

Certificate in Care of the Elderly
(CCE)

2

ASPECTS OF AGEING

(Subject Code- 410)



विद्याधनम् सर्वधनं प्रधानम्

National Institute of Open Schooling

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(Subject Code - 410)



NATIONAL INSTITUTE OF OPEN SCHOOLING

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Lesson 1

Profile of the Elderly

STRUCTURE

- 1.0 Introduction
- 1.1 Objectives
- 1.2 Ageing and the elderly
- 1.3 Age-related changes affecting the elderly
 - (A) Structural and functional changes
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- 1.4 The attitude and coping behaviour of the elderly
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1.0 Introduction

The 20th century has been a century with improved survival of population. There were fewer births and deaths and more people reached old age. With an increase in the number of old people, many will reach the age in which health disorders are likely to occur. According to W.H.O. estimates, out of 580 million old people in the world, 355 million will belong to the developing countries. This figure will rise to 700 million in the developing countries, by the year 2020. The next century must therefore aim to improve upon care of the elderly, so as to improve their quality of life. The demographic changes has health, economical, social, cultural, psychological and spiritual

implications. All these have to be understood, in order to provide proper health care to the elderly. Simple information about the present state of the elderly and their families must therefore be collected by all those who are interested to provide health care to the elderly. A sample performa is given at the end of this lesson to provide guidance for collecting useful informations about the elderly and plan the care based on these informations

This lesson shall deal with the profile of the elderly, including the age-related changes and the different coping mechanisms adopted by them. Also, it shall deal with the recognition of diverse patterns of ageing.

1.1 Objectives

After reading this lesson, you will be able to :-

- gain useful knowledge about ageing and the elderly;
- recognize age-related changes affecting the profile of the elderly, in terms of the structural and functional changes and the psychological changes;
- understand the attitude and coping behaviour of the elderly towards ageing; and
- recognize the diverse patterns of ageing.

1.2 Ageing and the elderly

Ageing is a biologic result of a series of processes of decline, which in some may cause increasing disability leading to death. Philosophers, scientists, religious leaders and others have been trying to find the answer to the eternal question: Why do we age? What we know so far, is that ageing is multifactorial in origin, with heredity playing an important part in the process.

Although ageing is a result of physiological changes, it is also associated with changing attitude and responses of people around the elderly. Past events and experiences as well as the present situation affects the ageing pattern and the way the elderly look forward to their future.

Elderly people are not a homogenous group. There are no age-norms, merely different patterns of ageing. Elderly people belonging to the same chronological age group, may exhibit great variation in physical, intellectual as well as social performance.

Though the phenomenon of ageing varies vastly between individuals and groups, it affects all. Age-related changes depend on: **genetic factors** and factors like **nutrition, life-style** and **environment**. Though these changes ordinarily allow a person to function satisfactorily, a disease may affect the functions of the involved organ or system in the elderly. As a care provider, you should gain the knowledge and utilize your skills to minimize disability

effects of these changes and guide the elderly to maintain physical and mental independence till near death.

What we know definitely about ageing is:

- It is a biological process at the end of one's life-span.
- It is inevitable
- It is irreversible.
- It is progressive.
- It is always associated with progressive functional decline.

INTEXT QUESTIONS - 1.1

1. Fill in the blanks with appropriate terms:
 - a) Ageing is aprocess.
 - b) The present situation as well as the affect the ageing pattern.
 - c) There are different of ageing.
 - d) Usually, the process of ageing may lead to increasing..... among the elderly.

2. State whether the following statements are True (T) or False (F)
 - a) Ageing is multifactorial in origin. ()
 - b) Elderly people are a homogenous group ()
 - c) Ageing is a result of physiological changes alone. ()
 - d) The elderly can be guided to maintain independent functioning till near death. ()

1.3 Age - related changes affecting the elderly

The age-related changes are witnessed in terms of: structural and functional changes and psychological changes.

(A) Structural and functional changes

The body experiences a series of structural and functional changes, as one advances towards old age. These changes result in a number of manifestations, some of which are visible and the others are invisible.

The visible changes in the body are with regard to: hair (loss and greying); posture (stooping); pace of walking (slow); eyes (decreased vision, disorders like cataract and glaucoma); ears (hearing loss, tinnitus, etc.); nails (decreased growth); teeth (loss, with a need for dentures); skin (dryness and wrinkling, appearance of brown patches); body fat distribution (increased fat deposit in abdomen of males and breast, waist and hips in females); muscle mass (decreased), sleep requirements (reduced, with 3-4 awakenings during a night); temperature regulation (increased vulnerability to hypothermia, hyperthermia and heat stroke); etc.

The invisible changes which occur as a result of ageing; are mainly with regard to:

- nutrient and food intake such as decreased appetite, diminished ability to smell and taste food, certain nutritional deficiencies, etc.
- heart and blood vessels-like lung function declines, likelihood of cardiac disorders, etc.
- kidneys, urinary bladder and urinary tract-like increased urination, incontinence, etc.
- endocrine system-reduction in hormones, with changes like menopause in females.
- brain function increased forgetfulness and loss of memory.
- bone changes-osteoporosis, increased vulnerability to fractures; and
- water content- It decreases, with an increased vulnerability to dehydration.

Proper education of the elderly and their family members on how to prompt their health and prevent illness, can lead to activate healthy ageing.

You will learn the details of structural and functional changes in ageing in Lesson 2 of this Module.

(B) Psychological changes

With advancing age, the elderly are confronted with problems like: reduced income, resulting in increased dependence on others; bereavements; increased drug intake; disorders, diseases and disabilities; and impending death. These frequently lead to feelings of **helplessness, anxiety** and **concern** among the elderly. The situation is compounded by **negative attitudes** and **perceptions** on part of the society and by the elderly themselves, to their old age. The failure to accept the process of ageing often results in viewing old age as a sort of **social stigma**. **Depression is**, thus, a common manifestation among the elderly. All of these factors adversely affect the self-image of the elderly.

The changes in psychological functions among the elderly, include changes in:

- personality Changes - usually, rigid in their views; not open to new ideas;
- intelligence - intellectual faculties do not usually start declining till after the age of 80; but can be adversely affected by a disease;
- learning and memory - memory and reaction-time may begin to decrease by the age of 70; slow to assimilate new information;
- problem - solving ability - the elderly tend to rely on previous experience rather than using new approaches to problems; do not usually take risks);
- perception and attention - these may get deteriorated due to the declining functional changes; and
- motivation - usually, the elderly lack the motivation to do something interesting or different in their lives; the social climate is also not always conducive.

Visual mental and environmental stimulation plays an important role in mental health and performance of the elderly. Encouraging them to remain active within their families as well as in the community shall help them feel emotionally satisfied and happy.

You will learn the details of psychological changes in ageing in Lesson 4 of this Module.

1.4 The Attitude and coping behaviour of the elderly

The **present life-situation** as well as the past **experiences**, including the **family history economic conditions, social circle and standard of living** have an influence on the **physical** as well as **mental** well-being of the elderly, besides shaping their attitude towards old age. The differences in these experiences explains the difference in their attitude towards old age. The behaviour of the elderly depends on what they are looking forward to in the future, once their past is over. Wisely, some look forward to ageing as a well-deserved gain and freedom won by their earlier hard work during service when there was no time for leisurely pursuits. They regard their present as the time to enjoy their hobbies, travel, etc. and to develop new interests and improve certain skills and self-education: all these are activities performed with a view to increasing competence.

INTEXT QUESTIONS - 1.2

1. Fill in the blanks with appropriate term (s):
 - a) The behaviour of the elderly depends on what they are looking forward to in their.....
-

- b) Some elderly may actively utilize their leisure time, while the others may perceive ageing.....
- c) Society's..... views can adversely affect the elderly.
- d) The mass media need to project a image of the elderly.
- e) The elderly need to form an..... part of the society rather than just passive receivers of care.

On the other hand, a person may perceive ageing negatively. This person feels very low due to a loss of his/her job and feels he/she is superfluous, with a loss of prestige associated with his/her earlier job. He/she cuts himself/herself from people and does not take interest in hobbies etc, thus decreasing competence by restricting his/her activities.

Ageing should be taken as a positive experience. Society's image of old age, if prejudiced, can affect the elderly adversely, leading to undue and avoidable restrictions. Positive values of old age must be emphasized by all, especially the mass media including newspapers, movies, T.V., radio, magazines and books, etc. and they should not be permitted to project a negative image of the elderly. Other factors which influence the elderly adversely are: **low income, increased dependence, calamities** like earthquakes, wars etc. and similar events. To maintain competence of the elderly and preserve their self-confidence, they must form an-important part of our society. Older people should be looked upon as those who could contribute to the betterment of the society by being an integral part of it, rather that just passive receivers of care.

Activities suitable to one's capabilities should be encouraged in old age, in order to enhance the performances; stimulation of all kinds is important for the performance of the elderly.

The elderly's attitude towards ageing is influenced by:

- the present life-situation; and
- their past experiences.

The elderly should form an integral part of our society, to be looked upon as useful resources.

1.5 Recognizing diverse patterns of ageing

Biological ageing cannot be measured from one's chronological age. Many old people retain their youthful appearance and functions, while other may

look and feel old even during their middle age. There are some very active, alert and competent elderly, who are 85 years old or more. There can be observed a wide variation between the physical appearances and intellectual performances of elderly belonging to the same age. There is thus, no definite pattern of ageing or the so-called age-norms. Due to this wide variation, it is sometimes difficult to distinguish between normal and abnormal, until further information is obtained about the old individual. Though the differences in most biological and psychological variables become more pronounced with one's increasing age, but it remains clear that "there is no recognizable typical elderly." It has already been mentioned about the influence on ageing of one's past events, life-situations, education and training of the individual with increasing age, etc. The minor age-related defects may or may not interfere with the normal life of the elderly. Yet, chronic diseases and serious illnesses may be seen in a subject of advanced age.

Diagnostic difficulties frequently occur in the elderly patient. Presentation of illness in them is often atypical and misleading. Classical features of illness may be absent in some elderly; practical skill and experience is required for correct diagnosis in these cases. Any infection may make the elderly confused and this may be mistaken for a mental illness. Sometimes, the disease may be silent; such as a silent heart attack which is well known in the elderly. Multiple diseases are often found in the same elderly patient; some of these may be inactive while others may cause a disability. Sometimes, signs of a new disease are wrongly attributed to an already diagnosed illness. Interpretation of signs in the elderly is thus very different from those in the younger subjects. Expert skill is needed for correct interpretation of sign of any disease in the elderly.

There is no recognizable "typical elderly".

Classical features of illness are usually absent in the elderly, thus leading to diagnostic difficulties.

INTEXT QUESTIONS - 1.3

1. State whether the following statements are True (T) or False (F):
 - a) The chronological age is the correct indicator of one's biological age. ()
 - b) There are some elderly who may be very active, alert and competent. ()
 - c) The elderly usually suffer only from acute illnesses. ()
-

- d) Diagnosis may be difficult in the elderly patients. ()
 - e) Often, multiple diseases are found to occur in the same elderly patients. ()
-

1.6 Summary

Ageing is a universal phenomenon, which is inevitable and irreversible. The existing and commonly observed negative images of old age should be corrected, especially amongst the care givers, the media and the people around the elderly. The elderly should be encouraged to help themselves and should be given mental stimulation to prevent age-related degeneration. Also, physical activity and social contacts should be encouraged.

The care giving activities should be specific for the elderly individual, especially guided by his/her personality and situation.

Multiple factors influence the ageing process. This needs to be kept in mind, while considering management and rehabilitation of the elderly.

The informations on mental physical emotional and social situations of the elderly can help the care provider in designing relief measures in order to give hope of improvement in all kinds of biological and other disabling situations in old age.

In this lesson, you have learnt about the concept of ageing and the elderly and the various age-related changes. You have also learnt about the attitude and coping behaviour of the elderly and how to recognize the diverse patterns of ageing.

1.7 Glossary

1. Eternal - existing always, without an end.
 2. Multifactorial - resulting from many causes.
 3. Superfluous - more than enough; needless.
 4. Dignostic - assisting diagnosis, i.e., identifying a disease by means of a patient's symptoms.
 5. Atypical - not conforming to a type.
 6. Rehabilitation - restoring to effectiveness or normal life by training, etc. especially after an illness.
 7. Management - the technique of treating a disease.
-

PERFOMA

Assessment of elderly Profile

Name _____ Sex _____ Race _____ Religion _____ Date of birth _____

Address _____ Telephone _____

Language spoken _____ Nearest contact persons _____

Profile of Family

Spouse

- Living
 - Health status:
 - Age:
 - Occupation:
- Deceased
 - Year deceased:
 - Cause of death:

Children

- Living
 - Names and addresses:
- Deceased
 - Year deceased:
 - Cause of death:

Others in household:

Occupational Profile

- | | |
|--|---|
| <ul style="list-style-type: none"> • Employed <ul style="list-style-type: none"> Type of Work: Length of employment: Working hours: Sources of income: | <ul style="list-style-type: none"> • Unemployed <ul style="list-style-type: none"> Reason: Length of unemployment: Previous occupations: |
|--|---|

Home Profile

- Single dwelling
 - Multiple dwelling
 - Own
 - Rent
 - Telephone
 - Pets
- Number of levels:
 - Location of bathroom:
 - Location of bedroom
 - Nearest neighbor:
 - Household responsibilities
 - Safety
-

Economic Profile

- Sources of income:
- Monthly income:
- Monthly expenses:
- Financial concerns:

Health Insurance

- Medicaid
 - Medicare
 - Blue Cross/Blue Shield
 - Other:
- Policy number:
-

Health and Social Resources Currently Utilized

- Private doctor
 - Hospital
 - Clinic
 - HMO
 - Visiting Nurse
 - Public health nurse
 - Social worker
 - Meals-on-Wheels
 - Other:
-

Social / Leisure Activities / a religious

Organization membership:

Hobbies/interests:

Health History

- Allergies
 - Food:
 - Drug:
 - Other:
 - Diabetes
 - Hypertension
 - Cancer
 - Hospitalizations:
 - Surgery:
 - Fractures:
 - Major health problems
-

Medications

Name	Dosage	How and When Taken	How Obtained	Knowledge and Understanding of Medication

Physical Status

T _____ (A.O.R) Height _____ Urine: _____

P _____ Weight _____ (recent changes: _____)

R _____ BP _____ (sitting, standing, lying)

Skin condition

_____ Intact _____ Rash (describe) — Wounds

_____ Dry _____ Discoloration (describe) — Bed Sores

Hair condition:

Good Poor

Nail conditions:

Health Not clean Brittle

&

Clean

Mobility

- Ambulatory
- Nonambulatory
- Ambulatory with assistance (specify)
- Able to rise from chair or toilet
- Able to climb stairs

Extremity function

	Location	Degree of Limitation	Assistive/Relief Measures
Contracture			
Arthritis			
Painful movement			
Paralysis			
Spasm			
Amputation			
Dominat hand			

Respiration

	Precipitating Factors	Degree of limitation	Assistive/Relief Measures
Difficult breathing			
Dyspnea			
Shortness of breath			
Wheezing			
Asthma			
Coughing			
Sputum characteristics: Smoking history:			Tracheostomy

Circulation

Assistive/Relief Measures	
Chest Pain	
Fast heart rate	
Tachycardia	
Swelling in feet	
Cramping in extremities	

pulse, temperature and colour in extremities:

Nutrition

Teeth: Dentures: Chewing problems:
 Number: Partial Complete Swallowing problems:
 Status: Fit: Feeding tube:
 Date last dental exam:

Assistive/Relief Measures	
Indigestion	
Constipation	
Diarrhea	

Usual meal pattern:	Fluid intake: Alcohol use:
Food preferences:	Food restrictions:

Bladder

getting up at night to pass urine Burning Incontinence Catheter
 Frequency Urgency Stress incontinence
 Urine characteristics:

Stool

Bowel movement pattern:
Characteristics:

	Frequency of Use	Results Obtained
Laxatives		
Suppositories		
Enemas		

Sensory status	Degree of Limitation	Assistive/Relief Measures

Hearing

All sounds
High frequency

Vision

Full vision
Night vision
Peripheral vision
Reading
Color discrimination

Taste

Smell

Touch

Feels pressure and pain
Differentiates temperature
Pain
Speech

Other sensory data:

hearing and

_____ Contact lenses
_____ Eyeglasses

Date last hearing exam:

Date last vision exam:

Rest and sleep

Sleep/essness Medicines and alcohol used to induce sleep:
 Night restlessness Factors interfering with rest:
 Night confusion Usual sleep and rest pattern:

Female elderly

Vaginal discharge
 Itching

Nipple discharge
 Breast pair

Prosthesis

Male elderly

Scrotal swelling
 Lesion
 Discharge

Date last exam.

