository Text? Twenty-seven students in a fifth-grade classroom will participate in this study. (RM-p. 274)

Effects of Word Processing on Sixth Graders' Holistic Writing and Revisions ABSTRACT: The purpose of this study was to examine the effects of word processing on overall writing quality and revision patterns of sixth graders. (RM-p. 393)

Effect of Interactive Multimedia on the Achievement of 10-Grade Biology Students. The sample for this study was selected from the total population of 213 10th-grade students at an upper middle class all-girls Catholic high school in Miami, Florida. The population was 90% Hispanic, mainly of Cuban-American descent, 9% Caucasian non-Hispanic and 1% African American. (RM-p. 406)

Illustrations and examples. The following illustrations and examples of diverse groups and age groups other than the elderly are provided for understanding research methods. Twenty-eight illustrations and examples are presented in the text about children at the preschool, elementary, middle-school, and high-school levels. Young adults at the college level are also represented in a few illustrations in the text. Two examples are given about middle-aged individuals. Diversity among school-aged
children is presented in seven illustrations to include disability and race and ethnicity factors. No illustrations or examples include the elderly. The following 10 passages are examples selected from multiple examples given in the research methods text.

The purpose of this study is to investigate the effectiveness of 12th-grade mentors on the absenteeism of low-achieving 10th graders. (RM-p. 65)

The purpose of the proposed research is to investigate the effectiveness of different conflict resolution techniques in reducing the aggressive behaviors of high school students in an alternative educational setting. (RM-p. 66)

The purpose of this study is to determine the effect on achievement scores when the identified learning styles (visual, audio, tactile/kinesthetic) of elementary students in grades 3 through 5 are matched or mismatched to the instructional methods of specifically selected computer-assisted instruction (CAI). (RM-p. 88)

Participants will be selected from a population of 157 students enrolled in an Algebra I course at a large urban high school in Miami, Florida. The population is tri-cultural, being composed primarily of Caucasian non-Hispanic students, African American students, and Hispanic students from a variety of Latin American students. (RM-p. 89)

Examples of populations are all 10-grade students in the United States, all elementary school gifted children in Utah, and all first-grade physically disabled students in Utopia County who have participated in preschool training. (RM-p. 102)

For example, a prediction of probable level of GPA success in college based on high school grades will be less predictive than basing the prediction on high school grade, rank in graduating class, and scores on college entrance exams. (RM-p. 320)

For example, a researcher might hypothesize that participation in preschool education is the major contributing factor for differences in the social adjustment of first graders. (RM-p. 337)

An example of case A would be a comparison of two groups, one of which was composed of brain-injured children and the other that was composed on non-brain injured children. (RM-p. 340)
For example, a researcher might conduct a study on the effectiveness of microcomputer-assisted instruction on the math achievement of junior high students. (RM-p. 364)

As an example, suppose the participant is an 8-year old male who exhibits dangerous, aggressive behavior toward other children. (RM-p. 391)

Activities. There are no activities included in this text.

Pictures. Interspersed throughout the text are black and white pictures of various horror movie clips which were unrelated to the topic of discussion. No additional pictures are included in the text.

Summary. Textual passages in the RM text represented older adults and aging issues in the following manner: ageist (4), unbiased (6), and non-ageist (0). Other diverse groups, but not the elderly, were represented in the following manner: lists (2), discussions (12), case studies (11), illustrations (28), activities (0), and pictures (0). Although the stated value of the RM text was attention to diversity, older adults were represented infrequently when compared to the number of times other diverse groups and age groups were represented in the text.

Tests and Measurement Text

The tests and measurement textbook (see Appendix A for citation) highlights the importance of developing multicultural competence for testing clients from a diverse background. The textbook endorses assessment methods which are appropriate for individuals of various ages, race, ethnicity, and language abilities. A definition of cultural competence is provided. The impact of culture on test performance is also discussed. A stated value of the text is cultural sensitivity in all
uses of tests and measurements, which is reflected in the passages below. All passages from this textbook are identified by the acronym TM.

- However, because we live in a multicultural society, tests must be developed and used with cultural sensitivity. (TM-p. 43)

- Thus, the impact of language and culture on the results of scores on mental ability tests was recognized by psychologists even in the early 1900s. (TM-p. 44)

- Perhaps not surprisingly, testtakers from minority cultures tended to score lower as a group than people from the group for whom the test was developed and standardized. (TM-p. 45)

- Examiners must ideally be knowledgeable about relevant aspects of the culture from which the testtakers come. (TM-p. 47)

- Usually defined in vague terms at best, “cultural competence” refers to knowledge of a particular culture achieved through academic study, life experience, or both. (TM-p. 361)

- The stated value of the tests and measurement text is reflective of cultural diversity. The text supports a sensitivity for individuals from various backgrounds when using assessments.

**Representation of the Elderly**

*Representations neither supporting nor negating ageism.* In the tests and measurement textbook, the aged and aging issues are represented occasionally among other diverse groups in an unbiased manner. Most references to the elderly did not represent any bias, either positive or negative, in their portrayal of older adults. The following 8 textbook passages are selected from 15 examples which neither support nor refute ageism.
Objectives in testing for counseling purposes vary with stage of life and particular situation; questions to be answered range from “How can this child work and play better with other children?” to “What career is the client best suited for?” to “What activities are recommended for retirement?” (TM-p. 26)

For example, the revision may involve an age extension of the population for which the test is designed for use—upward for older testtakers and/or downward for younger testtakers—and corresponding new validation studies. (TM-p. 215)

Ability tests, for example, are developed so that the standardization group representative of the population on such characteristics as age, gender, geographic region, type of community, ethnic group, and parent education. (TM-p. 216)

Time waits for no person. We all get old; and tests get old too. Just like people, some tests seem to age more gracefully than others. (TM-p. 217)

Arguments for such use of Wechsler scales have been made with reference to testtakers from the general population, as well as elderly testtakers and testtakers from psychiatric populations. (TM-p. 278)

Assessing Acculturation and Related Variables
Describe roles in your family, such as the role of the mother, the role of the father, the role of the grandmother, the role of child, and so forth. (TM-p. 362)

How would you characterize your attitudes and feelings about the older people in your family? Older people in society in general? (TM-p. 363)

The misspelled “ADRESSING” is an easy-to-remember acronym that may help the assessor remember various sources of cultural influences when assessing clients. As proposed by Pamela Hays, the letters in ADRESSING stand for age, disability, religion, ethnicity, social status (including variables such as income, occupation, and education), sexual orientation, indigenous heritage, national origin, and gender. (TM-p. 417)

In the Beery-Buktenica Development Test of Visual-Motor Integration, the examinee’s task is to copy geometric forms arranged in increasing order of difficulty. In studies with subjects from a geriatric population, the test was found to correlate .64 to .70 with WAIS-R scores and .40 with ratings of adaptive functioning. (TM-p. 466)

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Representations supporting ageism. No examples are found in the text which directly supported ageism.

Representations negating ageism. No examples are found in the text which directly refuted ageism.

Missed Opportunities

Lists. The text provides seven lists of diverse groups to be considered in tests and measurements. Five of seven textbook passages which list diverse traits fail to mention age as a diverse characteristic. The following examples from the textbook are the only examples which fail to mention age when listing other diverse groups:

It is in the interest of society as a whole for the results of vocational assessments not to discriminate against members of any racial, ethnic, religious, or other group, if membership in the group in no way affects ability to perform the job in question. (TM-p. 50)

The essential rationale of this ICC criterion of item bias that any persons showing the same ability as measured by the whole test have the same probability of passing any given item that measures that ability, regardless of the person’s race, social class, sex, or any other background characteristics. (TM-pp. 211-212)

Claims about group differences can and have been used as political and social tools to oppress religious, ethnic, and other minority group members. (TM-p. 254)

Original Management Progress Study Dimensions

Interpersonal Skills, Social Objectivity—How free is this person from prejudices against racial, ethnic, socioeconomic, educational, and other social groups? (TM-p. 523)

Computers carry no biases regarding race, social class, gender, or sexual orientation. (TM-p. 563)
Discussions. The text provides numerous discussions of diverse groups and various age groups. Only 2 of the 25 discussions found in the text include older adults. Many discussions focus upon persons with disabilities. Other discussions include racial and ethnic groups. Discussions are also provided on gender and school-aged children. When age is paid attention to, it seems to be in one direction and focuses upon the young. An examination of the text and all discussions regarding diverse groups reveals that there are only two that included older adults. The following 10 samples of passages are chosen from multiple examples of discussions in the tests and measurement text.

Tests are often used in educational settings to diagnose learning or behavior problems or both and to establish eligibility for special education programs. (TM-p. 25)

Similarly, judgments related to certain psychological traits can also be culturally relative. For example, whether specific patterns of behavior are considered to be male or female-appropriate will depend on the prevailing societal standards regarding masculinity and femininity. (TM-p. 49)

The candidate was an observant Jew whose appearance was markedly different from any other personnel in the company. The candidate had a full beard and always wore a hat of one sort or another (in accordance with religious custom). (TM-p. 51)

Consider in this context an individual who hails from a collectivistic country such as China, who relocates to a strongly individualistic country such as the United States. In China, the person may have been viewed as nonconformist given the norm of conformity in China. However, in the United States, this person’s behavior might be viewed as conformist. (TM-p. 125)

Ambrosini conducted a concurrent validity study to explore the utility of the BDI with adolescents. They also sought to determine if the test could successfully differentiate patients with depression from those without depression in a population of adolescent outpatients. (TM-p. 162)
Yet personality assessment is anything but routine with children, adolescents, and adults from Native American, Hispanic, Asian, African American, and other cultures that may have been underrepresented in the development, standardization, and interpretation protocols of the measures used. (TM-p. 358)

As many as one in seven Americans has a disability that interferes with activities of daily living. In recent years, society has acknowledged more than ever before the special needs of citizens challenged by physical and/or mental disabilities. (TM-p. 479)

It may be that prior to administering any tests to people with disabilities the assessor should receive additional training, including practice trials with members of certain populations. (TM-p. 487)

Conceiving members of the deaf population as a distinct cultural minority rather than as people who have the same handicap is useful and therapeutic in the sense that it shifts the focus of attention from deficit to the richness of Deaf culture. (TM-p. 502)

More inventive means of data entry have been devised for physically challenged testtakers, such as a dental plate activated by the tongue for testtakers who lack the capacity for speech or the use of their limbs. (TM-p. 546)

Case studies. The following four case studies are provided for understanding tests and measurements. An examination of all of the case studies in the text reveals that the upper age is 40 years. One case study is given for a longitudinal study of 3-year-olds and up until the participants became 21 years of age. Another case study is provided on 14-15 year olds. The only other case study found in the tests and measurement text describes an English literature major, but no age is stipulated. The following is an all-inclusive listing of textbook passages relating to case studies presented in the text.

By way of explanation, consider the case of Dexter, an English literature major. In 2002, Dexter received the following GRE scores: 640 on verbal ability, 700 on quantitative ability, and 520 on analytical ability. (TM-p. 110)
In the interest of simplifying our discussion and clearly illustrating the concepts presented, assume that you are the author of 100 items for a 9th-grade level "American History Test" (AHT) and that this 100-item (draft) test has been administered to 100 ninth-graders. (TM-p. 203)

One longitudinal study that began with assessment of temperament at age 3 and followed subjects through a personality assessment at age 21 concluded that differences in temperament were associated with differences in health-risk-related behaviors such as dangerous driving habits, alcohol dependence, unsafe sex, and violent crime. (TM-p. 245)

Tugg was a 40-year old deaf man who received counseling from the Deaf Services Bureau (DSB) with a counselor proficient in American Sign Language (ASL). (TM-p. 479)

Illustrations and examples. The following illustrations and examples of diverse groups and age groups other than the elderly are provided for understanding tests and measurements. Twenty-one illustrations and examples are presented in the text about different ethnic and racial groups. Preschool, elementary, middle-school, and high-school students are represented in many examples. A few illustrations are given for young adults in college. Gender and disabled individuals are also portrayed in a few examples. One illustration is provided in the text about older testtakers. The following 10 passages are a selected sample from numerous illustrations and examples in the tests and measurement text.

So, for example, the student who has difficulty reading the small print of a particular test may be accommodated with a large-print version of the same test or a test environment with special lighting. A student with a hearing impairment may be administered the test by means of sign language. (TM-p. 5)

In a school situation, for example, behavioral observation in the playground of a culturally different child suspected of having linguistic problems might reveal that the child does have English language skills but is unwilling—for reasons
of shyness, cultural upbringing, or whatever—to demonstrate those abilities to an adult. (TM-p. 10)

For example, suppose a psychologist administers a test of shyness to a 22-year-old male who earns his living as an erotic dancer. (TM-p. 14)

The following sample gives more varied examples of the wide range of characteristics that psychologists have found to be approximately normal in distribution:

The intellectual functioning of children and adolescents with cystic fibrosis.
The rate of motor-skilled development in developmentally delayed preschoolers, as measured by the Vineland Adaptive Behavior Scale.
Scores on a self-esteem measure among undergraduates. (TM-p. 92)

For example, suppose a 22-year-old testtaker obtained a WAIS-III FSIQ of 75. The test user can be 95% confident that his testtaker’s true FSIQ falls in the range of 70 to 80. (TM-p. 150)

An expectancy table showing the relationship between scores on a subtest of the Differential Aptitude Test (DAT) and course grades in American history for eleventh-grade boys is presented in Table 6-2. (TM-p. 165)

The test yields a General Conceptual Ability score, which is a measure of general ability, and achievement scores in a variety of areas, including Basic Number Skills and Word Reading. Stone computed regression lines for two racial groups: Whites and Asian Americans. (TM-p. 180)

For example, if a municipal fire department sought to increase the representation of female personnel in its ranks, it might institute test-related policy designed to do just that. A key provision in this policy might be that when a male and a female earn equal scores on the test used for hiring, the female will be hired. (TM-p. 185)

For example, the Thompson modification of the TAT was designed specifically for use with Black testtakers; its pictures contained both Black and White protagonists. Other modifications of the original TAT included test designed for use with Native Americans, South Africans, and South Micronesians. (TM-p. 378)

For example, a young preschooler or school-age child with severe cerebral palsy may not be able to be screened for cognitive deficit with any of the popular instruments used for this purpose. (TM-p. 486)

Activities. No activities are included in this text.
Pictures. A total of 55 pictures are included throughout this text. The majority of the pictures in this text are of young adults, middle-aged adults, and children. Of the 55 pictures in the text, there are 6 pictures that portray elderly individuals. Of these 6 pictures, a total of 5 are portraits of persons who authored tests. The only other picture of an elderly individual is that of a famous older man from a television show.

Summary. Textual passages in the TM text represented older adults and aging issues in the following manner: ageist (0), unbiased (15), and non-ageist (0). Other diverse groups, but not the elderly, were represented in the following manner: lists (7), discussions (25), case studies (4), illustrations (21), activities (0), and pictures (49). Although the stated value of the TM text was attention to diversity, older adults were represented infrequently when compared to the number of times other diverse groups and age groups were represented in the text.

Counseling Techniques Text

The introductory and summary chapters in the counseling techniques textbook (see Appendix A for citation) highlight the importance of developing multicultural competence in basic counseling skills. Counselors must develop diverse interviewing skills and counseling strategies. All of counseling must be tailored to meet the individual needs of diverse clients. The textbook endorses counseling techniques which are suitable for individuals regardless of age, gender, race, ethnicity, religious beliefs, sexual orientation, disability, or other diverse characteristics. A stated value of
the text is sensitivity to diversity issues when utilizing any counseling strategy, which is reflected in the passages below. All passages from this textbook are identified by the acronym CT.

You, as a developing professional, also have the responsibility of being competent in interviewing skills and strategies so that you can best serve diverse populations of clients. (CT-p. 3)

Vital to an interviewer’s effectiveness is a clear sense of how ethical behavior and multicultural understanding relate to daily practice. In addition, ethical and multicultural competence can be considered essential aspects of self-understanding and emotional intelligence. (CT-p. 6)

Association members recognize diversity in our society and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of each individual. (CT-p. 10)

Cultural differences must be accounted for to ensure that minorities, like all Americans, receive mental health care tailored to their needs. (CT-p. 31)

Culturally intentional counselors should flexibly change their counseling styles to meet the diverse needs of their clientele, and not make all their different clients fit their “professional” counseling model. (CT-p. 429)

The stated value of the counseling techniques text is reflective of diversity. The text supports diversified counseling strategies to meet the needs of individuals from different backgrounds.

Representation of the Elderly

Representations neither supporting nor negating ageism. In the counseling techniques textbook, the aged and aging issues are represented occasionally among other diverse groups in an unbiased manner. Eight passages in this text referring to
the elderly did not represent any bias, either positive or negative, in their portrayal of older adults. The following textbook passages neither support nor refute ageism.

Human service professionals provide services without discrimination or preference based on age, ethnicity, culture, race, disability, gender, religion, sexual orientation, or socioeconomic status. (CT-p. 10)

These cultural contexts many include many dimensions of diversity including, but not restricted to, age, ethnicity/race, gender, geographical location or community, language, sexual orientation, spiritual/religious beliefs, socioeconomic situation, and trauma. The terms diversity, cross cultural, and multicultural refer to all these dimensions and will be used interchangeably. (CT-p. 16)

There is also a youth culture, a culture of those facing imminent death through AIDS or cancer, and a culture of the aging. (CT-p. 21)

Consider the differences among the following: a person who uses a wheelchair, an individual with cerebral palsy, Parkinson’s disease, who may have lost a limb, or is physically disfigured by a serious burn. (CT-p. 45)

We suggest that you consider yourself one of the many who are “temporarily able.” Age and life experience will bring most of you some variation of the challenges above. For older individuals, the issues discussed here may become the norm rather than the exception. Approach clients in this area with humility and respect. (CT-p. 45)

Your older clients, born before WWII, did not have television or jet planes. Their economic attitudes and expectations are often quite different because of the environment they experienced. (CT-p. 263)

Assume a client comes to you and talks about an important issue in her or his life (for instance, divorce, death, retirement, a pregnant daughter). (CT-p. 297)

You will want to expand your understanding of cultural differences including, race/ethnicity, gender, spiritual/religious orientation, disability, sexual orientation, age, and socioeconomic status. (CT-p. 421)

Representations supporting ageism. Several examples are found in the counseling techniques textbook which support ageism. A reading of this text results in
the notation of six textual passages which reflect ageism. All six of these examples of older adults and aging issues are negative.

Dominique (age 78, French Canadian): I feel so badly. No one pays any attention to me in this “home.” The food is terrible. Everyone is so rude. I feel frightened. (CT-p. 88)

In the first session: That old man. He just sits there. I can’t stand working in the nursing home anymore. It’s too much for me. I am beginning to hate old people. But I need the money. Later: I’m learning that I’m afraid of aging. I guess that’s why I’ve been so unsympathetic at the home. (CT-p. 110)

Older persons tend to manifest more mixed feelings than others. Perhaps this is because life experience has taught them that things are more multifaceted than they once thought. (CT-p. 158)

“Jillian, you’re feeling sad and discouraged right now about having to place your mother in a nursing home. You seem to be really hurting.” (CT-p. 254) “I hear you saying that this home may not be the best place for her, but you had no practical alternative as she now needs constant supervision. You say that her friends are angry with you for putting her in the home. What have they done to help? Tell me more about the nurse you met there and your worries about her.” (CT-p. 255) “I had to put my father in a home two years ago myself. It’s very difficult and hurt a lot. Is that close to what you are feeling?” (CT-p. 255)

A client may have just started smoking, be considering placing an aging parent in assisted care, be thinking about dropping out of school, or be making plans for “telling the boss off.” (CT-p. 316)

I see older teachers, and I don’t want to be like them. Oh, a few have fun; most seem just tired to me. I don’t want to end up like that. (CT-p. 357)

Representations negating ageism. Several examples are found in the counseling techniques textbook which refute ageism. A reading of this text results in the notation of six textual passages which negate ageism. All six of these examples of older adults and aging issues are positive.

