

APA Reference	Resource Type	Keywords	Abstract
Anderson, D. (2011). Group analysis and dementia: Reflections on conducting an analytic space. <i>Group Analysis</i> , 44(4), 385-394.	Journal Article	aging, dementia, group therapy, group analysis	Group analysis, both as a treatment modality and theoretical body of knowledge, has seldom taken up the chance to think about and work with older adults and specifically dementia sufferers. This article reports an experience of conducting an analytic space for those suffering with mild dementia who requested an opportunity to discuss in detail the significance of that diagnosis upon their wellbeing and their families. Descriptions of personal experiences and clinical situations are provided as well as potential theoretical links into group analytic theory, specifically taking into account the impact of cognitive impairment and subsequent changes to personhood, and wider interpersonal relationships. The article further suggests that group analysis has much to offer older people, whether suffering with dementia or not, although flexibility of technique and style may be needed. The author asks for group analysis to embrace this group of people as being treatable and professionally rewarding to the analyst.
Ardern, M., Garner, J., & Porter, R. (1998). Curious bedfellows: Psychoanalytic understanding and old age psychiatry. <i>Psychoanalytic Psychotherapy</i> , 12(1), 47-56.	Journal Article	aging, old age, psychiatry	At first sight, a psychoanalytic perspective on clinical work may seem to some to have nothing to offer the old age psychiatrist and his team. However, psychiatrists' daily work involves unconscious as well as conscious phenomena. In this paper the present value and future possibilities of a psychoanalytic understanding are emphasised, both in terms of therapy for individual patients and also to inform other work within the department. Clinical material is introduced to illustrate these ideas. It is suggested that psychoanalytic psychotherapy is used not to replace other treatments, but as an adjunct to biological, social and other psychological approaches, to the benefit of individual patients, staff, and the service itself.
Atkins, D., & Loewenthal, D. (2004). The lived experience of psychotherapists working with older clients: An heuristic study. <i>British Journal of Guidance & Counselling</i> , 32(4), 493-509.	Journal Article	aging, old age, therapist experience	This paper presents the results of an heuristic study based on the research question: 'How do psychotherapists experience working with older clients?' The question came from the researchers' experience and interest in working with older clients in general practice. It started from the researchers' desire to examine more closely feelings and elements present in their own experience in dialogue with seven other practising therapists who had an interest and experience of working with this client group. Qualities and elements identified were: perceptions of old age and ageism; boundaries and settings; changes to practice; culture and experiences; awareness of time; loss; decline and mortality, and parents and children. These are illustrated by material from each of the participants, a composite depiction of the experience, a creative synthesis and examples from the researchers' experiences.
Bahn, G. H. (2018). What Psychotherapy Do Centenarians Need?. <i>Psychoanalysis</i> , 29(2), 27-32.	Journal Article	aging, old age, centenarian	The life expectancy of human beings exceeds 80 years in Korea. Due to the low birth-rate, the proportion of aged individuals, including centenarians (aged 100 years and above), is increasing rapidly. While the life span increases, the available socioeconomic and psychological support system for the elderly is not adequate. Developmental milestones for such aged individuals have yet to be established. The most formidable physical challenge of the elderly is cognitive deficit, such as dementia, due to deterioration of the brain. The elderly suffer from psychological ailments, especially depression and suicide. On the other hand, although centenarians comprise a very old age group, they live long without suffering from illness. Even a few late nonagenarians are healthier than early nonagenarians. Although physical and mental symptoms can be handled with medications, we need additional interventions to enhance mental health, such as psychotherapy and lessons from centenarians. Performance in developmental tasks during psychotherapy is an important criterion for mental health assessment. Therefore, the authors reviewed emotional, behavioral, and lifestyle patterns of centenarians to design appropriate developmental tasks. Common health tips for centenarians include "stay active, inter-act with relatives, and follow a balanced diet." The major difference in psychotherapy between the elderly and the younger population is the multigenerational transference. The most difficult concern in the psychotherapy of the elderly, compared with younger individuals, is coping with death. Sex imbalance—more women than men—is a unique phenomenon that should be addressed in psychotherapy.
Balfour, A. (2006). Thinking about the experience of dementia: The importance of the unconscious. <i>Journal of Social Work Practice</i> , 20(3), 329-346.	Journal Article	aging, old age, dementia, unconscious	This paper explores the challenge of comprehending the experience of dementia, and highlights the importance of understanding unconscious processes both at the level of the individual with dementia, and at the level of care-giving relationships in formal and informal settings. The contribution of insights from the research and clinical literature to understanding what may be happening at an unconscious level in dementia care settings is reviewed, and the implications for our understanding of the psychological needs of people with dementia and their carers are discussed.
