
Counselling the Elderly: Meanings and Ageing-in-Place

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Abstract: *Counselling the elderly involves empowerment and not merely control, especially older persons who are frail, chronically ill and functionally disabled. Ageing-in-place is one of the key and guiding strategies in addressing and meeting the needs of the elderly ones. This paper discussed the concept of elderly process of ageing, challenges of the elderly, ageing-in-place and presents an ecological approach to understanding the interaction between the elderly and their environments and its impact on ageing-in-place. The paper concludes with counselling the elderly group in order to enable them age well in ageing in-Place.*

Keywords: *Process of ageing, challenges, ageing-in-place, theoretical perspective, counselling*

INTRODUCTION

Counselling intervention programme for the agencies is a challenge in all its forms. But counselling the elderly group aims at preventing the onset of several depressions among the age group who need this service. Counselling therefore is not about control but empowerment. We know quite well that a weakened body does not mean a weakened mind. Counselling treatment to the elderly will then be only an affirmative if counselors are able to show respect to the elderly groups and also remain open and humble enough to learn from them as much as they can learn from the counseling practice.

Counselling could be offered at the hospital or in the clients' home or in the rest homes if the client's mobility is a problem. The client's can be referred by medical personnel or self referred. Counsellors should know that all people facing challenges as they age are never too old to learn new skills, change, grow insight and understanding or maintain good emotional health.

Elderly people are themselves used to getting on with life but we also believed that a skilled professional can be useful at times by helping them understand and deal with depression, reduce personal anxiety and stress, make their own decisions about issues they find challenging, improve their relationship with others, develop their sense of well being or come to terms with issues and events in their lives, such as relationships, the loss of a loved one or friends, living arrangements, memories that they live with, coping with the daily demands of life, anxiety or depression. Whatever the elderly are facing may be brought to the counsellor because no issue is too big or small to deal within counseling session.

All discussions should be confidential, except if there is any significant risk or harm to the client or any other person through information could pass from the counsellor following the express permission of the client concerned.

The concept of Elderly or Ageing

Age is not merely a biological function of the years one has lived, or of the physiological

changes the body has gone through during the life course, it is a product of the social norms and expectations that apply to each stage of life. Age represents the wealth of life experiences that shape whom we become. Though medical advancements has prolonged human life and old age now takes a new meaning in societies with the means to provide high quality medical care.

Many aspects of the ageing expenses depend on social class, race, gender and social factors (William and Willam, 2014).

Scholars in gerontology and social gerontology view ageing as not just the physiological process of growing old, but our attitudes and beliefs about the ageing process. Equally revealing is that, as the people grow old they define “old age” in terms of greater years than their current age (Logan, ward and Spitze,1992). However, some older adults even succumb to stereotyping their own age group (Rothbaum, 1983).

Some scholars define elderly as an issue of physical health, while others simply define it by chronological age. World Health Organization has no standard definition other than noting 65years old as the commonly accepted definition in most core nations and that a cut-off somewhere between 50 and55 years old for semi-peripheral nations like Africa (World Health Organization,2012). United Nation also has not adopted any standard criterion definition of age but generally use 60⁺ years to refer to the older population (personal correspondence, 2001). In Africa, the traditional definitions of an elderly person correlate with the chronological age of 50 to 65years, depending on the setting, the region, and the country. Though in Nigeria, actual birth dates are quite often unknown because many individuals do not have an official record of their birth date. So the chronological or official definitions of ageing can differ widely from traditional or community definitions of when a person is older. The ages of 60 and 65 years, are often used, despite it’s arbitrary nature for which the origins and surrounding debates can be following from the end of the 1800’s through the mid-1900’s (Thane,1978,1989; Roebuck, 1979).

In the developed world, a chronological time plays a paramount role. The age of 60 or 65 roughly equivalent to retirement ages in most developed countries, is said to be the beginning of old age. There, chronological time has little or no importance in the meaning of old age. Socially constructed meanings of age are more significant such as the roles assigned to older people. Though in some cases, it is the loss of roles accompanying physical decline that is significant in defining old age. In contrast to the chronological milestone which mark life stages in the developed nations, old age in many developing countries is seen to begin at the point when active contribution is no longer possible (Gorman, 1999).

Many a times, the definition of old age is linked to the retirement age, which in some instance, was lower for women than men. This transaction in livelihood became the bases for the definition of old age which occurred between the ages of 45 and 55 for women and between the ages of 55 and 75 for men (Thane, 1978).