For example, some people talk about a special teacher, a school custodian, or an older person who was helpful. (CT-p. 80)
The student said, "I told the Chicana student to ask her family if they would come in for a family session. You know who showed up the next day? Her parents and both grandparents, four siblings, plus a godfather who actually is a cousin of the mother!" (CT-p.84) The student replied, "I mean I made the grandparents and the godfather wait in the hall while we had the family session." (CT-p. 84) One can well imagine the detrimental effect that resulted from the exclusion of the godfather, along with the grandparents, who also play an important role in the child’s upbringing. (CT-p. 84)

If her parents are not emotionally available, perhaps an aunt or grandmother may be helpful. (CT-p. 259) These can be sources of strength (such as a favorite grandparent or ancestor who endured hardship successfully). (CT-p. 263)

Janet: (pause) Well, I loved visiting Grandma and Grandpa. They were like Mom. They were always friendly and helped me with my problems. . . . Samantha: How did they help you? Could you tell me a story about Grandma or Grandpa or your Mom when they made things better for you? Janet: Well, they were always supportive to me. Mom had to work and carry the family and I had the most fun with Grandma and Grandpa. . . . They listened to me; then they told me that I was beautiful and smart. (CT-p. 269)

This point is perhaps made most clearly when you think about a younger person counseling an elder. It is a simple matter of respect to note the age difference and to acknowledge that one does not have life experience. (CT-p. 321)

Other positive images may be found in times when the client felt competent and "on top of things." Happy childhood memories, images of grandparents or friends, and experiences with nature are three examples of where positive images may be found. (CT-p. 334)

**Missed Opportunities**

*Lists.* The text provides lists of diverse groups to be considered for various counseling interventions. Twelve of the 16 textbook passages which list diverse traits fail to mention age as a diverse characteristic. The following sample of 8 textbook passages fails to mention age as a diverse characteristic.
Power differentials occur in a society in which privilege goes with skin color, gender, sexual orientation, or other multicultural dimension. (CT-p. 9)

Many clients will come to you having suffered from economic, racial/ethnic, gender-related, or other forms of oppression. (CT-p. 10)

It is also important to remember that the word culture can be defined in many ways. Religion, class, ethnic background (for example, Irish American and African American), gender, and lifestyle differences, as well as the degree of a client's developmental or physical disability, also represent cultural differences. (CT-p. 21)

From a _______ perspective (insert ethnicity, race, sexual preference, religious, or other dimension), how could your situation be viewed? (These questions change the focus and help clients see their issues in a broader, network-based context of friends, family, and culture.) (CT-p. 70)

Many people of color, gays, women, or the disabled find themselves in a contextual situation that makes life difficult for them. Discrimination, heterosexism, sexism, and ableism represent situational discrepancies. (CT-p. 111)

In each interview you have, you will encounter people with varying life experiences. To this must be added the many issues of multiculturalism (e.g., ethnicity/race, people with disabilities, sexual orientation, spirituality/religion). (CT-p. 177)

The cultural/environmental/context focus can be expanded to include issues of gender, race/ethnicity, sexual orientation, spirituality/religion, socioeconomic status, and multiple contextual issues. (CT-p. 255)

Cultural, ethnic, religious, and gender groups all have systems of meaning that give an individual a sense of coherence and connection with others. (CT-p. 293)

*Discussions.* The text provides many discussions of diverse groups and various age groups. Only one discussion is found in the text which includes older adults. Many discussions focus upon racial and ethnic minorities. Other discussions include women, gays, lesbians, and bisexuals, and the physically disabled. Discussions are also provided for children and adolescents, but not older adults. An examination
Cultural differences in eye contact abound. Direct eye contact is considered a sign of interest in European-North American middle-class culture. (CT-p. 43)

Mildly mentally challenged adolescents have also benefited from group training in social skills. (CT-p. 50)

White counselors’ perception of their expressed empathy was not in accord with the African Americans males’ perception of counselor-expressed empathy. The way an interviewer can “be with” a client tends to vary among cultures. (CT-p. 51)

Women, gays, or other minorities who experience disrespect or harassment may feel the same way and demonstrate similar verbal and nonverbal behaviors. (CT-p. 100)

In the European American tradition, people tend to communicate at “arm’s length” whereas in some Arabic cultures, speakers prefer to be only 18 inches apart when they talk, a most uncomfortable distance for many Europeans. (CT-p. 105)

Native American people, in a way, are programmed to restrain their feelings, whether positive or negative, in public; as a result, their facial expressions would be hard to detect. (CT-p. 112)

Vietnam veterans, women who suffer sexual harassment, those who are overweight or short in height, the physically disfigured through birth or accident, gays and lesbians, and many others are all at risk for accumulative stress building to real trauma. (CT-p. 131)

By focusing on issues of gender, the counselor was able to help Alisia realize that she was not the problem, and the issues was refocused as one of sexism, a cultural/environmental/contextual issue. (CT-p. 312)

Some children and adolescents will have difficulty with goal setting, as their life experience has been focused on what people in authority want from them. Patience and setting up concrete, achievable goals are important. (CT-p. 403)
Case studies. The following case studies are provided for understanding and applying various counseling techniques. An examination of all the case studies in the text reveals that there is one case study pertaining to an individual, age 57 years; otherwise, the uppermost age is 45 years. The following are a sample of the 15 textual passages relating to case studies presented in the text.

One brief example: Imagine that an 8-year-old child comes to you in tears, having been teased by friends. You listen and draw out the story. (CT-p. 17)

Jordan (age 15, African American): I was walking down the hall and three guys came up to me and called me “queer” and pushed me against the wall. (CT-p. 87)

Alicia (age 35, Polish American): I’ve been passed over for a promotion three times now. (CT-p. 87)

Man, age 20: As I think about myself, I see a person who responds to others and cares deeply, but somehow I feel that they don’t respond to me. (CT-p. 108)

“You are 57 and I (the counselor) am 26. How comfortable are you working with someone my age?” (CT-p. 138)

Case illustration: Thomas, age 14, comes for help because he is scared. Several of his friends were involved in a school break-in over the weekend. (CT-p. 190)

The client in this case is a 20-year-old part-time student who is in conflict with his boss at work. You will find him relatively verbal. (CT-p. 200)

A 35-year-old client comes to you to talk about an impending divorce hearing. He says the following: “I’m really lost right now.” (CT-p. 273)

Individual Practice in Interpretation/Reframing. “I’m thinking of trying some pot. Yeah, I’m only 13, but I’ve been around a lot. My parents really object to it. I can’t see why they do...” (CT-p. 314)

Illustrations and examples. The following illustrations and examples of diverse groups and age groups other than the elderly are provided for understanding.
counseling techniques. Only one illustration out of nine was provided for retirement. Many illustrations and examples are presented in the text about race and ethnicity. Gay, lesbian, and bisexual individuals are represented in several illustrations. A few examples are given on gender and disability. Diverse clients such as delinquent youth are also represented in the text. The following eight passages are illustrations and examples selected from the counseling techniques text.

For example, if you are heterosexual, how able are you to work with the gay or lesbian culture? If you are gay or lesbian, how are you to work with the heterosexual culture? (CT-p. 31)

For example, external issues such as oppression or discrimination (sexism, racism, failure to recognize disability) may deeply affect a client without his or her conscious awareness. (CT-p. 32)

As an example, an African American client raised in a small town in upstate New York in a two-parent family has different acculturation experiences from those of a similar person raised in Los Angeles or East St. Louis. (CT-p. 97)

An example is in reality therapy with a delinquent youth, in which playing Ping-Pong and getting to know the client on a personal basis may be part of the treatment. (CT-p. 193)

In traditional Native American or Dene culture, for example, almost the entire first helping session may need to be devoted to relationship building. In Latin cultures, the concepts of respect and dignity are particularly important and may require a more formal approach. (CT-p. 194)

Assertiveness training has other multicultural implications beyond gender. Gay teens, for example, can profit from assertiveness training as they cope with teasing and harassment in the high school. People with disabilities can profit from assertiveness training as they seek to gain their legal rights. (CT-p. 394)

The gay or lesbian client, for example, may begin the session by stating the problem as depression over constant harassment. (CT-p. 400)

Activities. No activities are included in this text.

Pictures. No pictures are included in this text.
Summary. Textual passages in the CT text represented older adults and aging issues in the following manner: ageist (5), unbiased (8), and non-ageist (6). Other diverse groups, but not the elderly, were represented in the following manner: lists (12), discussions (12), case studies (15), illustrations (8), activities (0), and pictures (0). Although the stated value of the CT text was attention to diversity, older adults were represented infrequently when compared to the number of times other diverse groups and age groups were represented in the text.

Issues and Ethics Text

The introductory and summary chapters in the issues and ethics textbook (see Appendix A for citation) discuss the ethical responsibilities of developing multicultural competence in counseling diverse groups. The textbook endorses ethical standards of practice which are aimed toward all clients regardless of age, gender, race, ethnicity, disability, religious beliefs, sexual orientation, or other diverse characteristic. ACA (1995) standards for supervision and diversity training are also discussed. Multicultural competency in tests and assessments of diverse clients is reviewed. Definitions of culture and minority groups are provided. A stated value of the text is sensitivity to diversity issues and consistent ethical practice, which is reflected in the passages below. All passages from this textbook are identified by the acronym IE.

Pedersen describes culture as including demographic variables such as age, gender, and place of residence, status variables such as social, educational, and economic background; formal and informal affiliations; and the
ethnographic variables of nationality, ethnicity, language, and religion. (IE-p. 111)

Although the term minority has traditionally referred to national, racial, linguistic, and religious groups, it now also applies to women, the aged, gay men, lesbians, bisexuals, and people with disabilities. (IE-p. 111)

The ACA’s (1995) standards dealing with supervision and training call for counselor educators and supervisors to demonstrate knowledge of individuals differences with respect to gender, race, ethnicity, culture, sexual orientation, disability, and age and to understand the importance of these characteristics in supervisory relationships and training. Multicultural supervision encompasses a broad definition of culture that includes race, ethnicity, socioeconomic status, sexual orientation, religion, gender, and age. (IE-p. 331)

Counselors are cautious in using assessment techniques, making evaluations, and interpreting the performance of special populations not represented in the norm group on which an instrument was standardized. They recognize the effects of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, and socioeconomic status on test administration and interpretation and place test results in proper perspective with other relevant factors. (IE-p. 374)

The stated value of the issues and ethics text is reflective of a sensitivity to diversity issues. The text supports consistent ethical practice with individuals from a variety of backgrounds.

*Representation of the Elderly*

*Representations neither supporting nor negating ageism.* In the issues and ethics textbook, the aged and aging issues are represented occasionally among other diverse groups in an unbiased manner. Most references to the elderly did not represent any bias, either positive or negative, in their portrayal of older adults. The following textbook passages are a sample taken from 12 examples in the text which neither support nor refute ageism.
Justice, or fairness, means providing equal treatment to all people. Everyone, regardless of age, sex, race, ethnicity, disability, socioeconomic status, cultural background, religion, or sexual orientation, is entitled to equal access to mental health services. (IE-p. 17)

When the counselor and the client connect at a certain level, cultural and age differences can be transcended. Consider for a moment whether you can communicate effectively with an elderly person. . . . (IE-p. 81)

Counselors do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. (IE-p. 116)

Psychologists consider generational differences with lesbian, gay, and bisexual populations and the particular challenges that lesbian, gay, and bisexual older adults may experience. (IE-p. 127)

Become familiar with all applicable ethical and legal guidelines pertaining to confidentiality, including state privilege laws and their exceptions, child, elder, and disabled abuse reporting requirements and the parameters of the duty-to-warn exceptions in your state. (IE-p. 206)

Areas such as eating disorders, sexual abuse, substance abuse, gerontological counseling, and AIDS all present challenges for ongoing education for practitioners. (IE-p. 294)

Psychology has made great strides in expanding mental health services to the elderly and to residents of rural areas through revisions in Medicare regulations. (IE-p. 311)

Although DSM-IV makes some reference to ethnic, cultural, environmental, and class factors in understanding and interpreting dysfunctional behavior, it deals largely with culture-bound syndromes and does not adequately take into account culture, age, gender, and other ways of viewing health and sickness. (IE-p. 367)

Counselors need to be watchful of tendencies to treat people on the basis of stereotypes. It is critical that leaders become aware of their biases based on age, disability, ethnicity, gender, race, religion, or sexual orientation. (IE-p. 436)

In community counseling, practitioners may find themselves performing some or all of these duties: Consulting with a variety of social agencies about
programs in gerontology, welfare, child care, and rehabilitation, and helping community workers apply psychological knowledge in their work. (IE-p. 454)

Mental health programs can help communities work toward solutions for societal problems such as poverty, the plight of the homeless, AIDS, absent parents, child abuse, drive-by shootings, gang activities, crime, domestic violence, unemployment, tension, and stress, alienation, addictions to drugs and alcohol, delinquency, and neglect of the elderly. (IE-p. 455)

Representations supporting ageism. Three examples are found in the issues and ethics textbook which support ageism. A reading of this text results in the notation of three textual passages which reflect ageism. The following examples are the only passages in the text that represent older adults in terms of multiple losses, living in institutions, and suicidal.

It is possible for a relatively young counselor to work effectively with an elderly client. For example, the client may be experiencing feelings of loss, guilt, sadness, and hopelessness. (IE-p. 82)

As people grow older, he contended, there is a greater likelihood that they will be kept alive without a purpose. At age 86, Bettelheim was no longer able to do most of the things that brought him enjoyment and meaning, such as hiking, reading and writing. He made a decision to end his life. (IE-p. 94)

As a counselor with elderly people in an institution, you may stress coping skills and ways of relating to others in this environment. (IE-p. 361)

Representations negating ageism. Minimal examples are found in the issues and ethics textbook which refute ageism. A reading of this text results in the notation of one textual passage which refutes ageism. The following example of an older adult is positive.

Imelda is a 60-year old teacher who is thinking about going to law school because it is something she has wanted to do for a long time. She has taught government and history in community colleges for 30 years, and now she wants to retire early to take up a new profession. Imelda wonders whether she
has the stamina to endure long hours of study and she is asking herself whether leaving teaching at this stage in life would be a wise move. (IE-p. 82)

Missed Opportunities

Lists. The text provides lists of diverse groups to be considered for ethical decision-making. This is a frequently occurring issue in the issues and ethics text. Nine of the 11 textbook passages which list diverse traits fails to mention age as a diverse characteristic. The following sample of textual passages fails to mention age as a diverse characteristic.

The word culture can be interpreted broadly, for it can be associated with a racial or ethnic group as well as with gender, religion, economic status, nationality, physical capacity or handicap, or affectional or sexual orientation. (IE-p. 111)

The multicultural perspective in human-service education takes into consideration the specific values, beliefs, and actions conditioned by a client’s ethnicity, gender, religion, socioeconomic status, political views, lifestyle, geographic region, and historical experiences with the dominant culture. (IE-p. 111)

Many therapeutic practices are biased against racial and ethnic minorities and women and often reflect racism, sexism, and other forms of prejudice. (IE-p. 117)

The ethics codes of the ACA, the APA, and the NASW clearly state that discrimination on the basis of minority status—be it race, ethnicity, gender, or sexual orientation—is unethical and unacceptable. (IE-p. 126)

Diversity includes culture, religion, race, ability, gender, sexual orientation, education, and socioeconomic level. (IE-p. 131)

Attend to and work to eliminate biases, prejudices, and discriminatory contexts in conducting evaluations and providing interventions and develop sensitivity to issues of oppression, sexism, heterosexism, elitism, and racism. (IE-p. 139)
It is the responsibility of supervisors to deal appropriately with racial, ethnic, cultural, sexual orientation, and gender issues concerning both clients and supervisees. (IE-p. 326)

From the developmental perspective, inclusion of culture-related issues such as race, ethnicity, gender, sexual orientation, and spirituality is essential for accurate assessment and diagnosis. (IE-p. 366)

**Discussions.** The text provides numerous discussions of diverse groups and various age groups. Only two discussions include older adults. Many discussions focus upon gender, race, and ethnicity. Other discussions include diverse groups such as gays, lesbians, and bisexuals. Discussions are also provided on school-aged children, but not older adults. An examination of the text and all discussions regarding diverse groups reveals that there are two discussions which include older adults. The following are 8 examples chosen from 10 examples in the issues and ethics textbook which depict diverse groups and various age groups, but not the elderly.

Alberto, a Latino client, comes to a community college counseling center on the recommendation of one of his friends. His presenting problem is depression, chronic sleep disturbance, and the imminent threat of failing his classes. (IE-p. 82)

African American counselors need to be aware of their possible prejudices toward white clients just as white counselors must be sensitive to their attitudes toward African American clients, and both need to understand how they are being perceived. (IE-p. 110)

Like any other minority group, lesbians, gay men, and bisexuals are subjected to discrimination, prejudice, and oppression, which manifests itself when gay people seek employment or a place of residence. But lesbian, gay, and bisexual clients also have special counseling needs. (IE-p. 127)

Because minors are a special client population, distinct education, training, and supervised practice are required for counselors who expect to work with minor clients. (IE-p. 177)
Suicide by a student is perhaps the greatest tragedy on a campus, and one that shocks the entire school community. Recognizing signs of potential suicide and preventing suicide certainly have to be among the major challenges a school counselor faces. (IE-p. 220)

Supervisors help their supervisees to appreciate the complex nature of ethical dilemmas, and they discuss ways to prevent ethical breaches. Furthermore, they assume responsibilities for challenging sexist and racist attitudes and behaviors of their supervisees, including the negative use of stereotypes and the misuse of diagnoses. (IE-p. 335)

The Western model of therapy has limitations when it is applied to many ethnic and cultural groups, such as Asian Americans, Latinos, Native Americans, and African Americans. (IE-p. 357)

Gender-sensitive couples and family therapy attempts to help both women and men move beyond stereotyped gender roles. Sexist attitudes and patriarchal assumptions are examined for their impact on family relationships. (IE-p. 407)

Case studies. The following case studies are provided for understanding professional issues and ethics. An examination of all of the case studies in the text reveal that the upper age is 45 years; the elderly are not present in any case studies.

Case studies are provided for middle-aged individuals 38-45 (six studies), young adults 20-29 (three studies), and teenagers 12-16 (six studies). The following are a sample of the 15 textual passages relating to case studies presented in the issues and ethics text, none of which include the elderly.

Candy is a 14-year old student who is sent to you because of her problematic behavior in the classroom. (IE-p. 79)

At a community clinic Sylvia, who is 38, tells you that she is an alcoholic. During the intake interview she says, “I feel so much remorse because I’ve tried to stop my drinking and haven’t succeeded.” (IE-p. 83)

Buford, age 15, cannot get along with his new stepfather so he moves into his grandmother’s apartment where she lives alone. (IE-p. 100)
Emmanuel is a middle-aged widower who complains of emptiness in life, loneliness, and a loss of the will to live any longer. (IE-p. 227)

Barbara is 20 years old and has been in therapy with Sidney for over a year. She has developed respect and fondness for her therapist, whom she sees as a father figure. (IE-p. 261)

A recently divorced 29-year-old high school counselor, Wayne, is assigned the senior class. An attractive 17-year-old senior girl, Kelly, works in the counseling office as a student assistant. (IE-p. 275)

One of his clients, Ida, has had a hard life, has had no success in maintaining relationships with men, is not approaching her 40th birthday, and has come to him because she is afraid that she will be alone forever. (IE-p. 285)

Helen is 45 years old and has seen a counselor at a community mental health center for six sessions. She suffers from periods of depression and frequently talks about how hard it is to wake up to a new day. (IE-p. 297)

Leon, a 45-year-old aeronautical engineer who is married and has three children, has been laid off after 20 years of employment with the same company. (IE-p. 361)

Sharon is a 25-year-old client who says, “I’m never going to get married because I think marriage is a drag. I don’t want kids and I don’t want to stay with one person forever.” (IE-p. 405)

Maria is a 14-year-old Hispanic female honor student at Traymore High School. She discovered that she is pregnant and feels she would be better off dead than being a teenage mom. (IE-p. 468)

Illustrations and examples. The following illustrations and examples of diverse groups and age groups other than the elderly are provided for understanding professional issues and ethics. Most of the illustrations and examples presented in the text are about school-aged children, although a few of the examples given in the text are concerned with college level students. A couple of illustrations are provided on race and sexual orientation. Only four examples are provided in the text for older
adults. The following six passages are a sample of the seven examples selected from the issues and ethics text.