Brierley, E., Guthrie, E., Busby, C., Marino-Francis, F., Byrne, J., & Burns, A. (2003). Psychodynamic interpersonal therapy for early Alzheimer's disease. <i>British Journal of Psychotherapy</i> , 19(4), 435-446.	Journal Article	aging, old age, alzheimer's, interpersonal therapy	Recent advances in the pharmacological treatment of Alzheimer's Disease has meant that the cognitive decline for patients in the early stages of the disorder can be delayed. The improved prognosis means that patients may have considerable insight into their illness for a much longer period, which may be emotionally distressing for themselves and their families. This paper describes the development of a brief psychological intervention, based upon psychodynamic-interpersonal therapy, for patients in the early stages of Alzheimer's Disease. The key components of the model include: picking up cues; staying with feelings; working in the 'here and now'; negotiation; understanding, linking and explanatory hypotheses; metaphor; sequencing of interventions (i.e. picking up cues → staying with feelings → linking to interpersonal problems); and the development of a shared interpersonal formulation. The cases discussed in this paper are drawn from a pilot study of psychodynamic interpersonal therapy plus usual care versus usual care alone.
Canete, M., Stormont, F., & Ezquerro, A. (2000). GROUP-ANALYTIC PSYCHOTHERAPY WITH THE ELDERLY. <i>British Journal of Psychotherapy</i> , 17(1), 94-105.	Journal Article	aging, old age, group therapy, group analysis, elderly	Orthodox psychoanalysis offered the view that mental processes in the elderly are too rigidly established for favourable treatment results. Group psychotherapy with the elderly in general has received little attention, mostly concentrating on inpatient groups. The main focus has been on supportive techniques, often in institutional settings. Two of the authors (Maria Canete and Fiona Stormont) co-conducted a weekly slow-open analytic group for elderly people, in a London outpatient NHS clinic. This paper presents clinical material that illustrates some age-specific issues, as they appear in the group process. For example, issues of competitiveness, rivalry and aggression, which are generally present in the beginning of groups with younger people, tend to be absent, or manifest themselves differently, in the elderly group. Denial of age becomes impossible, which helps these patients to accept approaching death and the process of dying itself. Psychoanalytic group psychotherapy can be especially indicated for this age population.
Chase, C. (2011). The Aging of Anna Freud's Diagnostic Profile: A Re-Examination and Re-Application of the Psychoanalytic Assessment for Older Adults. <i>The Psychoanalytic study of the child</i> , 65(1), 245-274.	Journal Article	aging, old age, assessment	In 1962 Anna Freud published her pioneering paper on the Diagnostic Profile, proposing a framework for organizing relevant clinical material and observations for the assessment of a child's inner world. Since that time, the Profile has been applied, with modifications, to work with babies, adolescents, adults, blind children, and others. This paper strives to demonstrate the Profile's applicability to a group often neglected in the psychoanalytic literature, namely the older population, a vibrant group frequently seeking psychotherapy and even psychoanalysis. A case study of a woman in her 70s is used to illustrate the advantages for clinicians of the Profile for a clearer understanding, both diagnostically and intrapsychically, of the older adult.

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Chessick, R. D. (2009). The interaction of existential concerns and psychoanalytic insights in the treatment of contemporary patients. <i>Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry</i> , 37(3), 501-518.	Journal Article	aging, old age, existentialism	<p>Middle-aged and elderly patients have been shown to respond to psychoanalytic treatment, but they present certain characteristic problems not typical of young patients. I discuss these and offer a brief case presentation followed by a general discussion of the role of existential concerns and of their intertwining with psychoanalytic insights and interpretations in the treatment of older patients from our contemporary culture. The particular case of a relatively mild narcissistic personality disorder is used as an example of the kinds of difficulties contemporary psychoanalysts and psychodynamic psychiatrists run into in the current treatment of the aging patient population.</p> <p>The analyst's beliefs and personality are seen as more important than in classical Freudian psychoanalysis, and deliberate attention to the patient's existential concerns and cultural milieu cannot be avoided. A great deal of correction of what Gedo called "apraxias" is necessary, but I argue that in this situation each person must develop one's self in one's own way and without education and intrusion by the analyst. This self development in the face of one's inevitable future is seen as a vital aspect of contemporary psychoanalytic treatment of aging patients, regardless of which of the five orientation channels (that I have discussed elsewhere) are employed. The patient is seen as dealing both with his or her own infantile neurosis that is interfering with adult functioning and at the same time with universal existential human problems that become increasingly pressing as one ages. I contend that the current biological orientation of psychiatry is insufficient to address these difficulties, regardless of what advances we make in psychopharmacology and neurobiology. An exclusive neurobiological orientation can represent what existentialists label an "inauthentic choice" and a retreat from the spirit of humanism.</p>