From the literatures above, the people between the ages of 65 and above are designated as the elderly. Some articles reveal that no age limits are specified but that various ages from 50 up to 65 and above are referred to as the elderly. For this reason therefore, this paper is concerned with the people from 65 and above who tend to face ageing issues.

Elderly associates growing old with unstoppable physical decline and views any evidence of vitality as exceptional rather than the norm. In the ageing, it is not just the muscles and joints that are expected to fail them, but their mental capacities as well. Their pains tend to be treated with palliative drugs instead of probing for causes while those who suffer from depression are given anti-depressants and are rarely referred to counsellor for counselling.

Ageing problems pervade medical treatments but also in the way old people are nursed and spoken to. They also develop senility that is, hard in hearing or in shock. It is hardly surprising that neglect and disrespect in old age often produce the knock-on-effect of old people ceasing to behave in their worth as human beings. This internalized bias against themselves may find fertile ground in a person's inner world, already shaped by the rules of strictly disciplined upbringing. For instance, older women have not been encouraged to stand up for themselves and vaunt their abilities. Men in their own case have moulded their character to accord to social expectations of manliness and never giving into weaknesses. But when expectations fail away and society sees only failing straight, disempowerment is bound to follow. These people have no inbuilt mechanisms against discrimination.

Older men's ageing creeps up on them surreptitiously. Men do not feel different nor do they feel old, unless jerked into a sudden realization that other people perhaps even their younger friends and family perceive them to be in the old age category. They have no pride in age and no defence against it. The resultant effect however, is that they accept their ageing and internalize against attitudes with depression.

The process of ageing

As human beings grow older, they go through different stages of life. It is helpful to understand ageing in these stages since ageing is not simply a physiological process. A life course is the period from birth to death, including a sequence of predictable life events such as physical maturation and the succession of age related roles; the child, adolescent, adult, parent, elderly or aged. At each stage of life, as the individual sheds previous roles and assumes new ones, new situations are involved, which require both learning and a revised self-definition. Each stage also comes with a different responsibilities and expectations which vary by the individual's culture. However, some thing to "avoid" is, seeking medical and cosmetic fixes for the natural effects of age. These differing views on the life course are the result of the cultural values and norms into which people are socialized (Williams and Williams, 2014).

According to Riley (1978), the process of aging is a lifelong process and entails maturation and change on physical, psychological and social levels. Age, much as race, class and gender is a hierarchy in which some categories are highly valued than others. Pacher and Chasteen (2006), suggest that even in children, age pre- judice leads both society and the young to view ageing in a negative light. For instance many children look forward to gaining independence. This in turn, leads to a widespread segregation between the old and the young at the institutional, societal and cultural levels (Hagestad and Uhlenbery, 2006).

According to Whitbourne and Whitbourne (2010), each person experiences age-related changes based on many factors. Biological factors such as molecular and cellular changes are called primary ageing, while ageing that occurs due to controllable factors such as lack of physical exercise and poor diet is called secondary ageing.

After 50 years, many people begin to see signs of ageing when they notice the physical markers of age. The skin becomes thinner, drier and less elastic. Wrinkles form, hair begins to thin and grey. Men prone to balding start losing hair. The difficulty or relative ease with which they adapt to these changes depends in part on the meaning given to aging by their particular culture. For instance a culture, that values youthfulness and beauty, above all else leads to a negative perception of growing old. But, a culture that reverses the elderly for their life

experience and wisdom contributes to a more positive perception of what it means to grow old. The way people perceive physical ageing is largely dependent on how they were socialized.

Some impacts of ageing are gender specific. Some of the disadvantages that ageing women face rise from long-standing social gender roles for example, specific aspect of ageing is that mass-media outlets often depict elderly females in terms of negative stereotypes and as less successful than older men (Bazzini and McIntosh, 1997).

Ageing in men, the process and the society's response to and support of the experience are quite different. The gradual decrease in male sexual performance that occurs as a result of primary ageing is medicalized and constructed as needing treatment (Marshall and Katz, 2002). This keeps men to maintain a sense of youthful masculinity. Some social scientists have observed that the ageing male body is depicted in the western world as genderless (Spector-mersel, 2006).

Challenges facing the Elderly

Ageing comes with many challenges. The loss of independence is one potential part of the process, as are diminished physical ability and age discrimination. The term 'senescence' refers to ageing process, including biological, emotional, intellectual and spiritual changes. Many aged adults remain highly self-sufficient, others require care and because the elderly no longer hold jobs, finances can be a challenge. In some cultures, older people can be targets of ridicule and stereotypes. They face many challenges in later life but they do not have to enter old age without dignity.