Mental Status

Alert
 Rapid response to verbal stimuli
 Slow response to verbal stimuli
 Confused
 Stuporous
 Somatose

Orientation
 Person
 Place
 Time

Attention span:

Memory of recent events:

Memory of past events:

Emotional Status

Anxious Hyperactive Disinterest in the
 Fearful Hypoactive Emotionally labile
 Depressed Suspicious Suicidal

Self concept

Current stress factors:

Attitude and concerns about death:

Other data:

Informant

Patient
 Other (specify)

 Signature of care Provider Date

Practical Activity: Using given guidelines given in the Performa Prepare a profile of one Female and one male elderly between the age group of 60-80 years.

1.8 Answers to Intext Questions

- 1.1 1. a) biologic b) past experiences c) patterns
 d) disability
2. a) T b) F c) F d) T
- 1.2 1. a) future b) negatively c) prejudiced
 d) positive e) integral
- 1.3 1. a) F b) T c) F
 d) T e) T

Lesson 2

Structural and Functional Changes in Ageing

STRUCTURE

- 2.0 Introduction
- 2.1 Objectives
- 2.2 Characteristic features of ageing
- 2.3 Changes in the body of the aged and their consequence
 - (A) Visible manifestations
 - (B) Invisible manifestations
- 2.4 Health promotion and disease prevention among the elderly
 - (A) Prevention of accidents
 - (B) Promotion of physical activity
 - (C) Prevention of dietary disorders
 - (D) Promotion of social interaction
- 2.5 Summary
- 2.6 Glossary
- 2.7 Answers to Intext Questions

2.0 Introduction

Ageing is not a disease, but is an inevitable biological process which will affect everyone. We all start ageing from the time we are born.

With the demographic transition in India, commonly referred to as “greying of the nation” the absolute number of the elderly individuals and their proportion in the total population is increasing at an alarming rate. Attention of national planners, economists, social scientists and health administrators is now focused on human ageing and its consequences and how to meet their special needs. The basic questions needing answers are:

- Why do we age?
- Why do individuals age at different rates?
- What are the outcomes of ageing and why are they individually different?

This lesson deals with the structural and functional changes associated with ageing and how to promote the health and prevent the occurrence of diseases among the elderly.

2.1 Objectives

After reading this lesson, you will be able to :-

- list the characteristic features of ageing resulting in their gradual but progressive functional decline;
- enumerate the visible and invisible changes in the body of an aged individual and discuss their consequences; and
- communicate to the elderly and their family members how to promote their health and prevent disease occurrence among them.

2.2 Characteristic features of ageing

Ageing is a slow and gradual process, covering 20 to 30 years or more in the last part of life; and is followed by death. During this long process of ageing, there are certain characteristic physiological changes, leading to gradual but progressive functional decline among the elderly. These are:

- a. Billions of cells in different tissues and in different organs die in a programmed manner and are not replaced any more by fresh cells, as happens in one's younger age.
 - b. The tissues gradually atrophy and the organs, including brain, become smaller in size, with a decline in their physiological functions.
 - c. Hard and tough tissues like bones and cartilage also undergo changes. Bones become porous and are liable to break easily. Cartilages are eroded and lose their flexibility and function.
-

Ageing of the body is characterized by:

- Tissue growth (in younger age) is replaced by tissue atrophy.
- Reduction of size of all organs, leading to a decline in physiological functions.
- Reduction of most enzyme systems in the body, with a reduction of most metabolic functions.

2.3 Changes in the body of the aged and their consequences

These changes have visible as well as invisible manifestations as discussed below.

(A) Visible manifestations

Anyone can identify an aged individual from some visible signs and behaviour. The following are the commonest:

- a) Grey hair or loss of hair
- b) Stooping posture
- c) Slow pace while walking, usually with a walking stick
- d) Changes in special senses

(i) Age-related eye changes

Visual changes resulting from ageing are many. There is usually an altered threshold for **light/dark adaptation**. There is a diminished pupil-size and age-related changes in the **shape of the lens** as well as its **circumference** and **altered retinal metabolism**. There is an increased susceptibility to **glare** and a **decline in the ability to read**, especially from the age of 50 onwards; also, there is a greater difficulty in seeing at **low levels of illumination** and more trouble in **detecting moving objects**. A decline in the ability to focus on near objects, called presbyopia, is a condition which begins at the age of 40. There is a constriction of visual fields, involving peripheral vision. The ability to distinguish details may begin to decline in the 70's.

There is a gradual loss of transparency of the lens, giving rise to senile **cataract** and resulting in an **impairment of vision**. Cataract appears as a greyish opacity of the lens and blocks the light rays, giving rise to blurred images of objects.

Macular disorders are usually seen after the age of 65; there is no treatment for senile macular degeneration. Glaucoma also is commonly seen in the elderly, in which there is an increased intra-ocular pressure progressing slowly without the patient getting any symptoms till there is a considerable visual loss or blindness.

(ii) **Age-related hearing impairment and deafness**

Hearing impairment and deafness is a very common complaint of the aged individuals. Localizing sounds may be difficult, especially those with a higher frequency. Exposure to loud sounds may be responsible for hearing loss in some. Tinnitus, which is a troublesome ringing or buzzing noise in the ear, may also occur in many elderly, usually caused by a degenerative process or exposure to excessive noise. Some drugs like aspirin and quinine have tinnitus as one of the side effects. Men start to lose their hearing more than two times as fast as women, between the ages of 30 and 80. Though hearing aids are available, they are usually expensive and beyond the means of most elderly.

- (e) Loss of teeth, with need for dentures.
 - (f) Nail growth is decreased, with ageing.
 - (g) Wrinkling of skin on the face (due to loss of subcutaneous fat) and appearance of brown spots or patches on the skin.
 - (h) Dry skin, with loss of elasticity, leading to increased susceptibility to trauma and bed sores.
 - (i) Muscle mass declines more than 20% by the age of 70, especially the biceps, calf and thigh muscles. The hand grip decreases 45% by the age of 75.
 - (j) Redistribution of body fat from under the skin to deeper parts that is in the abdomen in males; and in breasts, waist and hips in females. As a person reaches the later decades of life, he/she loses all fat in the body and becomes lean.
 - k) Sleep behaviour in normal elderly: Sleep requirements are reduced with age and sleep is lighter with 4-5 awakenings during the night. Each awakening may be of 10-20 minutes duration and not all may be recalled. Many elderly find it difficult to fall asleep or to sleep apnoea, after awakening. This should not be considered as a disorder. Sometimes, sleep apnoea, that is, stoppage of breathing for 10 seconds or longer, may be seen in one's old age.
 - l) Temperature regulation in the elderly may get impaired. Hypothermia, hyperthermia and heat stroke occur more often among the elderly, as they are particularly vulnerable. Also, the usual febrile response to infection may not be witnessed in the very old; this has poor prognosis.
-

(B) Invisible manifestations

Physiological changes, which are not visible but can cause various types of disorders and morbidities in the elderly are:

- a) The physiological and structural changes during the ageing process, which affect nutrient and food intake, are the following:
- (i) **Reduced metabolism** in the elderly, including reduced basal metabolic rate, lack of **physical activity** and **lack of appetite leads** to significantly reduced food intake, causing energy deficiency and various types of mineral and vitamin deficiencies.
 - (ii) Loss of teeth and **difficulty in mastication leads** to altered food intake, with a preference for liquid and soft mashy diet. This leads to a considerable change in food and nutrient intake, causing deficiencies of vitamins, minerals and fibre. Avoidance of vegetables and fruits is a common feature of the diet of elderly individuals. Fruit juice is preferred over fresh fruits by the aged individuals, which is an undesirable practice.
 - (iii) Atrophy of taste buds **leads to a diminished ability to smell and taste** food; also, there is an alteration of threshold of certain tastes leading to altered food preferences, e.g., intake of more sweets and salty foods, which is harmful for the elderly, as they are the common victims of hypertension and diabetes (the two conditions in which sugar and salt are usually harmful). Chewing of tobacco and certain nutritional deficiencies worsen the diminished taste sensation.
 - (iv) Reduction of gastric volume associated with **hypochlorohydrria the leads** to altered meal pattern and **gastric dysfunction**. Delayed emptying of stomach and altered **gastro-oesophageal reflex** results in various gastric morbidities, leading to altered food intake and avoidance of many beneficial foods.
 - (v) Atrophy of muscles of intestinal tract **leads** to reduced **intestinal motility**, resulting in various types of gastro-intestinal disorders and restriction of food intake and nutritional deficiencies. **Constipation** and **flatulence** are the major complaints due to reduced intestinal motility, which drastically alter the dietary pattern as well as intake.
- b) Changes in heart and blood vessels: In most cases, with advancing age, the heart **hypertrophies** and there is an **enlargement in its size**; this is a type of cardiac disorder. The walls of most blood vessels become less elastic and rigid, with the inner wall losing its smoothness. These changes cause several morbidities like **hypertension, thrombosis** etc.

Lung function declines considerably and "shortness of breath" on slight exertion is a common complaint in old age. Power to resist infection of lungs and respiratory tract is greatly reduced; and bronchitis can be fatal in old age.

Atherosclerosis has a definite relation with ageing, leading to more than half the deaths between the ages of 50 and 75. Unfortunately, it is now seen to occur even in younger ages in our country. In this, there are fibrous plaques in the heart and blood vessels leading to vascular narrowing and calcification; this results in myocardial infarction or cerebral stroke. Also, there are age-dependent changes in serum cholesterol. Females tend to have higher cholesterol levels in advanced age.

- (c) Changes in kidneys, bladder and urinary tract : With ageing, the kidneys get reduced in size, with a gradual decline in their function, especially the filtration rate. The most noticeable change occurs in the urinary bladder, which gets smaller in size. **Frequency of urination** increases with age. **Urinary incontinence** is a common complaint among elderly females, which results due to weakening pelvic muscles and tissue atrophy. Also, with diminished renal function, the excretion of drugs will be adversely affected. There may be an increased drug accumulation in the body as well as an increased frequency of adverse drug reaction in the elderly; therefore, usually a decrease in drug dose is required for them.
- (d) Changes in endocrine system: Most endocrine glands in the body gradually decline in function and thus the secretion of different hormones gets gradually reduced. Menopause in females with stoppage of ovarian secretion, is a glaring example.
- (e) Changes in brain functions: With ageing, the size of the brain as well as its weight get reduced. The grey matter of the brain becomes less. The nerve cells and their dendrites are reduced in number. However, human brain has huge reserve material to theoretically replace this loss.

The commonest manifestation of ageing in almost all aged individuals is increasing **forgetfulness or memory** loss, especially of events of recent past. This is commonly known as "**benign forgetfulness**". However, in dementia and the more serious condition known as **Alzheimer's Disease**, there is a gradual but complete loss of cognitive function and all types of memory are completely lost. Alzheimer's Disease has no method for diagnosis nor has any cure.

- (f) Bone changes with ageing: In old age, bones become porous with a decrease in total bone mass. Post menopausal osteoporosis occurs in women aged 55-65 years. There is an increased risk of vertebral fractures and fractures of forearm. In women especially, there is a tendency of fracture of long bones of arms and legs as well as pelvic bones. There is a loss of height, with formation of a hump in some people.
-

The elderly usually suffer from general fatigue, pain in the limbs and diminished resistance to physical load.

Prevention and treatment of this condition is very important. Usually exercises, with added calcium and Vitamin D are prescribed. Hormone-replacement therapy and low dose fluoride are also helpful.

- (g) Water content of the body: With the gradual atrophy of all tissues, especially subcutaneous tissues (which cause wrinkling and dryness of skin), as well as reduction of muscle mass all over the body, the total water content of the body gets rapidly diminished. In an adult individual, 75% of the body weight is made up of water. In an elderly individual of 75 years, only 55 - 60% of the body weight is made up of water. They get dehydrated easily and are common victims of heat stroke.

As a general rule, about 8 standard size glass of water or liquid beverages should be taken daily to avoid dehydration, since the elderly don't drink sufficient water due to a diminished thirst sensation.

Also, due to the reduction in total body water, the intake of water soluble medicines will be affected in the elderly, with an increased accumulation of these drugs in their body.

INTEXT QUESTIONS - 2.1

1. List any 4 visible manifestations of the changes in old age.

 2. List any 2 invisible manifestations of the changes in old age.

 3. State whether the following statements are True (T) or False (F):
 - a) Wrinkling of skin on the face of the elderly occurs due to loss of subcutaneous fat. ()
 - b) In elderly females, obesity is usually seen in the area of the abdomen ()
 - c) As a person ages, his/her appetite tends to increase. ()
 - d) Shortness of breath on slight exertion is a common complaint in old age. ()
 - e) Frequency of urination tends to increase with age ()
 - f) There is no adverse effect on memory, among the elderly. ()
-

2.4 Health promotion and disease prevention among the elderly

You have already learnt that ageing is not a disease but a biological process, which unfortunately is associated with functional decline due to physiological and structural changes in the body. It is quite natural that they get worried about their functional decline and get scared when they are afflicted with some diseases and need medical help.

The following discussion details how to promote the health of the elderly and prevent occurrence of diseases among them.

Many of the disorders and disabilities of elderly individuals can be overcome by them, if they are made aware of their weaknesses and how to take care of these.

(A) Prevention of accidents

Elderly individuals are common victims of all types of accidents, especially falls, resulting from a lack of balance, especially after getting up in the morning and stepping out of bed or slipping on a wet floor after taking a bath. These occur due to atrophy of muscles which are essential for quick reflex action necessary to regain balance. Similarly a fall on the staircase is another common accident. Fractures of thigh bone and hip bone are common results of falls, due to osteoporosis, which most often leads to life-long immobility.

Numerous studies all over the world have confirmed that almost 75% of accidents to the elderly individuals take place within the home. If the elderly and their care-givers are made aware of the situations where these accidents occur, these can be avoided. The elderly themselves will avoid these situations by adopting precautions in places like bed-rooms, bathrooms and staircases.

(B) Promotion of physical activity

To remain physically active, however little it may be, is possibly the best measure to overcome many of the disorders and disabilities of old age. All types of physical activity promote adequate blood circulation throughout the body, with numerous benefits, some of which are outlined below:-

- Remaining **physically active** reduces the risk of being **obese**, which in turn leads to many diseases of old age like diabetes, high blood pressure and coronary heart disease.
 - Adequate blood flow to the bones prevents the occurrence of osteoporosis, especially of the leg and hip bones, which can be easily fractured with simple falls.
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- Remaining physically active prevents **coronary arterial** disease. Those elderly who have diabetes and high blood pressure, should make it a rule to be active by taking a walk daily.
- **Impairment of mobility** due to changes in the knee joint, is a common event among the elderly, especially if they are obese. Physical activity like walking, not only reduces obesity, but keeps the knee joint more flexible.

(C) Prevention of dietary disorders

The elderly usually continue to eat the same pattern of diet to which they were used to as adults, not realising that with increasing age, their nutritional needs change and the physiological changes in their body require a different type of diet with focus on certain food items.

Moreover, if certain food items in the diet of the elderly are not restricted, then there is a risk of their falling prey to certain types of chronic but fatal diseases.

These diseases may be **obesity, diabetes, hypertension** and **coronary** heart diseases. These are known as diet-related, chronic non-communicable diseases.

On the other hand, recent experimental studies have shown that certain foods contain some chemical substances collectively known as **antioxidants**, which can delay the onset of and slow down the ageing process, thus encouraging healthy ageing. You will learn about the antioxidants in lesson on Nutrition in Module -3.

Nutrition plays a vital role in ensuring healthy ageing.

Certain food can ensure healthy ageing and there are others which can bring about diet-related diseases which are fatal.

Lesson No 2 in Module 3 is devoted entirely to the special nutritional needs of the elderly individuals and how to meet these needs.