Colarusso, C. A. (1992). <i>Child and adult development: A psychoanalytic introduction for clinicians</i> . Springer Science & Business Media.	Journal Article	aging, development, old age, childhood	<p>Read More: https://guilfordjournals.com/doi/abs/10.1521/jaap.2009.37.3.501</p> <p>Developmental theory is the essence of any psychodynamic psychotherapy, and certainly of psychoanalysis. It is through an understanding of progressive life events, and the way these events relate to associated biological and social events, that we come to understand both psychopathology and psychological strengths. For a long time we have needed a clinically oriented book that surveys normal development in both childhood and adulthood. This book should be particularly helpful to all mental health professionals whose daily work requires a constant awareness and appraisal of developmental issues. Dr. Colarusso has integrated and summarized a tremendous amount of theoretical, empirical, and clinical material in a format that makes it come alive through clinical examples. This book should be of great interest to all students of human behavior as well as to seasoned clinicians. SHERWYN M. WOODS, M. D., PH. D. vii Preface Each year as I gave a lecture series on child and adult development to the adult and child psychiatric residents at the University of California at San Diego, someone inevitably would ask, "Is there a book that I could understand that has all of this information in it?" I would reply that I did not know of any single source, but I could refer the person to many articles and books on development.</p>
Critchley-Robbins, S. (2004). Brief psychodynamic therapy with older people. <i>Talking Over the Years: A Handbook of Dynamic Psychotherapy with Older Adults</i> , 147.	Book Chapter	aging, old age, brief psychodynamic	<p>Talking Over the Years begins by examining how ideas of old age are represented by the key psychodynamic theorists of the twentieth century including Freud, Jung, Klein and Winnicott. Contributors go on to draw on their own experiences in a range of settings to demonstrate the value of psychodynamic concepts in clinical practice, covering subjects such as:</p> <ul style="list-style-type: none"> brief and long-term work with individuals, couples and groups the expressive therapies: art, music, dance and movement ethical considerations training, supervision and support sexuality. <p>Illustrated by a wealth of clinical material, <i>Talking Over the Years</i> increases psychodynamic awareness, helping practitioners become more sensitive to their patients' needs to the benefit of both the patient and the professional.</p>
Crusey, J. E. (1985). Short-term psychodynamic psychotherapy with a sixty-two-year-old man. In <i>The Race Against Time</i> (pp. 147-166). Springer, Boston, MA.	Journal Article	aging, old age, case study, brief psychodynamic, short-term psychodynamic	<p>Historically, the mental health profession has shown minimal interest in therapy with older adults. Such treatment has been regarded by many mental health practitioners as a drain on the already strained fiscal and psychological resources of the profession. Too often, these professionals suggested that this age group was depressing and difficult to work with, incapable of improvement or growth, and therefore unlikely to yield satisfaction for the therapist.</p> <p>People react very differently to the process of ageing. Some people shy away from old age for as long as they can and eventually spend it reflecting on times when they were physically and mentally stronger and more independent. For others old age is embraced as a new adventure and something to look forward to.</p>
Evans, S. (2010). <i>Growing old: A journey of self-discovery</i> . Routledge.	Book	aging, old age, growing old	<p>In this book psychoanalyst Danielle Quinodoz highlights the value of old age and the fact that although many elderly people have suffered losses, either of their own good health or through bereavement, most have managed to retain the most important thing – their sense of self. Quinodoz argues that growing old provides us with the opportunity to learn more about ourselves and instead of facing it with dread, it should be celebrated. Divided into accessible chapters this book covers topics including:</p> <ul style="list-style-type: none"> the internal life-history remembering phases of life anxiety about death being a psychoanalyst and growing old. <p>Throughout <i>Growing Old</i> the author draws on both her clinical experience of working with the elderly, and her own personal experience of growing old. This makes it an interesting read for both practising psychoanalysts, and those who wish to gain a greater insight of the natural progression into later life.</p>

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Evans, S. (2014). What the National Dementia Strategy forgot: providing dementia care from a psychodynamic perspective. <i>Psychoanalytic Psychotherapy</i> , 28(3), 321-329.	Journal Article	aging, old age, dementia	<p>The 2009 National Dementia Strategy exhorted the National Health Service to raise the profile of dementia in the UK and to make the diagnosis in 75% of sufferers within a few years. While this aspiration is commendable in the sense that ideologically it is an attempt to improve things for dementia sufferers, it is likely to have other consequences which may not be so well understood or considered. Raising expectations in a vulnerable population is fine if those people's lives can be improved even a little by making a diagnosis. It is, however, a lot to ask services to deliver at the same time that the country is experiencing one of the worst economic crises of our generation. This paper sets out what a pathway into dementia diagnosis might look like using a psychodynamic framework, including giving a dementia diagnosis and offering aftercare. The author considers some of the thoughts and feelings in the sufferers, carers and the staff who offer the service; the challenges posed by a diverse group and how to deliver best practice. The services described are from within community psychiatric settings: those used to delivering not only dementia diagnoses, but also managing delusions, hallucinations and mood disturbances associated with dementia. Mental health services do not exclusively provide memory clinics and the author is not extending these observations to services delivered by neurologists or physicians in medicine for the elderly.</p>