Ageism can vary in severity. The attitudes of the elderly in relation to patronize can be offensive. When ageism is reflected in the work place, in health care, and in assisted-living facilities the effects of discrimination can be more severe or feel a lack of power and control in their daily living situations.

In the early societies, the elderly were rejected and revered. Then many industrial societies observed gerontocracy, a type of social structure wherein the power is held by a society's oldest member. Today, in some countries, the elderly still have influence and power and their vast knowledge is respected.

In many modern societies, changes happened not only in the workplace but also at home. In agrarian societies, people cared for their aged parents. The oldest members of the family contributed to the household by doing chores, cooking and helping with child care. But as economics shifted from agrarian to industrial, younger generations moved to cities to work in the factories. The elderly began to be seen as an expensive burden. The elderly do not have the strength and stamina to work outside the home. So today, it is a common place that the elderly people are living apart from their grown children.

The concept of aging- in- place:

Aging-in-place according to Lecovide (2014), has many dimensions that are interrelated: a physical dimension that can be seen and touched like home or neighborhood, a social dimension involving relations with people and the ways in which individuals remain connected, which has to do with a sense of belonging and attachment and a cultural dimension which has to do with older people's values, beliefs, ethnicity, and symbolic meanings. Thus the home-space is not just a physical setting of residence but it enables the older person to preserve life history meanings through which a social identity can be preserved even when the older person becomes

chronically ill or disabled. From this view, the home reflects an extension of the self, individualization, enabling preservation of integrity of the self and promoting a sense of personhood (Gitlin, 2003).

The term Aging-in-place is relatively new in gerontology and has many meanings (Pastalan, 1990), and has been defined as, remaining living at home in the community with some level of independence (Darey, Cranesg and Matthew, 2004). The literature on aging-in-place is all about how the home can be made more functional and less risky for the older adults by providing various home aids to help with various aspects of daily life. The idea is that as older people become increasingly frail, they can safely stay in their homes as long as they have appropriate supports and services. According to Cutchin (2003), it is often used to denote the policy ideal of being able to remain at home while aging and maintaining independence, privacy, safety, competence and control over one's environment (Dyck, Pia, Jan and Patricia, 2005). This suggest that the homes of older people are increasingly becoming spaces of consumption of short and long term care provided by medical professionals, counsellors and other lay care givers, thus blurring the boundaries between private and social space, because the provision of care requires some intrusion into privacy (Dyck, Pia, Jan and Patricia, 2005).

The term place relates not only to the older people but also to his community through family members, friends, neighbors, religious congregations or service agencies. Gilleard, Martin and Paul (2007), in their longitudinal study found out that as people aged, their residential mobility decreased and they felt more attachment and belonging to their community. Lawton (1985), o- pine that many sociologists and environmental gerontologists argued that advanced age brings increased attachment to place and to the social and physical environment. This points out the importance of neighborhoods as, people age, particularly in terms of accessibility to local services and amenities.

A mere complex perceptive of this concept relates to the dynamics and changes that older persons undergo in their interactions with their environments that hinder their integration in their environment. Changes such as functional decline might be long term, or day to day such as variation in health conditions or mood. These problematic situations can result in activities that are aimed at attaining the re-integration between person and place (Cutchin, 2003).

Theoretical perspectives:

Environmental gerontologist asserts that as people grow old, they increasingly become attached to the place where they live, but concurrently become more sensitive and vulnerable to their social and physical environment (Lawtom, 1977; Lawton and Nahemow, 1973). Rowles (1978, 1985), developed a theory of insideness to conceptualize attachment to place, related three dimensions:

1. **Physical insideness-** which means living somewhere for long period of time and developing a sense of environmental control by creating an idiosyncratic rhythm and routine;
2. **Social Insideness-** which relates to the social relationship that the person develops with others and it is therefore known as knowing others.
3. **Auto-biographical Insideness:** relates to older people's attachment to place because of the memories they have that shape their self identity.

When older people have strong ties to a place, they also feel more mastery; more secure and have a positive sense of self.

