Editorial

The United Nation's (UN) report on population ageing (UN, 2002) indicates that the current increase in the world's ageing population is unprecedented and, albeit differentially, affects all countries in the world; developed and developing. These changes derive from a complex interplay of falling birth rates - owing to improved pre-, peri- and post-natal health, and decreasing infant mortality – enhanced life expectancy, and inward and outward migration flows (Arifin & Ananta, 2009). Differences in demographic shifts and patterns depend on the developing status of individual countries. These changes have profound implications for human life, societies and relations between persons. They also act as an imperative for developing effective and efficient social and health care policies across the nations of the world, including individual and group approaches. UN population predictions indicate that numbers of persons aged 80 years and older will rise from 13.8m in 1950, 69.2m in 2000 to 379m in 2050 with significantly higher proportions in developed regions. These figures demand that social and health policy-makers and analysts explore the best possible use of finite resources – economic, physical, social and emotional – to account for growing human need. It is within this context that groupwork has much to offer.

Demographic changes are also gendered. The life expectancy of women is greater than that of men although proportions may change over time and certainly differ across countries. Support needs are growing and the increasing economic costs exercise the minds of welfare agencies and governments. Participation in the labour market is changing as educational achievements rise. Health needs will change as populations age and create demands for care and support that need somehow to be met. This can be seen in the rise in numbers of cancers, dementias and cardiac disease.

In these changing contexts, we need to remember that human beings are naturally gregarious, social beings with tendencies to live and organise in groups; to crave identities in the support of others. Social

organisation structures life according to role and function and often demarcates his by chronological ageing. Groups are common to our experience. It is to this human way of being that we may turn to explore some ways in which we might reach a greater number of individuals, effectively but at decreased cost. The time is right to invest in groupwork.

Groupwork itself has a long history of working with older people, socially and therapeutically. Reminiscence work; social, emotional and physical activities have been employed in heath and social care settings for many years. Practice wisdom indicates the use of such techniques, whilst there is also a developing body of research to draw on. However, further study is necessary and timely given the increasing need for work with growing ageing populations. In groupwork there is a clear need for research that looks at outcomes of groupwork practice with older people as well as work that helps build a body of understanding and refining underpinning theory. Given the global challenges resulting from our ageing populations and migration histories, there is a need for culturally appropriate research and studies that look at developing countries and developed countries examining what groupwork can offer individual citizens and wider social and welfare concerns within society.

The papers included in this issue contribute to the debate. Whilst not representative of all countries and focused mainly on populations in developed countries, the content, material and practices may offer ideas that can be transferred and revised for use elsewhere.

Reminiscence is commonly considered in texts concerning groupwork and older people amongst other populations. The two papers reporting reminiscence work are focused on mild dementia – an important and growing issue fraught with complexities and one recognised earlier in Gibson's work amongst others. Angela Shik and her colleagues at the Chinese University of Hong Kong provide us with insight into some of the ways in which reminiscence can help people with a mild dementia, many of which can be translated into other contexts and countries. This paper describes the design and implementation of a reminiscence group for Chinese older people with mild dementia at a Hong Kong nursing home. Participant observation highlighted that reminiscence focused groupwork led to improvements in social, cognitive, and motor skills, and increased positive mood. The project provides evidence of the relevance of reminiscence group work for older people from a Chinese cultural background and its ability to create a feeling of family

among group members whilst allowing them to encourage the sharing of memories through informative reminiscence. This paper found that reminiscence group work is conducive to the physical and mental well-being of older Chinese with dementia and contributes positively to their healthy, successful ageing. Perhaps a comparison of Western and Asian approaches to reminiscence, its functions and benefits is indicated for future research.