Evans, S., & Garner, J. (Eds.). (2004). <i>Talking over the years: A handbook of dynamic psychotherapy with older adults</i> . Psychology Press.	Book	aging, old age, older adults	<p>How can we work effectively with older people?</p> <p>What contribution can be made by the field of psychodynamics?</p> <p>It is now recognised that older adults can benefit from psychodynamic therapy and that psychodynamic concepts can help to illuminate the thorny issues of aging and the complications of later life.</p> <p>Talking Over the Years begins by examining how ideas of old age are represented by the key psychodynamic theorists of the twentieth century including Freud, Jung, Klein and Winnicott. Contributors go on to draw on their own experiences in a range of settings to demonstrate the value of psychodynamic concepts in clinical practice, covering subjects such as:</p> <ul style="list-style-type: none"> brief and long-term work with individuals, couples and groups the expressive therapies: art, music, dance and movement ethical considerations training, supervision and support sexuality. <p>Illustrated by a wealth of clinical material, Talking Over the Years increases psychodynamic awareness, helping practitioners become more sensitive to their patients' needs to the benefit of both the patient and the professional.</p>
Friedler, M. (2012). <i>Psychologists' constructions of old age—a discourse analysis</i> (Doctoral dissertation, University of East London).	Doctoral Dissertation	aging, old age, therapist experience	<p>Objectives: The context of the increase in life expectancy and the demographic shift towards a more elderly population in the UK presents a number of challenges to society's perception of old age and to the likelihood of increasing demands upon health professionals and psychologists who work with the elderly. Existing studies have focused on the effectiveness of therapeutic endeavours with older people, yet have failed to discretely examine the constructs of old age among psychologists who work in the field. Given the prominence of the ageing population and the likelihood of an increase in demands for therapeutic interventions, the aim of the present study was to explore how psychologists discussed and constructed old age within the context of their therapeutic work with older people. The research questions focused on the way in which psychologist who have experienced working with older people talk about old age, the way they construct ideas of therapy with old people and how those constructs of age relate to wider cultural and social constructs of old age.</p> <p>Method: Individual in-depth interviews were conducted with eight psychologists, who were aged between mid thirties to late fifties, all of whom had a minimum of two years experience working therapeutically with older people. The interview transcripts were analysed using the discursive analysis methods of Discursive Psychology and Foucauldian Discourse Analysis. The analysis focused on the way the psychologists used discursive resources when discussing old age and the implications of their subject positions in their therapeutic work with older people.</p> <p>Results: The results identified a number of discourses of old age; old age as heterogeneous, old age as dichotomous, that the therapeutic intervention with older people can be seen as complex and challenging as well as a rewarding pursuit for the therapist, that the choice of the therapeutic model has implications itself and that old age can be seen as an internal attribute.</p> <p>Discussion: The study demonstrated how constructions of old age influenced psychologists in terms of their expectations, their therapeutic delivery, their willingness to integrate a number of therapeutic models, and in their ability to set goals with their elderly clients. The clinical implications of the present study are discussed and the study concludes with recommendations suggesting additional training aiming at furthering psychological knowledge of old age and current theories of ageing.</p>
Garner, J., & Evans, S. (2010). Psychodynamic approaches to the challenges of aging. <i>Casebook of clinical geropsychology</i> , 55-72.	Book Chapter	aging, old age, geropsychology	<p>More than ever, the aging process is recognized as carrying a special set of emotional challenges-especially when acute or chronic medical conditions are involved. In this light, <i>Psychodynamic Perspectives on Aging and Illness</i> presents a fresh, contemporary application of psychodynamic theory, addressing the complex issues surrounding declining health. Informed by the spectrum of psychodynamic thought from self, relational, and classical theories, this forward looking volume offers more modern interpretations of theory, and techniques for working with a growing, complicated, but surprisingly resilient population. It illuminates how to enhance the therapeutic relationship in key areas such as addressing body- and self-image issues, approach sensitive topics, and understand the disconnect that can occur between medical patients and the often impersonal, technology-driven health care system. At the same time, the author cogently argues for pluralism in a therapeutic approach that is frequently threatened by forces both within and outside the field. Among the topics covered: Medical illness as trauma; Idealization and the culture of medicine; Normative and pathological narcissism in the ill and/or aging patient; Noncompliant and self-destructive behaviors; Transference and countertransference issues; Psychotherapy with cognitively impaired adults; and Grief, loss, and hope. Expanding on what we know and candid about what we don't, <i>Psychodynamic Perspectives on Aging and Illness</i> offers mental health researchers and practitioners an insightful framework for improving the lives of older patients.</p>
Greenberg, T. M. (2009). <i>Psychodynamic perspectives on aging and illness</i> . New York, NY, US: Springer Science + Business Media.		aging, old age, illness, death	

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			Cognitive Analytic Therapy and Later Life highlights that any attempt to work psychotherapeutically with older people must take into account the effects of working within a context of institutional ageism. It explores the specialist skills required when working with older people, covering: * the delayed effects of early trauma * narcissism and the re-emergence of borderline traits and dissociative states * the emergence of treatment resistant depression and anxiety * the use of the cognitive analytic therapy model to challenge the child centred paradigm of psychoanalytic theory.
Hepple, J. (2004). Ageism in therapy and beyond. In <i>Cognitive Analytic Therapy and Later Life</i> (pp. 61-82). Routledge.	Book Chapter	aging, old age, agism	Clinical psychologists, psychiatrists, psychotherapists, nurses, social workers, and occupational therapists alike will find this an illuminating and thought provoking book.