The ecological theory of aging developed by Lawton and his colleagues assert that environmental influence increases as the functional status of the older person decreases. The competence-environmental press model introduced by Lawton and Nahemow (1973) asserts also that an interaction between personal competences, social and physical environmental conditions determine the extent to which a person will be able to age-in-place. According to this model, there is a need for a fit between the personal competences and environmental press that can result in positive outcome, while a mismatch can result in poor adaptation (Lawton 1989). Though adaptation in older age, reflects the interaction between personal and environmental characteristics.

Counselling the Elderly Group:

The elderly are inactive, unemployed, docile in putting up with loneliness, rip-offs of every kind and boredom and able to live on a pittance. They are slightly deficient in intellect and tiresome to talk to anyone, asexual because old people are incapable of sexual activity. So, some credit points could be gained by meeting or being nice to those elderly individuals though most of them prefer the company of other aged unfortunates.

Ageism associates growing old with unstoppable physical decline and views any evidence of vitality in older people as exceptional rather than the norm. Not only joints and muscles but also mental capabilities are expected to fail them. Elderly people's pain tend to be treated with palliative drugs instead of probing for causes, while those who suffer from depression are given anti-depressants and are unlikely to be referred for counselling.

Counselling the elderly thus require patience to watch people slowly doing tasks for themselves which could be more quickly got through by those caring for them. The counsellors should overcome their own prejudiced attitude of regarding the elderly as different species. This is because the problem of childhood and the adolescences are not intrinsically the same as those of adulthood, but specific to the elderly, often relating to how a person copes with transitions.

Getting old has much in common with reaching adolescence in that it involves moving to a further stage in one's life span. So instead of growing up and embracing new experience, the elderly continued growth may best be achieved by integrating the various strands of a life-time knowledge and working towards the wisdom that can be derived from the changes and trials that had to be passed through. Part of the counsellors duties here will be helping the elderly to let go of ego centered desires and become aware of valued parts of the self that can be passed on to future generations. All of these should be viewed in a positive light, because there is still growth before death, and even in a shrinking future, there is room for hope.

Transitions invariably results in loss. For instance in retirement, bereavement, loneliness, parental role, declining health, failing memory, unresolved conflicts and facing the reality of death. Adjusting to transitions, accepting loss, and eventually letting go of the future, are all problems that face the elderly. Resilient old people who are able to overcome these problems seem to achieve serenity.

However, it is vitally important that counsellors accept those ageing clients as

individuals, and help them to reject the 'ism' that reduces them to stereotypes. This is because many ageing people are trapped into perceptive patterns and counselling should help them understand better what old age is in their own experience rather than what elderly stereotypes tell us old age should be.

Counsellors need to watch the balance of power between them and their elderly clients, individuals who are sometimes, though not always, physically frail even a little slow, but are not children and should not be treated as such. Counsellors should remember their seniority in experience as well as in years and to respect the authority that used to be theirs both at work and in the home. These people who were brought up to esteem their elders, now in our changed environment, their younger helpers treat them in such a free and easy manner that perhaps they are missing the respect they hoped to have earned in their old age.

They now, look up to their counsellors as experts, not knowing quite what to expect but hoping that some of their problems can be solved. The counsellor therefore needs to look into him or herself to do his/her best to root out any trace of prejudice that he/she may have absorbed from the ageist society.

The counsellor should try to imagine himself or herself in the elderly client's position-remembering that it will be his/hers one day-and adapt him to the older way of being. The counsellor should avoid calling the elderly client by his first names, unless or until, the client gives permission. To an elderly, using his first name in counselling sessions, may give a different message, that of being "talked down to". Addressing any of them as "Love" or "Dear" is equally unacceptable.

In developing client-centered therapy, Carl Roger (1978) introduced the idea of therapists as quiet revolutionaries; providing opportunities for client's self-ownership; and encouraging individuals to rely on their personal power in making decisions, rather than on outside authority. In this way, counselling could be seen as working subversively against the established order.

There is also the assurance of confidentiality as one of the most important boundary issues. The counsellor should also acknowledge his/her limits to explain how and why they have been developed as part of the settings and context in which the counsellor works and explore together with how much freedom of choice can be enjoyed and how much power realistically belongs to the elderly client.

Sometimes, it looks as though old age is all about loss and with a severely depressed client, the counsellor may get caught in a downward spiral. The negative side of empathy is that the counsellor takes on the old person's problems as his/her own and there seems no escape from increasing weakness, fatigue and pessimism. What the counsellor will do is to counsel the client to help him/her bring the past into the present with the acknowledgement that he/she can no longer hope to save the world but may within realistic limits work towards lesser goals that are still worth pursuing.

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