(D) Promotion of social interaction

Being socially active is the best medicine for remaining normal, mentally. Remaining socially isolated and sitting or lying on bed all the time, leads quite often to depression, which is very common in most elderly, especially the elderly female.

The care-giver should attempt to get the elderly individuals involved in some way either in their home or in the community. As long as the elderly females are kept responsible for household chores and care of the children, as very

commonly happens in urban settings, where both husband and wife are outside the home, the mental health of the elderly female remains very satisfactory. Similarly, the elderly males also should be kept busy in responsible activities in as well as outside their homes. In many countries, Day Care Centres are established where the elderly individuals, both males and females can assemble and spend their time interacting with each other by ways of conversation, reading, listening to radio and viewing T.V., either regularly or often, as and when they desire. The advantage of these Centres is that it provides counselling on an individual basis, besides providing routine health care.

Social interaction is the best means to preserve mental health of the elderly. It is better to talk with someone, than to sit in front of the TV or he in bed for hours.

INTEXT QUESTIONS -2.2

1. Fill in the blanks with appropriate term(s):
 - a) Elderly are usually victims ofdue to lack of balance.
 - b) Regular walking helps prevent..... and keeps the knee joints more.....
 - c) Social isolation after leads to.....among the elderly.
 - d) Intake of certain foods can bring about diseases which can be..... for the eldderly.

 2. State whether the following statements are True (T) or False (F)
 - a) Many disorders and disabilities of the elderly can be overcome if they are made aware of preventive measures for them ()
 - b) Osteoporosis is a condition commonly seen among the elderly. ()
 - c) Inflexibility of knee joints in the elderly cannot be corrected. ()
 - d) Social interaction is the best means to preserve mental health of the elderly. ()
 - e) Being involved in the household chores, often leads the elderly females into depression. ()
 - f) Almost all kinds of food leads to disorders and diseases among the elderly ()
-

1.6 Summary

Ageing, as you must have realised, is an inevitable biological process at the end of one's life-span, which is associated with a progressive decline of physiological and mental functions. Its age of onset and progress rate vary from one individual to the other. Ageing leads to various changes (visible and invisible) in the body of the elderly. Simple measures can be taken to delay the onset and progress of ageing. Also, these measures can help reduce the effects of common disorders during this phase of one's life.

In this lesson, you have learnt the characteristic features of ageing, resulting in visible and invisible manifestations in the body of the elderly. You have also learnt that common measures can be taken to promote health and prevent diseases among the elderly.

1.7 Glossary

1. Atrophy - waste away through ageing.
 2. Retinal - pertains to the retina, which is the black of the eye where visual image is formed.
 3. Senile - characteristic of old age.
 4. Macular - pertaining to macula lutea, which is the region of greatest visual acuity in the retina.
 5. Ocular - relating to the eye.
 6. Hypothermia - the condition of having an abnormally low body-temperature.
 7. Hyperthermia - the condition of having a body temperature greatly above normal.
 8. Febrile - feverish
 9. Prognosis - a forecast of the course of a disease.
 10. Hypochlorhydria - a less than normal amount of hydrochloric acid in the gastric juice.
 11. Morbidity - indicative of disease.
 12. Flatulence - formation of gas in the alimentary canal.
 13. Hypertrophy - enlargement of an organ or tissue, from the increase in size of its cells.
 14. Hypertension - abnormally high blood pressure.
 15. Thrombosis - the coagulation of blood in a blood - vessel or organ.
 16. Bronchitis - inflammation of the mucous membrane in the bronchial tubes.
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17. Atherosclerosis - a condition whereby there is a degeneration of arteries because of the build-up of fatty deposits.
18. Plaque - a deposit on teeth, where bacteria proliferate.
19. Vascular - made up of, or, containing vessels for conveying blood
20. Calcification - to become hardened, by deposition of calcium salts.
21. Myocardial Infarction - necrosis of a part of the myocardium (the middle layer of the walls of the heart), which can lead to death.
22. Cholesterol - a sterol found in most body tissues, including the blood, where high concentrations promote atherosclerosis.
23. Incontinence - inability to control movements of the bowels or bladder, or both.
24. Endocrine - secreting directly into the blood; ductless.
25. Benign - mild; not malignant.
26. Osteoporosis - a condition of brittle or fragile bones, caused by loss of bony tissue.
27. Hump - a rounded protruberance, as an abnormality, on a person's back.
28. Fracture - breaking of a bone or a cartilage.
29. Fatal - causing or ending-in death.
30. Chronic - persisting for a long time.

2.7 Answers to Intext Questions

- 2.1
1. a) Grey hair or loss of hair. b) Stooping posture
c) Slow pace while walking d) Dry skin
 2. a) Altered food intake, due to loss of teeth and difficulty in mastication.
b) A gradual decline in filtration rate of the kidneys, due to a reduction in their size.
 3. a) T b) F c) F d) T
e) T f) F
- 2.2
1. a) falls b) obesity, flexible c) depression
d) fatal
 2. a) T b) T c) F d) T
e) F f) F
-

Lesson 3

The elderly, the family and the community

STRUCTURE

- 3.0 Introduction
 - 3.1 Objectives
 - 3.2 The concept of : elderly, family and community
 - (A) The elderly
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 - 3.3 Characteristics of the elderly as compared to the young
 - (A) Characteristics of the elderly
 - (B) Characteristics of the young
 - 3.4 Factors influencing behaviour of the elderly, the family and the community
 - (A) Conditioned reflexes
 - (B) Parental influence
 - (C) Religious factors
 - (D) Ethnic factors
 - (E) Cultural factors
 - (F) Economic factors
 - (G) Social pressures
 - (H) Herd mentality
 - (I) Impact of past behaviour
 - (J) Experience and training
-

- 3.5 Role of the family and the community in preventing abuse of the elderly
 - (A) Financial abuse
 - (B) Physical abuse
 - (C) Social abuse
- 3.6 Role of the elderly towards their family and the community
- 3.7 The role of care providers towards the elderly, their family and the community
- 3.8 Summary
- 3.9 Glossary
- 3.10 Answers to Intext Questions

3.0 Introduction

Around 3000 years ago, the 100 year old life-span in India used to be classified into 4 quarters. The first quarter, that is the first 25 years of life, was called as “Brahmcharya” (unmarried); the second as “Grahastha” (family); the third as “Baan-Prastha” (training phase in detachment); and the fourth as “Sanyasa” (renouncing worldly pursuits). Even sanyasis had their needs, aspirations, a certain way of life and activities, though they were more devoted to prayers and meditation. In the west, the need for a study of the elderly was recognized around 20 years ago in 1979, during the World Health Assembly. Do you know that care of the elderly is unique to us human beings? It does not exist among the animals. In some higher animals, though there is a concept of groups and community-life, the elderly are not cared for among them. Human beings have the ability to think, comprehend reason and learn. Compassion, spiritualism, meditation, prayers, intellect and thinking of life after death are a few qualities peculiar to humans. Animals care only for their offspring and that too, till the time they reach adulthood. Whereas, we humans have been taught to think of the entire humanity, particularly of our own race, community and country. We talk of principles, and practice to varying degrees the act of being good and kind to others, even to the animals, leave alone those who are handicapped, disabled and/or backward.

3.1 Objectives

After reading this lesson, you will be able to :-

- describe what is meant by the terms: the elderly, the family and the community;
 - differentiate between the characteristics of the elderly and younger individuals;
 - enumerate the factors influencing the behaviour of the elderly, the family and the community towards each other;
 - discuss the role the family and the community towards preventing abuse of the elderly;
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- discuss the role of the elderly towards their family and the community;
- explain your role as a care provider to the elderly as well as to their family and the community.

3.2 The concept of: elderly, family and community

- (A) The term **elderly** refers to a person who is somewhat old. It is period of life between middle age and old age. According to ancient Indian classification, it is the third quarter or Baan Prastha, i.e., after Grahastha (the family married stage, with the activities involved around working, earning and supporting others). A married man turns into an elderly when his children are old enough to enter Grahastha, i.e., get married. It is a sort of a training phase for the oncoming old age.

In the employed sector, a person nearing retirement or soon after, is a useful guide and he still has his duties and obligations towards others. In the western materialistic world, he is still productive at work place. He is a young old, out of the three categories, i.e., "young old", "middle old" and "old". Though he is not in the materialistic rat race, competing with the others, he is still capable of working for others, using his skills and experience. Though he trains himself in detachment, he has not yet renounced the world. Old age or sanyasa is the fourth quarter of one's life, i.e., the last 25 years of one's age. A man in this phase has renounced interest in materialistic world. But do you believe that Sanyasis have no duties, needs, or aspirations? They definitely do. Their need for clothes is obtained by asking for alms. They devote their energy in pursuit of "higher" goals like meditation, prayers and preaching. They are outstanding examples of living in the world without any materialistic attachments; their desires are not driven by mind or emotions. Desires that are found in all the four quarters of one's life, if unfulfilled, lead to frustration and confusion.

"Elderly" is a stage in life, in between the middle age and the old age.

- (B) A family denotes "a household" or those who are living in a home and includes one's servants. Usually, a family comprises descendants of a common ancestor. When different married sons start living separately, their families are referred to as **nuclear families**, i.e., small bits of independent family (usually due to economic needs or emotional interaction with other relatives). This family actually refers to a separate kitchen. When more than one couple share a common kitchen, the family is referred to as a joint family; for example, one grand-father sharing the kitchen with his sons and grand children, or even his brothers and their grand children.

The nuclear family system provides independence on one hand; but on the other, there is a lack of **cohesion**, love or safety-cover, especially in crucial times of disease or death. Life insurance does provide some cover, but only in terms of money. There are many advantages of a **joint family**. It provides **love** and **safety**, to an extent that even the loss of one or more parents is made up by one's uncles or grand parents. The child continues to enjoy their company, a **secure home, continuity of care** and **love**. It also provides adequate **financial cover**, though this protection is at the cost of one's privacy and independence. Large families may continue to provide this help even if the members are staying separately, since they have been so trained in their childhood.

A "family" comprises descendent of a common ancestor, living together in a home.

- (C) A "community" refers to a social group of any size, big or small, sharing common characteristics, such as the ones mentioned below:
- i) living in a specific locality;
 - ii) having common cultural links, e.g., dancing, arts, etc.
 - iii) belonging to a particular heritage, e.g., Gujratis, Punjabis, Bengalis, etc;
 - iv) following the same religion, e.g., Hindus, Muslims, Jews, Christians, sikls, etc.
 - v) practising the same profession or trade e.g., nursing, medicine, engineering, etc;
 - vi) possessing the same social inclinations e.g., being conservative, progressive, etc; and
 - vii) belonging to the same economic range, e.g., retired people, business-class; etc.

The community is distinct from the larger society within which it exists, though it is a part of the larger society and not exclusive of it. For example, you may have a nursing or medical community, which is a part of the bigger nursing or medical society all over the world, even if these professionals are staying wide apart or belong to different religion, culture, heritage, nationality, or social attitude (progressive or conservative).

A "community" is a social group of any size, sharing some common characteristics, distinct from the larger society in which it exists.

INTEXT QUESTIONS - 3.1

1. What is the life-span mentioned in Ancient India?

2. Into how many quarters was this life-span divided?

3. Define the term "elderly".

4. Define, what do you understand by the term "family"?

5. What is a community?

6. How many kinds of family do you know of? List them.

7. List any 2 disadvantages of a Joint Family System?

8. List any 2 disadvantages of a Nuclear Family System?

3.3 Characteristics of the elderly as compared to the young

There are vast differences between the elderly and the young people, as discussed below:

(A) Characteristics of the elderly

This is a common age group, with a wide personal variation. But all elderly share some common patterns of behaviour, as distinct from the young, adult or children. They have learnt a lot from their past experience. Some of their common characteristics are highlighted below:

- i) Cool and detached analysis. The elderly try to think of any issue in terms of its advantages and disadvantages, with less emotional involvement in that issue.
 - ii) Maturity : The elderly try to recall how they had reacted in their past to a particular situation and whether its results were good or bad.
 - iii) Rounds many corners : They try to control their basic impulse of quickly approving or condemning something.. They realise that all things are neither pure nor impure and neither black nor white. Rather, there are all shades of grey between the existent black and white.
 - iv) Intellect : Their intellect is driven by reason, not impulse.
 - v) Rigid and conservative : They may remain highly influenced by their past experiences. This makes them less likely to adapt to any current situation. The maxim "once bitten twice shy" correctly applies to them.
 - vi) Pre-conceived solutions : Having attained good results by following a particular approach in the past, they may tend to apply the same solution for their future problems.
 - vii) Less stamina and vigour-Certain amount of diminution of the physical strength is natural among the elderly. They lack the vigour and stamina of their younger days.
 - viii) Perseverance : The elderly persevere in any activity that they may be faced with.
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(B) Characteristics of the young

The young are likely to react and behave quite differently from the elderly. Unlike the elderly, they may not have their past experiences to count on. Their characteristics include :

- i) Ability to learn : This is observed more in young age. Language is easy to learn in one's childhood rather than when one is in his/her old age. It is recognized that any new language learnt after the age of 15 years, betrays one's original accent.
- ii) Adapt more easily : Partly by training and partly by discipline, the young adapt easily to any situation. As for example, their bodies are able to better survive the extremes of heat or cold.

Another example may be that survival teaches them how to get out of their parents' directives and escape undetected.

- iii) Enthusiasm : Their desire to learn, progress and find new things makes them look out for new challenges. Challenge may be physical like ® rock climbing, a flight, a duel etc; or mental, like ® solving difficult equations.
- iv) Initiative and innovation : They have to think and devise their own solutions for problems. They may opt not to walk on the age-old foot path but search out for alternative routes. They are likely to think of a fresh approach, free of past prejudices. Most inventions and researches are a result of initiative and innovation exhibited by the young people.
- v) Observe afresh and watch closely : It is like the curiosity of a cat, or how a child is absorbed in seeing an ant crawling. Many discoveries are a result of observation and fresh thinking of an overlooked or a chance fact. I will give you two examples. The famous Greek philosopher Archimedes discovered his famous principle of floatation while in a water bath. He noted that he was lighter when immersed in water and ran out naked shouting "Eureka".

In another example, a dish of growing germs was left uncovered one night. Next morning, the famous scientist Alexander Fleming noted contamination of the dish by fungus from air. He observed that around the fungus, the growing germs had died; this led to the discovery of Pencillin, a drug used to kill germs.

- vi) The mind is driven by desire and emotion in the young : They may become impulsive, as for example, a child in a new toy shop quickly grabs a new toy and soon discards it to hold a brighter or a more noisy toy. This implies going in for a quick gratification of desires, that is, quick or short cut solutions. But as we all know, desires driven by mind alone can cause confusion and conflict. If one stops and thinks, one
-

may be able to come to a different or correct solution. Even it appears obvious, jumping to conclusions does not always ensure safe landings. If a question were to be asked, "What will happen if an iron piece is placed on the surface of water?" Many will immediately reply "It will sink". But if you reason, you may by your intellect know that it will depend on the size, weight, shape and the number of holes if any, in the iron piece. As you must know, a ship made of iron floats because it has displaced more water than its weight. However, a hole in its bottom will allow water to enter into it and thus the ship will sink.

- vii) Lack of perseverance: Usually, the young are impatient and tend to give up their efforts to attain something easily. You must have heard the story of King Robert of Scotland. He was in hiding, in a cave, after losing a battle against England. In the cave, he saw a spider repeatedly trying to climb out of the cave. Every time it fell back, King Robert thought it was stupid for the spider to go on trying after so many falls. On its seventh attempt, the spider was successful in achieving its objective. This taught the king to fight again. He came out, re-grouped his army, fought and won the battle. Patience and one's repeated efforts can help attain one's aims.

In another example, waves of sea seem to hit the rocks at the seashore aimlessly. But ultimately, they can break the biggest rocks on the shore.

Salient differences between the young and the elderly	
Young	Elderly
● Ability to learn new things is faster.	(i) Slow in ability to learn new concepts.
● Can adapt very easily to new situations.	(ii) Take longer and sometimes, cannot adapt to new situations.
● Have a lot of enthusiasm and vigour.	(iii) This is usually lacking
● Possess initiative and innovation.	(iv) This is usually lacking.
● Are impulsive; mind is driven by desire and emotion.	(v) Cool and detached. Mind/intellect is driven by reason.
● Observe afresh and watch everything closely.	(vi) Usually depend on pre-conceived solutions, based on past experiences.
● Impatient and lack perseverance.	(vii) Very patient and can persevere in any situation.