Lax, R. F. (2008). Becoming really old: The indignities. <i>The Psychoanalytic Quarterly</i> , 77(3), 835-857.	Journal Article	aging, old age, shame, dignity	This essay deals with an unpopular topic: the indignities that increasingly plague people as they grow older and eventually become really old. Individual differences and the causes for same are indicated, as well as the variety of individual reactions. A brief clinical vignette is presented, in addition to a more extended one describing a woman who was in analysis for six years during her fifties and sixties, and who returned to treatment twenty years later at the age of eighty-three.
Leigh, R., & Varghese, F. (2001). Psychodynamic psychotherapy with the elderly. <i>Journal of Psychiatric Practice</i> , 7(4), 229-237.	Journal Article	aging, old age, elderly	The authors review issues related to the life cycle and the significance of time for older adults. They then consider the types of psychopathological problems that can occur in older individuals and discuss the indications for and the goals and effectiveness of psychodynamic psychotherapy in older patients. The next section of the paper addresses technical aspects of psychotherapy with older patients, including transference, counter-transference, and process issues. The article concludes with a consideration of practical problems (e.g., vision or hearing deficits) as well as other types of challenges that may need to be dealt with in providing psychotherapy to older patients.
Lipson, C. T. (2002). Psychoanalysis in later life. <i>The Psychoanalytic Quarterly</i> , 71(4), 751-775.	Journal Article	aging, old age, elderly	After decades of heeding Freud's admonition against taking patients older than fifty years of age into psychoanalytic treatment, psychoanalysts began to treat them and to report encouraging experiences. This essay is another in a series of case reports that confirms and extends the nature of changes possible in the analytic treatment of elderly patients. In order to demonstrate both specific changes and the possibility of satisfactory terminations with patients of advanced age, the author describes his analytic work with a woman who first consulted him when she was sixty-eight years old.
Malloy, L. (2009). Thinking about dementia—a psychodynamic understanding of links between early infantile experience and dementia. <i>Psychoanalytic Psychotherapy</i> , 23(2), 109-120.	Journal Article	aging, old age, dementia	This paper explores links between a psychodynamic approach to early infantile experience and how this can underpin an understanding of the states of mind that can be returned to for a person with dementia as the disease progresses. Dementia is more commonly associated with later life, early onset dementia, however, is also a reality. A deeper understanding of the unconscious communications and anxieties in this area and the containment provided by this understanding can help to support more thoughtful work with the person with dementia, their family and the formal support system around them both. The paper uses vignettes from working with a client in his home.
Newton, N. A., & Jacobowitz, J. (1999). Transferential and countertransference processes in therapy with older adults. In M. Duffy (Ed.), <i>Handbook of counseling and psychotherapy with older adults</i> (pp. 21-40). Hoboken, NJ, US: John Wiley & Sons Inc.	Book Chapter	aging, old age, transference, countertransference	The therapist's responsibility in the therapeutic relationship is to remain open and attentive to the client's transference based reactions as well as the therapist's own personal responses to the client. This chapter identifies the obstacles that interfere with this often challenging task. Awareness of transference and countertransference processes provides a rich source of information about each individual as well as the interactions between therapist and client; it is often the basis of a healing relationship for the client and, sometimes in the process, a path of personal growth for the therapist.
Newton, N. A., Brauer, D., Gutmann, D. L., & Grunes, J. (1986). 13/Psychodynamic Therapy with the Aged: A Review. <i>Clinical Gerontologist</i> , 5(3-4), 205-229.	Journal Article	aging, old age, aged	Reviews psychodynamic perspectives potentially relevant to aging, including the neo-Freudian, developmental, self-psychology perspectives. The development of intrapsychic processes such as the libido is emphasized. It is suggested that although personality structures are established fairly early in life, the stresses encountered in later life can impair the internal controls that have functioned so well for so long. Psychodynamic therapy with elders centers around the importance of developing insight, especially awareness of intrapsychic processes.
Nordhus, I. H., & Nielsen, G. H. (1999). Brief dynamic psychotherapy with older adults. <i>Journal of clinical psychology</i> , 55(8), 935-947.	Journal Article	aging, old age, older adults, brief psychodynamic therapy	This article is based on experiences in implementing a clinical training program applying individual psychotherapy with older adults in a university outpatient clinic. A case illustration of a 68-yr-old married woman with an anxiety disorder is introduced to demonstrate how presenting complaints are translated into cyclical maladaptive patterns, a formulation used as a heuristic to help the therapist generate, recognize, and organize relevant psychotherapeutic information. The goal of the brief dynamic therapy is to help the client change her maladaptive interpersonal patterns, focusing on new experiences and new understandings that emanate from the therapeutic relationship.
Plotkin, D. A. (2014). Older Adults and Psychoanalytic Treatment: It's About Time. <i>Psychodynamic psychiatry</i> , 42(1), 23-50.	Journal Article	aging, old age, older adults, psychodynamic therapy	It has become increasingly apparent that older adults may not only benefit from psychoanalysis and psychodynamic psychotherapy but may be particularly well suited to such treatment. Clinical evidence to support this is presented, including discussion of the successful psychoanalysis of a woman in her seventies. An overview of the psychoanalytic literature indicates that psychoanalytic beliefs about the feasibility of treating older patients have always been favorable, but have had difficulty gaining traction. The modern psychoanalytic literature is compatible with extra-analytic studies of aging that provide further rationale for the potential usefulness of psychoanalytically oriented interventions in the elderly population.
