

## **Storytelling as a Psychoeducational Tool in Cognitive-Behavioural Therapy with Older Adults**

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Older adulthood is frequently accompanied by life events that threaten autonomy, safety, and personal identity, including bereavement, physical illness, accidents, or transitions in living arrangements. Such experiences often precipitate anxiety and behavioural withdrawal. In clinical practice, older adults commonly attribute psychological difficulties directly to these events. However, cognitive-behavioural therapy (CBT) conceptualises distress differently: psychological problems are maintained not by the events themselves but by behavioural and cognitive responses to them, particularly avoidance patterns (Blenkiron, 2005; Otto et al., 2000). Psychoeducation is therefore a crucial component of CBT, yet abstract theoretical explanations may be difficult to engage with for some older clients. Narrative and storytelling approaches may provide a developmentally appropriate method of communicating CBT principles.

### **Methodology**

This paper presents a practice-based narrative psychoeducational method developed within CBT-informed clinical work with older adults. The approach integrates principles of CBT psychoeducation with elements of narrative therapy. The central intervention is a structured therapeutic story titled *The Story of Two Worlds*, originally created as a teaching tool for psychology and social work students and later adapted for use in clinical sessions. The narrative illustrates how avoidance behaviours maintain anxiety while gradual exposure supports emotional recovery. The story was refined through repeated use in psychoeducational contexts and therapeutic settings, incorporating observations from clinical practice and feedback from professional colleagues.

### **Results / Clinical Illustration**

The narrative presents two individuals who experience the same traumatic event—a serious traffic accident—but respond differently in the aftermath. In one scenario, the individual continues

driving despite experiencing anxiety, gradually confronting the feared situation. Although the initial exposure is distressing, repeated engagement leads to a progressive reduction in anxiety and eventual restoration of normal functioning. In the parallel scenario, the individual avoids driving by relying on alternative forms of transportation. While avoidance initially provides emotional relief, it prevents habituation to the feared stimulus and ultimately results in persistent driving anxiety several years later.

Through this contrast, the narrative illustrates the fundamental CBT model of anxiety maintenance: trigger → anxiety → avoidance → short-term relief → long-term persistence of fear. The story also demonstrates how well-intentioned supportive behaviours from family members may inadvertently reinforce avoidance patterns. When used in therapy, the narrative structure allows clinicians to pause at key moments to discuss client reactions, encourage reflection, and connect the story to the client's own experiences. This process facilitates understanding of exposure, normalization of anxiety responses, and the role of behavioural change in recovery.

## **Discussion**

Storytelling appears particularly relevant for gerontological psychotherapy. Older adults often possess rich autobiographical memory and may engage more readily with narrative formats that emphasise meaning-making and life experience. Narrative interventions can therefore provide a cognitively accessible bridge between lived experience and psychological theory. Research on narrative therapy and life-story interventions suggests that such approaches can improve perceptions of ageing and reduce existential anxiety among older adults (Nozari et al., 2019; Westerhof & Bohlmeijer, 2012). By embedding CBT mechanisms within an emotionally resonant story, therapists may enhance psychoeducational engagement and promote behavioural insight.

## **Conclusion**

Storytelling represents a clinically useful adjunct to CBT psychoeducation in work with older adults. Narrative techniques can effectively communicate complex therapeutic concepts such as avoidance and exposure while remaining accessible and meaningful for clients. The narrative model described in this paper demonstrates how therapeutic storytelling can support understanding of anxiety maintenance mechanisms and encourage adaptive behavioural responses. Within gerontological practice, such approaches may contribute to preserving functional autonomy and

psychological well-being in later life. Future research should further investigate the clinical effectiveness of structured storytelling interventions in CBT with older populations.

## References

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