

Research Article

Social and Psychological Experiences of Senior Citizens to Cope with Their Lives

Kalpana Paudel

Lecturer, Tribhuvan University, Institute of Medicine,
Pokhara Nursing Campus
Email:kalpanapdl56@gmail.com

Article History

Received 11 May 2019

Revised 23 September 2019

Accepted 26 November 2019

Abstract

Ageing is a normal, inevitable, biological and universal phenomenon and is the outcome of certain structural and physiological changes that take place in different parts of the body as the life years increases. During ageing process, coping with the situations of everyday life and meeting its demands become more difficult than before. This study mainly focused on the experiences of senior citizens to cope with their lives. A descriptive qualitative case study design was used to explore the experiences. Twenty five senior citizens from Pokhara Aged Shelter were selected in the study. In-depth interview was used to collect primary data. Qualitative data was recorded, transcribed and thematic analysis was made. Elderly people express themselves as useless and worthless. They think that they have nothing to contribute to social life and the community. Social activities are reduced after ageing. They have fear of pain, disability, decline, loss of control and death and also have feelings of anxiety, fear and powerlessness. Elderly people have negative feelings such as emptiness, sadness, resignation, frustration, loneliness and regret because of being alone, limited activities or troubles to cope with ageing. They feel discouraged and helpless. During the ageing process, they give up daily activities gradually. Elderly people missed having somebody to share their small daily experiences. Family is an important factor that contributed to the elderly people's ability to cope with. Hence, the issue of senior citizen and old age should be addressed appropriately as other social problems in society.

Keywords: *Ageing, coping, psychological experiences, senior citizens, social experiences.*

© The Author, published by JRCC, Janapriya Multiple Campus

Introduction

The normal ageing represents the universal biological changes that occur with age. It is a natural process which is commonly defined as the accumulation of diverse deleterious changes occurring in cells and tissues with advancing age that are responsible for the increased risk of disease and death (Harman, 2003). Aging process reduces physiological capacity, which makes the elderly more susceptible to many health threats (Lepeule, Bind, Baccarelli, Koutrakis, Tarantini, Litonjua, Sparrow, Vokonas & Schwartz 2014). The ageing process differs because of a number of reasons such as health problems, functional abilities, personal resources or the amount of social support (Hautsalo, Rantanen, & Astedt-Kurki, 2012).

The psychological theories describe ageing in terms of the specific changes in behavior, cognitive functions, and roles that occur in an individual undergoing the ageing process. On the other hand however, the social theories explain how factors such as the prevailing circumstances, available resources, caste systems, social accelerators, etc can either speed up or slow down the process of ageing (Ron, 2014).

Globally, the older adult population is rapidly growing and is projected to increase from 810 million to 2 billion in 2050. The fastest growing age group is those aged over 80 years; the 'oldest-old,' with numbers expected to increase almost eight-fold by 2100 (United Nations, 2012). The elderly population is expected to grow considerably in the near future. This rise will especially be prominent in the developing countries where an increment of 140 percent is projected, compared to 51 percent in the developed countries (Shah, Makwana, Goswami & Yadav, 2012). These demographic changes present many challenges, one being the increased demand on health and clinical services (Laidlaw, 2010). Global ageing is the success story of the 21st century because of which declining fertility and mortality as well as improved public health interventions, aged population has been a world-wide phenomenon (Geriatric Centre Nepal, 2010).

Coping for elderly people is different from coping for people of other age groups, as stressors also change with age. Young adults experience more stress in areas related to work, their

Kalpana Paudel

finances, home maintenance, their personal life, family, and friends; whereas the elderly tend to experience stress related to the limitations of aging (Andersson, Burman, & Skar, 2011). The decreased functional ability and suffering from various health complaints also means dependency on others for carrying out activities of daily living, which may be more or less hard to live with (Andersson, Hallberg & Edberg 2008).

Several studies in Nepal show that the long established culture and traditions of respecting elders are eroding day by day. Younger generations move away from their birthplace for employment opportunities elsewhere. Consequently, more elderly today are living alone and are vulnerable to mental problems like loneliness, depressions and many other physical diseases (Geriatric Centre Nepal, 2010).