One example of a potential conflict between legal and ethical standards involves counseling minors. This is especially true as it pertains to counseling children or adolescents in school settings. (IE-p. 9)

Another example may be a school counselor who inappropriately labels a boy as hyperactive or ADHD, which may color the perceptions of other staff members in a negative way so they pressure the parents to get the boy on medication. (IE-p. 16)

The role plays illustrate ethical dilemmas pertaining to teen pregnancy, interracial dating, and culture clash between client and counselor. (IE-p. 32)

In video role play #2, Big Brother, the client (Richard) reports that his sister is dating an Asian man. Richard is “pissed off” and says that he is not going to let that happen. (IE-p. 69)

Consider the descriptive list of potential clients that follows and indicate whether you feel you could work with the client or would refer the client to someone else because of a conflict in value systems.

- A gay or lesbian couple hoping to work on conflicts in their relationship.
- A teenager who is having unsafe sex and sees no problem with this behavior.
- A high school student who is sent to you by his parents because they suspect he is abusing drugs.
- An interracial couple coming for premarital counseling.
- A high school student who seeks counseling to discuss conflicts she is having with her adopted parent from a different culture. (IE-p. 77)

The following cases deal with ethical and legal aspects of confidentiality. What do you think you would do in each of these situations?

1. You are a student counselor. For your internship you are working with college students on campus.
2. You are leading a counseling group on a high school campus.
3. You are counseling children in an elementary school. (IE-pp. 207-208)

Activities. The following activities are suggested in the text for understanding professional issues and ethics. A total of three activities are found in this text. Each of the suggested activities are for exposure to diverse clients, but no representation of
older adults is identified in the activities, although age is included as a consideration.

The following activities are the only activities suggested in the issues and ethics text.

Role-play situation where a clash between you and a client might develop (such as difference in age, race, sexual orientation, or culture). (IE-p. 144)

What factors should you consider in determining the appropriateness of touching clients? (Examples are age, gender, the type of client, the nature of the client’s problem, and the setting in which the therapy occurs). (IE-p. 285)

Would Leon’s age, ethnicity, and culture be significant factors for you to consider in developing a treatment plan? What specific goals would you have in mind as you develop a treatment plan for Leon? (IE-p. 361)

Pictures. No pictures are included in this text.

Summary. Textual passages in the IE text represented older adults and aging issues in the following manner: ageist (3), unbiased (12), and non-ageist (1). Other diverse groups, but not the elderly, were represented in the following manner: lists (9), discussions (10), case studies (15), illustrations (7), activities (3), and pictures (0). Although the stated value of the IE text was attention to diversity, older adults were represented infrequently when compared to the number of times other diverse groups and age groups were represented in the text.

Counseling Theory Text

The introductory and summary chapters in the counseling theory textbook (see Appendix A for citation) highlight the importance of choosing appropriate theoretical approaches when counseling multicultural and diverse clients. In addition, counselors must be aware of individual differences among diverse groups. Counselors must challenge their own prejudices and stereotypes toward diverse clientele. The
textbook endorses theoretical approaches which are appropriate for individuals regardless of age, gender, race, ethnicity, sexual orientation, disability, or other characteristics. A stated value of the text is sensitivity to diversity issues when applying counseling theory to treatment, which is reflected in the passages below. All passages from this textbook are identified by the acronym TY.

Areas of preparation and competency for clinicians: Can effectively conduct an interview or discussion with people from various educational, cultural, and socioeconomic backgrounds. (TY-p. 21)
Can take account of the effect that a cultural and environmental background has had on a person's development. (TY-p. 24)
Is aware of and can deal with own prejudices and stereotypes as well as those of clients. (TY-p. 25)

Important Clinician Skills, Training, and Experience: Can interact well with people of all ages and backgrounds, functioning at various intellectual and emotional levels, and can understand their points of view. (TY-p. 24)
Awareness of self and others is another asset, particularly sensitivity to and respect for individual differences and ethnic and cultural experiences. Other important characteristics are objectivity and the ability to view the world through the eyes of another. (TY-p. 26)

Clinicians will increasingly need to attend to client diversity, background, world view, and philosophy. They will need to use their knowledge of diagnosis, culture and ethnicity, and individual differences to tailor treatment to each person. (TY-p. 580)

The stated value of the counseling theory text is reflective of diversity. The text supports a sensitivity to diversity issues when working with specific counseling theories in treatment.

The text summarizes numerous theoretical approaches to counseling and their attention to environment and diversity. Effective counseling from a specific theoretical approach would presumably encompass people of all ages including the elderly.
Appropriate theoretical approaches would also take into account the diverse backgrounds of individuals. Counseling theory must be chosen with individual needs in mind. Some specific examples of counseling theory text include:

Psychoanalysis: There is some attention to context but little attention to diversity issues. (TY-p. 561)

Individual Psychology: Social interest and social context receive considerable attention, as do people with disabilities. (TY-p. 561)

Developmental/Psychodynamic Psychotherapy: There is little attention to diversity, but family and society are viewed as very important. (TY-p. 564)

Transactional Analysis: Attention is paid to family messages, but attention to diversity is limited. This approach may not be appropriate for many people from non-western cultures. (TY-p. 565)

Person-Centered Counseling: Approach emphasizes people's differences and commonalities as well as the importance of respecting their perceptions and values. (TY-p. 567)

Cognitive Therapy: Little specific attention to environment and diversity but the respectful, non-intrusive nature of this approach makes it suitable for a wide range of clients. (TY-p. 570)

Behavior Therapy and Cognitive Behavior Therapy: This approach recognizes the importance of context but pays little specific attention to client diversity. (TY-p. 572)

Reality Therapy: It is also likely to be helpful to people coping with physical disabilities and those from nonwestern cultural backgrounds. Clinicians seek to understand people's world views and adapt treatment to the individual. (TY-pp. 573-574)

Representation of the Elderly

Representations neither supporting nor negating ageism. In the counseling theory text, the aged and aging issues are represented occasionally among other
diverse groups in an unbiased manner. Nine references to the elderly did not represent any bias, either positive or negative, in their portrayal of older adults. The following is a sample of four textbook passages which neither support nor refute ageism.

At the same time, confidentiality has limitations, particularly for clients who are minors, who present a danger to themselves or others, or who have abused a child or an elderly or disabled person. (TY-p. 27)

Existential therapy seems ideal for: People at a crossroads in their lives who are looking for direction, such as those who have been recently divorced, have retired, or have graduated from college. (TY-p. 246)

Particularly important, a focus on thoughts can make the counseling process more comfortable for people who are not used to sharing their emotions, including some men, many older people, and people from Asian and other cultural backgrounds who view expression of emotions to a relative stranger as inappropriate, weak, or conflicting with their upbringing and self-images. (TY-p. 317)

Future directions in counseling and psychotherapy: Outreach programs will make treatment more available to traditionally underserved groups such as the elderly and people from nonwestern cultural backgrounds. (TY-p. 581)

**Representations supporting ageism.** Several examples are found in the counseling theory textbook which support ageism. A reading of this text results in the notation of five textual passages which reflect ageism. The following examples are the only examples in the text of negative representations of older adults.

The children were cared for by Edie’s maternal grandparents. The grandmother resented her caretaker role and was very critical of the children, especially Edie. The grandfather sexually abused both Edie and her sister. Both grandparents are now deceased. (TY-p. 9)

**Case Illustration: Stage 7: Generativity versus Stagnation**
Important events: I guess this is where I am now. Big problems in the marriage. Started therapy. (Hopefully, marriage gets better; I move into management at work; Ava goes to college. Probably bad stuff too; . . . parents getting sick, dying.) (TY-p. 72)
Her strong critical parent probably stems from her grandmother, who was abusive toward Edie. (TY-p. 172)

Person D: I really should visit my mother every day. It’s hard for me because she has dementia and doesn’t recognize me, but a daughter should see her mother as often as she possibly can, no matter what. (TY-p. 326)

Client B: My mother is just impossible. You know, she’s nearly 80 years old and really can’t live alone anymore. I offered to come up and help her move into one of those continuing care places. I suppose they’re all awful, smelly and depressing . . . I’ve never been inside one . . . but what choice does she have? So, no, she doesn’t want to do that. She didn’t say it, but I bet she wants me to let her move in with me. (TY-p. 470)

*Representations negating ageism.* Several examples are found in the counseling theory textbook which refute ageism. A reading of this text results in the notation of five textual passages which negate ageism. The following five examples of counseling theory are the only examples found in the text which present older adults and aging in a realistic manner.

Erikson’s model includes Stage 8: Integrity versus despair, the later years. Positive development: People take stock of their lives, feel worthwhile, and have a sense of fulfillment and ego integrity. (TY-p. 69)

Jung’s theory of development is an optimistic one, emphasizing growth that can accelerate throughout the life span. Part of the appeal of his ideas rests in his optimistic view of human development in the second half of life. (TY-p. 107)

In a study of people in age from 16 to 93, Reker also found that the older group of people reported higher levels of life purpose compared to people in their middle and younger years and that having a strong sense of personal meaning seemed to play a role in protecting and enhancing health in older people. (TY-p. 245)

Similarly, when used with older people, narrative therapy can be positive and life-affirming, transforming stories that are based on loss and worthlessness into those that reflect a rich and full life. (TY-p. 289)
Transpersonal psychotherapy creates psychological health . . . and to see a meaning and purpose in one’s life that allows one to enter old age or to face death with serenity and without fear. (TY-p. 295)

Missed Opportunities

Lists. The text provides lists of diverse groups to be considered for specific counseling approaches. Each of these four passages fails to list age when representing other diverse groups. The following four passages are all of the lists taken from the text where age is not included in a multitude of diverse characteristics.

Second, they need to get to know the client as an individual, paying attention to culture, religion, and spirituality, relationships, socioeconomic status, physical health, family background, history, and abilities. (TY-p. 16)

Finally, reality therapy has not paid sufficient attention to individualizing application of this approach, considering such variables as gender, ethnic and cultural background, sexual orientation, and level of functioning. (TY-p. 466)

Thompson’s points certainly seem valid in light of the broad range of people seeking counseling or psychotherapy who vary according to many dimensions, including culture, ethnicity, gender, sexual orientation, intelligence, interpersonal skills, life experiences, self-awareness, support systems, and symptoms. (TY-p. 498)

The concept of diversity itself was expanded to include not only people’s racial, ethnic, and cultural group memberships but also their socioeconomic status, gender, sexual orientation, and other affiliations. (TY-p. 543)

Discussions. The text provides a few discussions of diverse groups and various age groups, but none include the elderly. The discussions focus primarily upon elementary, high school, and college level students. One discussion focuses upon youth and race. Discussions are also provided on the critically ill and disabled. When age is paid attention to, it seems to be in one direction toward younger
individuals. An examination of the text and its discussions of diverse groups reveal that there are no discussions that include the elderly. The following five discussions of diverse groups are all of the examples found in the counseling theory text.

A logical extension of Adler's insights into people with disabilities is to people with other potential deficits in their lives, such as recent immigrants, people who grow up in one-parent homes, those who have experienced poverty or abuse, and those who feel disenfranchised for any reason. (TY-p. 92)

The studies reviewed showed that in educational settings TA was successful in improving self-esteem, social status, and internal locus of control in elementary-age students; behavior and attendance in high school students; and self-esteem and internal locus of control in college students. (TY-p. 170)

The teenager who complains, "My parents are from Korea and they don't understand what it's like to be a young person in America," may feel caught between his longing for the acceptance of his peers and his love and respect for his parents. (TY-p. 201)

Assume that a young girl is growing up in an abusive environment. In an effort to avoid mistreatment (drive), the child responds to people moving toward her or focusing on her (the cue or stimulus) with withdrawal (the response). (TY-p. 424)

Following is a review of important terms, as illustrated by the experience of Theresa, a 33 year old woman who was receiving chemotherapy for breast cancer. (TY-p. 427).

*Case studies.* The following case studies are provided for understanding and applying various counseling theories. An examination of all of the case studies in the text, reveals that the upper age is 48 years. Case studies are provided for middle-aged individuals 38-48 (three studies), young adults 27 (two studies), and children 10-12 (three studies). The following are six of the eight textual passages relating to case studies presented in the counseling theory text. None of these case studies include an elderly individual.
Edie has initiated the request for treatment. Now age 38, she is a white Jewish woman. Roberto's background is very different from Edie's. At age 42, he was eager to get his life back on track. Ava, age 10, is a tall girl who resembles her father both physically and temperamentally. She has recently been misbehaving at school, and her teacher describes her as a bully. (TY-pp. 8-10)

Consider the following three recollections provided by a 27-year-old single woman. Analysis: In all three recollections, the woman is scared and perceives herself as needing help. (TY-p. 94)

Consider May, a 48-year-old single woman who sought counseling shortly after the death of her mother. She felt alone and isolated and wanted help with socialization. (TY-p. 170)

Danielle, age 27, wants to be able to relate better to her father. She perceives him as judgmental and cold towards her. (TY-p. 492)

Jonathan, age 11, has been misbehaving in school. According to his teacher, he is disruptive in class, bullies the younger children, and does not usually complete his homework. (TY-p. 492)

Although Manizheh is only 12 years old, she reports experiencing sadness for more than two years, since her family immigrated to the United States from the Middle East. (TY-p. 544)

Illustrations and examples. The following illustrations and examples of diverse groups and age groups other than the elderly are provided for understanding counseling theory. The majority of illustrations and examples presented in the text focus upon young adults, aged 27-35 years. Two examples are provided for adolescents and children. One illustration is given for a middle-aged client. Diverse clients such as a racial minority and an obese teen are given in two examples. There are, however, no illustrations or examples that include the elderly. The following 6 passages are examples selected from 14 examples given in the counseling theory text which did not include the elderly.
For example, the adolescent cursing his teacher can be better understood by knowing whether he has had longstanding difficulty with authority figures or whether this is an isolated and uncharacteristic incident. (TY-p. 37)

For example, a 27-year-old woman who sought counseling for job-related problems. Her presenting concerns included difficulty meeting deadlines, managing time, and following through on projects. (TY-p. 158)

The following example illustrates the identification of a focal concern or CCRT for Julie, a divorced woman with a five-year-old son, who sought counseling for interpersonal problems, especially in relationships with her parents, her ex-husband, and her boyfriend. (TY-p. 187)

A teenager named Mary, for example, had been overweight since early childhood. She blamed her overeating on her mother, who constantly criticized Mary’s weight. (TY-p. 270)

Consider the following example. Suki, a young woman from an Asian background, sought counseling because of her difficulty trusting others, her inability to form close relationships, and what she termed her “self-hatred” that led her to cut herself repeatedly. (TY-p. 284)

For example, a woman who had few dating experiences at age 35 stopped thinking of herself as a failure and instead focused on viewing herself as a late bloomer. (TY-p. 344)

Activities. The following activities are suggested for understanding theoretical approaches to counseling. None of the activities in the text include older adults. The following six activities are the only activities related to age and diversity presented in the counseling theory text.

Read the following statements from a client, a 42-year-old woman whose husband has died recently, and then review the four clinician responses to each client statement. (TY-p. 47)

Your client is a 12-year-old boy who is having difficulties related to socialization and self-esteem. For each client statement, write a question that you think will have a positive impact on the treatment process. (TY-p. 48)

Individual Exercises: Write an appropriate self-disclosure in response to the following client statements and questions:
Client C: I feel really embarrassed that my parents found out I had too much to drink last night and had to have someone drive me home. Did anything like that ever happen to you when you were younger? (TY-p. 231)

Client E: It feels like once I let people know I’m a lesbian, that changes all their reactions to me and they don’t see me as a person anymore. (TY-p. 232)

Large Group Exercises
Discuss how clinicians might help parents learn behavior change strategies for use with their children. (TY-p. 418)

Plan treatment for the following behavioral difficulties:
A 4-year-old refuses to go to bed on time and delays his bedtime by several hours each evening with requests for stories, drinks of water, and other attention.
A 33-year-old man reports family conflict as a result of his nightly consumption of 8-10 cans of beer.
A 52-year-old woman reports a range of difficulties, including overeating, being 50 pounds overweight, getting almost no exercise, and avoiding contact with friends because she is embarrassed about her weight.
A 42-year-old man describes himself as being “addicted to sex.” (TY-p. 446)

Discuss what treatment systems and strategies seem most effective for the following four cases:
Case A: Seneesha, age 15, was brought to counseling by her mother. Seneesha’s mother is African American; her father is white. (TY-p. 581)
Case B: Brian, age 33, has been married for nine years and has two children, ages seven and five. He sought treatment reluctantly at the urging of his wife. According to Brian, his wife believes his use of drugs and alcohol is a problem. (TY-p. 582)
Case C: Lea, age 42 and single, was recently diagnosed with breast cancer. With treatment, her prognosis is excellent. (TY-p. 582)
Case D: Carmen, age 25 and recently married, sought treatment after one of the teachers in the elementary school where she is employed was found guilty of child abuse. (TY-p. 582)

Pictures. No pictures are included in this text.

Summary. Textual passages in the TY text represented older adults and aging issues in the following manner: ageist (5), unbiased (9), and non-ageist (5). Other diverse groups, but not the elderly, were represented in the following manner: lists (4), discussions (5), case studies (8), illustrations (14), activities (6), and pictures (0).
Although the stated value of the TY text was attention to diversity, older adults were represented infrequently when compared to the number of times other diverse groups and age groups were represented in the text.

Group Work Text

There is some discussion in the group work textbook (see Appendix A for citation) with regards to developing multicultural skills in conducting group work with diverse clients. Group leaders are challenged to deal with their own prejudices and biases toward diverse clients. The group work text provides an entire chapter on groups for the elderly. Representations of the elderly can also be found in other chapters in the text in addition to the one devoted to older adults. A stated value of the text is sensitivity to diversity issues in group work, which is reflected in the passages below. All passages from this textbook are identified by the acronym GW.

Group work became increasingly utilized in school settings, especially as a way of influencing educational endeavors and social skills. However, group work also focused on groups for special populations, such as those in the midst of divorce, adult offenders, people from different cultures, and people with disabilities. (GW-p. 12)

Diversity is encouraged, and there is a respect for individual and cultural differences. (GW-p. 164)

Multiculturalism is a movement has been defined traditionally in terms of cultural, ethnic, and racial differences. (GW-p. 205)

Such an examination allows a leader to deal constructively with prejudices, biases, and racist elements of his or her own life that have either been passed on from a previous generation or through isolated incidents and generalized. (GW-p. 208)
The stated value of the group work text is reflective of diversity. The text supports a sensitivity to diversity issues in all group counseling.

**Representation of the Elderly**

*Representations neither supporting nor negating ageism.* In the group work textbook, the aged and aging issues are represented occasionally among other diverse groups in an unbiased manner. Most references toward the elderly did not represent any bias, either positive or negative, in their portrayal of older adults. The following nine textbook passages are all of the examples given in the text that neither support nor refute ageism when referring to age, aging, and older adults.

For instance, an employee assistant professional might propose an adjustment group for recent retirees in a community center, whereas a college counselor might focus on offering a series of guidance presentations on careers in the student university center. (GW-p. 112)

The latter strategy of having peers help peers is especially effective if the members who are modeling behaviors are similar to those they are helping in regard to age, gender, and background. (GW-p. 165)

However, culture may be defined broadly, too, and include such factors as demographic variables (e.g., age, gender, residence), status variables (e.g., social, educational, economic), and affiliations (both formal and informal). (GW-p. 205)

Even when groups seem homogeneous, they are not. People are unique in many ways (e.g., gender, age, marital status, family of origin, occupation, beliefs/values). (GW-p. 206)

Counseling Services: Consumer Rights and Responsibilities: be informed of limitations of the counselor’s practice to special areas of expertise (e.g., career development, ethnic groups, etc.) or age group (e.g., adolescents, older adults, etc.). (GW-p. 228)
Understanding life stages and transitional experiences is a must. As Nichols points out, the aging process is as much a mental process of considering one's self older as it is a biological phenomenon composed of physiological changes. (GW-p. 300)

It should be noted, however, that while it is artificial to divide adult groups based simply on the obvious characteristics of the populations involved, such as age, gender, status, and concerns, it is sometimes helpful or necessary to form adult groups on the basis of such dominant factors. (GW-p. 301)

Classroom Exercises: Based on what you have learned about group work stages, which theory—psychoanalysis or TA—do you think would work best with children, adolescents, adults, and the elderly? Why? (GW-p. 368)

The REBT approach to group work is not limited to just intellectually bright individuals. Rather, it is appropriate for persons functioning at all levels. It is used with children, adolescents, adults, and the elderly. (GW-p. 441)

Representations supporting ageism. Eight examples are found in the group work textbook which support ageism. A reading of this text results in the notation of textual passages which reflect ageism. The following eight examples of textual passages are all of the negative representations of older adults found in the text.

