

Background Research for
Towards Respect Together
Program

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The current demography of Australia indicates a trend towards an ageing population. Consequently, an increase in the proportion of older people in society results in a range of psychological and social problems involving social inclusion and interaction, transitions in identity, and the maintenance of an adequate level of quality of life at the end stages. More specifically, the barriers preventing social inclusion can be examined from the perspective of the elderly themselves, where it has been found that loneliness, feeling of disconnection and ones worth to society are related to reduced social inclusion (Stanley, Moyle, Ballantyne, Jaworski, and Corlis et al., 2010). Changes in ones identity as they age is another important part of the ageing process. From a macro perspective, it has been acknowledged that there is a need to reconstruct the overall 'old age' identity. On a more individual level, there exist strong views among the elderly as to what elements of old age constitute a desirable identity, and what factors contribute to a negative one (Lundgren, 2010). One factor which influences identity among the elderly is the onset of disability which has varying effects on ones sense of identity (Yorkston, McMullan, Molton, and Jensen, 2010). Thirdly, improving the quality of life at the end stages of life is an important issue for ensuring a dignified end of life experience (Woolhead et al., 2004). Open discussion about death as well as the emotional support of family and friends was considered to be one of the most important factors in the end of life stage. The following review of the literature will therefore examine the psychosocial issues of social inclusion, identity and quality of life.

The tendency to group older adults under the social category of "old age" not only generalises the status of older adults but represents a transitional shift in their identity. Lundgren (2010) suggests that many older adults still experience the need to negotiate and improve the collective "old age" identity. In her study, Lundgren (2010) used qualitative measures to examine the constitution of old age identities in a sample of older adults who adopted the role of 'class-grandparent' in their participation in assisting with schoolwork at school. The findings of the interviews conducted revealed that the older adults still regarded themselves as elders, as it typified the aspect of life experience. However, these older adults were considered to occupy ageless positions as they did not adhere to or accept the passive qualities typically assigned to those in old age. It was also found that the ways in which nostalgia was moderated also contributed to notions of identity. Nostalgia was found to be most beneficial to ones identity when

it was thought of as an offer of shared feelings and mutual understanding. Collectively, the interviewees emphasised knowledge, responsibility, production, activity and health as important for the image of older adults. Conversely, the exclusion of old age identities which emphasised dependence, loneliness, inactivity and poor health were denounced based on the fact that they were stigmatisations of old age.

An important factor which interacts with both ageing and identity is the onset of disability. Disability in older age may be the result of a spinal cord injury, stroke, or a general decline in health condition (Yorkston, McMullan, Molton, and Jensen, 2010). Such individuals are considered to come under the rubric of 'ageing with disability.' Using a sample of twelve community dwelling adults who were suffering from various disabilities, Yorkston et al (2010) examined their perspectives on the changes related to ageing and their disability. The results of the open-ended questions revealed that participants not only identified themselves with their disability group, but also with the duration of their disability. Furthermore, participants were less favourable at being identified by their age. One such participant was fearful of being treated as a 'number' and was determined to be viewed as still leading an active life. This is similar to the findings of Lundgren's (2010) study which found that inactivity was an important factor for which older adults did not want to be associated with. However, some participants did disclose a sense of positivity in regard to their identity, asserting that their overall lives were positive, and that their disability did not affect the most important aspects of their life.

In examining the issue of identity among older populations, what is preferred and what is excluded in the image of old age, as well as the interaction of disability, we can examine how a sense of dignity can be maintained in the face of negative stigmatisations and identity images. It is also important to consider how older people view dignity themselves. As such, Woolhead, Calnan, Dieppe, and Tadd (2004) conducted a study using qualitative methods, in which they determined notions of dignity from the older person's perspective. The results of the study found that dignity was most pertinent in how it affected the self and one's identity. As such, self-identity, self-respect and even the appearance of looking 'respectable; regardless of age, condition or income was of considerable importance. It was also found that dignity was compromised by suffering, particularly in relation to dying and care after death. Another theme which was found to be important in relation to dignity was the basic right of human dignity. The importance of individuality and equality was highlighted as

being important. Lastly, the capacity for independence and autonomy was a significant factor of dignity which mainly stemmed from a fear of being a burden to society. Based on these findings, it has been suggested that attempts at eradicating age-discrimination be made (Woolhead et al., 2004). Furthermore, more person centred care, and care aimed at increasing independence, privacy, communication and personal identity need to be implemented in order to maintain a sense of dignity and self-respect among older populations.

