Ageing

Health Psychology (CMED2006)
LKS Faculty of Medicine
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Learning Objectives

At the end of the lecture, student should be able to

- Differentiate between the four social theories of ageing
- Apply the “dependence—support” and “independence—ignore” script to explain and encourage different behaviours
- Suggest ways to encourage successful aging

Part 1
The Ageing Process

Introduction

Name 3 words that you think are associated with old age

Positive & Negative Stereotypes of Old Age

Ill-tempered, stubborn and bitter

Quiet, timid and naïve

Slow-thinking, incompetent and senile

Depressed, hopeless and lonely

Active, sociable and independent

Loving, wise and kind

Effects of Stereotypes

Age stereotype – a set of widely held beliefs about the characteristics of older people

May result in uniform treatment (e.g. social interaction) of older people regardless of their own characteristics

Possibility of self-discrimination & negative sense of well-being

Physical Development & Functioning

Old age is associated with a decline in bodily function – but most people are able to maintain active & independent lives

More assistance may be needed – considering ADL (Activities of Daily Living, e.g., toileting & dressing) and IADL (Instrumental Activities of Daily Living, e.g., preparing meal & shopping)

Maybe some decline in information processing

Prevalent chronic conditions & disabilities

Chronic health conditions in >60 year old in HK in 2000

Hypertension (47.2%); Arthritis (40.6%)

Eye diseases (23.9%); Diabetes mellitus (20.9%)

Disabilities in >60 year old in HK in 2000

Seeing difficulties (5.5%); Hearing difficulties (4.3%)

Mental illness (1.4%); Speech difficulties (0.5%)

Primary vs Secondary Ageing

Primary Ageing (Biological Ageing)

Genetically influenced declines that affect all members of our species; take place even in the context of overall good health

Secondary Ageing

Declines due to hereditary defects and negative environmental influences (e.g. due to poor diet, lack of exercise, disease, substance abuse, environmental pollution and stress)

Tool 86: Primary vs Secondary Ageing

A person's behaviour and condition might be explained by the effect of either primary aging and secondary ageing

Primary ageing take place regardless of good health

Secondary ageing is the results of genetics, pathological, behavioural, and environmental reasons – so maybe modifiable

Part 2
Social Theories of Ageing

Introduction

In your experience, do older people continue to be socially active?

What are the factors that affect whether they remain socially active? Are there ways to encourage them?

The following social theories of ageing are attempts to explain why older people remain socially active or not

Disengage versus Engage

Many older people tend to disengage from the society (i.e. no longer actively participate in social activities)

Other older people continue to engage with the society; but given their more limited time and energy, they may be much more selective in how they engage with the society and who they engage with

Reasons for being Disengaged

Disengagement Theory

Mutual withdrawal by the elderly and society in anticipation of death, so that their deaths are not disruptive to society

Activity Theory

Elderly still desire to be active, but barriers and obstacles in society account for elderly's withdrawal

Reasons for Engaging differently

Continuity Theory

Elderly strive to maintain consistency between their past and anticipated future; using familiar skills and engaging with familiar activities and with familiar people

Social-Emotional Theory

Elderly emphasize the emotion-regulating function of inter-action, preferring high-quality, emotionally fulfilling relationships

Tool 87: Social Theories of Ageing

A older person's behaviour in terms of engaging with the society can be explained by the 4 social theories of ageing

Disengagement from the society could be the result of lack of desire to engage (disengagement theory) or barriers (activity theory); Engagement might be highly selective based on continuity and social-emotional quality

Part 3
Patterns of Interaction

Introduction

If you personally know any older people, try to recall how their children interact with them (i) when they are in good health, and (ii) when they have an injury / illness

Similarly, If you have been to a ward / nursing home with older patients inside, try to recall how medical staff interact with them (i) when they are well behaved, and (ii) when they are badly behaved

Scripts of Interaction

Scripts are standardised or repeated patterns of behaviour that are being followed by individuals (similar to a script of a drama)

A simple script that we all know is the standard interaction of ordering food in a fast-food restaurant

A: I want [name of food / set meal] please.