Figure 13.1, Genogram of Karen's family and basic relationship symbols.
Grandfather—deceased
Grandmother—Mary 1907—(Alzheimer's, family matriarch)
Father—70 years old (Alcoholic, demanding of others) (GW-p. 303)

Table 13.1 Men's gender role transitions over the life span
Later Adulthood and Old Age
Aging—Becoming older, affecting a man’s physical appearance and self-concept
Retirement—A man’s decision to withdraw from his primary occupation, work, or career
Loss of stamina—A man’s decreasing energy to work and live life
Facing death—A man’s capacity to deal with the end of his life and give up ultimate control (GW-p. 312)

Adults in midlife struggle to come to grips with the reality of their aging. (GW-p. 321)
Changes required of most individuals at the older stages in life include making adjustments for declining physical strength, retirement, death of friends and/or spouse, and declines in income and health. (GW-p. 329)

Leaders of psychotherapy groups for the elderly must be knowledgeable about and skilled in the treatment of major mental disorders. Although group counseling leaders should also have this type of background, it is vital that they recognize and be able to deal with developmental and transitional factors connected with aging. (GW-p. 333)

These factors must be considered when setting up such groups:
The elderly have greater difficulties with physical body systems than do other age groups due to lifestyle factors such as hypokinesis (i.e., physical inactivity).
Older adults take longer to build trust than do those in other age groups. (GW-p. 335)

It is not necessary that group members live out their fantasies—for example, conveying their repressed feelings of resentment to an elderly relative. (GW-p. 419)

For example, behaviorally oriented groups can be used: improve functioning in four typical depression areas of the elderly—grief and bereavement, role transitions, role disputes, such as marital conflict, and interpersonal deficits, such as difficulties making new friends or accepting care. (GW-p. 457)

Representations negating ageism. Several examples were found in the group work textbook which refute ageism. Ageism is refuted in 16 examples in the group work text when referring to the elderly. A reading of this text results in the notation of textual passages which negate ageism. The following 10 examples of textual passages which negate ageism are a sample selected from multiple examples in the group work text.

For the purposes of this chapter, adulthood is conceptualized as the age period between 20 and 65 years. It includes individuals in young adulthood (20 to 40 years), in which identity and intimacy are two intense primary issues as well as adults in midlife (40 to 65 years), in which needs related to generativity become the main focus. (GW-p. 300)
When you wake up one morning
and feel you've grown old
Take this poem down from your shelf
And slowly read its well-wrought lines
which fade like the memories of our youth.
Those were the days on the knolls of Reynolds
when times were measured in looks not words,
Those were the moments we wrote in our memories
and now, like fine parchment,
though faded they remain
clear impressions in the calmness of age,
bringing warmth and smiles
to the chill of the season:
brightness in a world full of grey. (GW-p. 327)

Late adulthood begins in the 60s and extends up to approximately 120 years of age, thus making it the longest span of any period of human development—50 to 60 years. (GW-p. 328)

Another reason the elderly are underserved is that mental health services have traditionally been geared toward those in middle age and younger. Further complicating the situation are the limitations some helpers place on themselves and older adults by accepting many of the myths, misconceptions, and stereotypes about the aged. (GW-p. 328)

Until age 75, the majority of individuals in this age group are, as a rule, relatively free from disabling physical impairments, view themselves as basically middle-aged, and generally enjoy a variety of physical exercises and activities, including sex. (GW-p. 329)

Remotivation therapy groups, in contrast, are aimed at helping older clients become more invested in the present and future. (GW-p. 331)

Reminiscing groups, which originated in the 1960s, are based on the importance of “life review.” These groups help individuals who are at the older life stage to comprehend and appreciate more fully who they are and where they have been. (GW-p. 331)

It is critical to separate fact from fiction when working with members of an older population. Reading books and articles specifically geared toward the developmental and non-developmental issues of the aged will help leaders be more objective. (GW-p. 336)
Likewise, leaders need to be cognizant that common themes in groups for the elderly are loss and loneliness, death and dying, concern about physical changes, increased dependency, relationships with adult children, grandparenting, and finding meaningful and enjoyable activities in which to participate. (GW-p. 336)

A popular movement in the United States since the 1970s is the elder hostel, in which older individuals live and study together for a time, often on a college campus. (GW-p. 340)

Missed Opportunities

Lists. The text provides two lists of diverse groups to be considered for group work. Each of these passages fails to list age when representing other diverse characteristics. The following examples are the only examples of lists found in the group work text which fails to mention age as a diverse concern.

Yet, homogeneous groups (i.e., those centered around a presenting problem or similarly in gender, ethnicity, sexual orientation, or sociocultural background) are extremely beneficial in working through specific issues. (GW-p. 53)

They may also manifest their discomfort through stereotyping and showing prejudice and discrimination toward others. “Racism, sexism, religious intolerance, and homophobia poison the quality of life for victims and perpetrators of intolerant acts alike.” (GW-p. 203)

Discussions. The text provides 11 discussions of diverse groups and various age groups, but not the elderly. Many discussions focus upon gays, lesbians, and bisexuals, as well as racial minorities. Other discussions include gender and the disabled. Discussions are also provided on children and adolescents, but not older adults. When age is addressed, it seems to be in one direction. In examination of the text and looking at all discussions regarding diverse groups, there are none that
included older adults aside from the one chapter on older adults. The following examples of textual passages are all of the discussion examples found in the group work text.

In addition, groups are being offered for a wide variety of populations, such as persons with multiple sclerosis and disabilities. (GW-p. 17)

Minorities, especially African Americans, realized during this time that they would have to band together and rely on their own resources if they were to make substantial gains and obtain major changes in American society. (GW pp. 38-39)

The same dysfunctional/functional and nonproductive/productive dynamic of prejudice and stereotypes may occur in regard to gender, too. (GW-p. 161)

Under such a definition, the almost 20% of Americans who have some type of disability as defined by the American with Disabilities Act of 1990 are included. So are persons with varied sexual lifestyles, such as gays, lesbians, and bisexuals. (GW-p. 205)

However, because of page limitations, the focus in this chapter is on a limited number of distinctly recognizable cultural groups, such as African Americans and gays/lesbians. (GW-p. 205)

Therefore, group workers from the majority culture in the United States (i.e., European American) will need to expand their knowledge about cultural variables regarding African Americans, Hispanic/Latino Americans, Asian Americans, and Native Americans. (GW-p. 210)

However, regardless if their visibility or their number, GLBs are still discriminated against in many ways both in the public domain and in other settings. (GW-p. 217)

Research supports the employment of groups in many settings with children, including those who have suffered loss, need support, or lack social skills. (GW-p. 270)

The concerns of these adolescents may be situational or developmental, such as making new friends, failing courses, having problems with physical size, or hassling with parents. (GW-p. 278)
Groups have been found to be effective with adolescents in promoting exploration of participants' lifestyle patterns and relationships with parents. (GW-p. 291)

Finally, existential groups are applicable to individuals from a wide range of cultures, especially, for example, African American women who have suffered because of open or subtle prejudice and discrimination. (GW-p. 386)

Case studies. No case studies are included in this text.

Illustrations and examples. The following illustrations and examples of other diverse groups and age groups besides the elderly are provided for understanding group work. Many illustrations and examples are presented in the text about children and teenagers. Racial and ethnic groups are represented in a few examples. Diverse clients such as the disabled and homosexuals are also presented in the text. There are, however, no illustrations or examples that include the elderly, aside from the one chapter on older adults. The following textual passages are a sample of the 10 examples and illustrations found in the text for understanding diversity in group work.

One example is helping parents relate effectively to their children with disabilities. The focus of life-skills training is on immediate remediation and future prevention. (GW-p. 28)

For instance, in a psychoeducational group involving families with adolescents, families in the group may be relieved to know they are not the only ones having difficulties with parent-teen communications. (GW-p. 47)

For instance, a psychoeducational group focusing on careers may have an appeal to senior high school student but not be relevant to primary school children. (GW-p. 52)

For example, school counselors may wish to make sure that all members of a sixth-grade class learn appropriate ways of interacting with the opposite gender. (GW-p. 110)
For example, a high school guidance group focusing on understanding opposite-sex relationships might be prohibited or canceled if the principal of the school thinks sex is to be the main agenda item of the group. (GW-p. 111)

For example, a group leader of Asian American descent who grew up in an affluent but isolated neighborhood might have negative feelings about working with Mexican Americans. (GW-p. 208)

For example, Patricia, the group leader, might find out that Jenny, a group member, is a lesbian. If Patricia has unresolved issues or biases involving homosexuals, she will treat Jenny differently. (GW-p. 230)

For example, after a fight between some fourth- and fifth- graders, children in one school formed a “peace group.” (GW-p. 256)

**Activities.** The following activity is suggested in this text for understanding diversity in group work. The suggested activity is for exposure to various age groups. One of the two activities in the text includes older adults. The following textual passage is the only activity presented in the group work text.

The transition to midlife is sometimes filled with apprehension. Have each member of the class draw a picture depicting him or herself at young adulthood and midlife. (GW-p. 322)

**Pictures.** A total of 19 pictures are included in this text as an introduction to each chapter. The only picture of older adults is in the beginning of the chapter on groups for the elderly. In fact, the only picture of an older adult in the entire textbook is the one at the beginning of the chapter on groups for the elderly. All of the other 18 pictures in this text are of children, teens, young adults, and a few middle-aged adults.

**Summary.** Textual passages in the GW text represented older adults and aging issues in the following manner: ageist (8), unbiased (9), and non-ageist (16). Other diverse groups, but not the elderly, were represented in the following manner: lists (2), discussions (11), case studies (0), illustrations (10), activities (1), and pictures
(18). Although the stated value of the GW text was attention to diversity, older adults were represented infrequently when compared to the number of times other diverse groups and age groups were represented in the text.

**Multicultural Counseling Text**

The introductory chapters in the multicultural counseling textbook (see Appendix A for citation) highlight the importance of developing competency with diverse clients. Multicultural understanding and sensitivity is emphasized in the assessment, diagnosis, and treatment of clients. The sociopolitical factors which contribute to the formation of stereotypes, biases, and prejudices are brought to the forefront. The textbook endorses multicultural counseling skills for all individuals regardless of age, race, ethnicity, gender, or other diverse characteristic. Chapters in this text are devoted, one each, to multicultural and diverse groups. One chapter is devoted entirely to the elderly, although representations of the elderly can be found in other chapters in the text besides the one devoted to older adults. Stated values of the text are the development of multicultural competence and a sensitivity to diversity in counseling, which are reflected in the passages below. All passages from this textbook are identified by the acronym MC.

Thus, enhancing multicultural understanding and sensitivity means balancing our understanding of the sociopolitical forces that dilute the importance of race, on the one hand, and our need to acknowledge the existence of other group identities related to social class, gender, ability/disability, age, religious affiliation, and sexual orientation, on the other. (MC-p. 11)

Multicultural counseling and therapy can be defined as both a helping role and process that uses modalities and defines goals consistent with the life
experiences and cultural values of clients, recognizes client identities to include individual, group, and universal dimensions, advocates the use of universal and culture-specific strategies and roles in the healing process, and balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems. (MC-p. 16)

Because none of us is immune from inheriting the images/stereotypes of the larger society, we can assume that most therapists are prisoners of their own cultural conditioning. (MC-p. 42)

Further, the training of mental health professionals has often resulted in therapists' inheriting the racial and cultural biases of their forebears because stereotyped perceptions of minorities are reinforced by the biased content of the program. (MC-p. 43)

The stated values of the multicultural counseling text are reflective of diversity issues and competency with individuals from various backgrounds. The text supports multicultural training and practice in counseling.

Representation of the Elderly

Representations neither supporting nor negating ageism. In the multicultural counseling textbook, the aged and aging issues are represented occasionally among other diverse groups in an unbiased manner. Eleven references of the elderly did not represent any bias, either positive or negative, in their portrayal of older adults. The following eight examples are a sample of textual passages which neither support nor refute ageism.

Do other special populations such as women, gays and lesbians, the elderly, and those with disabilities constitute a distinct cultural group? (MC-p. 3)

Reference groups related to race, ethnicity, sexual orientation, gender, age, and socioeconomic status exert a powerful influence over us and influence our worldviews. (MC-p. 7)
What makes examination of the self difficult is the emotional impact of attitudes, beliefs, and feelings associated with cultural differences such as racism, sexism, heterosexism, able-body-ism, and ageism. (MC-p. 18)

In keeping with our all-encompassing definition of multiculturalism, we include the human differences associated with race, gender, sexual orientation, physical ability, age, and other significant reference groups. (MC-p. 25)

This dimension can be broadened to include multiracial groups and other culturally diverse groups such as sexual minorities, the elderly, women, and those with disabilities. (MC-p. 25)

Understand the terms “sociodemographic” and “diverse backgrounds” in the MCT definition to be inclusive and encompass race, culture, gender, religious affiliation, sexual orientation, elderly, women, disability, and so on. (MC-p. 27)

As the individual chapters on American Indians, Asian Americans, Blacks, Hispanics, and other culturally different groups (gays/lesbians, women, persons with disabilities, and the elderly) will reveal, the histories and experiences of the culturally different have been fraught with oppression, discrimination, and racism. (MC-p. 68)

Such a comparative analysis is helping in providing a means for examining the appropriateness of counseling approaches—not only for culturally different clients but for other special populations as well (women, gay/lesbians, the physically handicapped, and the elderly). (MC-p. 101)

Representations supporting ageism. Seven examples are found in the multicultural counseling textbook which support ageism. A reading of this text results in the notation of textual passages which reflect ageism. Consistently, the examples of older adults and aging are negative. The following five examples are a sample of the seven representations of older adults which support ageism.

Mrs. Lopez, age 70, and her 30-year-old daughter sought counseling because they had a very conflictual relationship. . . . The mother was not accustomed to a counseling format. . . . At a pivotal point in one session, she found talking about emotional themes overwhelming and embarrassing. . . . (MC-p. 351)
Most older adults will show some declines in certain cognitive abilities, which are considered to be part of the normal developmental process. (MC-p. 397)

Agnes, 85 years old, lost her husband last year. Because of her own problems with arthritis and congestive heart failure, Agnes moved in with her 55-year-old daughter, Emily. Emily has caught herself calling her mother names and accusing her mother of ruining her life. (MC-p. 400)

A 77-year-old woman has been on hemodialysis for 10 years and also has seizures, arthritis, and strokes. Communication with the social worker is not going well since the patient has impaired hearing. (MC-p. 421)

Since Ms. Buckman is in midlife, she also expresses concern about the triple whammy involving gender, disability, and age issues. (MC-p. 421)

Representations negating ageism. Eight examples are found in the multicultural counseling textbook which negate ageism. Ageism is refuted in several examples in the multicultural counseling text when referring to the elderly. A reading of the text results in the notation of eight textual passages which negate ageism. The following examples are all of the examples found in the text which refute ageism.

Beliefs that African Americans and Hispanic Americans are intellectually inferior and will not do well in school, that Asian Americans make good technical workers but poor managers, that women belong in the home, or that the elderly are no longer useful in society are examples of widespread stereotyping that may hinder equal access and opportunity. (MC-p. 19)

Only 5% of people 65 and over live in nursing homes; this increases to only 22% by age 85. (MC-p. 395)

Evich, now 81, has no immediate plans on ending his substitute teaching career. (MC-p. 397)

A common view of elderly persons is that they are mentally incompetent. Words such as “senile” reflect this perspective. However, only a minority of elderly persons has dementia. (MC-p. 397)

Aging, independent of declining health problems, does not increase the risk of depression. (MC-p. 402)
Older adults are not expected to be interested in sex. However, sexual interest and activity continue well into the 80s and 90s for many individuals. (MC-p. 403)

The following are suggestions in offering mental health service to older adults: Presume competence in older adult clients unless the contrary is obvious. Help the older adult develop a sense of fulfillment in life by discussing the positive aspects of their experiences. (MC-p. 406)

Some women are grandmothers in graduate school; others are new mothers at 40; and some have multiple careers. (MC-p. 416)

Missed Opportunities

Lists. The text provides lists of diverse groups to be considered in multicultural counseling. Aside from the one chapter on the elderly, each of these passages fails to list age when representing other diverse groups. This is a frequently occurring issue in the multicultural counseling text. The following 8 samples of lists failing to mention age as a diverse characteristic are taken from 14 examples in the text.

All counseling and therapy is to some extent multicultural. What we need to realize is that race and ethnicity are only one set of differences. For example, class, gender, and sexual orientation are all legitimate group markers. (MC-p. 4)

Many racial-ethnic minorities, gays and lesbians, and women have accused those who hold power and influence of imposing their views of reality upon them. (MC-p. 8)

As we have seen, issues of race, gender, sexual orientation, and disability seem to touch hot buttons in all of us because they bring to light issues of oppression and the unpleasantness of personal biases. (MC-p. 14)

Effective MCT means using modalities and defining goals for culturally diverse clients that are consistent with their racial, cultural, ethnic, gender, and sexual orientation backgrounds. (MC-p. 17)
These and countless other examples indicate that racism, sexism, and homophobia are alive, well, and thriving in the United States. (MC-p. 35)

Unfortunately, most training programs are weak in having their students explore their values, biases, and preconceived notions in the area of racist/sexist/homophobic attitudes, beliefs, and behaviors. (MC-p. 66)

As a result, people assume universality: that regardless of race, culture, ethnicity, or gender, everyone shares the nature of reality and truth. Racism, sexism, and homophobia may be both conscious (intentional) and unconscious (unintentional). (MC-p. 72)

While the intent of this chapter is to discuss racial and ethnic minorities, it must be kept in mind that economic and social class, religion, sexual orientation, and gender are also interactional components or a worldview. (MC-p. 268)

Discussions. The text provides 19 discussions of diverse groups and various age groups, but none include the elderly. Many discussions focus upon racial and ethnic minorities. Other discussions include diverse groups such as gays and lesbians and women. Discussions are also provided on the physically disabled and obese individuals. The elderly are discussed in only the elderly chapter. Older adults do not show up for discussion in any of the other racial, ethnic, or sexual minority chapters. The following 6 samples of discussions in the text are selected from 19 discussions which focused upon various diverse groups, but excluded the elderly.

I’m just wondering whether the social worker might be culturally insensitive to the Latino family. She doesn’t appear culturally competent. To describe a Latino family member as “excessively dependent” fails to note the value placed on the importance of the family. The social worker seems to have hidden racial biases, as well as difficulty relating to cultural differences. (MC-p. 4)

The culturally competent professional understands the impact and operation of oppression (racism, sexism, etc), the politics of counseling, and the racist, sexist, and homophobic concepts that have permeated the mental health helping professions. (MC-p. 21)
Multicultural counseling often mirrors that state of racial relationships in the wider society as well the dominant-subordinate relationships of other marginalized groups (gays/lesbians, women, and the physically challenged). It serves as a microcosm reflecting Black-White, Asian-White, Hispanic-White, American Indian-White, interethnic, and minority-majority relations. (MC-p. 38)

He equated darker skins with greater sexual urges and activity ("Latin lovers"), made demeaning remarks about obese people, and made repeated sexist references to women. (MC-p. 34)

Yet studies continue to reveal that American Indians, Asian Americans, African Americans, and Latino-Hispanic Americans tend to underutilize traditional outpatient mental health services. (MC-p. 43)

Mental health practitioners must realize that racial/ethnic minorities and other marginalized groups (women, gays/lesbians, and the disabled) in our society live under an umbrella of individual, institutional, and cultural forces that often demean them, disadvantage them, and deny them equal access and opportunity. (MC-p. 68)

*Case studies.* The following case studies are provided for understanding multicultural counseling. In examining all of the case studies in the text, the upper age is 65 years. Six case studies are given in the text for ages 12-16 years and four case studies are provided for the 19-24 year old age group. A total of three case studies are used for 26-31 year olds and two case studies are presented for ages 34-39 years. Three case studies are given in the multicultural counseling text for ages 42-48 years and one case study mentions a 65-year-old man. The following are a sample of textbook passages selected from 19 case studies in the text.