Problems of the aged are not entirely due to aging. Many of the problems are due to associated retirement, which result in loss of income, loss of role as a worker, a role shift from dependable to dependent and isolation due to loss of social group. In addition, there is problem of spending free time. This leads to a negative self-image, which corrodes ones mental health resulting in apprehension, anxiety, depression, frustrations and life itself starts being a burden (Cavanaugh & Blanchard, 2011).

Among the various disorders that affect the elderly, mental health deserves special attention. Depression and dementia incapacitate elderly people worldwide, since these conditions lead to loss of independence and, almost inevitably, loss of autonomy. Mental disorders affect 20 percent of the elderly population and, among these, dementia and depression are highly prevalent.¹ In Brazil, approximately 10 million elderly people suffer from depression (Snowdon, 2002).

Depression is common in the elderly and is a major public health problem. The WHO (2005) also emphasizes that depression, which is the fourth most common illness, can lead to physical, emotional, social and economic problems. The prevalence rate of depression varies worldwide and their prevalence rates range between 10 percent and 55 percent. A study shows the depression ranges from 34.6 percent to 77.5 percent in old age home. Depression in late life is associated with significant morbidity, including deficits in a range of cognitive functions and

Janapriya Journal of Interdisciplinary Studies (Jjis), volume VIII, 2019

Kalpana Paudel

considerable influence on functional impairment, disability, decreased quality of life, and has a negative effect on the body's recovery from illness, increases the rate of suicide, increases use of health care services and expenses and can result in early death and disturbance in the general state of wellness (Chalise, 2014).

Changes in the social role of the elderly have an impact on their wellbeing. In a considerable proportion of countries, older adults are now in better health as compared with the past. Older adults are increasingly "expected" to be more productive and are even being asked to contribute more to their family and/or community. Conventional attitudes toward the elderly have typically been considerate of their dignity, with a few exceptions in some cultures. However, the current expected role of an elderly person seems to have changed from the role of "sage advisor" as it used to be in most parts of the world. Retirement age is increasing in many high-income countries. Older people are expected and are able to make important contributions to society as family members, volunteers and as active participants in the workforce, provided they stay fit enough for carrying out such roles. Nevertheless, improving productivity and asking older adults to provide support to communities and families must be complemented by additional support to them from society (Yasamy, Dua, Harper & Saxena, 2013).

A research on family functioning, health and social support assessed by aged home care clients and their family members and concluded that the assessment of needs, care planning and updating are important. The factors influencing life satisfaction compared and examined between older people living with family and those living alone. They found that perceived health status, self-esteem, depression, age and monthly allowance were the factors related to the life satisfaction of older people. Effects of family caregivers on the use of formal long-term care were investigated in South Korea. They draw the conclusion that the decision to use formal services may depend not only on the care level required by the applicant, but also on the presence and type of care givers (Shin & Sok, 2012).

Old age is not a problem itself but it becomes a problem when the obvious physical and mental changes brought by old age make men unable to do their own necessary basic things. Hence, the issue of senior citizen and old age should be addressed appropriately as other social problems in *Janapriya Journal of Interdisciplinary Studies (Jjis)*, volume VIII, 2019

society (Acharya, 2008). Though there are number of quantitative studies regarding problems of elderly, but as per researcher's knowledge, the number of qualitative studies that have examined these issues in Nepal is scarce and this study is a true endeavor to shed light on the prospect of elderly' social and psychological experiences to cope with their lives.

Theoretical perspective

This study is based upon the theories of ageing: Activity theory and continuity theory. The activity theory was developed by Robert J. Havighurst in 1961, asserts that remaining active and engaged with society is essential to satisfaction in old age. Successful aging equals active aging. Activity can be physical or intellectual in nature, but mainly refers to maintaining active roles in society. To maintain a positive self-image, the older person must develop new interests, hobbies, roles, and relationships to replace those that are diminished or lost in late life. Some elders may insist on continuing activities in late life that pose a danger to themselves and others, such as driving at night with low visual acuity or doing maintenance work in the house while climbing with severely arthritic knees. In doing so, they are denying their limitations and engaging in unsafe behaviors. The activity theory was based on the hypothesis that older people remain socially and psychologically fit, if they stay active (McGarry et al., 2013). The activity theory sees activity as necessary to maintain a person's life satisfaction and positive self-concept. Within the context of this theory, activity may be viewed broadly as physical or intellectual (Meiner, 2015).