INTEXT QUESTIONS - 3.2

1. List any 2 characteristics of the elderly.

2. List any 2 characteristics of the young.

State whether the following statements are "True" (T) or "False" (F).

- (i) Elderly are more cool & detached than their younger counterparts. ()
- (ii) Elderly tend to jump to quick conclusions. ()
- (iii) Elderly tend to feel that all things are black and white. ()
- (iv) Elderly are usually rigid and conservative. ()
- (v) Elderly usually take help from their past experiences to solve problems ()
- (vi) All the elderly are so rigid that they cannot change at all ()
- (vii) Youngsters are usually more impulsive. ()
- (viii) Youngsters have limited experiences. ()
- (ix) Youngsters have no desire to be innovative. ()
- (x) Youngsters are not able to learn quickly. ()
- (xi) Youngsters persevere in all their efforts. ()
- (xii) Youngsters usually want quick results. ()

3.4 Factors influencing the behaviour of the elderly, the family and the community

A large number of factors influence or determine the behaviour of individuals. We shall discuss these now.

(A) Conditioned Reflexes

Some basic responses are in-born, e.g., suckling, eating, etc. There are other factors which are acquired and determined by external factors. Even in animals external factors are known to change their responses.

Have you heard of conditioned reflexes of Pavlov's dogs? Pavlov, a Russian scientist, taught dogs to respond to known signals, that is, by giving food after a red light was switched on daily. So, each time the light was switched on, it made the dogs salivate. In another example, the dogs were beaten after ringing of an electric bell; so, each time the bell was rung, it made the dogs quiver with fright. They were called Pavlov's dogs, who developed reflexes related to external conditions (red light, electric bell).

We salivate on seeing some food item of our choice, e.g., laddoos, gulabjamuns or chocolates, etc. As for the elderly, they associate drinking and smoking with undesirable behaviour.

(B) Parental influence

This is perhaps, the biggest single influencing factor. At a stage in his/her life, every child tends to hero-worship his/her parents, by observing, revering and emulating the example of his/her parents. He/she believes this is the correct thing to do and may copy, to ingratiate himself/herself with parents and peers.

(C) Religious factors

Almost soon after a child is able to perceive and remember, he is exposed to some religious influence. The earliest examples include: baptism among Christians, sacred thread among Hindus, circumcision among Jews and Muslims, etc. Repeatedly, the stories and lessons relating to religions and the life of religious prophets or Avatars are stressed, resulting in their influence on a child.

(D) Ethnic factors

There is a song in a famous Hollywood film which goes like this.....“You got to be taught, before it is late. Before you are six, or seven or eight, to hate all the people, your elders did hate, you got to be carefully taught”.

Racial prejudice, hatred or superiority are almost thrust on children. This is a result of following herd mentality, conditioned by races. Persecution of Jews in Germany and ancient England, discrimination on basis of colour of skin in South Africa and segregation in USA are a few examples of ethnic, racial or religious intolerance.

(E) Cultural factors

Certain behaviours are acceptable in some cultures, e.g., kissing in public is widespread among the British. Whereas, among Afghans or Iraqis, even holding hands in the public is prohibited. I will tell you a story of a parent in U.S.A., who wrote to his son about his plan to visit him. The son told his father to postpone his visit, as he was expecting his wife's friends to visit them at the same time. Can you imagine someone in India telling his parents not to come because of an expected visit at the same time from a friend of

his wife's? Certainly not. In India, welcoming guests is referred to as "Atithi Satkar". The word "Tithi" in Hindi means a particular date. Atithi means "no fixed date". So, guests in India are welcomed at all times; though, this trend seems to be changing, nowadays.

(E) Economic factors

Sometimes, economic hardships lead to people becoming more selfish, or reluctant to share their resources with their relatives and friends. At other times, desire for a more lavish life-style, or one not approved by peers or seniors, influences one's behaviour adversely. For example, the in-laws may not approve of drinking, smoking or partying by their daughter-in-law, or maybe her treatment of her child. Conversely, certain habits of the mother-in-law may be regarded as avoidable expenses by the daughter-in-law, especially in religious matters.

(G) Social pressures

Most families want to project a good public image among their social group. Actions which are not approved by the panchayat or the existent social circles, are kept low-key (swept under the carpet). Fear and ostracism prevents ugly or harsh behaviours. Even the village panchayats used to have the power for social boycott (Hukka Pani Band), which was more important than ex-communication (Tankhaya) by religious leaders or parents, disinheriting one from their property.

(H) Herd Mentality

Flocks of sheep following each other is referred to as "herd mentality". We commonly refer to it as Bhaid Chaal, i.e., instinctively following the leader; it is especially observed among humans. It may lead to reactions such as mob mentality or even mass hypnosis.

(I) Past behaviour

Past humiliation usually proves to be more hurtful than physical deprivation and influences our present actions. As for example, a harsh mother-in-law breeds hostility in her daughter-in-law, who waits her turn to pay back in the same coin.

(J) Experience and training

In U.S.A., when John Kennedy was elected as the President, he called Mr. Mcnamara to be his Defence Secretary (Defence Minister). Mcnamara, who was a very rich and successful business man, replied "Mr. President, I have no experience of defence matters". President Kennedy replied "Mcnamara, there are no training schools for Presidents either".

But in India, Princes used to be made to attend 5-15 years of training in schools referred to as "Gurukuls". Even Ram Chandra, Arjuna, etc., were sent to such schools.

Those children brought up in nuclear families usually lack the exposure and experience of joint families. Joint families, where the parents and grand parents teach and narrate stories of respect to elders, help to inculcate in their children, feelings of sharing and mutual respect for each other.

INTEXT QUESTIONS - 3.3

1. What do you understand by the term "herd mentality"?

2. Does religion influence one's behaviour? List any 2 religious activities among any group.

3. Name any two cultural factors prominent among Indians.

4. Which is the biggest single factor influencing one's behaviour?

5. How does one's past experience or its lack, influence one's behaviour? Give an example.

6. How can outsiders influence you?

3.5 Role of the family and the community in preventing abuse of the elderly

The elderly are an integral part of our society, who can neither be viewed in isolation, nor wished away. In some aspects, the elderly are at a greater risk than others. As we have discussed earlier, the need to care for the elderly or old is a human phenomenon and is not found amongst animals.

The elderly have their fears, apprehensions, difficulties and problems. We should try to analyse these, in order to better understand them and facilitate a more harmonious inter-relationship, between them and their families. They can be counselled and advised, especially in cases:

- where fears are unfoundedto avoid panic;
- where hopes are too high..... to avoid frustration; and
- where needs are un-realistic.....to avoid friction and a sense of rejection or of future failure.

The elderly can be counselled in the following manner:

- where fears are unfounded → to avoid panic;
- where hopes are too light → to avoid frustration;
and
- where needs are unrealistic → to avoid friction and a sense of rejection or of future failure.

Usually, the elderly are at a risk of abuse from others. Their families and the community in which they live, have a special role to play towards them, as discussed below:

(A) Financial Abuse

This happens when people take undue advantage of the financial assets of the elderly, whether meagre or vast, depriving them of their dues and often, disproportionate to the care provided or the worldly things they get in return. Usually, this is done by those whom the elderly love, trust, or depend on, as these people try to exploit their relationship with them.

Sometimes, the elderly person's blind love for his off-spring is so intense, that he tends to overlook his son's faults and misdeeds. A famous example is that of King Dhritrashtra, the blind king of Hastinapur, overlooking all faults and evil moves of his son Duryodhana who selfishly wanted the throne.

In extreme cases, this kind of financial abuse leaves the elderly in poverty, deprived of their money as well as support and care, which is not always a single exploitation. Instead, it may be called as sophisticated deception and theft.

Besides, the elderly are also at a greater risk of regular theft, robbery or fraud due to their poor eye sight, dependence on others, and inability to manage their regular visits to banks, courts, pension offices, etc.

(B) Physical Abuse

We all are well aware of an increase in violence in society, all over the world. Violence has increased even within our homes, in all forms, from wife-beating or child abuse, to abuse of other adults. The elderly are usually at a higher risk of physical abuse, because of:

- i) A weaker physique makes them prime targets, easy to overpower.
- ii) Poor vision of an elderly makes identification of his/her assailant difficult, especially in dim light.
- iii) Mostly, the elderly are afraid to complain against an assailant, as they are scared of further harm or retaliation.
- iv) Some youngsters try to take revenge on them for their past harsh behaviour towards them.
- v) When there is an actual or perceived partial behaviour (prejudice or favouritism) of the elderly towards their children.
- vi) When the elderly are perceived as delaying inheritance or blocking property management, or access to money, especially by their children and other younger relatives.
- vii) The elderly prove to be an easy source to get rich quickly by thieves and robbers, as they are perceived as hoarding money.

If one were to look for a suitable solution to this problem, there is no single or a perfect protection for the elderly. A few of the steps outlined below, can be followed by them for their own safety:

- Using safety measures like safety locks, safety-viewing devices, brighter lights, alarm bells, etc.
 - Not allowing strangers like a postman, an electrician etc., entry into their house.
 - Mutual self-help by the elderly, among themselves.
 - Employing private service providers, often available at fixed fees in big cities, to attend to matters like petty repairs, paying of bills, depositing cheques, etc.
 - Not to employ servants without proper and adequate police verification.
-

- Provide better training to children, especially encouraging them to shun violence and discouraging greed and jealousy.
- The parents should try to set better examples or role models to their children, especially when they deal with their elderly parents in the presence of their children.
- The Non Governmental Organisations and the mass media can help to educate the general public, to care for the elderly.

We belong to the country of Gandhi and Buddha, where violence is regarded as foreign to our culture and we are thought to be considerate to the unfortunate like servants, the poor, the deprived and the handicapped and even the animals.

You must have heard of U.S.A. having heavily bombed Kosova and Vietnam; but when faced with school shoot-outs by teenagers in their own country, they have started advocating about non-violence and its benefits.

(C) Social Abuse

There was once a King whose Court Jester was always praising loneliness and often said that "loneliness is sweet". The King was fed up and tired of hearing this and one day, in anger, he sentenced the Jester to be sent to a lonely island to live alone for one month, though with a good supply of food and clothes. After 15 days, the King enquired how he was. The Jester replied "O King, give me a companion to whom I can whisper "solitude is sweet".

Loneliness is a big mental and emotional torture. A prison sentence that proves to be worse than simple imprisonment or rigorous or hard labour, is that of solitary confinement. It can upset the mental balance of any person.

About the only thing worse than loneliness is feeling unwanted or neglected, or ignored. It is insulting and humiliating and is so painful that it can drive a person to commit suicide.

Those persons who have experienced near death or "after" death experience, mention their feeling of bliss and peace while in caring environments, rather than in expensive hospital beds. Dumping terminally ill in hospital beds, heals fewer wounds and takes longer to treat than embracing death amongst those who care about and love the sick.

The elderly are usually forced to endure a life of social neglect and isolation. Just being friendly and listening to their complaints helps to reduce their anger, ill-will and hurt feelings. Talking to them about simple things like weather, their grand children, etc., and enquiring about their welfare, or asking them to narrate stories, their past experiences and their moments of happiness, helps give them a feeling of being cared for and loved and wanted. Elderly

yearn for love, respect and company. So make them feel useful. Involving them in various activities appropriate to their skills and tapping their past experiences can prove beneficial for the entire community.

The family of the elderly, as well as the community in which they live, need to provide the following for them

- financial security
- physical safety and
- social security
- besides caring for their ill-health.

INTEXT QUESTIONS - 3.4

1. Enumerate the 3 main ways by which the elderly can be abused.

2. List four main problems faced by the elderly.

3. State whether the following statements are "True" (T) or False" (F).

- (i) Violence is witnessed more against the weak. ()
- (ii) Violence can be reduced by mutual self-help. ()
- (iii) Violence can be reduced by employing known servants. ()
- (iv) Violence cannot be reduced by help from NGO's or any other outside help. ()
- (v) Loneliness is highly desired by the elderly. ()
- (vi) Talking to the elderly can help prevent their loneliness. ()
- (vii) Loneliness is essential for the elderly for prayers or meditation. ()
- (viii) Neglect or being ignored, is not humiliating. ()

3.6 Role of the elderly towards their family and the community

The elderly are usually fond of giving advise, not receiving it; whereas, the young are resentful of unsolicited advise, as they feel they are old enough to think for themselves. What do you think the elders should do and how should they behave towards their family and the community? They should:

- i) Respect the privacy of youngsters, even of children.
- ii) Treat the youngsters as individuals. Giving respect to them can help tap their hidden love for the elderly.
- iii) Remember that the beaten path is not always the only path. Encourage the youngsters to think innovatively and adopt fresh approaches.
- iv) Do not feel jealous of other's initiative and/or their success. It is commonly said that, "a good father or a good guru are the only two persons who feel happy to be surpassed by their son or disciple".
- v) Accept help gracefully. Saying an honest "thank you" is better than expensive return gifts or lavish tips.
- vi) Open up and communicate your problems, whether genuine or apparent.
- vii) Offer your services, technical expertise and spare time to each other, to their family and the community in which you live. Also, remember that accepting a token or actual remuneration is not demeaning; instead, it adds to your dignity.
- viii) Remember that constructive criticism is better than nursing grudges against someone.
- ix) Try to follow the Lucknow tradition of "Pahle Aap" or "After you", which is graceful and educates the other person, especially in situations where the others are becoming very selfish. An example of such a situation would be the road-rage exhibited by the car drivers who try to hog all the space on the road selfishly.
- x) Accept that there is no single golden path. All roads lead to the same truth, the same God. Harping on and on about a single golden rule of management implies accepting defeat from one's thinking abilities. The so-called golden rules of management are crutches used by poor or incompetent man-managers.

The elderly need to:

- give love and respect to the youngsters;
- encourage them to be innovative;
- offer them their expert advice, as and when needed;
- provide constructive criticism; and
- be open to any suggestions for improvement in their attitude or behaviour.

INTEXT QUESTIONS - 3.5

1. List at least 4 ways by which the elderly can prove that they care for their families and the community.
-
-

3.7 The role of care providers towards the elderly, their family and the community

You, as a care provider, need to remember that the elderly, their families, as well as the community in which they live, all have their hopes, aspirations and needs. In a revolution of rising expectations, keeping self as the only goal of life, is selfish, greedy and hurtful for others. We should all try to live together, by respecting and caring for each other. This shall lead to a better society. But even the richest, fastest growing economies cannot meet all the demands of the needy, the aged, the backward, the handicapped or any other specific sector of the society.

As a care provider, you need to remember this and try to follow the points mentioned below:

- i) Do not act as an outside expert giving commands or pretending high technical knowledge. Rather, try to be one among the group.
 - ii) **Encourage the elderly and their family to talk with you as well as with each other.** Lack of communication is usually found to be a major obstruction in any issue. The family members may find easy solutions to minor problems like sharing the morning newspaper, priority to using toilet or bath facilities, getting up 10-15 minutes earlier, watching a favourite T.V. programme, etc. This is not an exhaustive list, but a few examples of the common problems encountered among family members and how they can mutually solve these.
 - iii) **Discuss with all the family members about their hopes, needs and aspirations.** Then, find out what the elderly can do for himself / herself as an individual. Encourage him/her to be more active, physically and mentally, stressing advantages of self-help. Remind them of the proverb "God helps those who help themselves".
 - iv) **Elderly can help sustain each other in mutual-self help activities.** One of the simplest examples is "group morning walks". It provides essential physical exercise and the fresh air is invigorating. Besides, each other's company is a big help in reducing the loneliness, which is commonly experienced by the elderly.
 - v) **By comparing each others' difficulties, the individual elderly may understand better how the others may have sorted out a particular**
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problem, as for example, friction with one's daughter-in-law. In such a case, the elderly mother-in-law can reduce demands on the busy time of her daughter-in-law when she is working for her children and husband for the day, by helping out in small jobs like fetching milk or dropping grand-children at their school bus stop.