Jimmy Jones is a 12-year-old Black male student who was referred by Mrs. Peterson because of apathy, indifference, and inattentiveness to classroom activities. (MC-p. 115)

A 17-year-old White high school student, Mary, comes to counseling for help in sorting out her thoughts and feelings concerning an interracial relationship with an African American student. (MC-p. 216)
42-year-old White businessman
Q: What does it mean to be White?
A: Frankly, I don’t know what you’re talking about.
Q: Aren’t you White?
A: Yes, but I come from an Italian heritage. I’m Italian, not White.
(MC-p. 235)

65-year-old male retired construction worker
Q: What does it mean to be White?
A: That’s a stupid question [sounds irritated]!
Q: Why?
A: Look, what are you, Oriental? You people are always blaming us for stereotyping and here you are doing the same to us. (MC-p. 236)

39-year-old Black male salesperson
Q: What does it mean to be White?
A: Is this a school exercise or something? Never expected someone to ask me that question in the middle of the city. Do you want the politically correct answer or what I really think? (MC-p. 237)

21-year-old Chinese American male college student (majoring in ethnic studies)
Q: What does it mean to be White?
A: My cultural heritage class was just discussing that question this week.
Q: What was your conclusion?
A: Well, it has to do with White privilege. (MC-p. 238)

Mrs. N is a 48-year-old Vietnamese woman who sought help at a mental health clinic for depression and frequent nightmares of atrocities and the death of her husband. She and her two daughters fled Vietnam in 1982. During the escape, one of her daughters died. (MC-p. 338)

Like many farm-worker children, Gonzales went to work to help his family pay the bills. He was a good student until he dropped out at age 15. He hasn’t given up hope . . . but his family comes first. (MC-p. 343)

A 33-year-old client with hearing difficulties has problems at work. Her employer claims that she does not follow orders and inquires about attention or memory problems. (MC-p. 429)

Illustrations and examples. The following illustrations and examples of other diverse groups and age groups besides the elderly are provided for understanding
multicultural counseling. Twenty-one illustrations and examples are presented in the text about race and ethnicity. Gay, lesbian, and bisexual individuals are represented in several examples in the text. A few illustrations are provided about disabled persons. Gender is also used in illustrations and examples on diversity. There are, however, no illustrations or examples that include the elderly outside the chapter devoted to the elderly. The following 7 passages are examples selected from 21 examples found in the multicultural counseling text. Illustrations and examples of older adults are only found in the chapter devoted to the elderly.

For example, a White counselor who works with an African American client might intentionally or unintentionally avoid acknowledging the racial or cultural background of the person by stating, "We are all the same under the skin," or "Apart from your racial background, we are all unique." (MC-p. 10)

For example, a gay man with a disability may find that his disability identity is more salient among the able-bodied but that his sexual orientation is more salient among those with disabilities. (MC-p. 13)

A Black client named Malachi was given an appointment with me. Even though I’m White, I tried not to let his being Black get in the way of our sessions. I treated him like everyone else, a human being who needed help. (MC-p. 63)

For example, a White male therapist might try to reassure an African American client that he is not against interracial marriage, but hesitate in speech and tense up whenever the topic is broached. (MC-p. 81)

The therapist’s persistent attempts to focus on feelings and his direct and blunt interpretation of them may indicate to the Asian American client that the therapist lacks the more subtle skills of dealing with a sensitive topic or that the therapist is shaming the client. (MC-p. 86)

Several years ago, a female school counselor sought the senior author’s advice about a Mexican American family she had recently seen. She was quite concerned about the identified client, Elena Martinez, a 13-year-old student who was referred for counseling because of alleged peddling of drugs on the school premises. (MC-p. 153)
The patient was lying very stiffly in bed, staring at the ceiling. He was a 56-year-old man who had suffered an anterior myocardial infarction [heart attack] some 2.5 days ago. "I am very tired," he said. "I haven't slept in two and one-half days, because I'm sure that if I fall asleep, I won't wake up." (MC-p. 180)

*Activities.* No activities are included in this text.

*Pictures.* No pictures are included in this text.

*Summary.* Textual passages in the MC text represented older adults and aging issues in the following manner: ageist (7), unbiased (11), and non-ageist (8). Other diverse groups, but not the elderly, were represented in the following manner: lists (14), discussions (19), case studies (19), illustrations (21), activities (0), and pictures (0). Although the stated value of the MC text was attention to diversity, older adults were represented infrequently when compared to the number of times other diverse groups and age groups were represented in the text.

**Responses to Research Questions**

The first and second research questions which guided this study are: (1) How do counselor education textbooks represent older adults and aging issues to counselors in training? and (2) How do counselor education textbooks support or negate ageism? An examination of the eight textbooks revealed that the elderly are represented in several different ways. Older adults and aging issues are represented in unbiased, ageist, and non-ageist manners in the counseling texts. Textbooks were examined using a thematic analysis to determine if there were any themes present...
relating to representations of the elderly. Certain patterns were noted, but these were not sufficient to be categorized as themes.

*Unbiased Representations*

The aged and aging issues are represented among other diverse groups in an unbiased manner when referring to career development, research methods, tests and measurement, counseling techniques, issue and ethics, counseling theory, group work, and multicultural counseling. The elderly are portrayed and included occasionally in each of these textbooks. Most references of the elderly did not represent any bias, either positive or negative, in their representations of older adults. The following examples of text neither support nor refute ageism.

Care should be taken to eliminate bias and stereotyping against persons with a disability, or based on gender, race, social status, ethnicity, age, or religion. If graphics or pictures are used, these should be current, accurately depict the environment, and represent without stereotype persons of both sexes and of different races, ages, and physical abilities. (CD-p. 183)

The 500 selected teachers could be expected to appropriately represent all relevant subgroups of teachers, such as elementary teachers, older teachers, male teachers, and so on. (RM-p. 105)

Objectives in testing for counseling purposes vary with stage of life and particular situation; questions to be answered range from “How can this child work and play better with other children?” to “What career is the client best suited for?” to “What activities are recommended for retirement?” (TM-p. 26)

You will want to expand your understanding of cultural differences including, race/ethnicity, gender, spiritual/religious orientation, disability, sexual orientation, age, and socioeconomic status. (CT-p. 421)

When the counselor and the client connect at a certain level, cultural and age differences can be transcended. Consider for a moment whether you can communicate effectively with an elderly person. . . . (IE-p. 81)
Future directions in counseling and psychotherapy: Outreach programs will make treatment more available to traditionally underserved groups such as the elderly and people from nonwestern cultural backgrounds. (TY-p. 581)

Understanding life stages and transitional experiences is a must. As Nichols points out, the aging process is as much a mental process of considering one’s self older as it is a biological phenomenon composed of physiological changes. (GW-p. 300)

What makes examination of the self difficult is the emotional impact of attitudes, beliefs, and feelings associated with cultural differences such as racism, sexism, heterosexism, able-body-ism, and ageism. (MC-p. 18)

Most of the references of the elderly in the counselor education textbooks neither support nor refute ageism. While most of the representations of older adults and aging issues neither supported nor refuted ageism, there were several that represented the elderly in a biased manner.

**Ageist Representations**

Thirty-six textual passages which support common societal myths of aging emerged from a comparison of the textbook representations of the elderly. The following patterns and examples are taken from the career development, research methods, tests and measurement, counseling techniques, issue and ethics, counseling theory, group work, and multicultural counseling textbooks. Each of the textual examples listed below reflects ageism.

The ageist representations of the elderly found in each of the eight counseling texts fall within one of eight common myths of aging. This is a demonstration of social learning in action. The eight common myths of aging are created and maintained by social learning. Myths of aging are perpetuated in society through role
modeling and the media. Since textbooks are a form of the media, they are an avenue through which societal myths are disseminated and maintained. Specifically, these 36 passages in the counselor education texts help perpetuate the common myths of aging which abound in society.

The first myth is physical illness and decline. As a part of this myth, the elderly are described in terms of a multitude of physical losses. According to this myth, older adults are frequently associated with physical ailments such as, cardiovascular disease, arthritis, and congestive heart failure.

The following sample passages are examples of the occasional negative representations of the aged and aging issues found in the texts relating to physical decline.

At some point toward the end of the maintenance stage, often as physical capacities begin to decline, interest in work activities begins to wane. Workers become more concerned with planning for retirement living. Thus, the disengagement stage involves the career development tasks of deceleration, retirement planning, and retirement living. As workers begin decelerating from their work activities (currently at about age 65), they begin to become concerned about their lifestyle and activities in retirement. Often, these concerns contain physical, spiritual, and financial considerations. (CD-p. 35)

Changes required of most individuals at the older stages in life include making adjustments for declining physical strength, retirement, death of friends and/or spouse, and declines in income and health. (GW-p. 329)

The second myth is intellectual decline with age. According to this myth, older adults are represented in several characteristic ways. Older adults are represented as less intelligent and slower to learn new things. The elderly are associated with a poor memory and consistent decline in cognitive abilities with age. Older adults are frequently represented with Alzheimer’s Disease and other dementias.
The following sample passages are examples of the occasional negative representations of the aged and aging issues found in the texts relating to intellectual decline.

Most older adults will show some declines in certain cognitive abilities, which are considered to be part of the normal developmental process. (MC-p. 397)

Person D: I really should visit my mother every day. It's hard for me because she has dementia and doesn't recognize me, but a daughter should see her mother as often as she possibly can, no matter what. (TY-p. 326)

A third myth is mental illness. As a part of this myth, the elderly are most frequently represented with depression or other major mental disorders. According to this myth, emotional instability is commonly associated with old age. In addition, this myth holds that other mental disorders typically associated with older adults are alcoholism, abusive and mean tendencies, and retardation.

The following sample passages are examples of the occasional negative representations of the aged and aging issues found in the texts relating to mental illness.

Mrs. Lopez, age 70, and her 30-year-old daughter sought counseling because they had a very conflictual relationship. . . . The mother was not accustomed to a counseling format. . . . At a pivotal point in one session, she found talking about emotional themes overwhelming and embarrassing. . . . (MC-p. 351)

Leaders of psychotherapy groups for the elderly must be knowledgeable about and skilled in the treatment of major mental disorders. Although group counseling leaders should also have this type of background, it is vital that they recognize and be able to deal with developmental and transitional factors connected with aging. (GW-p. 333)

A fourth myth is uselessness. According to this myth, the elderly are sometimes described as being inept or incompetent. As a part of this myth, older
adults are represented as being kept alive without a purpose. In addition, this myth contends that the elderly are unable to contribute to society or to the labor force.

The following sample passages are examples of the occasional negative representations of the aged and aging issues found in the texts relating to uselessness.

Imagine that you have just been hired as a career counselor by a large corporation that needs to reduce the size of its workforce. It is doing this by offering older employees an early-retirement financial package and terminating 456 middle managers. You decide to initiate a program for the 456 mid-level managers first, since their needs are more immediate than those of the early retirees who have 6 more months of employment left. Also, since these employees are in the age range of 42-50 and most have worked for this company for many years, it is assumed that they need to review the latest job-search techniques and to practice these until they are comfortable. (CD-p. 245)

As people grow older, he contended, there is a greater likelihood that they will be kept alive without a purpose. At age 86, Bettelheim was no longer able to do most of the things that brought him enjoyment and meaning, such as hiking, reading and writing. He made a decision to end his life. (IE-p. 94)

A fifth myth is loneliness. As a part of this myth, the elderly are represented as having very few friends and social contacts. The myth holds that older adults are described as having decreased contacts with family members. In addition, the myth contends that the elderly are both alone and lonely whether living in the community or in an institution.

The following sample passages are examples of the occasional negative representations of the aged and aging issues found in the texts relating to loneliness.

Dominique (age 78, French Canadian): I feel so badly. No one pays any attention to me in this “home.” The food is terrible. Everyone is so rude. I feel frightened. (CT-p. 88)
Narrative therapy seems particularly well suited for the treatment of people who have been victimized and disenfranchised from others, such as women, the elderly, and individuals from some ethnic and cultural groups. (TY-p. 289)

A sixth myth is apathy. According to this myth, the elderly are depicted as unwilling to participate in life or learn new things. As a part of this myth, older adults are repeatedly portrayed as being inflexible and stubborn. In addition, this myth holds that the elderly are sometimes presented as boring and fatigued.

The following sample passages are examples of the occasional negative representations of the aged and aging issues found in the texts relating to apathy.

I see older teachers, and I don’t want to be like them. Oh, a few have fun; most seem just tired to me. I don’t want to end up like that. (CT-p. 357)

There will be statistically significant relationship between teachers’ numbers of years teaching and their interest in taking new courses. (RM-p. 124)

A seventh myth is institutionalization. According to this myth, older adults are typically represented as living in nursing homes. As a part of this myth, the elderly are sometimes described as being admitted into assisted living centers. In addition, this myth holds that older adults are unable to live independently and require supervised care.

The following sample passages are examples of the occasional negative representations of the aged and aging issues found in the texts relating to institutionalization.

“Jillian, you’re feeling sad and discouraged right now about having to place your mother in a nursing home. You seem to be really hurting.” (CT-p. 254)

“I hear you saying that this home may not be the best place for her, but you had no practical alternative as she now needs constant supervision. You say that her friends are angry with you for putting her in the home. What have they done to help? Tell me more about the nurse you met there and your
worries about her." (CT-p. 255) “I had to put my father in a home two years ago myself. It’s very difficult and hurt a lot. Is that close to what you are feeling?” (CT-p. 255)

Client B: My mother is just impossible. You know, she’s nearly 80 years old and really can’t live alone anymore. I offered to come up and help her move into one of those continuing care places. I suppose they’re all awful, smelly and depressing... I’ve never been inside one... but what choice does she have? So, no, she doesn’t want to do that. She didn’t say it, but I bet she wants me to let her move in with me. (TY-p. 470)

The eighth myth is death and dying. According to this myth, the elderly are typically associated with dying. As a part of this myth, older adults are often described as being close to death, whether one’s own or that of a friend, sibling, or spouse.

The following sample passages are examples of the occasional negative representations of the aged and aging issues found in the texts relating to death and dying.

Case Illustration: Stage 7: Generativity versus Stagnation
Important events: I guess this is where I am now. Big problems in the marriage. Started therapy. (Hopefully, marriage gets better; I move into management at work; Ava goes to college. Probably bad stuff too;... parents getting sick, dying.)

Table 13.1 Men’s gender role transitions over the life span Loss of stamina—A man’s decreasing energy to work and live life
Facing death—A man’s capacity to deal with the end of his life and give up ultimate control (GW-p. 312)

All of the eight textbooks reviewed and analyzed showed some contributions to these eight myths of aging. The various negative representations of the elderly helped support ageist attitudes and beliefs relating to physical decline, intellectual decline, mental illness, uselessness, loneliness, apathy, institutionalization, and death. Each of the previously identified passages which represented older adults and aging

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issues appears to support the common myths and stereotypes of older adults in our society.

*Non-Ageist Representations*

Ageism is refuted in five of the eight textbooks when referring to the elderly. When the elderly are mentioned or discussed in the following examples of textual passages, the impression received is predominantly positive. The textbooks which refute ageism do so in several ways. First, facts on aging are presented in the text. Second, positive examples of elderly individuals are provided. Last, recommendations for therapy with older adults are given. The following examples are taken from the counseling techniques, issues and ethics, counseling theory, group work, and multicultural counseling textbooks. Each of these textual examples refutes ageism.

*Facts on aging.* The fact that only 5% of individuals over 65 years of age reside in nursing homes is made clear in the multicultural counseling text. In addition, this text highlights the fact that the only a small proportion of elderly persons has dementia. Another fact pointed out in the multicultural text is that aging does not automatically increase the risk of depression. The counseling theory text reports that older individuals report higher levels of life purpose. The group work text highlighted the fact that the majority of older adults are free from disabling physical conditions until the age of 75 years.

Late adulthood begins in the 60s and extends up to approximately 120 years of age, thus making it the longest span of any period of human development—50 to 60 years. (GW-p. 328)
It is critical to separate fact from fiction when working with members of an older population. Reading books and articles specifically geared toward the developmental and non-developmental issues of the aged will help leaders be more objective. (GW-p. 336)

In a study of people in age from 16 to 93, Reker also found that the older group of people reported higher levels of life purpose compared to people in their middle and younger years and that having a strong sense of personal meaning seemed to play a role in protecting and enhancing health in older people. (TY-p. 245)

Aging, independent of declining health problems, does not increase the risk of depression. (MC-p. 402)

Older adults are not expected to be interested in sex. However, sexual interest and activity continue well into the 80s and 90s for many individuals. (MC-p. 403)

The counseling techniques, issue and ethics, counseling theory, group work, and multicultural counseling textbooks each refute ageism by providing facts on aging. The common myths and stereotypes of the aged and aging issues are challenged by the reporting of aging facts. The true characteristics of elderly individuals help negate ageist attitudes and beliefs.

Positive examples. The following seven examples are given in the texts which shed a positive light on the elderly: (1) an 81-year-old man is still substitute teaching, (2) some grandmothers are in graduate school, (3) a 60-year-old woman is thinking about entering law school, (4) elderly individuals are going to college to study together through an elder hostel, (5) a poem is shared which represents aging as calm and bright, (6) older persons are shown to be helpful, and (7) grandparents are presented as playing important roles in the lives of their grandchildren.

Imelda is a 60-year-old teacher who is thinking about going to law school because it is something she has wanted to do for a long time. She has taught
government and history in community colleges for 30 years, and now she wants to retire early to take up a new profession. Imelda wonders whether she has the stamina to endure long hours of study and she is asking herself whether leaving teaching at this stage in life would be a wise move. (IE-p. 82)

Janet: (pause) Well, I loved visiting Grandma and Grandpa. They were like Mom. They were always friendly and helped me with my problems. . . . Samantha: How did they help you? Could you tell me a story about Grandma or Grandpa or your Mom when they made things better for you? Janet: Well, they were always supportive to me. Mom had to work and carry the family and I had the most fun with Grandma and Grandpa. . . . They listened to me; then they told me that I was beautiful and smart. (CT-p. 269)

A popular movement in the United States since the 1970s is the elder hostel, in which older individuals live and study together for a time, often on a college campus. (GW-p. 340)

When you wake up one morning
and feel you’ve grown old
Take this poem down from your shelf
And slowly read its well-wrought lines
which fade like the memories of our youth.
Those were the days on the knolls of Reynolda
when times were measured in looks not words,
Those were the moments we wrote in our memories
and now, like fine parchment,
though faded they remain
clear impressions in the calmness of age,
bringing warmth and smiles
to the chill of the season:
brightness in a world full of grey. (GW-p. 327)

Evich, now 81, has no immediate plans on ending his substitute teaching career. (MC-p. 397)

Some women are grandmothers in graduate school; others are new mothers at 40; and some have multiple careers. (MC-p. 416)

The student said, "I told the Chicana student to ask her family if they would come in for a family session. You know who showed up the next day? Her parents and both grandparents, four siblings, plus a godfather who actually is a cousin of the mother!" (CT-p. 84) The student replied, "I mean I made the grandparents and the godfather wait in the hall while we had the family session." (CT-p. 84) One can well imagine the detrimental effect that resulted
from the exclusion of the godfather, along with the grandparents, who also play an important role in the child’s upbringing. (CT-p. 84)

The counseling techniques, issues and ethics, counseling theory, group work, and multicultural counseling textbooks each refute ageism by providing positive examples of the aged and aging issues. The common myths and stereotypes of aging are challenged by the use of positive examples of elderly individuals. The positive examples show that there is hope for older adults; they can still grow and learn. These positive examples of elderly individuals help negate ageist attitudes and beliefs.

Recommendations for therapy. Different types of therapy with the elderly are suggested in a few of the texts. Transpersonal therapy is suggested to help older adults enter into old age with serenity. Narrative therapy is recommended with the elderly to reflect on a rich and full life. Remotivation therapy can be used to help older adults become more invested in the future. Reminiscence groups are suggested to help older adults appreciate the importance of their lives, both past and present.

Remotivation therapy groups, in contrast, are aimed at helping older clients become more invested in the present and future. (GW-p. 331)

Reminiscing groups, which originated in the 1960s, are based on the importance of “life review.” These groups help individuals who are at the older life stage to comprehend and appreciate more fully who they are and where they have been. (GW-p. 331)

Similarly, when used with older people, narrative therapy can be positive and life-affirming, transforming stories that are based on loss and worthlessness into those that reflect a rich and full life. (TY-p. 289)

Transpersonal psychotherapy creates psychological health... and to see a meaning and purpose in one’s life that allows one to enter old age or to face death with serenity and without fear. (TY-p. 295)
Several suggestions are offered in the texts for providing adequate and effective mental health services to older adults. The main goal in therapy is to presume competence in older adults and focus upon positive aspects of aging. Group work with the elderly is encouraged to cover such topics as grandparenting and finding enjoyable activities in which to participate. Group leaders are to strive for a balance in both positive and negative topics for elderly individuals participating in group work.