The Continuity Theory of aging relates that personality, values, morals, preferences, role activity, and basic patterns of behavior are consistent throughout the life span, regardless of the life changes one encounters. This theory builds upon and modifies the Activity Theory. This theory utilizes the psychological theory of personality to explore the influence of personality on personal roles and life satisfaction (McGarry et al., 2013). According to the continuity theory, the latter part of life is a continuation of the earlier part and therefore an integral component of the entire life cycle. Individuals will respond to aging in the same way they have responded to previous life events (Meiner, 2015).

Data and Methods

The study was conducted in the "Pokhara Briddhasram" which is also called "Pokhara Aged Shelter". "Pokhara Aged Shelter" was purposefully selected and it is one of the old age homes in Pokhara where so many senior citizens are staying and it is providing protection and service free of cost to the senior citizens who are deprived of assistance from anybody else whether they are from the well off or poor family. A descriptive qualitative case study research design was used to explore and generalize the social and psychological experiences of senior citizens to cope with their lives.

The target population comprised of the old aged people of Pokhara Aged Shelter. During data collection, 55 senior citizens were staying in the shelter. Among them 25 cases were selected as sample for this study purposively because only 25 senior citizens were able to answer the asked questions whereas other were having some problems like, chronic illness, bedridden, paralyzed, having depression, etc.

The nature of the data was qualitative. The primary data was obtained from the field work with in-depth interview. Here, the researcher asked the participants (senior citizens) about their sufferings (social and psychological experiences) to cope with their lives. In-depth interview was taken by the researcher herself with each respondent in friendly environment in their own residential setting. In-depth interview guideline was developed on the basis of extensive literature review, opinion obtained from subject experts. Then qualitative data was collected from the participants according to their feasible time. Interview was recorded in cell phone and field note was maintained. The average time for each interview was 60 minutes. Ethics in this research has been completely maintained. Consent from the participants was taken before hand. They were told about the research purpose and objectives. Their privacy has been maintained throughout the research.

Data was analyzed on the basis of research objectives and research questions. In qualitative data analysis, recordings were transcribed by the researcher herself by listening the interview and writing transcription. Then, case study of each case was made and content analysis was done to

Janapriya Journal of Interdisciplinary Studies (Jjis), volume VIII, 2019

Kalpana Paudel

make replicable and valid inferences by interpreting and coding textual material. The trustworthiness of the study was maintained by doing iterative questioning, frequent debriefing and by doing thick description of the phenomenon under scrutiny (credibility) and inter rater matching was also done (dependability).

Results

The study revealed that 28.0 percent of the age group living in old age home belonged to 66-70 years age group, 24.0 percent were of 61-65 and 71-75 years age groups whereas 4 percent of them belonged to the age group of 81-85 years and above 86 years. More than half (56%) of the respondents were female and (44%) were male. Hindu believers were (84%) and (12%) respondents have faith in Christianity. Regarding ethnicity, 44.0% were Brahmin followed by Chhetri 36 percent and ethnic groups 20 percent. No any Muslim respondents were found during the survey. The majority of the respondents were illiterate i.e, 76 percent. Only 20 percent of the respondents could read and write. They had not received the education formally. Out of all the respondents, only one respondent had gone to school and received education upto primary level. Out of 25 respondents, 17 were widow/widower which comprised of 68%. Only 12 percent of the respondents were unmarried and the respondents who divorced or separated were also 12 percent.

Social Experiences

Several of the participants felt that they had not been respected or understood in their lives. They expressed that they felt awkward in social life and they had nothing to contribute to social life and the community. For them, it's shameful to stay alive without being productive. They perceived society's view of elderly people, describing it as becoming useless and worthless.

Case 20

My wife married to another person while the son was only one and half years old. Then after, I took care of my child. I never thought of my second marriage for the sake of my son. I admitted him in SOS school, Pokhara. Now he has done bachelor degree. I have heard that he teaches in a school here in Pokhara. I am nothing for him, I am valueless for him. "Paleko Kukurle achhi khayera afailai tokchha vaneko yehi ho."

Janapriya Journal of Interdisciplinary Studies (Jjis), volume VIII, 2019

Kalpana Paudel

I have no worries. No one gets worry about me then why should I? "Maran ta awasya hunchha hunchha...kasari hunchha vane matari ho". Everyone has to go through this old stage. Being old is not shameful but my son does think so and he abandoned me. He will also have to pass through this stage.....let us see what time says?