Sarah Housden's paper addresses an equally important issue in respect of the mental health of older people. Depression impacts on the lives of many. Housden collates evidence in a systematic review that demonstrates the technique's potential benefits. With increasingly large groups to manage and a finite workforce under economic pressure, the development of group approaches may reach a greater number of people and this review is encouraging. With a growing older population in the UK, and recognition that depression affects a considerable proportion of care home residents, Housden states that it is imperative to identify effective methods of treating depression in this population. Systematic reviews of research into reminiscence have produced equivocal results. Housden's review found that reminiscence was indicated to be a particularly useful activity for care home residents because of combining a number of different benefits in one activity. However, she sounds a cautionary note about reminiscence being undertaken by untrained staff who may have little appreciation of the dangers of reminiscing for some clients.

Migratory patterns are, as Arifin and Ananta (2009) state, the third strand in population ageing in both developed and developing countries cross the world. Nicole Dubus considers the impact of ageing and a groupwork method to manage those impacts in respect of women migrating to the US from Cambodia and the regime of the Khmer Rouge. Her paper describes a support group for Cambodian refugee women who had survived the Khmer Rouge regime in the 1970s and 1980s and had current diagnoses of post traumatic stress disorder. The paper examines the strengths and limitations of a therapeutic team approach which used an English-speaking licensed professional and a Khmer speaking paraprofessional. Dubus suggests that the model has promise in respect of providing culturally sensitive treatment but recognises it is still in its infancy.

Jessica Cabness, again writing from a US perspective looks at

mental heath services using a particular theoretical perspective that she exemplifies using case studies. In an advance on more traditional Freudian psychodynamic theory, Heinz Kohut formulated a theory of self-psychology giving prominence to the development of the *self* in an interactional field which later Harry Stack Sullivan applied in his work with schizophrenics. Drawing on Kohut's theory and Sullivan's work, Cabness analyzes in her paper the interactional fields and processes observed in her groupwork with older adults with schizophrenia in long-term care.

It is not only in mental heath but also physical health –and in their interface – that groupwork can be indicated. Caroline Belchamber explores groupwork within rehabilitative palliative care focusing on three common distressing symptoms: pain, dyspnoea and fatigue. Social, activity or exercise-based groupwork and diversional therapy were seen as important components within rehabilitative palliative care. The participants' perceptions of their symptoms, beliefs and attitudes towards their groupwork within rehabilitative palliative care were explored through a range of semi-structured interviews. The relevance and benefits of the groupwork were then identified showing that the following factors contributed to effective groupwork: environmental factors, mobilisation and normalisation. Like other authors in this issue and elsewhere, Belchamber suggests that more research is required to comprehend how different forms of groupwork can help in reducing unwanted or distressing symptoms.

Deborah Neal continues consideration of groupwork's potential in rehabilitation by focusing on stroke, which she notes is one of the commonest neurological conditions and is the third most common cause of death and the most common cause of severe disability in the UK. She reports on a model of groupwork - ASPIRE, (Acute stroke, Support to self care, secondary Prevention, Information, Rehabilitation & Exercise). This programme is a 12-week post-discharge programme using groupwork to provide information, individually tailored exercise goals and carer support that seeks to enable effective self care after stroke. Neal's paper describes the development of the ASPIRE group model and uses her preliminary findings to evaluate the impact of the group and identify areas for further exploration.

Finally, in this issue Julie Heathcote and Chia Swee Hong present a practice-centred piece concerning the potential of groupwork for

combating loneliness. The context for their paper is the current UK focus of welfare strategies which aim to keep older people in their own homes, which they point out may exacerbate loneliness for care-giving partners. Using the premise that participation in meaningful activities can reduce isolation and loneliness, they present two case studies of different groups of older people to show the positive impact of such groups on older people and staff working with them. Heathcote and Hong show that companionship, engagement, support and activity, can help bring a sense of order to the lives of older people and their carers who may be feeling 'lonely' and 'isolated'.

The papers in this issue provide a sense of the potential of groupwork for working with an increasing older population. Further research is warranted but needs to be completed soon given the rapid demographic change that countries in developing and developed countries have gone or are going through.

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References

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UN (2002) *World Population Ageing: 1950-2050.* Department of Economic and Social Affairs, Population Division available at http://www.un.org/esa/populaton/publications/worldageing19502050/