Another important facet in the lives of older adults is social inclusion and interaction. Disengagement Theory suggests that social relationships inevitably break down among the aged (Findlay, 2003), therefore leading to the reduced social participation and incorporation of elderly people into society. The barriers perceived to contribute to this lowered sense of social inclusion mainly include the concept of loneliness. In particular, the perception that in loneliness in old age is an abnormal phenomenon (Donaldson & Watson, 1996), the stigmatisation of loneliness and the compromising of personal interaction and inclusion for the sake of maintain professional relationships (Stanley et al., 2010). In loneliness affecting social interaction, it also has the potential to lower ones sense of wellbeing. Stanley et al (2010) investigated the issue of loneliness from the perspective of the elderly themselves. Using a qualitative approach, the authors recruited sixty older people in addition to sixty four workers from various support services and stakeholders. Because the study was conducted using a semi structured interview for the older participants, and focus groups for the workers, a more comprehensive set of data was able to be collected. The results of the study revealed that older adults understood loneliness from four dimensions. Firstly, loneliness is of a highly private nature. Older persons not only considered it to be subjective and personal, but also a source of stigmatisation and consequently shame. Secondly, loneliness was found to be linked with the quality of one's relationship with others. Of particular concern was the relationship older people had with their carer or support provider. Personal interaction was compromised for the sake of maintaining professional relationships. Thirdly, loneliness could be viewed from the dimension of connectedness. A feeling of belonging to others was identified as a significant issue. As a result, feelings of disconnection were linked with the thought that older persons were not needed in society. Therefore, loneliness affected their emotional wellbeing by affecting their place in the community and identity in society. Fourthly, loneliness was found to be situated in a temporal context.

The maintenance of a sense of dignity at the final stages of life was considered to be an important factor in the lives of older adults (Woolhead et al., 2004). It is therefore fitting to examine the end of life experiences elderly people would want to have. In a study conducted by Schrader, Nelson, and Eidsness (2009), it was found that elderly participants were willing to talk about death and openly discussed their fears about dying. In regard to end of life care, the most important wish was to be free of pain, followed by physical comfort and an awareness of medications that are available to treat pain. Furthermore, participants expressed a longing for visitations from friends and family in the end of life stages. The majority of participants also expressed a desire to stay at home, engage in some sort of life review, be at spiritual peace, and come to a sense of self worth in the final stages. The implications of such findings are particularly relevant for carers who can improve the quality of life of older persons in the final stages by initiating and encouraging discussion about death. Additionally, education programs for the elderly themselves informing them of medications and procedures that could reduce the level of pain can be made available.

References

- Donaldson, J. M., & Watson, R. (1996). Loneliness in elderly people: An important area for nursing research. *Journal of Advanced Nursing*, *24*, 952-959.
- Findlay., R. A. (2003). Interventions to reduce social isolation amongst older people: Where is the evidence? *Ageing and Society*, *23*, 647-658.
- Lundgren, A. S. (2010). "In the good old days": Insidious nostalgia and the constitution of old age identity. *Journal of Ageing Studies*, *24*, 248-256.
- Schrader, S. L., Nelson, M. L., & Eidsness, L. M. (2009). "South Dakota's Dying to Know": A statewide survey about end of life. *Journal of Palliative Medicine*, *12*, 695-705.
- Stanley, M., Moyle, W., Ballantyne, A., Jaworski, K., Corlis, M., Oxlade, D., et al. (2010). 'Nowadays you don't even see your neighbors': Loneliness in the everyday lives of older Australians. *Health and Social Care in the Community*, *18*, 407-414.
- Woolhead, G., Calnan, M., Dieppe, P., & Tadd, W. (2004). Dignity in older age: What do older people in the United Kingdom think? *Age and Ageing*, *33*, 165-170.
- Yorkston, K. M., McMullan, K. A., Molton, I., & Jensen, M. P. (2010). Pathways of change experienced by people ageing with disability: A focus group study. *Disability and Rehabilitation*, *32*, 1697-1704.