
What is ageing? A brief introduction¹

Ageing is normal. In the process, the body's cells gradually become depleted because those that deteriorate are not replaced. There are distinct physical changes which occur as we get older. These changes, on their own, do not lead to ill health. The extent and effect of the changes will vary greatly between individuals.

An elderly person can expect some or all the following:

- to need less sleep
- to need less food (but will still need nutritious food)
- to have difficulties with digestion (can be improved significantly by correct diet)
- to be more susceptible to infections (depending on how healthy the person is)
- to be less strong (can be negligible in a fit and healthy person)
- to be more forgetful of recent events (not to be confused with Dementia)
- to take longer to work out complex problems
- to have difficulties with sight or hearing
- to want less fluid and/or to have difficulty excreting fluid. At the same time, a normally ageing person does not necessarily:
 - become incontinent
 - become senile or demented or stop functioning sexually
 - get sick a lot or be ill all the time
 - feel depressed, useless or lonely.

Although some loss of memory is normal in an ageing person, it does not indicate dementia. There are different conditions which cause dementia, the most common being Alzheimer's Disease, which affects 5% of people at age 65, and 20% of people over 80.

Ageing is a normal part of the life cycle. It is not a disease and most aged people live full, independent lives. However, many diseases and debilitating conditions occur more frequently in older people. These conditions should be recognised and treated, not accepted as 'just part of growing old'.

Some physical aspects of ageing

Symptoms of ageing

Kirkwood² states that symptoms of ageing include:

- weakened immune system, with a greater tendency to contract seasonal infections, viruses and other illnesses;

¹ Material in this section is quoted and adapted from *Ageing*, n.d., Carer Support – an Australian Government initiative (Australia), and ² Kirkwood, Neville A. 2005, *Pastoral Care to the Aged*, Morehouse Publishing, Harrisburg, PA, p.3.

- greater likelihood of developing heart disease and cancer;
- adverse changes in body mass and muscle tone; failing memory, learning and ability to change and manage new situations; and,
- changes in sensory organs: touch, hearing, sight, taste and smell are less acute, slower and weaker to respond and function.

Age brings a natural deterioration of the body. The signs that accompany it often reflect the kind of lifestyle lived in earlier years:

- too much sun and sand earlier can lead to skin cancer
- inadequate exercise and poor diet can lead to overweight and potential heart failure, dangerously high cholesterol levels (and consequent stroke), and also diabetes and possible amputations
- sports injuries can lead to bone and muscular deterioration and poor mobility
- back and other injuries through work or unguarded activity (e.g. lifting a heavy weight incorrectly) can lead to arthritis in the joints
- insufficient calcium (diet) and also inadequate care after menopause can lead to osteoporosis. This in turn can lead to an increased likelihood of hip and limb fractures.

There are many other signs of ageing that are simply the result of the inability of the body to replace weary or dead cells.

- The simple weakening of the immune system can lead to increased incidence of cancer. One of the most common kinds of cancer in men is prostate. Some 10,000 men are diagnosed with prostate cancer every year in Australia.
- Older people become physically smaller.
- Older people are slower to move, to bend, to get up.
- They may have impaired sight – they need more light when they try to read the card you brought.
- They may have impaired hearing – they may ask you to repeat what you have just said.

Another physical deterioration that has mental implications is the decrease in the size of the brain. The implications of this, among other things, is increased forgetfulness – remembering a person's name, forgetting what we were going to put on the shopping list, and then forgetting to take the list to the shops anyway!

Some psychological aspects of ageing

Psychology refers to the mind, emotions and personality. In this Part we cover a number of psychological aspects of ageing, including emotions, personality and some mental health issues. Immediately below are some general 'mind' issues that may relate to an ageing person. There may be:

- anxiety about possible or actual illness

- a sense of shame and disgrace when some things that have been part and parcel of their life - neatness, cleanliness – become ‘tatty’
- a fear of memory loss (and embarrassment)
- loss of excitement experienced in their active, younger life. Perhaps he/she was a good administrator, social leader. Now, there is no opportunity for a leadership role or to continue with accepting responsibility.

Emotions

When an older person needs to move to an aged care home there may be considerable emotional upheaval. It is helpful for their friends and family to be aware of both the positive and negative aspects of such a move.