Roseborough, D. J., Luptak, M., McLeod, J., & Bradshaw, W. (2013). Effectiveness of psychodynamic psychotherapy with older adults: A longitudinal study. <i>Clinical Gerontologist</i> , 36(1), 1-16.	Journal Article	aging, old age, older adults, psychodynamic therapy	Using a longitudinal, time-series design, this effectiveness study analyzed archival data collected as a routine part of clinical services and program evaluation at a community mental health clinic utilizing psychodynamic therapy with older adult clients (N = 106) in its Seniors Program. An empirical measure, the Outcome Questionnaire 45.2, was used to track progress and to examine the nature of change over time at 3-month intervals across 12 time points. The effect size was large (ES = .8) and participants showed little deterioration. Findings suggest that older clients can and do benefit from psychodynamic treatment offered in this format.
Schachter, J., Kächele, H., & Schachter, J. S. (2014). Psychotherapeutic/Psychoanalytic treatment of the elderly. <i>Psychodynamic psychiatry</i> , 42(1), 51-63.	Journal Article	aging, elderly, old age, older adults, psychodynamic therapy	Elderly patients who may have been able to deal satisfactorily with earlier periods of stress may find that in later life they are impacted by an array of devastating losses and crises subverting their abilities to adapt satisfactorily. Psychotherapeutic/psychoanalytic treatment has been demonstrated to be helpful to many elderly patients, especially if the psychotherapist/psychoanalyst chooses to relax a traditional analytic stance and actively engage the patient with the exploration of new relationships and activities which may relieve any residual loneliness. We also propose that an alternative concept of termination be considered which includes the possibility of post-termination follow-up contacts between patient and analyst. We detail the advantages of this conception both for patient and analyst.

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Semel, V. G. (2005). Modern Psychoanalytic Therapy With an Aging Man: The Failure to Attain Occupational Success. Strategies for Therapy with the Elderly: Living With Hope and Meaning, 191.	Book Chapter	aging, elderly, old age, older adults, psychodynamic therapy, career	<p>Brody and Semel contend that meaningful and successful therapy can be accomplished with an aging population, debunking the belief that the elderly can not pick up or put into practice newly acquired information. Rather, the way in which therapy with aging adults is approached may affect the way in which the therapist initially experiences and reacts to the client because of stereotypes about aging.</p> <p>This book encompasses three major areas of work with elderly clients aged 60 years and older: Living in nursing homes Living in assisted living housing, while participating in community-oriented activities for the aged Living independently and being seen in private practice It comprises a variety of approaches, ranging from eclectic small group formats for nursing home residents, group and individual counseling in assisted living settings, and home care for the elderly, to psychoanalytic therapy techniques in private practice. Illustrative case examples used throughout the book bring to life successful strategies and interventions.</p> <p>New areas of focus include: Treatment of stress and mental disorders Alzheimer's disease Caregiving issues at home Expanded information on Medicare coverage issues</p>
Settlage, C. F. (1996). Transcending old age: Creativity, development and psychoanalysis in the life of a centenarian. The International Journal of Psychoanalysis, 77(3), 549-564.	Journal Article	aging, elderly, old age, older adults, psychodynamic therapy, career, centenarian	<p>Presents therapeutic work with an elderly patient during the 10th and 11th decades of her life. The author's focus is on the interplay of the creative, developmental, and therapeutic processes in the revision of psychic structure. The author depicts the experience of very old age, particularly the confrontation with mortality, and notes transference and countertransference reactions to the elderly patient. Poems the patient wrote during the last 10 yrs of her life are used to convey her experience of the described processes. The author gives further confirmation to the recently acquired appreciation of the suitability of elderly individuals for psychoanalytic treatment.</p>
Terry, P. (2008). Ageism and projective identification. Psychodynamic Practice, 14(2), 155-168.	Journal Article	aging, old age, agism, projective identification	<p>This paper considers unconscious aspects of ageism, particularly in the underlying, reciprocal projective identifications between the 'young' and 'old' which entrench ageism and contribute to the debilitating consequences of ageing. These projections are examined in the context of care for older people, between the carer and the older person and between the therapist and the older client. Illustrations are given of how opportunities to reflect on the projective process through the counter-transference can ameliorate the effects of ageist attitudes and behaviours.</p>
Terry, P. (2008). Counselling and psychotherapy with older people: A psychodynamic approach. Macmillan International Higher Education.	Book	aging, old age, older adults	<p>Building on the success of Working with the Elderly and their Carers, this new edition pursues an in depth understanding of therapy with older people. A wide range of clinical material and 3 new chapters draw on developments in psychodynamic theory and the author's experience to offer valuable insights for trainees and experienced practitioners.</p>
Turner, M. S. (1992). Individual psychodynamic psychotherapy with older adults: Perspectives from a nurse psychotherapist. Archives of psychiatric nursing, 6(5), 266-274.	Journal Article	aging, old age, older adults	<p>Reviews the literature pertaining to individual psychodynamic psychotherapy with older adults. Demographic projections for significant increases in the geriatric population are presented and linked with implications for mental health. Barriers to geriatric psychotherapy are examined, and themes common among older persons are identified. Benefits of psychotherapy to patients and psychotherapists are summarized. Literature on adult developmental theory is explored. Unique aspects of gender issues, transference, countertransference, and termination are presented. Implications for nursing practice include a recommendation for increased nursing efforts in the areas of practice, research, and theory building.</p>