- vi) **You could offer simple suggestions to the other family members, in order to** better understand and care for the individual elderly at home. Start by trying to share their problems with them.
- vii) **Many problems can be made less painful by courtesy, kinder language or a mutual consideration for each other's point of view.** Remember a few tips: the most important two words in English are "Thank You"; the best 6 words in English are "You have done a good job"; and the least important single word is "I".

Besides the above, you can also help in the following manner:

- i) Find out the different sources of help available by way of governmental facilities or Non Governmental Organisations (for details, refer Mod. IV lessons 3 & 4).
- ii) Help the elderly in their activities of daily living, which may include a visit to the bank, the temple/church, paying bills or getting laundry or petty repairs by plumber, electrician or carpenter, etc. At some bigger centres, at a nominal cost, you can get these services, including common or pooled transport.
- iii) Be tactful, so as not to hurt the self-pride of the elderly or other family members. Many feel hurt if they have to accept charity. They may feel shy or embarrassed to make their difficulties or differences public or may feel it is below their dignity to avail of any help from an organisation. Remember not to be patronising or condescending.
- iv) At times, false fears are used by the elderly or other family members to cover up or hide their genuine difficulties. If the problem is allowed to grow or fester, it proves to be very harmful. Attitudes can harden and then, even help from outside may be regarded as an assault on one's privacy.

The elderly, their family and the community in which they live ® all need to better understand each other and work towards each other's betterment.

INTEXT QUESTIONS - 3.6

1. List any 2 ways by which you, as a care provider, can render care to the elderly, their family and the community.

2. How will mutual "self-help activities" help the elderly?

3. How can the friction usually encountered between the mother and daughter-in law be avoided?

3.8 Summary

You must have realised from the above discussion, that the elderly, their family and the community are 3 parts of one whole; each one is inseparably linked with each other and influence each other. Each behave differently and have differing needs; but ultimately, none can do without the other. You, as a care provider, need to understand all of them properly in order to render effective care and thus benefit the entire society. The skills required of you, to render care to the elderly, include:

- (i) restoring their self confidence;
- (ii) making them feel more useful members of the society;
- (iii) utilising their experience and maturity to actually increase the output of the community;
- (iv) facilitating special adaptations; and finally,
- (v) reducing their loneliness, dependency and deprivation.

For the family members, you need to ensure:

- (i) a more harmonious relationship;
- (ii) due regard for the elderly's hopes, aspirations and needs within the existing socio-cultural environment; and
- (iii) to give practical training, especially to their children, of how parents are to be cared for when they turn elderly.

There is no one formula to attain the above goals. Each case has to be dealt with individually, according to the elderly's needs, his/her family assistance and the community participation. Finally, a happy home is what the community and the society needs. A more understanding and harmonious relationship among all the people will definitely go a long way in creating an ideal society.

The elderly, their family and the community are 3 parts of one whole. They are linked to each other and each influences the other.

In this lesson, you have learnt about the concept of the elderly, the family and the community; and the characteristics of the elderly and the young. You have also learnt about the factors which influence the behaviour of the elderly, their family and their community. Also, you have learnt the role of the family and the community in preventing abuse of the elderly; and the role of the elderly towards their family and their community. Towards the end, you have learnt the role of care providers in caring for the elderly, their families and their community.

3.9 Glossary

1. Life-span-the duration of a person's life.
2. Meditation-continued thought, reflection, contemplation.
3. Materialistic - one who is markedly more concerned with material things than with spiritual things.
4. Rat-race-exhausting activity or routine that leaves no time to relax.
5. Renounce-to give up voluntarily.
6. Conservative - moderate, avoiding extremes.
7. Perseverance-persist in any activity despite difficulties or obstacles.
8. Conditioned reflex - a reflex response to a non-natural stimulus, established by training.
9. Revere-respect deeply, worship.
10. Emulate-copy; try to equal; excel.
11. Ingratiate-try to please one's senior or equal, to establish oneself in the favour of good graces of others.
12. Baptism - the religious rite, symbolizing admission to the christian church, of sprinkling the forehead with water, or by immersion, generally accompanied by name-giving.
13. Circumcision-small operation to remove loose skin or foreskin of penis in male babies or cutting of the clitoris in female babies.
14. Ostracism - social disapproval.
15. Ex-communication - to officially exclude from participation in sacraments.

16. Hoarding - to accumulate more than one's current requirements, in a time of scarcity.
17. Advocating - to speak in favour of .
18. Jester - a professional joker.
19. Holistic - the treating of the whole person including mental and social factors, rather than just the symptoms of a disease.
20. Terminal disease - a disease ending in death.
21. Tapping - to obtain information or resources from.
22. Fester - to cause continuous annoyance.

3.10 Answers to Intext Questions

- 3.1
1. 100 years
 2. 4 quarters, i.e., Brahmcharya, Grahastha, Vaan Prastha and Sanyasa.
 3. The term refers to "some-what old", between middle age and old age
 4. A family comprises descendents of a common ancestor, living in one home.
 5. It is a social group of any size sharing some common characteristics, distinct from the larger society within which it exists.
 6. There are 2 kinds of families: Nuclear and Joint.
 7. Loss of privacy and individuality; and less choice in kitchen and outside, while socialising.
 8. Lack of cohesion and a sharing-sense. reduced safety-cover during disease or death.

- 3.2
- | | | | | |
|--------|---------|----------|--------|-------|
| (i) T | (ii) F | (iii) F | (iv) T | (v) T |
| (vi) F | (vii) T | (viii) T | (ix) F | (x) F |
| (xi) F | (xii) T | | | |

- 3.3
1. It implies an unreasonable following of the leader, like a mob or sheep.
 2. Yes, religion affects one's behaviour.
2 Examples - Baptism among Christians; AND
- wearing of a sacred thread among Hindus.
-

3. Respect for elders; welcoming all guests.
4. The example of parents is the single biggest factor in influencing one's behaviour.
5. Harsh or humiliating treatment by seniors or bosses May lead to diminished desire to share, love and respect among the juniors.
6. Social pressures of peer and neighbours may reduce your ugly attitude. Panchayats can enforce social boycott. Religious leaders can enforce ex-communication. Parents can enforce disinheritance.

3.4 1. (i) Financial abuse (ii) Physical abuse
(iii) Social abuse

2. (i) Neglect (ii) Insult
(iii) Loneliness (iv) Insecurity

3. (i) T (ii) T (iii) T (iv) F
(v) F (vi) F (vii) T (viii) F

- 3.5** 1. (i) Respect the privacy of youngsters as well as children
(ii) Accept help gracefully.
(iii) Provide constructive criticism.
(iv) Dont be jealous of other's success.

- 3.6** 1. (i) Try to be one of the family members; dont act as an outsider trying to give advice.
(ii) Encourage the elderly and the other family members to talk over their problems; this will help to air their difference and they be able to final their own solutions to their problems.
2. Each other's company helps the elderly to share their ideas as well as problems with each other; it helps counteract their loneliness.
 3. The mother-in-law can help reduce the daughter-in-law's workload within the house by helping her in her small day-to-day tasks.

Lesson 4

Psychology of Ageing

STRUCTURE

- 4.0 Introduction
 - 4.1 Objectives
 - 4.2 Factors affecting self-image of the elderly
 - (A) Losses and their impact on self-image of the elderly
 - (B) Media and its impact on self-image of the elderly
 - (C) Cultural factors and their impact on self-image of the elderly
 - 4.3 Changes in psychological functions of elderly.
 - (A) Personality
 - (B) Intelligence
 - (C) Learning and memory
 - (D) Problem - solving ability
 - (E) Perception and attention
 - (F) Motivation
 - 4.4 Adjustment among the elderly
 - (A) Adjustment by disengagement
 - (B) Adjustment by activities
 - (C) Adjustment as a life-long process
 - (D) Adjustment to other changes
 - 4.5 Psychological needs of the elderly and their care
 - 4.6 Summary
 - 4.7 Glossary
 - 4.8 Answers to Intext Questions
-

4.0 Introduction

Ageing is a universal phenomenon. Old age is a normal, inevitable, physiological process. It is interesting to note that when we are six, we want to become sixty and imitate our grandparents, wearing their big shoes, large spectacles and even their long walking sticks. At the same time, when we start ageing, we become eager to hide our greying hair and wrinkling skin.

Ageing is a stage of development like infancy, childhood, adolescence and adulthood. So, the basic needs of the elderly, including their mental health needs, are the same as those of young people. They need to love and to be loved, to feel a sense of achievement and recognition and to have a degree of social life and economic security.

In lesson-1 of this Subject, you have read about the physiological changes in the elderly. In this lesson, we shall try to answer questions related to the various psychological changes which result, due to ageing and the various psychological needs of the elderly.

4.1 Objectives

After learning this lesson, you will be able to :

- explain the effects of various factors on self image of the elderly;
- describe the changes in psychological functions of the elderly;
- discuss how elderly individuals adjust to these psychological changes;
- identify the psychological needs of the elderly and discuss how to take care of these.

4.2 Factors affecting self-image of the elderly

As you have read in Lessons 1 and 2 of this Subject the elderly witness physical changes such as wrinkling skin, greying hair, need for glasses and hearing aids, etc. There are also various psychological changes which occur due to these physical changes and other significant losses of late life, like status, income, health, company, independence, security of accommodation, attitude of an elderly person, etc. Besides this, the mass media as well as other cultural factors also have impact on the psychology of the elderly. Let us discuss some of these factors and their effect on self-image of the elderly.

(A) Losses and their impact on self-image of the elderly

(i) Physical changes in old age

A few examples of the physical changes that occur in old age are: dry, thin and wrinkled skin, white and sparse hair, thick and brittle nails, weakening of muscles and stiffening of joints, need for glasses and hearing aids, etc.

These physical changes contribute to the loss of self-image in the elderly. Though they try to cope with it in various ways, by and large, they start feeling the impact of these changes, especially when reading becomes limited because of the need to search for glasses all the time and walking becomes difficult because of joint pains.

Let us not forget that these physical changes vary in their effect on one's self-image. People who are active and have accepted these changes may continue ageing, without feeling low/bad about the changes.

(ii) Retirement

a) Retirement and loss of status

Each individual's work is intimately linked with his/her status. A person thinks of himself as a Bank Manager, a Professor, an Officer, a Clerk, etc., with a certain social value. This social value is lost, when the person retires and comes to be referred to as 'Ex Bank Manager,' 'Ex Professor', or 'Ex officer'.

The feelings attached with retirement age worries a person and a feeling of "good for nothing retired person" is strong. Retirement is often linked with illness and a waiting for death. Suddenly, a person finds others making decisions for him/her, trying to say, "just relax and enjoy your retired life as we think that you are not able to do this now". These messages may be communicated verbally or non-verbally. Ultimately, retirement encourages shedding of responsibilities and acceptance of a more dependent life style, among the elderly.

b) Retirement and loss of income

There is a substantial drop in income, following retirement. Most old people have to budget carefully. They have to cut on things like travel fare, former habits of drinking and smoking, number of tea sessions with friends, etc. A reduction in some of these former habits may be good for their health, but certainly not for their happiness. The quality of life, in so far as it is related to money, is reduced. The materialistic goals which a person can achieve through active earning can't be achieved due to limited money after retirement. Small needs like changing of curtains, celebrating husband's/wife's birthday, giving gifts to children, etc. remain unsatisfied.

People who plan their old age activities may look forward to retirement, but there is definitely a feeling of low self-esteem sometimes. If savings are enough and responsibilities are less, one may enjoy the leisure time after retirement in travelling, keeping active by play and exercises, eating good and balanced diet and enjoying all the occasions in the family by participating actively.

Retirement usually results in a loss of income as well as status of the elderly. Well-planned retirement can help in pursuing those activities which one could not do earlier due to busy work schedule.

iii) Loss of company and bereavement

For many, retirement means loss of those friends who were made and maintained during one's working life. To begin with, this may cause a lot of strain on the relationship between those who are married. Not every couple who have been together for forty years still like or love each other very much. Maybe they stayed unhappily together, for convenience. The change in the company of friends which was always welcomed by each partner, is reduced in the beginning and then is gradually lost. So, the couple has to live together, all day. Sometimes they fight; more often, they are just unhappy. This, of course, is not true of most couples who are generally fond of each other. For these and even for those who lived unhappily for great many years, the death of one partner is a great stress for his/her life. It is a time when both need each other so much. It is often seen that the risk of the survivor's dying or falling seriously ill in the year after bereavement, is very common. It is a loss from which many elderly people never recover.

As friends die, there are fewer people to communicate with. This is a result of reduced means and limited mobility, which makes the task of keeping in touch with friends increasingly difficult. Many elderly individual's occupy themselves with social work, interacting with children at home and doing jobs for which other family members do not find the time.

Loss of company and bereavement have an adverse effect on the elderly.

iv) Loss of independence due to ill health

Ill health associated with age causes an increased dependency on others. This dependency causes discomfort. It also reduces interactions with others and in turn, lessens one's enjoyment of life. An ill person finds it very difficult to adjust. Dependency leads to two kinds of reactions.

- a) Denial
- b) Overanxiety

a) Denial

It is a refusal to admit the painful reality that one cannot do things on one's own. The elderly refuse to accept help, even though sometime they may

be very sick. Sometimes, they have to be forcefully hospitalised for their illness, though they may themselves feel no need for treatment.

b) Overanxiety

It is usually exhibited by people who always need a reassurance in their relationship of being very good worth-while or serviceable. As ageing and fear of dependency decreases the self-confidence in the elderly, they may 'search for aid' from someone whom they regard as being strong may be one of their children, a neighbour, or very often, a doctor. The elderly usually behave as helpless children seeking the attention of strong parents. An elderly mother may ring up her daughter every day and keep stating that she is going to die, which may not be true all the time.

Loss of independence due to advancing age may lead to denial or overanxiety, which are abnormal reactions.

(v) Loss of accommodation

Retirement also brings with it a loss of accommodation for most elderly. Most old people start living in dingy, old and ill-lit houses. Many a times, children make arrangements for one of the aged parents to live with their families. This kind of arrangement causes more strain and leads to isolation among the elderly. It is not merely a shifting from one house to another, but the environment in which one is not able to say and do the things according to one's wish. It becomes suffocating and affects on their self-image, shifting their role from independent, decision-making persons to that of dependents and taking instructions from daughter, son, daughter-in-law or any other younger relative with whom they are staying.

With advancing age, as the elderly have to share accommodation with their younger relatives, their decision-making role is compromised.

(vi) Attitude towards life

We are mortal, but it is often difficult to bear this fact. Though people die at a young age also, this usually happens due to accidents, or certain terminal diseases like cancer, etc. Death, for most of us, remains confined to old age. Despite the nearness of death, elderly people can't accept it as easily as the young do. The elderly find it difficult to accept when family members or visiting relatives state that "Old age is, after all, nothing but a coating for death". These comments cause adverse effect on the self-

image of the elderly and they become more lonely, with their attitude towards life being that of rejection and worthlessness.

Various losses affect adversely on self-image of the elderly. These losses are: those due to physical changes, retirement leading to loss in status and income; multiple bereavement; loss of independence due to ill-health; accommodation loss; change in attitude towards life; etc.

(B) Media and its impact on self-image of the elderly

Media plays an important role in its impact on the self-image of the elderly. Very often, one comes across posters which project elderly persons being helped to cross the road, thus demonstrating the role of incompetent elderly, though it may not always be so. Often out of rejection, the elderly are forced to admit that, my mind is not as sharp as it was or it is too much for me to think about at my age. These comments are usually accepted by others as they nod and say that, "It doesn't matter, it happens to everyone at this age".

(C) Cultural factors and their impact on self-image of the elderly

Usually, people accept that great achievements occur relatively early in one's life; and the picture there-after is that of decline. In old age, one is expected to become either nice old ladies and charming old gentlemen or awkward old persons and dirty old men and women.

It is sad that the individual character is lost with advancing age. People feel that the elderly are very rigid in their approach and that involving them in anything will cause additional burden. Though there may be some decline and impairment in old age, but it becomes difficult for the elderly to maintain their notation when everyone believes that they have become mentally frail and demented.