B: Thanks. That's [so many] dollars.

A: Octopus, please.

Two Scripts of Interaction

The script of interaction we see all the time between caregiver and those in their care are:

Dependence—support script

Independence—ignore script

Dependence—Support Script

Dependent behaviours being attended to immediately

When someone is showing that they are in need (e.g., of help), they are likely to receive attention (e.g., support & help)

Assuming that the person likes attention, this reinforce the display of the dependent behaviour

Independence—Ignore Script

Independent behaviours being ignored

When someone is showing that they are do not need help, they are likely to be ignored (i.e., not given attention)

If the person dislikes being ignored, this punishes the display of independent behaviour; if the person likes attention, this still does not reinforce the independent behaviour

Operant Conditioning (Recap)

If you remember, operant conditioning refer to the process by which behaviours are shaped by reward and punishment

Reinforcement → increase

Punishment → decrease

When a behaviour and a reaction are repeated again and again, it could become a script

In a Ward...

If the elderly is complains a lot / demands a lot / cannot do a lot of different things, he/she is likely to receive support and response from medical staff (Dependence—Support script)

An elderly who can perform all tasks by himself or herself usually do not receive much help or contact from medical staff (mostly because medical staff are so busy all the time)(Independence—Ignore script)

Applying to Other Care-givers & Cared

One can also observe these 2 scripts with

Children with aging parent

Parents with multiple children

Teachers with many students in their class, etc.

A Way Out

It is often difficult to avoid attending to people who are dependent – especially those under our care

In order to avoid or escape the script, we want to encourage independent behaviours

By positive reinforcement – i.e. reward and praise individuals after they exhibit independent behaviours

Tool 88: Two Scripts of Interaction

A person's behaviour towards another (esp. those under the care of the person) might be explained by two scripts of interaction

- Dependence—support script where dependent behaviours are rewarded and thus encouraged
- Independence—ignore script where independent behaviours are not rewarded and thus not encouraged

Note that these scripts are not limited to healthcare settings

Part 4
Ego Integrity

Name of Stage / Conflict (Age)	Virtue	Developmental task
Trust vs Mistrust (0-1)	*Hope*	*Develop close relationship with mother*
Autonomy vs Shame & Doubt (1-3)	*Will*	*Make one's own decision*
Initiative vs Guilt (3-6)	*Purpose*	*Imagine and try who one will be*
Industry vs Inferiority (6-12)	*Competency*	*Learn at school and develop a sense of competence*
Identity vs Ego Diffusion (12-19)	*Fidelity*	*Search for identity*
Intimacy vs Isolation (20-40)	*Love*	*Develop intimate Relationships*
Generativity vs Stagnation (40-65)	*Care*	*Concerns for welfare of next generation and society*
Integrity vs Despair (65-death)	*Wisdom*	*Look back at one's life and accept what one has achieved*

Erikson's 8th Stage: Integrity versus Despair

Look back at one's life and accept what one has achieved

Virtue: Wisdom (Coming to terms with one's life; a concern with ultimate human values; awareness and management of the uncertainties of life)

Negative Result of Erikson's 8th Stage

Regrets for many wrong decisions, yet time is too short to find an alternate route to integrity; overwhelmed with bitterness, defeat, and hopelessness, anger, contempt for others

3 Components of Ego Integrity

Body transcendence: emphasizing the compensating rewards of cognitive/emotional/social adaptive skills to surmount physical limitations;

Ego differentiation: finding other sources of self-worth for those who had invested heavily in careers/children;

Ego transcendence: face the reality of death constructively through efforts to make life more secure, meaningful and gratifying for younger generations

Reminiscence as a Way to achieve Integrity

Calls up past experiences with the goal of achieving greater self-understanding

Can be self-focused, other-focused (to achieve social goals), or knowledge-based (use past experience to solve problems and teach younger people)