Positive

Entry to an aged care facility or retirement village leads to lifting of a heavy burden because:

- difficulty of maintaining a tidy home, having to depend on others to help with shopping and other household chores has now gone
- no obligation to feel bad about charity because now he/she pays for services
- lonely hours of boredom have gone because there is now company
- routine of home is now varied
- if previously living with a relative, the instructions associated with the relative’s absence (‘use the hot water in the thermos, don’t boil the jug’) are now no longer necessary
- they forgot their medicine when living alone and suffered because of it. The aged-care facility takes care of this
- they don’t need to worry if they die in their sleep because ‘no one would find out’.

Negative

Entry to an aged care home or retirement village may lead to a loss because:

- the move means abandoning their home with all its independence and memories, and perhaps, their pet there may be anger that they are unable to look after themselves as they once did
 - there may be despondency as they think that the aged-care home is the last place before the grave. They become fearful of the potential for dementia or disability
 - while the aged-care home may result in social contacts they may not be the same as their family and friends they used to have
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- some fears can be justified. Not all aged-care homes have staff who give absolute individual attention, and maybe the staff talk down to them: 'Have we taken our medicine today?'
- some personal privacy that they had at home may be lacking where some staff or visitors may not knock before entering, or private conversations (medical, family or financial issues) may be overheard by other residents. (Sometimes other residents have nothing else to do but listen to someone else's conversation because they do not have the frequency of visits that others do.)
- maybe the food is not 'as I used to cook it'.

Some social aspects of ageing

Culture

The simple issue of this section is to help you understand that the older people visited may not be Christadelphians (neighbours, former work colleagues, residents in an aged-care facility) they may have quite a different cultural background to yourself. It is helpful to understand some of this background.

Here are some introductory points to consider.

- Concept of old age is different from culture to culture.
- Their religious and spiritual culture may be non-Christian.
- It is possible that people of different ethnic cultures may have a Christian orientation; they may maintain elements of their ethnic culture while embracing Christianity.
- Many indigenous Australians have a strong ethnic and culture identity.
- Culture is not just ethnicity. Anglo-Saxon people may be Buddhists; Jews may be Christian; People from the Philippines may be Christian; Indonesians may be Muslims.

Cultural traditions

- In many cultural groups the family is the main source of security.
- Rituals provide a structured pattern of behaviour and give comfort.
- Migration from the country of their birth cuts off many support systems.
- Initially, migrants lived in conclaves but seeking for work has resulted in many moving away from their cultural support base.
- The elderly, particularly, find that they are left behind without their cultural support base. In some instances, they are unable to speak English adequately.

Today's Australia

- Religious adherence is generally not as strong as it used to be. Many people are less likely to accept life-after-death and there is greater reliance on counselling for remembrance of a person's life achievements.
- There is a greater reliance on individuality of spirit.
- Death is relatively private in Anglo-Saxon society, as distinct from great public outpouring of emotions in other cultures.

- Children's involvement in the dying and grieving process is less prevalent in people of Anglo-Saxon origin.
- Funeral arrangements are often handed to other people or professionals. Whereas, in other cultures dying people are often surrounded by their family. The community assists in funeral arrangements and there are often highly ritualistic processes.

To assist someone from another culture, we must set aside our own beliefs and seek to understand the needs of the other person. Some concept of basic tenets of other cultures and religions will assist us, but we must resist the urge to categorise. Provision of material in different languages or provision of an interpreter may assist, but these do not address issues of individuality nor the importance in some cultures of a person's place in the societal stratum.

We must seek to learn about the beliefs of the person before us. We should try to gain an understanding of the depth of those beliefs and we should learn whether their religion is more important than other aspects [of] their culture ... These factors may impact on how we treat or support the person and their family.³

Other social considerations

It has become increasingly recognised that social experience is an important part of ageing. There have been two ideas about social aspects of ageing. One suggested that as people become older they want to have less and less to do with other people. They withdraw from the sort of contacts they had earlier in their life. Some aspects of this idea are:

- as people get older they have less to do with others as others have less to do with them
- they have fewer and weaker emotional ties with others
- they show a decreasing interest in world affairs
- they become more self centred and self occupied.

The other suggestion is that the more older people are active, the more they will gain life satisfaction. (This is sometimes known as *active ageing*. One aspect of this is that it is important to either encourage older people to continue the activities they once had, or find replacement activities.

It is an advantage to combine functional ability and social participation in the description of quality of life in old age, as 1) a high social participation may compensate for a poor functional ability, and vice versa, 2) the combined measure is meaningful for both sexes, and 3) it gives more information than the two concepts used as separate outcome measures.

The quality and density of a person's social network is more important than the number of people in the network.

³ Taylor, Andrew and Margaret Box, 1999, *Multicultural Palliative Care Guidelines*, Palliative Care Australia, p. 13.