Case 25

I have step children, I do not have my own. I was abandoned by my family after the death of my husband. So, I came here to stay. Actually, life is nothing. Everyone has to die, it is sure and certain. But human behave as if they don't have to die. My daughter in laws is so cruel. She will also have to go through this stage but she never realizes that.

However, some other elderly people think themselves negatively to society. Being not respected or understood made elderly people feel being separated as well as shameful.

Case 5

The son of my cousin sometimes comes here to see me. He brings biscuits, juice, etc for me. He hopes to get some money from me which I get from donors and as old age allowance. He comes here to visit me only for the sake of money. No one has affection towards me. Sorrow has become my friend.....but when I see my friends here I think that every individual is lonely and isolated during old age. "Ekali janmane eklai marne ta honi yo jindagi vaneko".

Case 7

Life is full of happiness and sorrows: happiness in youth and sorrows in old age. No one should get proud because life ends with death and Karma of previous life determines the role of this life. Until I was active, everything was going fine but after I started to get sick due to old age, I became burden. They started to discard, humiliate and hate me. Sometimes unusual thoughts use to come. I wish not to be dependent to anyone because we are a burden to society. "bolda boldai saas jawoos".....that is all what I want.

Case 24

Kalpana Paudel

I had a son whom I had adopted when he was a month old. He had gone Malaysia. His family didn't not care about me. So I came here without informing anyone.

Here I am happy. I use to prepare holy threads and tapari for puja. Sometimes I help in cooking, preparing vegetables and serving food. I have hearing problem and I am using hearing aid. Usually, my legs get cramping. Since 5 days my legs has started to tremor. I have to seek medical help.

I bother about my future. Who will take care of me if I get paralyzed? I want to die without being disabled. I do not want to be burden to anyone. Love of the spouse is the most important during elderly.

Psychological experiences

Elderly people fear that they are not able to manage things what they did or enjoy existence as individual persons any more. Concerning the future, they felt only fear. They had a fear of pain, disability and decline, loss of control, and ultimately dying or death. The physical changes were perceived as problems they had to struggle with in daily life and involved feelings of anxiety, fear and powerlessness. Participants expressed anxiety that their physical and mental abilities would be weakened and decrease if they did not actively use them. Some of the participants stressed that the most important thing for them was to stay totally independent. They fear the day when they cannot manage any longer. Thus they described uncertainty about how to cope in the future.

Case 3

I lost all my energy.....no confidence, it all because of old age. I am not thinking to stay in this old age home for long. I feel it is not good to greed for food only. I feel a lot of sadness and worries. Now I have lonely life. I wish I could die easily, without any sorrow, without disability. I always pray with Lord Yesu and always ask that I could die easily. As my age is growing old, I have no any options. My heart says go to Church, garden the flower, care about the Church only.

Kalpana Paudel

However, some other elderly persons have negative feelings such as emptiness, sadness, resignation, frustration, loneliness and regret. It could be caused by living alone, limited activities or troubles to cope with ageing. They feel discouraged, helpless (*case 1*), and different from others, too. Being dependent and being not needed are also negative feeling from their opinion.

Case 1

The sad aspect of ageing is that everything is changed; nothing is preserved from the past. I worry much, to escape from these worries, sometimes I smoke cigarette, which relieves me. I used to work as a contractor of building houses etc. Because of old age, I lost my energy and could not work anymore. The energy is decreasing day by day.Nobody cares about me. When I remember my past days, I cannot sleep. After ageing, everything becomes worse. In this age, even money does not work.

Coping with ageing

Some older people have negative attitudes towards ageing and are unwilling to fight against ageing and change whereas some of them combat loneliness. In order to adapt to ageing, older people adjust their doings. They learn to give up when they cannot do something anymore. Some said that their days had become less, and life had become dull as compared with earlier life.

Case 17

Life is nothing, it is only the combination of happiness and sorrow. To birth is to die. So, I never regret for what I have done. Past is past, nothing left to be remembered. I should be happy with the present of my life. We have too much time here, the days go very slowly here. I used to wander outside, sometimes go for shopping. This organization is constructing a temple. So that I am very happy. Nowadays I remain busy looking at the construction site.