It is interesting to note that actual experience of ageing can be quite different. Most adults feel younger than their chronological age and this feeling increases with advancing age. Many elderly individuals do not like/want to accept the image of merciful retirement and that of feebleness of body and mind. Post-retirement period can bring a real sense of achievement to some, with a strengthening of their self-image. They can perform all those activities which their busy schedule did not permit, when they were younger. Participation in activities of social value such as voluntary work, brings them a lot of satisfaction.

Role of media and the cultural factors have varying effects on the self image of the elderly.

INTEXT QUESTIONS 4.1

1. List any four losses of elderly people.

2. State whether the following statements are "True" (T) or "False" (F):
 - (i) Losses among the elderly always cause depression among them. ()
 - (ii) Loss of independence can lead to denial or anxiety among the elderly. ()
 - (iii) Despite the nearness of death, most elderly can't accept it as easily as the young. ()
 - (iv) Some elderly may feel younger than their chronological age. ()
 - (v) Ageing is different from the other stages of development in life. ()

4.3 Changes in psychological functions of the elderly

Ageing process leads to various changes in psychological functions of the elderly. The related changes are in the following aspects.

- (i) Personality
- (ii) Intelligence
- (iii) Learning and memory
- (iv) Problem-solving ability
- (v) Perceptions
- (vi) Attention
- (vii) Motivation

(A) Personality

As we proceed in this discussion, it will be clear that these changes vary from one individual to the other, just as they vary in young age and adulthood. It depends upon how an elderly person has accepted his/her age. Many a times, people working in a private sector, where retirement is not a reminder of stepping in old age, do not recall when "they have grown old or have felt growing old".

A popular way of accepting the personality of the elderly is that they are self-opinionated, rigid in their views and boring. Elderly people are supposed

to be either contented with their lives, or, often depressed. They are not very ambitious and are also considered to have lost interest in their sex life, with their advancing age. But we have to accept that personality of each elderly is individually different. Some may become introspective, reserved, silent and experience a detachment from others. These elderly may be shy, feel inferior, critical and uncompromising. Whereas the others may be very decisive and definite about themselves.

(B) Intelligence

It is the opinion of various psychologists that a person reaches the peak of intelligence with growing maturity; and the same declines with the physical decline experienced in old age.

Intellectual decline is not a universal and inevitable part of ageing. There may be some delay where speed is given more importance in one's learning.

Many elderly are capable of making wiser, long-sighted decisions as a result of their vast experience. But if a few elderly don't update themselves with the current area of discussion, they may sound slow, old and rigid, which may be true of young adults in the same situation, as well.

(C) Learning and memory

With advancing age, learning becomes difficult, especially when a series of paired words are to be remembered. Learning of new associations in words is particularly difficult. Immediate memory is affected, so that some elderly may refuse to recall some of the things, or learning something within a few seconds to 4 to 5 hours. Recent memory, in which they are expected to recall the events occurring within the last 24 hours, may also become difficult. But if a mechanism of "noting down the events, reminding them of the events" is used, it becomes easier for them to recall. Remote memory is related to events which have occurred days, months or years back. Usually, there is no difficulty for the elderly in recalling these remote events.

(D) Problem-solving abilities

There is a direct relationship between intelligence, memory and problem-solving ability in elderly people. Studies show that elderly people are best at solving problems when the information given is concise and personally relevant. It is noted that elderly people stick to tried and trusted methods rather than using new and more efficient problem-solving methods. Their past experiences, educational level, interest and motivation are linked with their problem-solving abilities.

(E) Perception and attention

There may be perceptual defects observed in the elderly. These can be due to two reasons: either due to deteriorating physical changes or when

these physical changes are not corrected on time. For example: an object is not perceived properly because of poor eyesight; a response is not given properly because of bad hearing; etc.

However there are some changes that are significant in elderly, such as:

- Reaction time (response to any stimulus) may get affected and the elderly may take longer to react.
- To review a situation, the elderly tend to respond slowly.
- Elderly prefer not to ignore the irrelevant information during problem-solving; instead, they go in for the minutest details.
- Elderly usually find it difficult to follow group conversations.
- Perception because of concentration gets affected. Sometimes, road-side distractions cause interference in their perception, especially during car driving.
- Because of physical defects, the attention-span also decreases, though attention and perception vary from one individual to the other.

(F) Motivation

Motivation refers to the internal or external drive to do something. An elderly person with clear goals in life, continues to have a motivation to live. It can be some job assignment, family commitments, looking after the children, managing the house, or social welfare activities. Any of these goals motivate an elderly to work efficiently. Motivation is individualized. But it gives direction to an elderly person to achieve the goals and meaning of life.

It is often seen that elderly people vary in the range of their abilities. This is because each individual has a separate identify, life experiences, family background, family support and social networking. The psychological functioning related to problem-solving and intelligence may be generalized up to some extent, among the elderly. However as no two individuals are alike, generalizing changes in all psychological aspects may not be possible. The reaction to ageing will definitely be individualized.

Personality changes in elderly vary from one individual to the other. Some of the other psychological changes discussed are with regard to:- intelligence; learning and memory; problem-solving abilities; perception and attention; and motivation.

INTEXT QUESTIONS - 4.2

1. List any five psychological functions of the elderly which are affected by the ageing process.

2. Fill in the blanks with appropriate term(s).
 - (i) Usually elderly people are considered to be self-opinionated, boring andin their views.
 - (ii) Learning new ideas varies among different individuals, depending on their.....
 - (iii) Some elderly may be shy, feel inferior, critical and uncompromising, whereas the others may be very.....
 - (iv) The least affected memory in the elderly is the memory.
 - (v) Perceptual changes in the elderly can get deteriorated due to theirchanges.

4.4 Adjustment among the elderly

Adjustment refers to adaptation to a different environment or a change made in order to improve functions or conditions. Adjustments made by elderly shall be discussed under the following headings:

- (i) Adjustment by disengagement
- (ii) Adjustment by adopting activities
- (iii) Adjustment as a life-long process
- (iv) Adjustment to changes

(A) Adjustment by disengagement

As a person is ageing, the process of mutual disengagement occurs. The individual and the society in which that person lives, both start withdrawing from one another. To remain psychologically healthy and satisfied, the elderly person tries to keep away from the responsibilities and involvements which mostly takes up his/her middle life. In turn, the society withdraws from the individual by decreasing the demands made upon that person. People who disengage from the activities themselves, tend to be less

frustrated. For example, a person who was working as a Professor, reduces his social activities on retirement.

To encourage disengagement would mean to discourage active involvement. So, adjustment by disengagement would vary from one individual to the other.

(B) Adjustment by adopting activities

Adjustment by adopting new activities is another very successful method of adjustment among the elderly. New activities are modified and adopted by individuals, to replace the pre-existing ones. This switch of opportunities enables the individual elderly to feel useful, wanted and worthy. For example, gradually, an ageing person may accept that he/she would like to reduce his/her daily working schedule to two or three days in a week. It is a method of adjustment that an individual initiates, mentally and physically, by adopting activities which he/she can perform.

(C) Adjustment as a life-long process

Adjustment to ageing is a life-long process. People should realize that like infancy, childhood, adolescent and adulthood, old age is a part of life. However, old age is usually linked with looking-back at the achievements made by the elderly in their lives; also, despair is an emotion commonly felt during old age as it is linked with the fear of impending death.

(D) Adjustment to changes

The major adjustment which people make in their later life, is basically a result of retirement, bereavement and impending death. The coping process in an individual depends upon his/her past experiences and financial and social security. Bereavement reactions will depend upon the elderly's relationship with the dead person.

With advancing age, the elderly exhibit different reactions to their impending death. These can be:

- Denial — “How can I die so soon? Nothing can happen to me. I have no sickness” Some elderly deny the possibility of their death.
 - Anger — Some elderly react in anger, saying “Just because I am old, why should I die? Many people older than me are also living. Why is God so cruel to me?”
 - Guilt — Guilt is another feeling expressed toward death by some elderly. “May be if I had not done bad things in life, it would have been better and I may have lived longer”.
-

- Bargaining — Bargaining with God is another reaction to death. Dying people think, "If God gives me an opportunity to live, I will do all good things in life"
- Depression — Sometimes, the elderly don't react at all. They simply stop talking eating and socializing with others.

However some elderly react very positively. They may say to themselves. "I have completed all my responsibilities. God has been great to me. I don't mind dying now. After all, one day every one has to die".

The above-mentioned are a few examples of adjustments made by the elderly.

Adjustment means adaptation to a different environment. Adjustment by the elderly are made by disengaging from activities or modifying/adopting new activities. Adjustment to ageing is also made by considering it as one of the process of life like other stages of development. Adjustment to retirement, bereavement and impending death depends upon the elderly's past experiences as well as their financial and social security.

INTEXT QUESTIONS - 4.3

1. List the four ways of adjustment usually made by the elderly.

2. List the five reactions of the elderly to their impending death.

3. State whether the following statements are "True" (T) or "False" (F).

- (i) With ageing, the process of mutual disengagement between the elderly and the society occurs. ()
- (ii) Adjustment to ageing, by adopting new activities to replace the pre-existing ones, leads the elderly to feel useless and unworthy. ()
-

- (iii) Adjustment to ageing is a life-long process. ()
 - (iv) Despair is usually felt during old age, as it is linked with the fear of impending death. ()
 - (v) Adjustment of the elderly to retirement, bereavement and impending death depends solely on their present financial and social security in life. ()
-

4.5 Psychological needs of the elderly and their care

From the above discussion, we can now identify and list the various psychological needs of the elderly. For helping the elderly meet these needs, you as a care provider, may give them the needed care or refer them to a health worker, psychologist or a psychotherapist.

(i) **Acceptance of physical changes**

If an elderly is worried about the use of spectacles, hearing aids, artificial dentures, or any other such changes, he/she needs to be helped to accept these changes.

(ii) **Preparation for retirement**

Pre-retirement counselling should be provided to people who are shortly going to be retired from their work-place. This may be with regard to: managing their money matters, their accommodation, their health needs, their activities, etc.

(iii) **Guidance and counselling about use of leisure time**

Usually, the elderly people find enough time on their hands and do not know how to spend their day. Guidance and counselling can be provided, for proper and desired use of their leisure - time activities.

(iv) **Managing bereavement**

Counselling the elderly, during and after bereavement is important. Death of friends or family members causes undue stress on the elderly. They may start thinking about their own impending death. Counselling needs to be done in order that they accept the death of their close friends and relatives.

(v) **Accepting dependency**

Counselling sessions would be required to help the elderly accept the reality of being partially or fully dependent due to their ill-health as well as financial constraints. They need to be helped to allay the anxiety resulting from the same.

(vi) **Counselling about adjustment to change**

These changes may be due to a change in accommodation, way of life, maintaining hygiene, or interaction with family members, etc. They

need to be able to adjust to all these changes, in an appropriate manner.

(vii) **Need for socialization**

The elderly need to be helped adapt to the changing patterns of socialization within the family and outside the family, amongst relatives and friends.

(viii) **Stress management**

Helping the elderly learn to cope with the different type of physical and emotional stresses which are usually encountered in their old age, is an important aspect to be considered.

(ix) **Need for enhancing motivation**

It is important that therapists and care providers motivate the elderly to cope with changing life-situations, so as to live a quality life. This can be attained by guiding them to modify their behaviour and life style and adapting to the current style.

Psychological needs of the elderly and their care include: helping them to accept physical changes; providing pre-retirement counselling; advice on appropriate use of leisure-time; guiding and helping them to manage bereavement; helping them to accept their increased dependency on others; counselling them on making due adjustments to changes; socialization; managing stressful situations; etc. Also, there is a need to enhance motivation among them.

INTEXT QUESTIONS - 4.4

1. Fill in the blanks with appropriate term(s)
 - (i) The elderly need to be helped to..... the physical changes resulting from ageing.
 - (ii) Shortly before their retirement can be provided to the elderly, to ensure a healthy life for them.
 - (iii) As a result of their depleting finances or their ill-health, the elderly usually find their status turning to that of.....
 - (iv) The elderly need to be helped to..... to the changing patterns of socialization within and outside their families.
 - (v) There is a need to enhance..... among the elderly, in order to ensure that they can cope with their changing lives.
-

4.6 Summary

In this lesson, you have read about the various psychological changes occurring among the elderly like losses their and their effects on the self-image, effects of media and cultural factors on their self-image. The psychological changes in the elderly vary from one individual to the other. Elderly people make adjustments to their advancing age in various ways. The role of care providers is basically to help the elderly to understand and accept these changes and adapt themselves to them in a suitable manner. Also, they need to help the elderly plan for as healthy and enjoyable a lifestyle as is possible within the given circumstances. This shall definitely lead to "active and healthy ageing"

4.7 Glossary

1. Self-image - one's own idea or picture of oneself, in relation to others.
2. Psychology - the scientific study of human mind and its functions, especially those affecting one's behaviour.
3. Self esteem - a good opinion of oneself.
4. Bereavement - deprive of a relation, friend, etc., especially by death.
5. Dingy - dirty looking.
6. Self-opinionated - stubbornly adhering to one's own opinions.
7. Introspective - to look in-wards.
8. Perceptual - the intuitive recognition of a truth.
9. Counselling - the process of assisting and guiding clients by a trained person on a professional basis.
10. Socialization - to be ready and willing to talk and act with others.

4.8 Answers to Intext Questions

- 4.1
1. (i) Losses due to physical changes.
(ii) Retirement and loss of income and status
(iii) Loss of company and bereavement
(iv) Loss of independence.
 2. (i) True (ii) False (iii) True
(iv) True (v) False
-

-
- 4.2** 1. (i) Personality (ii) Intelligence
(iii) Learning and memory (iv) Problem-solving ability
(v) Motivation
2. (i) rigid (ii) speed (iii) decisive, definite
(iv) remote (v) physical
- 4.3** 1. (i) Adjustment by disengagement
(ii) Adjustment by adopting activities
(iii) Adjustment as a life-long process
(iv) Adjustment to changes
2. (i) Denial (ii) Anger (iii) Guilt (iv) Bargaining
(v) Depression
3. (i) True (ii) False (iii) True
(iv) True (v) False
- 4.4** 1. (i) accept (ii) pre-retirement counselling
(iii) dependents (iv) adapt (v) motivation
-

Lesson 5

Social & Economic Needs and Problems of the Elderly

STRUCTURE

- 5.0 Introduction
- 5.1 Objectives
- 5.2 Major needs/problems of the elderly
- 5.3 Social and economic needs/problems of the elderly
 - (A) Social needs/problems of the elderly
 - (B) Economic needs/problems of the elderly
- 5.4 Assessment of socio-economic status of the elderly (based on the set guidelines) (given in the performa)
- 5.5 Role of a care provider :
 - (A) Role in the social context
 - (B) Role in the economic context
- 5.6 Summary
- 5.7 Glossary
- 5.8 Answers to Intext Questions

Note : The terms “needs” and “problems” have been used interchangeably in this lesson.

5.0 Introduction

India is currently in a state of demographic transition, where the population comprising elderly people is on an increase. An improvement in health care

has brought in its wake a number of changes like :- a decline in birth rate, decline in death rate and improved longevity of life, a decline in birth rates; a decline in death rates; and an improved longevity of life.

The current demographic transition is witnessing an increase in the elderly population.

It has been observed that women are experiencing more rapid gains in life expectancy at birth than men, leading to a loss of social support, greater dependency and prolonged widowhood among elderly women.

Women experience longer lives than men, leading to :

- loss of social support;
- greater dependency; and
- prolonged widowhood among the elderly females.

With the ageing of population, it has become important to work out how best to sustain the quality of life throughout old age. You must have heard the popular saying "a sound mind in a sound body". This holds great significance in all stages of one's life, particularly in the old age, due to :- co-existence of disease; economic insecurity; social isolation; changing family dynamics; and the negative perceptions in this age.

A proper understanding of the needs of the elderly will help to handle these to the best advantage for themselves as well as for the society in general. Thus, total care of the elderly will imply responding to their needs.

Social isolation and economic insecurity among the elderly are a frequent cause of concern, both for themselves as well as for the care givers. This lesson shall focus on a description of these needs and how to assess the socio-economic status of the elderly.

Frequent cause of concern among the elderly are :

- social isolation; and
 - economic insecurity
-

5.1 Objectives

After reading this lesson, you will be able to :-

- classify the major needs of the elderly;
- describe the social needs of the elderly;
- describe the economic needs of the elderly;
- assess the socio-economic status of the elderly (based on the set guidelines); and
- discuss the role of care givers, in the social and economic contexts.