This point is perhaps made most clearly when you think about a younger person counseling an elder. It is a simple matter of respect to note the age difference and to acknowledge that one does not have life experience. (CT-p. 321)

Another reason the elderly are underserved is that mental health services have traditionally been geared toward those in middle age and younger. Further complicating the situation are the limitations some helpers place on themselves and older adults by accepting many of the myths, misconceptions, and stereotypes about the aged. (GW-p. 328)

Likewise, leaders need to be cognizant that common themes in groups for the elderly are loss and loneliness, death and dying, concern about physical changes, increased dependency, relationships with adult children, grandparenting, and finding meaningful and enjoyable activities in which to participate. (GW-p. 336)

The following are suggestions in offering mental health service to older adults: Presume competence in older adult clients unless the contrary is obvious. Help the older adult develop a sense of fulfillment in life by discussing the positive aspects of their experiences. (MC-p. 406)

The counseling techniques, issues and ethics, counseling theory, group work, and multicultural counseling textbooks each refute ageism by discussing recommendations for therapy with older adults. The common myths and stereotypes of aging are challenged by the examples given for providing counseling services to the
elderly. The recommendations for therapy with older adults show that the aged are willing and able to change. Additionally, there are many positive aspects of aging. These recommendations for therapy with elderly individuals help negate ageist attitudes and beliefs.

Summary of Representations of Older Adults and Aging Issues

The previous sections have given examples of representations of older adults and aging issues from each of the counseling textbooks which include unbiased, ageist, and non-ageist representations. A few examples were provided from texts which refuted ageist representations of older adults. The non-ageist examples given in various textbooks pertained to discussions of facts on aging, positive examples of aging, and recommendations for therapy with older adults.

Research Questions 1 and 2 were: (1) How do counselor education textbooks represent older adults and aging issues to counselors in training? and (2) How do counselor education textbooks support or negate ageism? In response to Research Question 1, the findings of this study revealed that, in general, representations of the elderly were infrequent. On the rare occasion that older adults and aging issues were represented, most of the time, the representations were unbiased. In response to Research Question 2, the findings of this study revealed that counseling texts occasionally represented older adults and aging issues in ageist manners, and rarely were the representations of the elderly in a non-ageist manner.
Missed Opportunities

The previous section has illustrated the manner in which counselor education texts have represented older adults. Most of the time, representations of the elderly were unbiased, occasionally the representations were ageist, and rarely did the representations refute ageism. The third research question which guided this study was: What opportunities did the texts miss to represent older adults and aging issues? An examination of the eight textbooks revealed that the elderly are often not included when other diverse groups and age groups are mentioned. Older adults and aging issues are often not included in lists, discussions, case studies, illustrations and examples, activities, and pictures when other age groups and diverse groups are represented. The following examples of textual passages from the career development, research methods, tests and measurement, counseling techniques, issues and ethics, counseling theory, group work, and multicultural counseling textbooks are missed opportunities for mentioning age as a diverse characteristic or representing the aged as a diverse group.

Lists. Each text provides lists of diverse groups to be considered in counseling. Each of the following textual passages fails to list age or older adults when representing other diverse groups. In addition, the passages fail to mention ageism when discussing other “isms” pertaining to minority groups. This is a frequently occurring issue in all eight of the counseling texts. The following samples of textual passages fail to mention age or older adults as a diverse characteristic or group.
Despite these developments, there is also ample evidence to suggest that women, people of color, persons with disabilities, gay men, and lesbian women encounter tremendous obstacles in their career development. (CD-p. 98)

Did the researcher fully describe participants’ relevant characteristics, such as socioeconomic structure, gender makeup, level of urbanizations and/or acculturation, and pertinent social and cultural history? (RM-p. 536)

Computers carry no biases regarding race, social class, gender, or sexual orientation. (TM-p. 563)

Many people of color, gays, women, or the disabled find themselves in a contextual situation that makes life difficult for them. Discrimination, heterosexism, sexism, and ableism represent situational discrepancies. (CT-p. 111)

The word culture can be interpreted broadly, for it can be associated with a racial or ethnic group as well as with gender, religion, economic status, nationality, physical capacity or handicap, or affectional or sexual orientation. (IE-p. 111)

The concept of diversity itself was expanded to include not only people’s racial, ethnic, and cultural group memberships but also their socioeconomic status, gender, sexual orientation, and other affiliations. (TY-p. 543)

They may also manifest their discomfort through stereotyping and showing prejudice and discrimination toward others. “Racism, sexism, religious intolerance, and homophobia poison the quality of life for victims and perpetrators of intolerant acts alike.” (GW-p. 203)

Unfortunately, most training programs are weak in having their students explore their values, biases, and preconceived notions in the area of racist/sexist/homophobic attitudes, beliefs, and behaviors. (MC-p. 66)

**Discussions.** Each text provides discussions of diverse groups and various age groups to be considered in counseling. Each of the textual passages fails to mention older adults when discussing other age groups or diverse groups. This is a frequently occurring issue in all eight of the counseling texts. The following samples of textual passages fail include older adults in their discussions.
Oppressive environmental influences restricting the career development of women occur in the home, school, community, and workplace. Stereotypes are perpetuated pervasively in books, movies, television shows, and magazines. (CD-p. 108)

For a quantitative study, a well-written statement of the topic generally describes the variables of interest, the specific relationship between those variables, and, ideally, the nature of the participants involved (i.e., gifted students, learning-disabled fourth graders, teenage mothers). (RM-p. 45)

The candidate was an observant Jew whose appearance was markedly different from any other personnel in the company. The candidate had a full beard and always wore a hat of one sort or another (in accordance with religious custom). (TM-p. 51)

Women, gays, or other minorities who experience disrespect or harassment may feel the same way and demonstrate similar verbal and nonverbal behaviors. (CT-p. 100)

Supervisors help their supervisees to appreciate the complex nature of ethical dilemmas, and they discuss ways to prevent ethical breaches. Furthermore, they assume responsibilities for challenging sexist and racist attitudes and behaviors of their supervisees, including the negative use of stereotypes and the misuse of diagnoses. (IE-p. 335)

The teenager who complains, "My parents are from Korea and they don't understand what it's like to be a young person in America," may feel caught between his longing for the acceptance of his peers and his love and respect for his parents. (TY-p. 201)

Groups have been found to be effective with adolescents in promoting exploration of participants' lifestyle patterns and relationships with parents. (GW-p. 291)

Yet studies continue to reveal that American Indians, Asian Americans, African Americans, and Latino-Hispanic Americans tend to underutilize traditional outpatient mental health services. (MC-p. 43)

Case studies. No text, with the exception of the group work text, provided case studies which included older adults. There were numerous case studies of diverse groups and various age groups to be considered in counseling. Each of the textual
passages fails to represent older adults in the case studies that are used to represent other age groups and diverse groups. This is a frequently occurring issue in all seven of the counseling texts. The following samples of textual passages fail include older adults in their case studies.

Mary Sue, a 35-year-old woman reentering the workforce after 10 years of child rearing, sought the assistance of a career counselor in determining possible jobs she could pursue. (CD-p. 158)

Do Graphic Displays Aid Understanding in Expository Text? Twenty-seven students in a fifth-grade classroom will participate in this study. (RM-p. 274)

Tugg was a 40-year-old deaf man who received counseling from the Deaf Services Bureau (DSB) with a counselor proficient in American Sign Language (ASL). (TM-p. 479)

One brief example: Imagine that an 8-year-old child comes to you in tears, having been teased by friends. You listed and draw out the story. (CT-p. 17)

Buford, age 15, cannot get along with his new stepfather so he moves into his grandmother's apartment where she lives alone. (IE-p. 100)

Consider the following three recollections provided by a 27-year-old single woman. Analysis: In all three recollections, the woman is scared and perceives herself as needing help. (TY-p. 94)

21-year-old Chinese American male college student (majoring in ethnic studies)
Q: What does it mean to be White?
A: My cultural heritage class was just discussing that question this week.
Q: What was your conclusion? (MC-p. 238)

Illustrations and examples. Each text provides illustrations and examples of diverse groups and various age groups to be considered in counseling. There are many textual passages which fail to mention older adults when using illustrations and examples other age groups or diverse groups. This is a frequently occurring issue in
all eight of the counseling texts. The following samples of textual passages fail to include older adults in their illustrations and examples.

Television, for example, often provides children with examples of men and women in gender-stereotyped roles and occupations (e.g., only women working as nurses, only men working as auto mechanics, women taking the primary or sole responsibility for homemaking and parenting). (CD-p. 255)

Examples of populations are all 10-grade students in the United States, all elementary school gifted children in Utah, and all first-grade physically disabled students in Utopia County who have participated in preschool training. (RM-p. 102)

For example, suppose a psychologist administers a test of shyness to a 22-year old male who earns his living as an erotic dancer. (TM-p. 14)

As an example, an African American client raised in a small town in upstate New York in a two-parent family has different acculturation experiences from those of a similar person raised in Los Angeles or East St. Louis. (CT-p. 97)

Another example may be a school counselor who inappropriately labels a boy as hyperactive or ADHD, which may color the perceptions of other staff members in a negative way so they pressure the parents to get the boy on medication. (IE-p. 16)

For example, a woman who had few dating experiences at age 35 stopped thinking of herself as a failure and instead focused on viewing herself as a late bloomer. (TY-p. 344)

One example is helping parents relate effectively to their children with disabilities. The focus of life-skills training is on immediate remediation and future prevention. (GW-p. 28)

For example, a gay man with a disability may find that his disability identity is more salient among the able-bodied but that his sexual orientation is more salient among those with disabilities. (MC-p. 13)

Activities. A total of four of the eight texts provide activities for exposure to counseling services with diverse groups and various age groups. There are no activities in the counseling theory and career development texts which include older
adults when presenting activities with other age groups or diverse groups. The issues and ethics text includes age as a diverse characteristic in its activities. The group work text includes the elderly in one of its activities. The following samples of textual passages fail to include older adults in their activities for understanding diversity in counseling.

Responding to Labels. Purpose: For students to think about some of the ways society labels people and how one can sometimes use some of the conflict resolution techniques they feel like they are possibly being labeled. Write one of the following labels on separate sheets of paper and tape them on a few of the students' backs. Have the students without the labels walk around and react to the students as if they actually were what they are labeled. Famous movie star, person with HIV, mental patient, deaf person, criminal, drug addict, famous athlete. (CD-p. 311)

Discuss what treatment systems and strategies seem most effective for the following four cases:

Case A: Seneesha, age 15, was brought to counseling by her mother. Seneesha's mother is African American; her father is white. (TY-p. 581)
Case B: Brian, age 33, has been married for nine years and has two children, ages seven and five. He sought treatment reluctantly at the urging of his wife. According to Brian, his wife believes his use of drugs and alcohol is a problem. (TY-p. 582)
Case C: Lea, age 42 and single, was recently diagnosed with breast cancer. With treatment, her prognosis is excellent. (TY-p. 582)
Case D: Carmen, age 25 and recently married, sought treatment after one of the teachers in the elementary school where she is employed was found guilty of child abuse. (TY-p. 582)

The transition to midlife is sometimes filled with apprehension. Have each member of the class draw a picture depicting him or herself at young adulthood and midlife. (GW-p. 322)

Pictures. A total of two of the eight texts contain pictures of people. A total of 19 pictures are included in the group work text, but the only picture of older adults was in the beginning of the chapter on groups for the elderly. All of the other 18 pictures in this text are of children, teens, young adults, and a few middle-aged adults.
A total of 55 pictures are included in the tests and measurement text. Of the 55 pictures in the text, there are only 6 pictures that portray elderly individuals. Of these 6 pictures, a total of 5 are portraits of persons who authored tests. The only other picture of an elderly individual is that of a famous older man from a television show. The other 49 pictures in this text are of young adults, middle-aged adults, and children.

Summary of Missed Opportunities

The previous section provided examples of missed opportunities in each counseling text for the representation of older adults and aging issues. The missed opportunities in each text included lists, discussions, case studies, illustrations and examples, activities, and pictures. The third research question which guided this study was: What opportunities did the texts miss to represent older adults and aging issues? In response to Research Question 3 the findings of this study revealed that each counseling textbook missed an abundance of opportunities to represent the elderly. In fact, older adults and aging issues were largely invisible in all eight of the counseling textbooks.

On the rare occasion that older adults are represented in the counselor education textbooks, the representation of older adults is predominantly neutral. The ageist representations far surpass the positive ones when referring to the aged and aging issues. Frequent attempts are made to include older adults with other diverse groups, but there are numerous missed opportunities to refer to older adults in
discussions, case studies, illustrations, class activities, and pictures throughout the texts. The negative representation of the elderly in the texts may very well parallel the negative attitudes, beliefs, and behaviors toward older adults in society.

In Chapter V, I demonstrate how the elderly can be represented in counselor education textbooks. Where older adults and aging issues are represented in ageist manners, I demonstrate how older adults can be represented more realistically. Where there are missed opportunities for representing the elderly, I create lists, discussions, case studies, illustrations, and activities that include older adults. In Chapter V, I also relate the negative representations of the elderly in counselor education textbooks to social learning theory and discuss how counselor educators can advocate on behalf of older adults to begin challenging common myths and stereotypes of aging. Last, I provide recommendations for future research for counselor educators and to combat ageism within themselves, their students, and society.
CHAPTER V
DISCUSSION

This was a study of the representation of older adults and aging issues in counselor education textbooks. Eight counseling texts were examined for representations of the elderly and each textual passage was analyzed along narrative and thematic analyses. The most striking finding of this study was the invisibility of the elderly in counselor education textbooks. If older adults were represented in the texts, most of the representations were unbiased and neither supported nor refuted ageism. Occasionally, representations of the elderly were ageist and rarely did any of the representations negate ageism.

The fourth research question of this study was: How might older adults and aging issues be represented differently in counselor education textbooks where, in some cases, the representations were inappropriate? In this chapter I have presented alternate representations of older adults which could be used in textbooks for training counselors. Where the texts represent the aged and aging issues in negative or ageist ways, I demonstrate how the elderly can be represented in a more realistic light. I challenge common myths about aging and older adults found in the texts by presenting facts of aging for areas stereotypically associated with advanced age: physical decline, intellectual decline, mental illness, uselessness, loneliness, apathy, institutionalization, and death.
The fifth research question of this study was: How might examples, case studies, or discussions of older adults and aging issues be created where opportunities were not taken in texts? In this chapter I have created illustrations, discussions, case studies, and activities, which include older adults for each of the eight textbooks. I have represented the elderly in each text where they were otherwise invisible. In addition, I discuss how the formation and continuation of negative stereotypes about the aged are related to social learning theory. Last, I make recommendations for future research.

Better Representations of Older Adults

When older adults were represented negatively in each of the counselor education textbooks, the representations largely resembled some of the common myths and stereotypes found in society about the aged and aging issues. The ageist representations of the elderly found in this study were related to physical decline, intellectual decline, mental illness, uselessness, loneliness, apathy, institutionalization, and death. In the following section, each of these negative representations of older adults will be discussed and related to myths that are commonly held to be true in society. I will give facts on aging that confront myths about older adults. Last, I will provide examples of better representations of older adults for counselor education textbooks.
Physical Decline

A common myth about aging is that all older individuals are physically ill and or physically incapacitated. Research has revealed several facts of aging:

1. Although elderly individuals (65 years of age and older) have more chronic illnesses (38%) than do younger adults (15%), the elderly have less than half as many acute illnesses than younger individuals (National Center for Health Statistics, 2002).

2. The elderly have fewer injuries at home and fewer accidents while driving than younger individuals (National Safety Council, 1996).

3. Facts on aging show that lower rates of acute illness, injury, and accidents help offset the higher rates of chronic illness among the elderly (Palmore, 1999).

The following examples show the elderly in a more balanced and realistic manner. These examples of older adults could be provided in counseling textbooks to present the elderly with both positive and negative traits to students.

Mary, age 75, fell on the ice and broke her hip. She attended physical therapy for 6 weeks after surgery. She also sought counseling for a couple of months for depression. It has been 6 months since the accident and she feels “as good as new.” Mary has returned to her part-time job at the library and continues to play tennis one day per week.

Lance, age 68, has been a runner all of his life. He works out in the gym 3–4 times a week. He has recently competed in a local relay for life and came in second place. He is seeking counseling because his family wants him to slow down because of his age.

Intellectual Decline

A second common myth about aging is the inevitable decline in intelligence with age. Research has revealed several facts of aging:
1. Most older adults maintain their normal intellectual abilities, including memory and ability to learn (Palmore, 1999).

2. Age alone does not influence learning ability (Poon, 1995).

3. There is very little or no decline in short-term memory for most older adults (Kausler, 1995).

The following examples show the elderly in a more balanced and realistic manner. These examples of older adults could be provided in counseling textbooks to present the elderly with both positive and negative traits to students.

Sonny is a 73-year-old executive in charge of several multi-million dollar accounts. He comes in for counseling due to job stress. He is responsible for numerous tasks throughout the day which require his undivided attention.

Bridgette is a 66-year-old retired school teacher who has sought counseling for help in choosing a new career. She wants to go back to college for a new profession.

Mental Illness

A third common myth about aging is that all older individuals have a mental illness. Research has revealed several facts of aging:

1. Mental illness is neither common, inevitable, nor untreatable in elderly individuals (Palmore, 1999).

2. The majority of older adults have no mental impairments (Myers, Weissman, Tischler, Hozer, & Leaf, 1984).

3. Fewer than 10% of older adults have a severe mental illness and only 10-32% of older adults have mild to moderate mental disorders (Gurland, 1995).
The following examples show the elderly in a more balanced and realistic manner. These examples of older adults could be provided in counseling textbooks to present the elderly with both positive and negative traits to students.

Greta, age 80, has recently become agitated, confused and disoriented to her surroundings. Her daughter has brought Greta into counseling for testing to rule out a dementia. After a thorough intake interview and testing, Greta was referred to her primary care doctor for a complete physical. It turned out that Greta had an undiagnosed and untreated bladder infection which caused symptoms similar to dementia. Greta’s symptoms dissipated shortly after being treated for the infection.

Leaders of groups for older adults must be knowledgeable and skilled in the treatment of major mental disorders, just as with any other age group. Group leaders must remember to focus upon both positive and negative topics in group sessions. A balance between both positive and negative aspects of aging must be presented to groups of older adults.

Uselessness

A fourth common myth about aging is that older adults are useless in society and the labor market. Research has revealed several facts of aging:

1. Older workers perform as well if not better than their younger co-workers (Rix, 1995).

2. Older workers have less job turnover, fewer accidents at work, and miss fewer days at work due to personal problems or sickness (Riley & Foner, 1968).

3. Approximately 11% of older adults (age 65 years and older) are employed either full or part-time, 19% of the elderly do volunteer work, and 21% of older adults are retired, but would like to work (Harris, 1981).

The following examples show the elderly in a more balanced and realistic manner. These examples of older adults could be provided in counseling textbooks to present the elderly with both positive and negative traits to students.
Sam, age 70, has recently been called back to work as a supervisor. He was employed for a construction firm for 40 years and chose to retire at 65. His expertise in the construction industry was very valuable to his employer. Sam agreed to return to work on a part-time basis as a crew foreman. He is coming in for counseling to make sure that he is making the right decision.

A counselor at a nursing home recently received a grant for an on-site transitional workshop for interested residents. Small contracts for various production jobs are available for residents to participate in, if desired. The program has been up and running for 3 months with great success. The residents are enjoying the work, and the assembled products are being distributed to various businesses in a quality and timely manner.

Loneliness

A fifth common myth about aging is that elderly individuals are typically alone and lonely. Research has revealed several facts of aging:

1. Approximately 66% of elderly individuals live with their spouse or family (Coward & Netzer, 1995).

2. Only 4% of older adults are isolated from family and friends and this is a result of a history of social withdrawal (B. Kahana, 1995).

3. Most older adults visit with close friends and relatives on a frequent basis each week (Palmore, 1999).

The following examples show the elderly in a more balanced and realistic manner. These examples of older adults could be provided in counseling textbooks to present the elderly with both positive and negative traits to students.

Dominique, age 65, lives in an assisted living center with his wife, Lea, age 64. Both Dominique and Lea are very active in social events at the center. Their grandchildren come in to visit every Sunday afternoon. Each Friday night, the couple takes their oldest son and his family out to dinner and a show. Dominique comes into counseling for difficulty in sleeping due to nightmares.