Assistance is also one of important parts for some elderly people. Some of them think that receiving assistance is a troublesome process. On the other hand, assistance can also weaken elderly person's independence.

Conclusion

In lights of the result obtained, it can be concluded that most elderly people usually give up social and other activities as a natural part of ageing. The disengagement in activities and social contacts result in feeling of resignation and dejection. Having good social contacts, positive attitudes to ageing and being able to get assistance are the ways to help elderly people to cope with lives. Being active and being engaged in social activities give feelings of pleasure and a sense of belonging. Family is an important factor that contributed to the elderly people's ability to cope with. Strengthening the individual's autonomy, despite dependence on others, are equally important. Elderly people's individual desire should be respected. In order to gain positive self-image, the older person must develop new interests, hobbies, roles, and relationships and replace those that are lost in late life. These activities bring life satisfaction and positive self-concept among elderly people.

Acknowledgement

I am grateful to all the members of Pokhara Aged Shelter who cooperated throughout my study. I truly owe a special debt of thanks to all the respondents without whom this study couldn't be done. Their co-operation will always be remembered with appreciation.

Refernces

- Acharya, P. (2008). Senior citizens and the elderly homes: A survey from Kathmandu. *Dhaulagiri Journal of Sociology and Anthropology*, 2, 211-22.
- Andersson, L., Burman, M., & Skar, L. (2011). Experiences of care time during hospitalization in a medical ward: older patients' perspective. *Scandinavian Journal of Caring Sciences*, 25, 646-652.
- Andersson, M., Hallberg, I. R. & Edberg, A. (2008). Old people receiving municipal care, their experiences of what constitutes a good life in the last phase of life: a qualitative study. *International Journal of Nursing Studies*, 45, 818-828.
- Cavanaugh, J.C. & Blanchard, F. F. (2011). Adult development and aging. *Cengage Learning*.
- Chalise, H. N. (2014). Depression among elderly living in Briddashram (old age home). *Advances in Aging Research*, 3(1), 6-11.
- Janapriya Journal of Interdisciplinary Studies (Jjis), volume VIII, 2019

- Geriatric Centre Nepal. (2010). Status report on elderly people (60+) in Nepal on health, nutrition and social status focusing on research needs. Kathmandu, Nepal.
- Harman D. (2003). The free radical theory of aging. *Antioxid Redox Signal*, 5, 557–61.
- Hautsalo, K., Rantanen, A. & Astedt K. P. (2012). Family functioning, health and social support assessed by aged home care clients and their family members. *Journal of Clinical Nursing*, 22, 2953-2963.
- Laidlaw, K. (2010). Are attitudes to ageing and wisdom enhancement legitimate targets for CBT for late life depression and anxiety? *Nordic Psychology*, 62, 27-42.
- Lepeule, J., Bind, M. C., Baccarelli, A. A., Koutrakis, P., Tarantini, L., Litonjua, A., Sparrow, D., Vokonas, P. & Schwartz, J. D. (2014). Epigenetic influences on associations between air pollutants and lung function in elderly men: the normative aging study. *Environmental Health Perspectives*, 122(6), 566-572.
- McGarry, J. Clissett, P. Porock, D. & Walker, W. L. (2013). Placement learning in older people nursing: a guide.
- Meiner, S. E. (2015). Gerontologic Nursing (MOSBY). The United States of America.
- Ron, P. (2014). The Social Theories of Ageing, Munich, GRIN Verlag.
- Shah, V. R., Makwana, N. R., Goswami, K., & Yadav S. (2012). Health Problems In Geriatrics- A Cross Sectional Study. *Journal of Pharmaceutical and Biomedical*, 20(16).
- Shin, S.H. & Sok, S.R. (2012). A comparison of the factors influencing life satisfaction between Korean older people living with family and living alone. *International Nursing Review*, 59, 252–258.
- Snowdon, J. (2002). How high is the prevalence of depression in old age? *Rev Bras Psiquiatr*, 24(1), 42-47.
- United Nations (2012). Population ageing and development, Economic and Social affairs. World Health Organization. (2005). Physical activity and older people.
- Yasamy, M.T., Dua T., Harper M., & Saxena, S. (2013). Mental Health of Older Adults, Addressing A GROWING CONCERN. World Health Organization, Department of Mental Health and Substance Abuse.