5.2 Major needs problems of the elderly

Generally speaking, when a particular issue/situation is not solved by one's available knowledge and skills or when a particular need is not met, it is referred to as a problem. A "problem" is a relative term. An issue/situation unmet need may be a problem for one individual or group but may not necessarily be a problem for the other. One confronts problems in different walks of one's life.

Certain problems are specific to ageing. These problems are inter-related and are more of social in nature.

Certain problems are specific to ageing.

We can classify the **problems** of the elderly into six broad categories, as listed below :-

- a) Social problems
 - b) Economic problems
 - c) Psychological problems
 - d) Spiritual needs
 - e) Health care problems
 - f) Physical safety problems
- a) **Social problems** - Refer to the problems brought on as a result of the **negative attitudes** and perceptions on the part of the society as well as the elderly, most often leading to **social isolation** of the elderly. The major social need of the elderly is to continue to be an active and productive member of the society.
 - b) **Economic problems** - Refer to the economic hardships faced by a large percentage of the elderly, resulting from a **loss of occupation, increased costs of living** and their resulting dependence on the younger members of the family. Economic needs of the elderly can be fulfilled
-

by providing them with suitable employment as per their capacity and potentiality.

- c) **Psychological problems** - A loss of work/occupation, reduced income, decreased vitality, **diseases and/or disabilities, bereavements**, etc. may lead to psychological or emotional problems (most commonly depression) among the elderly. Involving the elderly in the various activities within their family as well as the society; and an appropriate use of their leisure time, can help overcome the stress, anxiety and depression they usually suffer from.
- d) **Spiritual needs** - Stepping into old age usually attracts individuals away from the materialistic world and they begin to participate in the philosophy of spiritualism. Maintaining a **spiritual climate** in their home as well as in the society, can help meet their spritual needs.
- e) **Health care problems** - With advancing age, there is a **decreased vitality and an increased vulnerability to diseases and/or disabilities**. There are certain diseases which are specific to ageing. The elderly and their family members need to understand and accept ageing, with its accompanying limitations. There is a need for adopting simple preventive methods as well as getting regular check ups of the elderly, in order to prevent any further deterioration in their physical functions and the resulting disabilities.
- f) **Physical safety problems** - With regard to physical security, the elderly are easy targets for **harassment and murders** for petty gains by others in the society. Their is a need to protect the elderly from abuse, such as violence injury, with- holding money and food etc. Their family and the society in which they live, need to provide such protection.

This lesson focuses on the social and economic problems of the elderly and provides guidelines to assess the socio-economic status of the elderly.

INTEXT QUESTIONS -5.1

1. List the 6 main kinds of problems faced by the elderly .

 2. Fill in the blanks with appropriate term(s)
 - a) In old age, there is an increased _____ of the elderly on the younger members of their family.
 - b) Psychological problems usually refer to the _____ problems of a person.
-

c) With an advance in old age, there is a decreased _____ and an increased _____ to diseases.

d) The elderly are easy targets for _____ and _____.

5.3 Social and economic needs of the elderly

The conditions under which individuals are born, develop, work and die, are a result of the socio-economic changes in the society. The socio-economic changes occurring during old age are a constant cause of anxiety among them and thus create a special need for added **reassurance, security and status** in their lives.

The social and economic changes resulting from old age cause :

- concern;
- anxiety; and
- insecurity among the elderly.

The social and economic needs of the elderly are discussed below.

(A) Social needs of the elderly

Ageing is affected by changes and advancements in the society. India, in the current times, is witnessing a break-up of the joint family system; to be replaced by nuclear families, which is more practical and economical. The attitudes and behaviours of today's youth are also changing due to rapid industrialization and modernization of the society. All this has led to the elderly to become a socially isolated unit. Special focus needs to be placed on the elderly females, who are more socially dependent on their husbands or others in the family, due to their role and status.

To day in India joint families are being replaced by nuclear families.

This is more practical and economical.

The social problems frequently faced by the elderly are detailed below :

a) Disintegration of the joint family system, leading to social isolation-

With the advent of modern civilization, the joint family system is disintegrating; the reasons accounting for this are many, the main ones being :

- i) Attitude of the young generation towards the elderly – The increasing pace of life today sees the younger generation striving hard to establish a stable life for themselves. Escalations in the prices of commodities and increasing cost of services creates financial difficulties for them, leading to many problems. Under these circumstances, they are unable to even spare a thought for their elders, much less find the time to care for them. Moreover, their changing attitudes result in their considering the elderly to be a burden, thus leading to conflicts between them and the elderly.
- ii) Attitude of the elderly towards the younger generation-Generally, the elderly remain pre-occupied with thoughts and talks about their past life and the then-existent attitudes and behaviours of the people. They show little concern for the difficulties faced by the younger generation in making the ends meet. They tend to have more expectations from their children, instead of trying to make themselves more useful in the family chores as well as the outside life. In return for what they think they have done for their children (in terms of providing them with education, getting jobs, settling down in marriage, etc.), they sometimes place rather unrealistic demands on their children. If the children fail to meet these demands, the elderly tend to become disappointed and frustrated, thus leading to frustration in their relationship with their children as well as a generation-gap with them. It has also led the elderly to feel very lonely, with nothing to look forward to.

This disintegration of the joint family system (caused by the stresses and strains of modern life, rapid urbanization, changing social and moral values and the generation-gap among the elderly and their younger family members), has left the elderly feeling frustrated, lonely and very isolated.

- b) Negative attitudes and perceptions of the elderly towards old age-

Sometimes, the elderly fail to accept the process of ageing and the accompanying problem(s) and thus regard their old age as a sort of a social stigma. This further leads to depression among them, which is a common occurrence in old age. Some of the factors which predispose to this are:- **retirement, isolation, widowhood, decline in social status and a resulting loss of decision-making role, loss of empowerment, poor social support network, increased dependence on others, lack of care-givers, etc.**

- c) Social isolation of the elderly females-

It is a common fact that since ages, in our country, the status of women in society has mainly remained **subservient** and **dependent**, despite their being central to the family and society. Aged women suffer the

worst plight, as they constitute a group most vulnerable to **insult, injury, inequality, injustice** and **exploitation**. They are more socially and emotionally dependent on their family members and others, than their male counterparts.

Elderly females are isolated from their families, who tolerate them as long as they are financially or functionally useful. Their increasing age, accompanied by frailty and dependence leads to their isolation from any kind of social interactions within the family; and may also create **conflicts** and **tension** with the younger members of the family, especially the daughter-in-law. Traditional culture discourages them from social interactions and engagements outside the confines of their homes. Elderly female abuse is also not uncommon and may take the shape of neglect and deprivation of food and care. Social isolation is more noticeable in urban societies, with a fast pace of life and little time for the elderly mother or mother-in-law.

Widows are particularly susceptible to social isolation, as a result of their loss of the wife-role through divorce or widowhood. Their status in the family undergoes an abrupt decline. In addition to an emotional loss, it may involve a restriction of opportunities for social interaction, neglect by the family and added responsibilities and burden. Also, there is a restriction imposed by the society on their mode of dress, appearance, diet, activities, etc.

Unmarried women and spinsters, in old age, are extremely lonely. Their main hope remains either being taken in by some younger relatives or moving into charitable or religious institutions. But only a fortunate few find institutions that take them in and care for them to the end. For the vast majority, it is an endless pit of sorrowful isolation, leading to **depression** and **even dementia**.

Social problems of the elderly include:

- the younger generation regarding them as a burden;
- an increased expectation of the elderly from their children, leading to frustration among them and a generation-gap with their children
- the elderly failing to accept the process of ageing and the accompanying problems; and
- elderly females are more socially dependent and suffer from greater neglect as compared to their male counterparts.

INTEXT QUESTIONS - 5.2

1. List any two causes of disintegration of the joint family system.

2. List any four factors which lead to depression among the elderly.

(B) Economic needs of the elderly

Can you list the social needs of the elderly based on the social problem such as:

- Participation in family & social activities
- Social status in committee
- involvement in religious activities etc.

The elderly suffer from many economic problems, as listed below.

- a) A large percentage of the elderly people in India suffer from economic hardships leading to economic dependence. A few major reasons which account for this include:-
 - financial inadequacy due to retirement or, loss of job;
 - non-availability of suitable job after retirement;
 - high costs of living (including the costs of care, mainly health-related);
 - absence of effective National policy on Ageing and
 - general poverty.

In our country, those who **retire from the government** and organised sector, get post-retirement benefits such as **pension, provident fund, gratuity**, etc. but unfortunately, this assistance is limited as compared to their income during the job. Those who retire from the **non-government** sector or from the government sector but opt for **contributory fund scheme** and get accumulated and other cash benefits

Unfortunately, for those who retire from **the unorganised sector** (mostly workers in rural areas or urban slums), there are **no worthwhile schemes for economic security** in old age. The existing "Old Age Pension Schemes" by some State governments provide some economic benefit to the poor and destitutes but this is very meagre.

You shall learn, in detail, about the Government support and the role of Non-Government Organizations (NGO's) in care of the elderly, in Lessons 3 and 4 of Module VI.

It is common knowledge that even in the absence of any kind of health problem(s), ageing can lead to a loss of work in most set-ups and this invariably leads to a loss of in-come, thus causing economic hardships to the elderly. This situation is compounded by:- high inflation rates, competitive markets, high costs of living and the changing social scenario.

- b) **Housing** poses a big economic problem for the elderly. With a decrease in income, an increased expense incurred on the settlement of their children (on their education, jobs and marriage, etc.); and changing family dynamics often leads the elderly to live in poorly- maintained houses. This in turn leads to a poor quality of life and an increase in morbidity among them. The schemes for housing of the elderly are, by far, inadequate, in comparison to their needs. The Old Age Homes set up by the States are either inadequate to fulfil their needs or are poorly maintained.
- c) With advancing age, there is also a **decreased vitality an an increased vulnerability** to common diseases, acute as well as chronic. Several diseases are peculiar to ageing. All this requires specialized treatment and care, which places a great financial strain on the younger productive population. They frequently view the elderly as a burden and the elderly themselves feel useless and unable to cope. Especially in places where productivity, competition and self-sufficiency are emphasized, the elderly who can no longer work and provide for their own basic needs, tend to be looked upon as a great burden and are relegated to the edge of the society and are often shunned.
- d) The **plight of the elderly females is worse**. The limited economic security experienced in old age by them is the result of:-
- their longer life expectancy,
 - the impact of their limited employment opportunity and
 - the bias against them as dependents as well as workers.

The longer life expectancy leads the elderly females to be of a greater economic burden on their family members as compared to their male counterparts.

Also, elderly females are less likely to have been employed in their younger years and even if employed, no doubt they earned less (due to a gender bias as workers). Thus, their retirement benefits are much less than their male counterparts. Also their role in the family requires that they continue to bear much of the responsibilities for carrying out routine tasks than the males, as a result of a bias against them as dependents within the household.

In view of the economic problems faced by the elderly, there is a need for providing them adequate financial security. This can be done in the following manner:

- providing improved post-retirement benefit;
- encouraging adoption of self-generating income schemes by the government as well as the NGO's
- implementing a National Policy as Ageing by the Government;
- motivating the community members to actively involve the elderly in community affairs;
- motivating the family members of the elderly to provide them with financial security; and
- protecting the rights of the elderly, by preventing their harassment in their homes as well as within the community.
- protecting the elderly by Preventing the family from financial abuse of the elderly

Economic problems of the elderly occur due to:-

- financial inadequacy due to retirement or loss of job;
- high cost of living (including health care costs);
- economic insecurity due to non-availability of jobs;
- absence of effective National Policy on ageing; and
- general poverty.

INTEXT QUESTIONS – 5.3

1. List the 5 major reasons which account for financial dependence among the elderly include:-

2. List a few post-retirement benefits for the elderly.

3. List the 3 main reasons which lead to an increased economic dependence among the elderly females:

5.4 Socio-Economic Assessment of the elderly

The socio-economic needs of the elderly need to be identified, in order to be able to render services to them status of the elderly.

Given below is the proforma used to assess the socio - economic.

Interviewer I.D. No.: _____

Date of Interview: _____

Special Instructions: Tick (Ö) one choice only for items no.II, III, IV, V, VI, VIII, XII, XIII and XV. For item no.VIII, you may tick one or more choice.

I. Identification data:

Name : _____

Date of birth: _____ Age Yrs. Mths Days

Sex _____

Address (residential): _____

II. Marital Status:

Never married

Widowed

Separated/Divorced

Married and spouse living

III. Status in the Family Tree:

Head of the family

Dependent on the head of the family

IV Living arrangements:

Who do you live with?

Alone

With non-related paid help

With spouse only

With spouse and unmarried children

With spouse and married children

Friends

Other relatives

Old Age Home/other Institution

Others (specify) _____

V. Economic dependence:

Completely dependent

Partly dependent

Completely independent

VI Present occupational status:

Never worked and not working

Retired

Labourer/Daily wage earner

Regular salaried employee

Professional/senior level employed

Independent business

VII. Leisure-time activities:

Household work

Religiôus activities

Reading (newspapers and/or magazines, books etc.)

Sit and talk with family members

Sit and talk with neighbours

Sit alone

Any other

VIII. Social status in the family:

a) In your family, are you

Unwanted or discarded

Tolerated

Loved and welcomed

b) Do you find yourself feeling lonely?

Always

Quite often

Sometimes

Almost never

Never

c) Do you have someone you can trust and confide in?

Yes

No

If yes, specify the relation, name and address.

IX. Do you get some pension, including Old-Age Pension? Please specify the source and amount.

X. Are you involved in any income-generating activities within the community? Please specify.

XI. Do you have the facility of any Welfare Programme or Religious Service(s)? Please specify.

XII. Do you have any insurance coverage for your health?

Yes

No

XIII. Would someone help you in case of an illness or any other emergency?

Yes

No

XIV Identify family members or care-givers with their names, relation and addresses.

1. _____

2. _____

3. _____

4. _____

XV. Would you like to move to an Old Age Home?

Yes

No

Practical Activity : Assess the socio-economic status of any 2 elderly, between the ages of 60 - 80 years, Choose one female and one male elderly.

5.5 Roles of a Care Provider

As a care provider for the elderly, you shall be assuming different roles in the socio-economic context. These roles are briefly listed below:-

(A) Roles in the social context

- Learn to view the elderly with compassion and not pity.
 - Help strengthen the family ties
 - Help create respect for the elderly, especially among the young People.
 - Facilitate the active participation of the elderly in social events, both within the family as well as in the community.
 - Help the elderly understand and form self-help groups, to be able to solve their problems better.
-

-
- Take help from the active and healthy elderly in caring for those in need of help, within the family as well as in the community
 - Advise the elderly as regards to the facilities and resources available for their social enjoyment, viz. various Committees, Libraries, other meeting places, etc.

(B) Roles in the economic context

Advise the elderly with regard to:-

- Different pension and other monetary schemes available for the elderly.
- Available Welfare Organizations and other such services/resources and facilities.
- Wise investments for better returns.
- Budgeting their available resources.
- Availing the family resources for their care, in times of sickness or any other emergency.

INTEXT QUESTIONS - 5.4

1. List your roles as a care provider, in the social context.

2. List your roles as a care provider, in the economic context.

5.7 Summary

The current demographic transition, referred to as "greying of nations" is witnessing the advancements made in the field of health care, whereby the elderly continue to face many hardships. They are socially isolated by their family members and are considered an economic burden on their families, which often leads to a feeling of frustration, loneliness and depression among them. They are considered useless and are frequently victims of neglect. The solution to these ever-increasing problems of the elderly is their active involvement in the day-to-day activities which will help instil in them a feeling of self-worth usefulness, both within the family as well as responsible citizens of their country. In this lesson you have learnt the social and economic needs of the elderly. You have also learnt your role as a care provider, by assessing and identifying the social and economic needs of the elderly.