Valenstein, A. F. (2000). The older patient in psychoanalysis. Journal of the American Psychoanalytic Association, 48 (4), 1563-1589.	Journal Article	aging, old age, older adults	<p>The demographic shift toward extended longevity has led to a commensurate increase in the length of the working and productive years, and with it an increase in the number of so-called "older" patients who come into psychoanalysis or psychoanalytic psychotherapy. This led the Psychoanalytic Research and Development Fund to support a four-year study by a small group of experienced psychoanalysts of "the older patient in psychoanalysis." Aging and old age are considered to be the final developmental crisis of the successive epigenetic phases of the life cycle. Eleven case presentations and various briefer clinical vignettes informed us that older and even old individuals, who seek treatment themselves or who are appropriately referred, respond in a positive and effective fashion to psychoanalysis and psychoanalytic psychotherapy. As do younger patients in analysis, such older people, motivated by the wish to make the most of what time is left, become interested in understanding their pasts with respect to the present and the future. The life stories of two older men who undertook analysis, and the courses and outcomes of their analyses, illustrate our findings and impressions. In both cases conflicts and difficulties from earlier developmental phases, extending back even as far as the oedipal and preoedipal years, were revived during their older years. And although these conflicts might have been beyond definitive resolution, what is salient is the extent to which they were ameliorated: sufficiently that they did not impede a satisfactory adaptive solution of the final crisis of the normative sequences of the life cycle.</p>
Wagner, J. W. (2005). Psychoanalytic bias against the elderly patient: Hiding our fears under developmental milestones. Contemporary Psychoanalysis, 41(1), 77-92.	Journal Article	aging, old age, older adults, agism, bias, fear	<p>The fantasied timelessness of unconscious experience collides head-on with the inevitable timedness of mortal existence. This is most palpable when working analytically with elderly patients and may help explain our need to avoid such individuals by labeling them as "inappropriate for analytic treatment." Our cherished linear developmental models have often reified our biases into fact and permitted our own fears to remain inaccessibly active. When we analysts attempt to segregate elderly patients by denying them their analyzability, we succeed only in maintaining developmentally approved "them-not us" fantasies. This paper explores motivations for such fantasies, as well as the price paid by elderly would-be analysands, avoidant analysts, and psychoanalysis. Clinical vignettes are presented to assist in the deconstruction of such obstacles and their collusion with our reluctance to access experience and meaning at the end of the life cycle.</p>
Weiss, L. J., & Lazarus, L. W. (1993). Psychosocial treatment of the geropsychiatric patient. International journal of geriatric psychiatry, 8(1), 95-100.	Journal Article	aging, old age, older adults	<p>Reviews studies of psychosocial treatment (PT) approaches with the elderly that have clinical relevance to the practicing psychiatrist. The approaches considered are psychodynamic psychotherapy, cognitive and behavioral therapy, an innovative geriatric hospital unit, and a study using statistical meta-analysis to examine the cost benefits of mental health treatment. Only within the last few decades have empirical studies been carried out concerning PT approaches with the geropsychiatric patient. These empirical studies were preceded by and simultaneous to literature concerning the favorable response of elderly patients to psychotherapy (e.g., L. Breslau, 1987). Although most of the pertinent studies involving PT of the geropsychiatric patient involve psychotherapy for the depressed elderly, there remains a gap between the conviction of practicing clinicians and empirical evidence of efficacy.</p>
Weiss, S. S., Kaplan, E. H., & Flanagan, C. H. (1997). Aging and retirement: a difficult issue for individual psychoanalysts and organized psychoanalysis. Bulletin of the Menninger Clinic, 61(4), 469.	Journal Article	aging, old age, older adults, retirement	<p>Organized psychoanalysis has a long history of discussing and formulating policies on retirement, but follow-through has been lax and few analysts retire unless forced by illness. Institutes tend to avoid and deny the problem of the impaired analyst. Procedural guidelines are needed for assessing competency and imposing involuntary retirement. The authors recommend that all institute appointments be time-limited and that medical clearance specifically addressing conditions potentially impairing professional functioning be required for appointment and renewal.</p>

APA Reference	Resource Type	Keywords	Abstract
Wernick, M., & Manaster, G. J. (1984). Age and the perception of age and attractiveness. <i>The Gerontologist</i> , 24(4), 408-414.	Journal Article	aging, old age, attractiveness	84 19–30 yr olds and 54 56–88 yr olds rated the attractiveness and age of 12 precategorized artists' drawings of human faces (included). Drawings involved 6 male and 6 female, 6 attractive and 6 unattractive, 4 young adult, 4 middle aged, and 4 old figures. Drawings were flashed for 30–40 sec via transparencies for Ss who were asked individually to make Likert-type ratings. Results show significant age group effects in age and attractiveness ratings. MANOVA showed that the elderly collapsed the differences as perceived by the young on the dimensions of age and attractiveness by compensating for the loss of previously perceived or valued assets. Older Ss rated young and middle-aged faces as older and rated old faces as younger than did young Ss. Findings are consistent with the psychoanalytic view of the ego's regulation of pleasure and reality issues in the preservation of ego integrity and with the Adlerian view of compensatory striving.