Trisha is a 66-year-old Italian woman. She lives alone, but is never lonely. She lives in a close-knit Italian neighborhood. The neighbors help each other with
chores, meals, yard work, and childcare. Trisha has come for counseling due to a recent breast cancer diagnosis.

Apathy

A sixth common myth about aging is that older adults become apathetic and no longer wish to remain engaged in life. Research has revealed quite a range of activities in which older adults choose to be engaged:

1. Millions of older adults continue to be productive and efficient in both paid employment and volunteer work (Palmore, 1999).

2. Thousands of older adults regularly participate in athletics, dancing, political events, and associations (Palmore, 1999).

3. Many older adults continue to be creative musicians, artists, authors, and business leaders, well into old age (Palmore, 1999).

The following examples show the elderly in a more balanced and realistic manner. These examples of older adults could be provided in counseling textbooks to present the elderly with both positive and negative traits to students.

Geoff and Susan are 79 and 78 years old, respectively. They have been married for 50 years. Although Chuck is a cancer survivor and Betty underwent a total hip replacement a few years ago, they both remain active in life. They are active members of several retirement associations across the country and participate in square dancing competitions. The couple is coming in for marriage counseling due to some recent arguments about planning for their future.

Gary is a retired school administrator. He suffered a major heart attack shortly after retirement from the school district. His rehabilitation went well, and at age 71 he is working full-time as a volunteer. His job is tutoring learning disabled children how to read. Gary is seeking counseling due to his fears of having another heart attack.
Institutionalization

A seventh common myth about aging is that all elderly individuals end up in institutions. Research has revealed several facts of aging:

1. Only 5% of older adults, 65 years of age and older, are living in institutions (E. Kahana, 1995).

2. Most older adults live with a spouse or a family member (Coward & Netzer, 1995).

The following examples show the elderly in a more balanced and realistic manner. These examples of older adults could be provided in counseling textbooks to present the elderly with both positive and negative traits to students.

Larke, age 92, has become too frail to live alone. She recently agreed to move in with her oldest son and daughter-in-law. Her son works close to home and can stop in a few times during the day to make sure his mother is doing well. Larke was referred for counseling by her pastor since she was sad about leaving her home of 60 years.

Ben and Sarah have been married for 10 years. This is the second marriage for each of them. Ben is 80 years old and Sarah is 71. Although Sarah had a stroke 5 months ago, she has remained at home with her husband for care. A physical therapist has come into the home every day for the last 5 months to treat Sarah. Her recovery looks promising. A counselor has been assigned to Ben and Sarah through the rehabilitation hospital to help with stress management.

Death

An eighth common myth about aging is that older adults are either dying or close to death. Research has revealed several facts of aging:

1. Normal aging processes are not always negative and do not necessarily cause declines in health and activities of daily living (Palmore, 1999).
2. Most older adults are not in the process of dying, but instead, are enjoying life more than ever before (Palmore, 1998).

3. Positive aspects of aging include fewer acute illnesses, allergic reactions, mental illnesses, substance abuse, and accidents (Myers et al., 1984; Palmore, 1999; & Wood, 1995).

The following examples show the elderly in a more balanced and realistic manner. These examples of older adults could be provided in counseling textbooks to present the elderly with both positive and negative traits to students.

Meg, age 98, is living in a senior center near the neighborhood where she grew up as a child. She is in good health and participates in many activities throughout the day including painting, bible study, scrap booking, and yoga. Meg also goes out with friends and family 2-3 times per week to visit, eat dinner, shop, and go to concerts. Meg seeks counseling for spiritual care.

Helen is 65 years old. She is healthier now than she has ever been except for needing reading glasses. As a child and young adult, Helen suffered from asthma which prevented her from an active lifestyle. Most of her allergies have abated with age and she enjoys many outdoor activities, such as bicycling, hiking, and swimming. Helen is seeking counseling due to some unresolved issues with her best friend.

I have presented alternate representations of older adults which could be used in textbooks for training counselors. Where the texts represent the aged and aging issues in negative or ageist ways, I show how the elderly can be represented in a more realistic light. I challenged common myths about aging and older adults by presenting facts of aging based upon research. By discussing the elderly in a more balanced manner and representing both positive and negative aspects of aging, I hoped to show older adults in a more realistic and non-ageist way.
Missed Opportunities

Each of the textbooks reviewed as a part of this research missed numerous opportunities to represent older adults and aging issues. When the counselor education texts neglected to represent the elderly when representing other diverse and age groups, I have created examples which include older adults. I created examples of older adults in various discussions, case studies, illustrations, and activities, when opportunities were missed in each of the following counseling texts: career development, research methods, tests and measurement, counseling techniques, issues and ethics, counseling theory, group work, and multicultural counseling.

Career Development Text

The following examples parallel the kinds of discussions, case studies, illustrations, and activities found in the career development textbook. The wording is designed to reflect inclusion of the older adult.

Created Discussion 1. The average age of the workforce will rise as the baby-boomer generation approaches old age. Older adults will make-up a large proportion of the labor force. Discuss the impact of a larger elderly population on the economy and on the labor market. What changes can be foreseen in the work environment with an increase in older employees? List commonly believed traits of older adult workers and compare list with facts from research of older workers.

Created Discussion 2. Oppressive environmental factors restrict the career development of older adults in the community, workplace, school, and home. Discuss the effects of oppression in the community on older adults. Discuss the effects of oppression in the workplace on older adults. Discuss the effects of oppression in education on older adults. Discuss the effects of oppression in the home on older adults. How can oppression of the elderly be changed?
Created Case Study 1. Robert is a 66-year-old student coming into the counseling center for guidance in selecting a college major. Robert has chosen to retire from his job at a bank and seek other employment options. He is most interested in educational retraining so that he can find a new job that he enjoys doing. He is unclear as to what type of retraining programs are available.

Created Case Study 2. Anna is an 89-year-old Caucasian female and she has requested a counselor who can help her start a small business. Anna has always dreamed of owning her own business in art supplies. She has been an artist all of her life and is finally in a financial position to invest in a small business.

Created Illustration 1. For example, a 77-year-old African American male is seeking career counseling to turn his woodworking hobby into paid employment. This client has recently discovered a hidden talent in woodworking. He is interested in finding paid work that would allow him to continue with his hobby and also help with his living expenses.

Created Illustration 2. As an illustration, a client has just signed up for outplacement counseling after being laid-off from her job of 25 years. Eleanor is 65 years old and has worked as a production supervisor all of her adult life. Her employer is going out of business and is providing outplacement counseling services to all interested employees. She is hoping to find appropriate full-time employment with a new employer as soon as possible.

Created Activity 1. Small Group Exercise
Discuss your views about workers over 60 years of age. How do you feel that these views were developed?
How could you determine if these personal views about workers over the age of 60 are accurate?

Created Activity 2. Role Play
Role play a scenario at work with each student acting as a member of a minority group, such as, a different race or ethnicity, an elderly person, opposite gender, different religious affiliation, a gay, lesbian, or bisexual orientation, or a disabled person. Discuss how this feels to be someone from a different group. How do you think members of minority groups feel when they are treated differently in society? What are some of your personal reactions to this assignment?
The following examples parallel the kinds of discussions, case studies, illustrations, and activities found in the issues and ethics textbook. The wording is designed to reflect inclusion of the older adult.

Created Discussion 1. Like many other minority groups, older adults are subjected to discrimination, prejudice, and oppression when seeking employment, a place to live, or an education. Discuss how discrimination, prejudice, and oppression can affect how older adults feel about themselves, think about themselves, and how they act. How does discrimination, prejudice, and oppression affect older adults’ opportunities in finding work, a place to live, and retraining?

Created Discussion 2. Counselors need to be aware of their possible prejudices towards race, ethnicity, religion, sexual orientation, socioeconomic class, and old age. Prepare a list of your attitudes, beliefs, and behaviors toward members of diverse groups. How do your feelings, beliefs, and actions toward older adults differ from other minority groups? Discuss how prejudices can be changed.

Created Case Study 1. Dot, age 73, cannot get along with her neighbors. The new neighbors are reportedly loud, have constantly barking dogs, use all of the parking spaces in front of her house, and let their children run unsupervised throughout the neighborhood. Dot comes to counseling for help in dealing with the stress of living in her neighborhood.

Created Case Study 2. Andy, age 79, has recently been diagnosed with a cancerous tumor in his intestines. He is undecided as to whether he wants to undergo the necessary surgery and treatment to remove the cancer. His counselor helps him make a well-informed decision by listing the pros and cons for both having the surgery and not having the surgery. The counselor also helps Andy look up information about intestinal cancer on the Internet to help with his decision-making process.

Created Illustration 1. For example, an elderly client consults with a counselor about preparing a living will. The client is unsure how to go about preparing a will and what information should be included. The client does not wish to be sustained on life support in the event of a terminal illness.
**Created Illustration 2.** An example may be a counselor who inappropriately labels an elderly client as suicidal. This diagnosis may directly affect relationships with family, friends, and co-workers. The client may be feeling helpless and hopeless about his or her current situation, and talking negatively about the future, but not considering such drastic measures as taking one's life. The counselor needs to discuss any suicidal ideations and explore problem-solving options with this client before labeling him or her suicidal.

**Created Activity 1.** Role Play
Role play a situation where misunderstandings occur in a counseling session with an elderly client and a young therapist. Change roles and have a young client and an elderly therapist. How did the dynamics feel between the client and counselor in the counseling session? What possible misunderstandings could occur between clients and counselors who differ greatly in age? How can these misunderstandings be overcome?

**Created Activity 2.** Small Group Exercise
Discuss some of the ethical issues that may abound when working with older adults. How are confidentiality issues handled when an elderly client has Alzheimer's Disease or a dementia? When do you report suspected elder abuse? Should counselors be required to have specialized training to work with older adults?

**Counseling Theory Text**

The following examples parallel the kinds of discussions, case studies, illustrations, and activities found in the counseling theory textbook. The wording is designed to reflect inclusion of the older adult.

**Created Discussion 1.** Assume that an elderly woman has returned for counseling, and has requested a different therapist since she felt the previous sessions were going nowhere. What information would you elicit from the client that would help you understand what "went wrong" in the earlier counseling sessions? Would you consult with the previous counselor about this client? Why or why not? What counseling approaches may be most beneficial with this client?

**Created Discussion 2.** What counseling theories have the most optimistic views of the life span and are more sensitive, cognizant, and relevant for elderly clients? Discuss such theorists as Jung, Erikson, Adler, Freud, Ellis,
Rogers, and Glasser, and their views, if any, of old age. Discuss the importance of choosing appropriate theoretical approaches for work with older adults.

Created Case Study 1. Consider a 70-year-old widow. She has joined a support group for grief counseling at a local Hospice center. The group leader has been running grief support groups for 5 years, but only with middle-aged adults. The group leader has consulted with a supervisor about how to best meet the needs of this elderly individual in the group. It was decided that a co-leader would be asked to join the group who has experience running grief support groups with older adults.

Created Case Study 2. John, age 92, is living independently. He is worried about his great-grandson’s problems at school and wants to know how he can best help the child. John is seeking counseling at the advice of his daughter since she believes he is having physical problems related to the stress of his worries about the great-grandson. John’s counselor has been thinking about the best theoretical to use with this client.

Created Illustration 1. For example, an elderly woman, named Anna, had been significantly underweight since childhood. She blamed her low weight on an abusive childhood and the stress this caused her all of her life. She has been coming in for counseling for almost 6 months. Her counselor is using a psychoanalytical approach with Anna due to her abusive childhood and unresolved issues with her mother.

Created Illustration 2. Consider the following example. A 69-year-old man who was never married has recently proposed to a 74-year-old woman and is seeking counseling for sudden panic attacks. His counselor decides to use rational emotive behavioral therapy with this client to get to the bottom of his thinking patterns. The counselor wants to know what kind of self-talk this client is engaging. Then the counselor plans to show the client how his feelings and physiological reactions are related to his thinking processes.

Created Activity 1. In small groups, plan treatment for the following behavioral difficulties and discuss as a class:
A 65-year-old woman complains of sudden disorientation to her surroundings and chronic fatigue.
An 86-year-old man reports family conflicts as a result of selling his business and choosing to retire.
What theoretical approach would you take with the client who is complaining of disorientation to her surroundings? What information would you need from the client in order to plan treatment? What counseling approach would you
consider for the client who is in conflict with their family about retiring? Would you or would you not consider family therapy for this client?

*Created Activity 2.* Mr. Magoo is your first client. He is an 80-year-old man who worked all of his life in a blue collar job. He has been a widower for 10 years. He lives alone in the house he has paid off. He is very active, socially. He comes into counseling because of sleeping problems. How do you feel about counseling this client? What counseling approach would you take with Mr. Magoo and why?

*Research Methods Text*

The following examples parallel the kinds of discussions, case studies, illustrations, and activities found in the research methods textbook. The wording is designed to reflect inclusion of the older adult.

*Created Discussion 1.* Qualitative research topics can easily be developed from issues related to the oppression and discrimination of elderly individuals. Discuss pertinent research topics related to older adults that would contribute to the current body of literature. Discuss the process of designing a research study with older adults. What is the purpose of your study? How would you find your sample of older subjects? How would you go about getting their permission to participate in your study?

*Created Discussion 2.* An 82-year-old man has volunteered to be a subject in your research project on safe sex practices. Discuss how you might feel about working with this individual. What, if any, are your presumptions about the sexual practices of an 82-year-old subject? Where do you think these views came from? How can your views be changed about this issue?

*Created Case Study 1.* Abstract: A total of 35 individuals, aged 65-90 years, were assigned to 2 groups studying the correlation between physical activity and general well-being. The hypothesis of the study was that as physical activity increased in old age, so did one’s sense of well-being. The findings pointed to a rejection of the research hypothesis. The conclusion was that there was no relationship between physical activity and well-being in old age.

*Created Case Study 2.* Abstract: A total of 10 individuals, aged 70-80 years, were studied in a group setting. The purpose of this study was to examine the effects of reminiscence therapy on measures of self-efficacy for elderly clients.
Findings indicated that reminiscence therapy helped older adults feel more capable of handling their present situation. The individuals reported fewer feelings of helplessness and hopelessness after completing a group for reminiscence therapy.

*Created Illustration 1.* For example, a researcher might conduct a study on spirituality and aging. Some of the research questions may include: Do older adults rely more on spiritual understandings than other age groups? Do older adults attend church services more often than other age groups? Do older adults use spiritual truths more often than other age groups in facing a crisis?

*Created Illustration 2.* An example of two comparison groups would be one which consisted of retired individuals over 65 years of age and another which consisted of working older adults over 65 years. Both groups of individuals would be administered the same depression inventory. Then comparisons could be made between the two groups to see if retired older adults show more depression than working older adults, or vice versa, or if no differences were found.

*Created Activity 1.* Small Group Exercise
In small groups, prepare a research proposal for studying the effectiveness of group therapy on elderly clients’ self-esteem. What are the independent variables? What are the dependent variables? How many members will be in the group? Will you have a control group? What tools will be used to measure self-esteem? What instruments will you use to measure the effectiveness of the group?

*Created Activity 2.* Small Group Exercise
Discuss various topics of research interest pertaining to older adults. Why do you think these issues would be important to older adults? How could the research results be utilized to contribute to improving the quality of life for older adults? How could the research results be used to improve mental health for older adults? Discuss all ideas with the class as a whole.

*Counseling Techniques Text*

The following examples parallel the kinds of discussions, case studies, illustrations, and activities found in the counseling techniques textbook. The wording is designed to reflect inclusion of the older adult.
*Created Discussion 1.* Older adults can be at risk for accumulative stress arising from repeated losses (such as health, friends, roles, independence, income) which leads to real trauma. Discuss other losses that may occur for older adults. Discuss what counseling techniques would be appropriate for helping an elderly individual deal with multiple losses.

*Created Discussion 2.* By focusing on issues of ageism, the counselor was able to help Marge realize that the problems she was experiencing at work were not a fault of her own but institutional issues related to age discrimination. Discuss several ways in which a person could be discriminated against because of age. How could counselors help a victim of age discrimination?

*Created Case Study 1.* The client in this case is a 69-year-old man who is struggling with guilt over some things in his past. His counselor plans to use a Rogerian approach in counseling to help this client get in touch with his feelings. The counselor will then utilize existential techniques to help him find meaning in his past.

*Created Case Study 2.* Sharon is a 70-year-old female who was admitted to the nursing home for rehabilitation therapy when she fell on some ice and broke her hip. She is frightened that she will never be permitted to return home. The counselor uses counseling techniques from Rational Emotive Behavior Therapy (REBT) to help Sharon realize some of her irrational thoughts. Counseling focuses upon the likelihood that Sharon will heal properly and resume life in her own home.

*Created Illustration 1.* For example, a 30-year-old female counselor is working with a 79-year-old male client. The counselor is a bit apprehensive about working with someone so much older than herself. She shares her concerns with the client up front and asks him how he feels about working with such a young counselor. Both the client and the counselor agree to be honest with each other and give counseling a try.

*Created Illustration 2.* Elderly clients, for example, can profit from assertiveness training as they cope with ageism at home, work, and the community. Assertive training can teach older adults proper ways of handling situations where they feel discriminated against because of their age. Assertiveness training also teaches older adults about the realities of ageism at home, work, and the community.

*Created Activity 1.* Small Group Exercise
Discuss how basic attending skills can be altered for working with older adults. Do counseling techniques need to be tailored for older adults? Why?
Why not? Describe two counseling scenarios where accommodations have to be made for an elderly client.

**Created Activity 2.** What type of information should be included in a psychological assessment of an elderly client? What demographic information is needed? What information will you need from other healthcare professionals? Will you ask for any previous testing results? How far back in history do you need to go with an elderly client? Discuss as a class.

**Tests and Measurement Text**

The following examples parallel the kinds of discussions, case studies, illustrations, and activities found in the tests and measurement textbook. The wording is designed to reflect inclusion of the older adult.

**Created Discussion 1.** Tests are often used in clinical studies to rule in or rule out neurological problems in the elderly. When are tests necessary for older adults? When are tests not needed? How would you go about finding appropriate and relevant tests to use with older clients? What type of training, if any, would you need to have in order to administer and interpret certain tests for the elderly?

**Created Discussion 2.** Test administrators and interpreters should receive additional training for special populations such as older adults. Discuss why special training is needed to administer, score, and interpret certain tests. Discuss specific tests that would not require any specialized training to administer or interpret.

**Created Case Study 1.** Chan is a 65-year-old Asian man who is referred to outplacement counseling by his employer due to organizational changes within the company. Chan expresses interest in a testing battery to include aptitude, intelligence, and interests so that he can learn more about his skills, potential, and interests for a career change. Chan is also eligible for retraining at the expense of his employer. The counselor chooses to administer the DAT, WAIS-III, and COPS to Chan.

**Created Case Study 2.** A group of seniors at a local retirement community have requested an assessment package for career interests, values, and aptitudes. The seniors are interested in learning more about their interests and skills so that they can find suitable volunteer work. The seniors are hoping to
find a career counselor who can help them with the testing and identification of volunteer opportunities.

_Created Illustration 1._ For example, an elderly client comes to counseling for help in dealing with her moodiness. She reports being treated for depression by a counselor a few months ago. She remembers taking a test for depression but cannot remember the name of the test. It is best to obtain prior counseling records and test results, with the client’s consent, to include in your assessment and formation of treatment goals.

_Created Illustration 2._ As an illustration, reaction times have been found to be approximately normal in distribution for older adults between the ages of 70-75. Slower reaction times are not necessarily a natural part of aging. Reaction times may be affected by such factors as: general health, eyesight, nutrition, and side effects from medications, rather than age alone.

_Created Activity 1._ Individual Assignment.
Using the _Mental Measurements Yearbook:_
Locate tests commonly used with a geriatric population.
What are the tests used to measure?
What are the norm groups for the tests?
What are the reliability and validity of the tests?
What are the costs of the tests?
Is specific training needed to administer and interpret the tests?

_Created Activity 2._ Small Group Exercise
Choose an intelligence test.
Discuss different subtests in an intelligence test may need to be altered in administration in order to accommodate some elderly clients. What are the specific subtests of the test?
Why would the subtests need to be altered in administration for some older adults?
How could specific subtests be altered in administration?
What are your feelings about test accommodations for older adults?