Tool 89: Reminiscence

A person's behaviour might be explained by the fact that they are trying to reflect on their past in order to achieve greater self-understanding

Reminiscence can be self-focused, other-focused, or knowledge-based

Part 5
Successful Ageing

Successful Ageing

Successful ageing might include the aspects of:

Health – life-course approach

Mental activity – engage in simulating activities

Social engagement – remaining socially active

Productivity – remain productive (maybe by volunteering)

Life satisfaction – adjust expectation

Nursing Interventions to Assist Elders

Promote reminiscence; Listen to their concerns

Encourage them to maintain & establish roles & relationships

Offer maximum opportunities for decision making

Build on their unique interests ands skills

Selective Optimization with Compensation

An older person might be quite selective in how to spend they time and energy, but there are still other things that they can do to get more from their own life – and there are definitely things that we can help

Selective – (Goal setting) – narrowing the goals and limiting the domains in which we expand effort

Selective Optimization w/ Compensation

Optimization – (Achieve desired outcome) – finding ways to enhance the achievement of remaining goals or finding environments that are enhancing

Make sure that their effort achieve maximum return – e.g. strategies to achieve goal, motivational support, adding value to the goal

Selective Optimization w/ Compensation

Compensation – (Substitution of utilization of resources) – compensate a loss by finding another means to an end

When a loss (of abilities, of family and friends, of social connection, of financial capabilities etc) affect how they might achieve their goals, an alternative might be found – possibly with the help of the healthcare and social care system

Tool 90: Selective Optimization + Compens.

A person's behaviour might be explained by them selecting personally valued activities to optimize returns from their diminishing energy, while finding new ways to compensate for losses

At the same time, we can use this as a strategy to help older people to achieve their goals – by helping them to set realistic goals, help them to optimize, and provide/suggest compensations

Part 6
Explaining Behaviours

Scenario 1

Justin (8) and Justina (7) are siblings. They are both studying in primary school, and both are very hardworking. However, Justin is stronger academically, and so their parents never need to double-check his homework. On the other hand, Justina often makes mistakes in her homework, and therefore their parents always spend one hour per day sitting with her, checking her work and teaching her. Justin is a bit jealous about the amount of time their parents spend with Justina instead of him. (Note that similar situations can also happen with children of aging parent, teachers with many students in their class, hospital staff with in-patients, et cetera)

Scenario 2

Josephine, 70, is a recently retired nurse. For the past 30 years, she worked in a small clinic of a family doctor. Even though she is no longer working, she has developed a strong emotional tie with the neighbourhood, and she really wants to continue contributing to it.

Apart from not knowing where to start, she is also troubled by the fact that her car recently broke down. She is not sure it is worth fixing it up – but she also worries that without a car, she would have a lot of trouble traveling and attending social activities.

Part 7
Behvaioural Change

Case 18

Canice, 75, is a retiree living with his wife. He enjoys good health all his life, but recently started to have trouble walking long distance or up steep slopes.

Hiking and photography have been his hobby since he was a teenager, and he has been planning to travel to Yunnan province with his friends to take picture of the Himalayas. He is worried that the endeavor might be too much for him, but he really wants to go.

He is asking you for advice – specifically about health status and illness prevention, but also more generally about how to spend his retirement in the most fruitful way.

Part 8
Conclusion

Conclusion

- Primary ageing versus Secondary ageing
- Social theories of ageing
    - Activity vs Disengagement
    - Continuity & Social-Emotional
- Dependence—support & Independence—Ignore scripts
- Successful aging
    - Reminiscence & Ego-integrity (not Despair)
    - Selective optimization with compensation

Reading / References

- Boyd, DR & Bee, H (2019). Lifespan development (8th ed.). Chapter 18 Social and Personality Development in Late Adulthood. Boston, MA: Pearson.

~ End of lecture ~