Wheelock, I. (1997). Psychodynamic psychotherapy with the older adult: Challenges facing the patient and the therapist. <i>American journal of psychotherapy</i> , 51(3), 431-444.	Journal Article	aging, old age, older adults, therapist experience, challenges	The subject of advanced age is often neglected in discussions of diversity and intersubjectivity in psychodynamic psychotherapy. In addition, psychologists historically have underestimated the ability of older individuals to utilize and benefit from psychodynamic treatment. This article provides support for the belief that many older individuals are capable of engaging in insight-oriented treatment and addresses some of the unique challenges faced by the older patient and the psychotherapist. The importance of determining the impact of age on intrapsychic conflicts is examined. Concepts from developmental psychodynamic theory are reviewed and applied to the clinical case of A., an 81-year-old widow. This case illustrates several themes that often emerge in work with older patients. The significance of changes in family structure and roles, object loss, and narcissistic injury in the life of this patient and older individuals in general is discussed.
Wood, A., & Seymour, L. M. (1994). Psychodynamic group therapy for older adults: The life experiences group. <i>Journal of psychosocial nursing and mental health services</i> , 32(7), 19-24.	Journal Article	aging, old age, older adults, group therapy	1. Psychodynamically oriented group psychotherapy is an effective treatment mode for older adults. The common denominator of members of the Life Experiences Group is lifelong difficulties in relationships. 2. Group goals of the Life Experiences Group are twofold: To improve interpersonal relationships through increased self-awareness and group feedback; and to enhance self-perception and attitude, and relieve symptoms through a focus on wellness within long-term illness. 3. Elders are not as vulnerable as portrayed in ageist stereotypes; they can deal with painful issues when provided with the opportunity, and they can benefit from the experience in terms of enhanced relationships and improved self-esteem.
Woods, B. T. (2003). What's so different about older people?. <i>Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice</i> , 10(3), 129-132.	Journal Article	aging, old age, older adults	This paper introduces the special section on psychological therapy with older adults. It is widely accepted that the provision of health services, including psychological services, to older people is subject to ageism. There is no justification for arbitrary age cut-offs in making decisions about the appropriateness of psychological treatment, and good practice with younger adults is just as applicable in later life. The specialist aspects of working with older adults, which are highlighted in this paper, include working with people with cognitive impairment, the recognition of the importance and impact of past events and the importance of the social context in which older people find themselves. These aspects are not unique to work with older adults, and indeed should also be considered in work with younger adults. However, they form a constant backdrop to psychological therapy with older adults, which has an increasingly strong evidence-base to underpin it.
Wylie, H. W., & Wylie, M. L. (2018). The older analysand: Countertransference issues in psychoanalysis. In <i>Is It Too Late?</i> (pp. 111-129). Routledge.	Journal Article	aging, old age, older adults, countertransference	In addressing the analyst's experience of the analysand, countertransference is an ever-expanding construct. In keeping with the totalist perspective, I propose that the analyst's experience of the patient, instead of the term countertransference, more fully captures the complexity of the analyst's involvement and correctly places it as a central guide for inquiry and interventions. Our moment-to-moment experience of the patient is shaped not only by the patient, but also by our listening perspective, be it a subject- or other-centered vantage point, our models, and our subjectivities. The analyst experientially can resonate with the patient's affect and experience from within the patient's vantage point—that is, the subject-centered listening perspective (self psychology's emphasis); the analyst can experience the patient from the vantage point of the other person in a relationship with the patient, called the othercentered listening perspective (frequently the emphasis in object relations and interpersonal approaches). I am proposing that the analyst's listening from within and without, oscillating in a background-foreground configuration, can illuminate more fully the patient's experience of self and of self in relation to others.
Zivian, M. T., Larsen, W., Gekoski, W., Knox, V. J., & Hachtette, V. (1994). Psychotherapy for the elderly: Public opinion. <i>Psychotherapy: Theory, Research, Practice, Training</i> , 31(3), 492-502.	Journal Article	aging, old age, older adults	Examined beliefs about the benefits that the elderly derive from psychotherapy. 414 Ss (aged 17–81 yrs) completed a questionnaire about the incidence of psychological problems, the incidence of 4 personality disorders (antisocial, compulsive, dependent, or schizoid), and the value of psychotherapy for adults 20–80 yrs old. Ss of all ages held strong biases against psychotherapy for older adults. Ratings of the value of psychotherapy and the benefits that clients could derive from psychotherapy decreased steadily with increasing target age. Such biases contribute to the limited use of psychotherapy among the elderly.