5.8 Answer to Intext Questions

- 5.1 1. a) Social problems b) Economic problems
 c) Psychological problems d) Spritual needs
 e) Health care problems f) Physical safety problems
2. a) dependence b) emotional
 c) vitality, vulnerability d) harassment, murders
- 5.2 1. a) Stresses and strains of modern life
 b) Chaning social and moral values
2. a) Isolation b) Poor social support network
 c) Loss of empowerment d) Increased dependence on others
- 5.3 1. a) Retirement or loss of job
 b) Non-availability of job after retviement
 c) High costs of living (including health care costs)
 d) Absence of effective National Policy on Ageing
 e) General poverty
2. a) Pension b) Provident Fund c) Gratiuty
3. a) Longer life expectancy
 b) Limited employment opportunity
 c) Bias against them as dependents as well as workers
- 5.4 1. (List all the roles in 5.5 (A) ref. page - 82
 2. (List all the roles in 5.5 (B) ref. page - 83
-

Lesson 6

Spiritual Needs of the Elderly

STRUCTURE

- 6.0 Introduction
- 6.1 Objectives
- 6.2 Concept of spirituality
- 6.3 Benefits of spirituality
- 6.4 Spiritual needs of the elderly
- 6.5 Role of the care providers in meeting spiritual needs of the elderly
 - (A) Maintaining a spiritual climate
 - (B) Providing information regarding existing spiritual organisations
 - (C) Providing literature on spiritualism to the elderly
 - (D) Arranging spiritual gatherings.
 - (E) Hospice
- 6.6 Summary
- 6.7 Glossary
- 6.8 Answers to Intext Questions

6.0 Introduction

Humans who are 3 - dimensional by way of having a body, spirit and soul, have always shared oneness with God and HIS divine higher power since the beginning of time. Spirituality centres on the belief that people can make Contact with superior power and call on that power for solutions. It encompasses questions with regard to the meaning of life, illness and death and guides the energy and strength that is present in all human beings. Elderly people need more psychological and spiritual support as well as motivation to lead a healthy life or a peaceful death. Health care

providers play a major role in providing them with spiritual care, which shall be discussed in this lesson.

Before we discuss about spirituality, let us understand its meaning and its role in healthy living and healing. The spiritual dimension has been demonstrated as an important and fundamental aspect of human functioning, one that positively affects health and healing and should be mobilized as an active part of healthy people. All health care providers have an obligation to acknowledge the potential role of spirituality in the health and healing of the elderly.

6.1 Objectives

After reading this lesson you will be able to:

- Explain the concept of spiritualism.
- Identify the spiritual needs of the elderly.
- Discuss the benefits of spiritualism
- Identify the role of care providers in meeting the spiritual needs of the elderly.

6.2 Concept of Spirituality

Spirituality is a very broad concept; it is often used synonymously with religion. However, spirituality is better defined as that **which fosters connection with creation, oneself, others, or God, to the extent that we seek to solve problems and heal relationships, maintaining a holistic life.** Its practices and application can further lead to full human development, by understanding the purposes of life and codes of righteousness.

Spirituality fosters connection with superior power, that is, God, and thus helps to:

- solve problems and
- heal relationships

Spiritualism & Self actualisation

It refers to periodic episodes of life - review, which **contribute to creative resolution, knowledge transmission, value clarification, identity evolution,** etc. The following are the means and ways by which one can analyse and then suitably adapt one's self-potentials to achieve the best in spiritual realm -

a) Relationship between self and God:

Since God cannot be seen to converse with directly, the only way to keep in touch is by regular reading of HIS words.

b) Integration of mind, body and spirit:

Sitting in a quiet place, controlling our thoughts and focusing on God and HIS goodness; thus bringing all our temptations, trails, confusions and worries under our control. The focus of the body, mind and spirit is towards the divine power.

c) Development of spiritual powers:

As one reaches a point of quietening his/her spirit and soul, he/she is blessed with divine wisdom.

d) Religious rituals:

As instructed by the individual holy books, these rituals can be observed. They help one attain peace of mind, along with rightful thinking.

e) Divine inspiration:

As the person achieves/succeeds in overcoming the cares of this world by focusing his/her attention towards spiritual enrichment, he/she will attain a state of truthfulness and humbleness. This will make him/her exhibit extraordinary traits like going of his/her way to help other people; forgiving, comforting and loving others; etc.

Spiritualism helps to suitably adapt one's self-potentials to:

- attain peace of mind and rightful thinking;
- control temptations, confusions and worries; and
- attain a state of truthfulness and humbleness

INTEXT QUESTIONS - 6.1

1. Define spirituality.

2. How does spirituality help deal relationships?

6.3 Benefits of spiritualism

It is common knowledge that when mind slows, the body relaxes and the need for oxygen and other nutrients also declines; in addition, the following benefits are also observed:

- It increases intelligence.
- It increases short-term and long-term recall.
- Decreases anxiety, depression and irritability.
- Improves mind-body co-ordination.
- Increases perceptual awareness.
- Helps in normalization of blood pressure.
- Provides relief. from insomnia.
- Helps in normalization of body weight.

Body relaxation has many benefits for an individual

INTEXT QUESTIONS - 6.2

1. List 4 benefits of body-relaxation.

2. Define self actualisation.

3. Fill in the blanks with appropriate term(s):

- (a) Reading God's words is theway to keep in touch with HIM.

- (b) As one relaxes and quietens his spirit and soul, he is blessed with.....
 - (c) Religious rituals help one attain peace of mind and.....
 - (d) Spiritual enrichment helps people go out of their way to.....
-

6.4 Spiritual needs of the elderly

Spiritual need is experienced when one turns in-wards to explore the human capacity for **love, honesty, caring** and **wisdom**. It is one of the basic human need to search for the meaning and purpose of life and is especially experienced in old age. It is common for the elders who are suffering or are ill or dying, to question God and to call on their religious beliefs for support in these crucial times. Therefore, it is important for the care providers to be aware of the impact of various religious beliefs and not to interfere with these practices among the elderly. Spirituality assumes a major role for the elderly and their families, especially during suffering and grieving. The spiritual needs of the elderly, if fulfilled in a right manner, provide mental and psychological healing to them; they also help them forget their minor illnesses and help them lead a normal and healthy life. The elderly people should be motivated to enjoy **spiritual wellbeing**, which is **defined as a state of ego-integrity or self-actualisation**.

Spiritual needs are intensified during old age.

Unusual experiences

Some of the elderly clients may encounter some unusual experiences, which one needs to understand and analyze.

Transcendence implies the ability to step beyond one's morality. Because this ability is poorly understood, it is largely neglected while providing care to the elderly. The growing holistic movement is an all-important trend for a care provider working with the elderly. Thus it is essential for all health care providers to acknowledge these unusual events and experiences among some of their elderly clients, so that they can analyze them and intervene in those situations appropriately.

Following are some of the unusual experiences or events which may be witnessed by a few elderly people:-

- Telepathic message - it pertains to foreseeing incidents and knowing others thoughts.
 - Predictive dreams - one or more of those incidents which are to occur in the future, may come in one's dreams.
-

- Premonition - a warning is received, beforehand of some of the future events/ incidents.
- Out-of-body experiences - In Yoga, there is a process referred to as "Sudarshan Chakra". It means that when one is in a deep meditation, with closed eyes, one can visualise oneself to be in a strange place and to possess a strange smell.

Some elderly may encounter unusual experiences in their lives like:

- knowing other's thoughts;
- foreseeing incidents; and
- a warning, beforehand, of a future event.

Spirituality affects the healthy elderly in quite the same manner as it does sick people. Normally, when a person falls prey to an illness and gets sick, his emotions play a major role in his recovery. In case of married persons, their future, their children's future, family finance, job security, etc. tend to make them anxious and thus impairs their recovery from illness. In case of an elderly person who has almost accomplished everything in life, his/her concern is obviously only a peaceful death. He wishes for God to grant him a peaceful death. Hence, most of the elderly people turn religious in their later age; and, as a result of their search for solace in life they start experiencing some of the above-mentioned unusual events. Those who do experience such events, may be reluctant to share them with others, unless a listener maintains an accepting attitude. Often, they are considered to be psychotic and are thus ignored by the younger people. The care providers must validate these experiences and assist the elderly to attain a healthy coping style to balance their demands of daily living.

INTEXT QUESTIONS - 6.3

1. Why is the spiritual need intensified during old age?

2. Define the term "transcendence".

3. State whether the following statements are True (T) or False (F):
- (a) Spirituality plays a major role for the elderly and their families, especially during grieving and suffering ()
 - (b) Spiritual needs of the elderly are not of major importance. ()
 - (c) Telepathic message refers to foreseeing incidents and knowing other's thoughts. ()
 - (d) Premonition pertains to a warning, beforehand, of some future event. ()
 - (e) When a past incident comes in one's dreams, it is referred to as a predictive dream. ()
-

6.5 Role of the Care Providers in meeting spiritual needs of the elderly

It is increasingly recognized that the natural response and capacity of the mind and body is to gradually progress to a stage of perfect balance and harmony to attain happiness and contentment, which is the key to spiritual well-being. This spiritual well-being is, in turn, the foundation of perfect health. Thus, the provision of comprehensive care to the elderly implies preservation of their **uniqueness, religious beliefs, rituals and prayers.**

Spiritual well-being is the foundation of one's perfect health.

The care providers can help maintain spiritual well-being of the elderly in various ways, as highlighted below:

(A) Maintaining a spiritual climate

Maintaining a spiritual climate for the elderly is one of the most important steps toward fulfilling their spiritual needs. The care provider can do this by being attentive to the soul and spirit of the individual elderly and by providing opportunities that help them become aware of their own spiritual powers.

A suitable spiritual climate can be created with the involvement of every elderly person in group activities; where one can start with a poem, prayer, song, story or guided meditation in the early stages. This can then move on to complex methods like body-work (pranayam, yoga), rituals of reconciliation, etc. A few among the many different ways by which one can move towards spiritualism, include: **meditation; chanting of psalms, mantras and slokas of Ved; as reciting poetry or praying; practising yoga; playing musical instruments and singing religious songs; etc.**

Care should be taken to provide for the following:-

- Provide a separate place for prayers, if possible.

Privacy should be maintained, since many wish to discuss or confess confidential matters.

- Articles like crucifix, religious medals, prayer shawls, handkerchief, small bottles containing oil, etc., if found at the bedside of the elderly, should not be tampered with or thrown away.
- If some elderly person is experiencing distress of human spirit, the care provider should pray with him/her. This request can be honoured to the extent that is comfortable to the care provider.
- If time permits, the care provider can read spiritual books to the elderly.

Care providers can help meet the spiritual needs of the elderly by:

- maintaining a spiritual climate;
- providing information about the existing spiritual organization;
- providing literature on spiritualism and its benefits;
- arranging for spiritual gatherings; and
- providing hospice care, to the terminally ill elderly.

(B) Providing information regarding existing spiritual organisations

Encourage the elderly to visit one of the many existent places for spiritual enrichment, a few of which are mentioned below:

- Prajapati Brahma Kumari's Ishwariya Vidhyalaya, Mount Abu, Rajasthan.
- Vishwayatan Yoga Ashram, Gole Market, New Delhi.
- Shanti Avedana Ashram, New Delhi.
- Chinmaya Vanprastha Sansthan, New Delhi.

This will help them participate in spiritual activities within a group, whereby they can attain peace and mental satisfaction.

(C) Providing literature on spiritualism to the elderly

Provide leaflets and pamphlets on different aspects of spiritualism, which are available from the existing spiritual organisations. This literature is an

answer to the mental conflicts that the elderly commonly harbour. The care provider should be knowledgeable about the sources from where to get this literature.

(D) Arranging Spiritual Gathering

Common places can be hired and spiritual gatherings can be arranged, where the elderly feel free to adopt different available methods to move towards spiritualism. These gatherings help give them a feeling of security as they share oneness with the other members in the group. They can also share and solve many of their problems, during these meetings.

(E) Hospice

The concept of hospice implies a caring community of professional and non-professional people, together with the family. Emphasis is on dealing with the emotional and spiritual problems, as well as the medical problems of the terminally ill elderly. The primary concern is control of pain and other symptoms, keeping the patient, client at home for as long as possible or desirable; and making his/her remaining days as comfortable and meaningful as possible. After the patient, client dies, the family members are given support throughout their period of bereavement. Rituals provide an arena for healing, affirmation, reconciliation and celebration.

INTEXT QUESTIONS - 6.4

1. What is the key to spiritual well-being?

 2. Enumerate any 2 methods/ way of maintaining a spiritual climate for the elderly.

 3. List any 2 spiritual organisations.

 4. How does arranging for spiritual gatherings for the elderly help them?

-

5. Explain the meaning of the term "hospice".
-
-

6.6 Summary

Indian culture is rich in heritage. By nature of virtue, we all are to an extent unique in our behaviour towards the elderly. We need to understand about spirituality and its impact, especially on the elderly people. As individuals, we all need to encourage the elderly to attain maximum spiritual well-being and enjoy the joy and peace of living on this earth till they join the creator in eternity.

6.7 Glossary

1. Dimensional - an aspect or facet of a situation.
 2. Potential - capable of coming into being or action; capacity for use or development; possibility.
 3. Foster - to promote the growth or development of encourage.
 4. Holistic - the treating of the whole person including mental and social factors, rather than just the symptoms of a disease.
 5. Perceptual - capable of being perceived by the senses or intellect.
 6. Insomnia - a habitual sleeplessness; inability to sleep.
 7. Resolution - an act or an instance of solving doubt or a problem or question.
 8. Clarification - make or become clearer.
 9. Traits - distinguishing features or characteristics, especially of a person.
 10. Grieving - cause grief or great distress to especially at another's death.
 11. Ego - the part of the mind that reacts to reality and has a sense of individuality; self esteem.
 12. Integrity - moral uprightness; honesty.
 13. Psychotic - those suffering from a severe mental derangement, especially resulting in delusions and loss of contact with external reality.
 14. Validate - to confirm.
 15. Reconciliation - to make friendly again.
-

6.8 Answers to Intext Questions

- 6.1**
1. Spirituality centres on the belief that people can make contact with superior power; it encompasses questions with regard to the meaning of life, illness and death and guides the energy and strength present in all human beings.
 2. By fostering connection with the creator, that is, God; and by maintaining a holistic life, spirituality helps to solve problems and heal relationships.
- 6.2**
1. The benefits of body-relaxation are:-
 - It increases intelligence.
 - It increases short - term and long-term recall.
 - It helps decrease anxiety, depression and irritability.
 - It improves mind - body coordination
 - It increases perceptual awareness.
 - It help to normalize blood pressure.
 - It provides relief from insomnia.
 - It helps to normalize weight.
 2. Self - actualisation refers to periodic episodes of review of one's life, which contributes to:- creative resolution, knowledge transmission, value - clarification, evolving identity, etc.
 3. (a) indirect (b) divine wisdom
(c) rightful thinking (d) help others
- 6.3**
1. It is common for the elderly, especially for those who are suffering or are ill or dying, to question God and to call on their religious beliefs for support. Spirituality, thus, assumes a major role for the elderly during these crucial times.
 2. Transcendence refers to one's ability to step beyond one's mortality.
 3. (a) T (b) F (c) T (d) T (e) F
- 6.4**
1. The natural response and capacity of our mind and body is to gradually progress to a state of perfect balance and harmony in order to attain happiness and contentment, this is the key to spiritual well-being.
 2. The different ways of maintaining a spiritual climate for the elderly are:-

- meditation;
 - chanting of psalms, mantras and slokas of Ved;
 - reciting poetry or praying;
 - practising yoga;
 - playing musical instruments and singing religious songs, etc.
3. Some of the spiritual organisations are:-
- Prajapati Brahma Kumari's Ishwariya Vidhyalaya, Mount Abu, Rajasthan.
 - Vishwayatam Yoga Ashram, Gole Market, New Delhi.
 - Chinmaya Vanprastha Sansthan, New Delhi.
4. Spiritual gatherings provide a common forum to the elderly, where they feel free to adopt different methods to move towards spiritualism. Also, these gatherings help give them a feeling of security as they share oneness with the other members in the group. They can share and solve many of their problems, during these meetings.
5. Hospice refers to a caring community of professional and non-professional people, together with the family members of the elderly. The emphasis of a hospice is on dealing with the emotional and spiritual problems of the terminally ill elderly, besides their medical problems. The primary concern is to control pain, keeping the patient/client at home for as long as possible and making his/her remaining days as comfortable and meaningful as possible.
-