_Group Work Text_

The following examples parallel the kinds of discussions, case studies, illustrations, and activities found in the group work textbook. The wording is designed to reflect inclusion of the older adult.
Created Discussion 1. Group counseling has been effective for a wide variety of populations, such as the elderly, children, teens, young adults, and middle aged individuals. Topics for specialized groups can include grief support, coping with a disability, divorce, adjusting to college, dealing with a terminal illness, or caregiving. Discuss how groups for different age groups would differ in their approaches for each of the above-mentioned topics. Discuss ways in which groups can be the same regardless of age composition or topic.

Created Discussion 2. Regardless of the increased numbers in older adults in our society, the elderly are still discriminated against in many ways in the public domain and in other settings. Discuss specific ways that the elderly are discriminated against in society. Discuss discriminatory practices in medical, employment, residential, and educational settings. Discuss ways to confront discrimination against the elderly.

Created Case Study 1. Cecily is a 70-year-old African American woman who comes into counseling due to boredom and loneliness. Her counselor recommends group counseling to Cecily for socialization and companionship purposes. She can participate in a group for seniors which meets every Monday and Friday. The topics in the group are chosen by the group members each week.

Created Case Study 2. Roger, age 81, has been working with a counselor for two years on some issues stemming from a very abusive childhood. The counselor has now recommended group counseling for Roger so that he can receive support from other adults who were abused as children. Individual therapy has gone as far as it can go with Roger.

Created Illustration 1. One example is helping retired older adults relate more effectively with their spouses and adult children after retirement. Family dynamics are drastically altered when someone retires. Many times there are role shifts among family members at retirement. The retired individual also has more leisure time which can cause stress on the whole family.

Created Illustration 2. For example, a narrative therapy group for senior citizens may be offered to the community through the counseling center at a university. Seniors may be invited to participate in narrative therapy as an outreach program. Adequate advertisement must be done in order to attract the older adults to the counseling center for such group work.

Created Activity 1. The transition to retirement is sometimes filled with mixed emotions. Draw a picture depicting yourself in old age. Be sure to include details in your picture about what setting you see yourself in at retirement.
Include other people in your picture and note who they are. Be specific in your picture about what you think you will look like at retirement age.

Created Activity 2. Role Play
Role play a group session with elderly clients for each of the following types of groups: personal growth group, therapy group, and task group. Discuss as a class how each type of group differs from the others. Discuss appropriate topics to be covered in each type of group. Discuss specific leader skills that would be necessary for groups with older adults and how they may differ depending on the type of group led.

*Multicultural Counseling Text*

The following examples parallel the kinds of discussions, case studies, illustrations, and activities found in the multicultural counseling textbook. The wording is designed to reflect inclusion of the older adult.

*Created Discussion 1.* Studies continue to reveal that older adults tend to underutilize traditional outpatient mental health services. Why do you think older adults tend to forego mental health services? What are some weaknesses of traditional outpatient mental health services? How could mental health services be improved to attract more older adults?

*Created Discussion 2.* Labeling an elderly client as “excessively stubborn” fails to note the personal value placed on the importance of maintaining independence for as long as possible. Discuss the behavior of “excessively stubborn” older adults. How does this label affect how an older adult feels about him or herself? How does the label affect how an older adult acts? What is the inherent problem about labeling clients? How do many traits in old age challenge our cultural expectations about the elderly?

*Created Case Study 1.* Thom is a 75-year-old man who was referred for counseling by his medical doctor because of a “spiritual crisis.” He has become preoccupied with the meaning of life and his future. He has become obsessed with death and what will happen to him when he dies. Thom has begun to have sleep disturbances and physical problems such as stomach aches and headaches due to his excessive worrying.

*Created Case Study 2.* 70-year old retired school teacher
Q: What does it mean to be old?
A: I don’t know. Why don’t you ask a 90-year old?
Q: How do you think you will feel at 80?
A: Not much different than I do now, I suppose.
This individual has no idea what it is like to be old at age 70. Many older adults do not “feel old” despite their chronological age.

*Created Illustration 1.* For example, a female therapist reassured an elderly female client that she was not ageist, racist, or sexist toward anyone, even though she repeatedly referred to her client as “sweetie, honey, and dear.” The counselor was unaware of her tendency to talk “down” to her client as if she were childlike. The client confronted the counselor about her manner of speech and asked to be treated like an equal and an adult.

*Created Illustration 2.* Mr. Ming, 66 years old, was an hour late for his third counseling session in a row. The therapist neglected to talk to Mr. Ming about the issue of lateness because after all, “he is so old and can’t get around very well.” The therapist failed to see that there may be issues other than his age that are preventing Mr. Ming from getting to therapy on time. Due to ageist beliefs about disability, the therapist overlooked possible client resistance or other reasonable explanations for the tardiness for sessions.

*Created Activity 1.* Small Group Exercise
List many different feelings, attitudes, and beliefs (both positive and negative) that are commonly held about aging and the aged.
Which feelings, attitudes, and beliefs do you hold?
Where do these perceptions come from and how are they supported?
Do you believe that the common perceptions about the aged are accurate?
If not, which perceptions are not accurate and why?
Discuss results of each small group with the class as a whole to compare common perceptions about the aged and aging issues.

*Created Activity 2.* Class Exercise
Discuss why the elderly should be considered a culturally diverse group.
What makes older adults a part of a minority group?
Is there much diversity among older adults? Why? Why not?
Do the same types of discrimination, oppression, and prejudice exist for older adults as in other diverse groups?
Is there such thing as ageism? Does ageism affect both the young and old alike?
Can ageism be either positive or negative?

In the preceding section I created examples which included older adults. These examples could be included in each of the counseling textbooks to fill in some of the
opportunities which were not taken to include the elderly. I represented older adults in a variety of discussions, case studies, illustrations, and activities relating to career development, research methods, tests and measurement, counseling techniques, issues and ethics, counseling theory, group work, and multicultural counseling. The examples I have created point to the fact that the elderly can be included when other diverse groups and age groups are represented in counseling texts.

The following section will be a discussion of the findings from my study. Previous textual analyses will be discussed and how my findings build upon these studies. Findings will be related to the current literature and the call for action to provide adequate mental health services to older adults. The discussion will include an explanation of the findings as they relate to social learning theory. Next, a discussion will follow regarding my research design and its strengths and limitations. Finally, recommendations for research and practice-based recommendations for counselor educators will be discussed.

Discussion of Findings

The most striking findings of this study pertain to the invisibility of older adults and aging issues in counselor education textbooks. Both the group counseling and multicultural counseling texts included the elderly in separate chapters. Although older adults were represented in these two textbooks, they were segregated into their identified chapters and not included in chapters on other diverse groups. The elderly
were not included in chapters on women, ethnic and racial minorities, or gay, lesbian, and bisexual individuals.

When older adults were represented in counseling texts, the representations were mostly unbiased, neither supporting nor negating ageism. On occasion, ageist representations were present in all of the eight counselor education textbooks. Rarely, did representations of older adults and aging issues appear to refute ageism in the texts. Numerous opportunities were missed in all of the counseling textbooks to represent older adults when other diverse groups and age groups were represented in discussions, case studies, illustrations, activities, lists, and pictures.

Previous Textual Analysis

All of the previous textbook analyses found in the literature were content analyses with quantitative methodologies applied to the data for interpretation. One previous textual analysis (Campbell & Schram, 1995) combined both content and thematic analyses to interpret the findings. Another textual analysis relied upon interpretive analysis to frame how disability was represented in textbooks (Rosenau, 2000). Researchers examined various interdisciplinary textbooks to identify representations of various diverse groups including the elderly. My study examined representations of older adults and aging issues in counselor education textbooks using a thematic and narrative analysis. The thematic analysis was dropped as soon as the textual passages revealed more patterns than themes in their representations of the elderly. A narrative analysis was employed to report all of the textual findings in a rich
Hogben and Waterman (1997) assessed the inclusion and exclusion of
different diverse groups in introductory psychology textbooks and concluded that the
quantity and quality of diversity representation had improved from older texts, but
further improvement was needed. Coleman et al. (1994) analyzed the inclusion of
stepfamilies in textbooks and concluded that step families were included in marriage
and family texts more than ten years prior, but improvements were needed.
Whitbourne and Hulicka (1990) analyzed the representation of old age in psychology
texts and concluded that older adults and aging issues were more likely to be
represented in texts in the 1980s than any previous decade. My study supports prior
textual analyses in that older adults were represented occasionally in the counselor
education textbooks but improvements are needed. When older adults are included in
counseling texts, the representations are largely unbiased, somewhat ageist, and rarely
non-ageist. When comparing representations of the elderly with other diverse groups
in counselor education texts, older adults are largely invisible.
Campbell and Schram (1995) studied sexist language in textbooks and
concluded that the majority of social science and psychology texts did not use sexist
language. Rosenau (2000) assessed the inclusion of disability in counselor education
textbooks and learned that the majority of representations of disability in texts was
negative. My study differed from the previous textual analysis of sexist language in
that some ageist representations did exist in each of the eight counseling texts. The findings of my study were in contrast to the textual analysis for the representation of disability in counseling texts since the majority of the representations of older adults in counselor education textbooks were unbiased.

**Calls to Action**

My research findings pointed to the existence of some ageism in counselor education textbooks used to train counselors. This is a call to action for counselor educators to help reduce ageism on a personal level, in the classroom, and society at large. My findings from the eight counseling texts shed light on the fact that aging myths and stereotypes are still being perpetuated to students. The myths of aging that were reflected in textbooks were similar to the misperceptions which abound in society. This is another call to action for counselor educators to become more sensitive and aware of the elderly and aging issues and help debunk societal myths of aging.

The findings from this study support previous calls to action for mental health professionals to better meet the needs of elderly clients. Older adults have special counseling needs and it is the responsibility of counselor educators to adequately train counselors to work with the elderly. Counselor educators must be careful in selecting textbooks, preparing lectures, and assigning activities which include realistic and balanced representations of older adults. Since multicultural competence and a sensitivity to diversity issues is at the heart of counseling training programs, counselor
educators are key in remembering to include the elderly into special and diverse populations.

Social Learning Theory

The invisibility of the elderly in counselor education textbooks may very well parallel the invisibility of older adults in society. When the aged are represented in texts, they tend to be compartmentalized similar to the segregation experienced in society. In addition, the negative representations of older adults and aging issues in the texts likely simulate the ageist attitudes, beliefs, feelings, and behaviors toward the elderly which are evident in American culture. Few representations of older adults in the texts refuted ageism which is typical of the media coverage of age and aging issues. In other words, the lack of representations and the occasional misrepresentations of older adults in counseling textbooks is a reflection of what is happening in society. Social learning theory stipulates that cultural norms, values and beliefs are perpetuated through the media and role modeling. Many of the myths and stereotypes of aging and the aged are formed through social learning.

The most important finding of this study relates to the invisibility of older adults in counselor education textbooks. An examination of each of the eight core counseling texts revealed a consistent lack of representation of the elderly except for the group counseling and multicultural counseling texts which provided an entire chapter on the elderly. Textbooks are an extension of our culture. Textbooks are instrumental in portraying important aspects of our culture such as, values,
stereotypes, and myths to students. One of the main reasons that older adults are included infrequently in counselor education textbooks is that older adults are represented infrequently in society due to many negative stereotypes, myths, and misperceptions of aging.

Textbooks are one way in which cultural values, stereotypes, and myths are passed on to others. If counselor education texts exclude older adults, then the invisibility of the elderly may be perpetuated in the classroom. When counselor education textbooks include older adults, but the representations are slanted negatively, then the stereotypes of aging may be perpetuated to counselors in training. As a result, if students think about older adults, their thoughts may be largely negative.

The instructor as a person is another way in which values, stereotypes, and myths are conveyed to students. If counselor educators exclude older adults from lectures, class discussions, and assignments, then the invisibility of the elderly will continue. When counselor educators include older adults in examples and class activities, but the representation is slanted negatively, then the myths and stereotypes of the elderly are carried on to students. Counselor educators must also be selective of textbooks used for training counselors which espouse diversity and include older adults and aging issues. Since counselor educators value cultural diversity and older adults are one of those diverse groups, then appropriate representation of older adults by counselor educators must occur in the classroom. In this manner, counselor
educators can be instrumental in training counselors who are capable of providing mental health services to the elderly which meets their special needs.

Due to the increase in the population of elderly individuals in the United States, counselors can expect to provide mental health services to this diverse group. Older adults possess special counseling needs which must be addressed in counseling. The findings of this study point to the fact that counselor education textbooks being used to train counselors are not disclosing enough factual information about older adults and aging issues. Due to the invisibility of the elderly in most counseling texts, occasional ageist representations of older adults, and the numerous missed opportunities to represent the aged and aging issues, it is likely that counselors are not being trained adequately to work with elderly individuals.

Counselors and counselor educators serve a vital role in providing a voice to the elderly and making them visible to society. Since counselors and counselor educators are members of society, they can easily succumb to accepting all of the myths and negative stereotypes of aging. They must learn to challenge their own beliefs, feelings, and actions toward older adults. Counselors and counselor educators must realize their role in perpetuating cultural values. Counselor educators are powerful role models for their counseling students. The types of attitudes, behaviors, and emotions that are role modeled to counseling students directly affect what these counselors will role model for their clients after training.

Counselors and counselor educators can advocate on behalf of the elderly for more visibility in various forums of the media. Counselor educators can be
instrumental in bringing older adults into educational curriculums. They can begin training student counselors to disperse facts on aging in their work settings.

Instructors can model intergenerational contacts to help bridge the gap between younger generations and the elderly. Instructors can teach accurate facts about the aged in the classroom to dispel many of the myths of aging. Instructors can show students the diversity among older adults to dispel many of the stereotypes associated with old age. Specifically, counselor educators can shed light on the fact that attention is not being drawn to older adults as a diverse group in the general population.

In the following discussion, I identify limitations of my study. I examine my research design and discuss strengths and weaknesses of my study.

Discussion of Research Design

Strengths

Several strengths were noted in my research design. First, trustworthiness was enhanced by the combined findings from eight different counselor education textbooks with eight different authors. In this manner, each text selected represented one of the eight areas of curricular experiences according to CACREP (2001) and results were compared between the textbooks for representations of older adults and aging issues. Replicability was another strength of my study in that I described a detailed process for my data collection and analysis that could be easily repeated in a different context.
The last strength of my study was that it built upon previous quantitative textual analyses but elicited a richer discussion of the findings from a qualitative research design. Previous research focused upon content analyses of textbooks where words were counted in paragraphs and tallied. My study relied on thematic and narrative analyses for a more detailed discussion of the findings related to social learning theory and the creation of more realistic representations of older adults to be included in counseling textbooks.

Limitations

My study consisted of textbook data from a total of 11 CACREP accredited counseling programs. A total of 20 universities were directly contacted, but only 11 bookstore managers would provide me with the textbook information needed to complete my analysis. The texts which were identified were used for one particular semester taught by one instructor. It could be that gathering text use information across multiple semesters and multiple instructors would have resulted in different texts identified for analysis. My study consisted of myself as the sole researcher, gatherer of data, and interpretation of the findings. The research analysis required a reading of over 4000 pages in a total of eight counselor education textbooks. A journal was not kept during the course of my study. I trusted my memory to recall any notations of personal bias throughout the analysis of the texts.

The following section discusses recommendations for future research pertaining to the limitations of this study. Specific recommendations for further
research include the replication of the study using more schools, triangulation of the data, and keeping a personal journal.

Research Recommendations

The first research recommendation is replicability of my study to challenge such limitations as small sample size, sole researcher, and not enough self-reflections of researcher bias. Replicability of the research study may improve the trustworthiness of the findings. When the study is replicated, I recommend the following three enhancements.

1. Larger sample size. The first recommendation for future replication of this study is to contact a larger number of CACREP accredited universities. Contacting more bookstore managers would enable the researcher to identify a larger number of commonly used counseling textbooks. A larger sample size from more schools could make the results more trustworthy and believable. In addition, textbook use data could be collected for multiple semesters.

2. Triangulation. A second recommendation for the replication of my study is to include multiple researchers. Additional researchers would allow for the triangulation of data. Including additional researchers in the study would help eliminate researcher bias and improve the trustworthiness of the findings.

3. Journal writing. A final recommendation for future replication of my study would be for more formal recording of researcher self-reflection. A personal journal is one way in which the researcher could keep track of personal reflections. The journal
would serve the purpose of recording all the thoughts, feelings and beliefs of the researcher as the study unfolds. In this manner, the researcher could be made aware of any personal values or biases that may affect the results of the study.

A second research recommendation is the assessment of attitudes of counselor educators toward older adults. A research question may be: What are the attitudes and beliefs toward the elderly held by counselor educators?

A final research recommendation is the training of counselor educators about the aged and aging issues. Since counselor educators are members of the culture, they may hold the same types of negative attitudes, beliefs, and feelings toward the elderly as do others in society. Training for counselor educators could focus upon the facts and realities of aging. Training may benefit counselor educators by encouraging them to challenge their thoughts, feelings, and behaviors toward older adults. A research question may be: Do counselor educators who received training on older adults and aging issues change their attitudes and beliefs toward the elderly?

Practice-Based Recommendations for Counselor Educators

In the following discussion, I propose several recommendations related to practice-based counselor education. I recommend counselor educator training about the aged and aging issues to impact attitudes, beliefs, feelings, and behaviors toward the elderly. I recommend the careful selection of textbooks which include older adults and aging issues for the training of counselors. I suggest the role of counselor educators in writing portions of counseling textbooks that include the elderly where
other diverse groups are represented. Last, I recommend counselor educator sensitivity to older adults to impact student attitudes toward the elderly. The latter three recommendations are discussed below:

1. **Selection of textbooks.** Textbooks are a vital tool in disseminating accurate information to students. Counselor educators need to be more thoughtful and plan carefully in their selection of textbooks which include older adults.

2. **Counselor educator’s role in writing textbooks.** Counselor educators can be a direct link to appropriately written counseling textbooks through publishing companies. If counselor educators made publishers aware of the fact that older adults are largely invisible in counseling textbooks, perhaps more attention would be given to this diverse group. Counselor educators can also write to authors of texts and suggest the inclusion of older adults and aging issues in all chapters on diverse groups. Instructors can help write counseling textbooks and publish research that includes the elderly. In these manners, texts can be changed to be more sensitive to older adults and aging issues which would help challenge common myths and stereotypes of aging.

3. **Effects of counselor educator’s sensitivity to aging on student attitudes.** The last recommendation for further research is in the effects of counselor educator’s sensitivity to the aged and aging issues on students’ attitudes toward older adults. Since counselor educators are members of society, they may accept some of the same negative views and misperceptions of aging as the dominant culture. Whether selected textbooks used to train counselors have included representations of older adults or
not, instructors can include aging issues in their lectures, class assignments, group activities, and research examples. Modeling appropriate behaviors, attitudes, beliefs, and feelings toward older adults and aging issues may have a huge impact on counseling students and ultimately, their elderly clients.

Counselor educators can challenge common myths and stereotypes about the aged by their selection of counseling textbooks which include older adults. Instructors can role model respectful and humane treatment, thoughts, and feelings about older adults to students. Most importantly, counselor educators are key to making sure the elderly do not remain invisible to society. Inclusion of the elderly must begin in the classroom and continue to work settings, homes, community agencies, institutions, and the media. In this manner, the common misperceptions, prejudices, stereotypes, and discriminatory behaviors toward older adults will begin to be changed in one individual member of society at a time.

Conclusion

The findings of this study shed light on the fact that older adults and aging issues are making their way into counselor education textbooks used to train counselors. This is a good starting point, but much work needs to be done in order to include the elderly into all counseling texts so that counselors are trained appropriately to work with older adults. Counseling texts appear to be reflecting the same myths and stereotypes about the aged as are found in society. Too many missed opportunities to represent the elderly existed in all of the counselor education
textbooks. The findings of this research study are a call to action for counselor educators to work on behalf of older adults and make changes in the textbooks used for training counselors so that the elderly are considered a part of the diversity training for multicultural competence.
Appendix A

Selected Counseling Textbooks
Selected Counseling Textbooks


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Appendix B

Frequency of Selected Textbooks
Frequency of Selected Textbooks

# Career Development Text

# Tests and Measurement Text
2 Missing data

# Group Work Text
2 Missing data
Multicultural Counseling Text


Issues and Ethics Text


Research Methods Text


Counseling Theory Text


Counseling Techniques Text


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