

**Understanding
the Professional & Personal
Needs of
Elderly Clients:
A Meaningful Journey through the
Retirement Years**

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On Retirement

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"IT'S YOUR FIRST DAY OF RETIREMENT, BOB. RELAX,
YOU'LL GET USED TO IT."



*It's nice to get out of the rat race, but you have to
learn to get along with less cheese.*

Gene Perret

Where I am coming from..

- ❖ Basic Gerontology is important in counseling
 - Clients with issues related to elderly people – not just the elderly clients but people around ~ children or spouses affected by
 - Counseling the elderly = geriatric counseling
 - Grief, Loss and Bereavement Counseling
 - Career Counseling
- ❖ Basic understanding is crucial in order to provide better assistance affected clients(individual or group counseling or any psycho-educational programs with elderly population)

Reasons for conducting research / FGD

- ❖ To identify similarities and differences between the findings in the existing literature and the actual local context related to issues among the elderly.
- ❖ To conduct needs analysis on the target group as part of the preparation for Support Group Proposal for the retired Elderly with grief and loss issues
- ❖ To involve the elderly as the Resource persons

When you retire, you switch bosses - from the one who hired you to the one who married you. 3

Fariza Rais© 11/01/11

Gene Perret



In this section..

- ❖ **Share selected (highlights) findings of a study on understanding issues and concerns of elderly clients in counseling**
- ❖ **Share practical strategies with Helping Professionals/care givers in order to provide better assistance to the elderly (clients/patients) with grief and loss issues**

Age is an issue of mind over matter. If you don't mind, it doesn't matter.
Mark Twain

Content

- ❖ *Selected Research findings ~ Life experiences of the elderly after retirement*
- ❖ *Major issues among the elderly identified*
- ❖ *Brief understanding of Grief and Loss (affecting us and the elderly)*
- ❖ *Ways to be a better helper or carer/ care giver to the elderly*



My Research ~ Focus Group Discussion: Psychological Risks

Pre-group: Housekeeping

- ❖ Potential family issues to surface when sharing stories related to families.
- ❖ Prepare for the needs for individual counseling
- ❖ Human subject consent for research participation;
 - Group Counseling Membership Contract and;
 - Informed Consent for group & individual interviews
 - Informed Consent for audio and video taping.
- ❖ All subjects signed a written consent & membership contract

Don't worry about avoiding temptation ...As you grow older, it will avoid you.
Winston Churchill



Research Questions

- ❖ What are the experiences of the elderly in the process of creating meaningful retirement years?
- ❖ What are the challenges they have faced upon retirement?
- ❖ How do they cope with those challenges?
- ❖ What kinds of support do they need that will help them make a better transition to retirement ?

Interview Protocols

- ❖ How have retirement experiences been for you?
- ❖ What have changed since the retirement?
- ❖ How do you keep yourself occupied with activities? What are your typical days?
- ❖ What are activities you enjoy most doing now?
- ❖ How do you make your life as a retiree become meaningful?
- ❖ What are your major satisfactions in life?
- ❖ What are typical issues faced by retirees? What are the challenges faced by elderly people now? What are the limitations? How do you accept & cope with them?
- ❖ How have you expectation about retirement fully met?
- ❖ If you can turn back time, what would you do differently?
- ❖ Any regrets/wished you could have done better or differently? Any unfulfilled wish/dream? How do you come to terms with unfulfilled dreams?
- ❖ What support retirees need from people around?
- ❖ What kinds of support, privilege, facilities, etc that the government could provide to facilitate the needs of the elderly people?
- ❖ What are your advice to other retired elderly people for them to have more meaningful golden years.



FGD Procedure

- ❖ Intake session
 - Demographic info
 - Pre-group questionnaire
- ❖ Pre-group briefing & Introduction
 - Introduction/research
 - Human subject
 - Group housekeeping
 - Ground rules/contract
 - Informed consent
 - Confidentiality issues
- ❖ Ice breaking & *Taaruf*
- ❖ Sharing the retirement experience

Results: Profile of Participants

Group 1

- ❖ Participants Aged 56-70
- ❖ Government servants & government agency (for grp 1)
- ❖ Recruited 3 males & 3 females ~ snowballing techniques
- ❖ All participants work part time after retirement
- ❖ All on pension scheme, only one with EPF
- ❖ HF & AG: Single Mothers (Spouses deceased)
- ❖ AAS, ET, AR (except SS) live with spouse only.
- ❖ None have domestic maid except AG
 - HF 56, experienced painful divorce earlier in the marriage. 20 years later remarried. Spouse died a year later. 3 sons (1st marriage) 1 daughter (2nd marriage), 7 grandchildren
 - AG 56, husband died sudden death at 47 yrs old. Had a son now 24.
 - SS 56, 2 children both married and stay together. 1 grandchild
 - ET 68, remarried after death of first wife. 1 son and 2 daughters with 11 grand children (frm 1st marriage)
 - AAS 70, 3 daughters with 6 grandchildren
 - AR 70, 2 daughters (1 deceased –cancer) and 1 son with 2 grand children

Stories Shared.

Highlights of Stories

❖ Retirement is viewed as:

“Opportunity to do things I want to do” (AG)

“Do things people want me to do beyond my job scope – to share my expertise at large” (AR)

“So happy & enjoy the time, spend time with family (visit kampong)” (SS)

“enjoy my first 3 months, I loved to cook and cooked for my children, feel so free, picking up gardening, got a maid to assist, involved in the surau activities, (HF)

❖ Making a switch ~ Getting a job to occupy free time

❖ SS : *“After 3 months, feel too much free time, wasting time, cognitively deteriorated – take too much time to write simple thing like letter. Accept the offer to work as lecturer at IPTA (contract)”*

❖ HF: *3 months later, Life is becoming boring, lonely –no activities, kids not home and no one to talk to. Felt left out. Losing the power interact with people. Looking for a job in the newspaper.*

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“Did he just retire?”

What they do..

Ageing

Related Functional Decline

**“When I was young,
I thought that money was
the most important thing in life;
now that I am old, I know it is”**

Hearing

- Reduced sensitivity to high frequencies may not hear warning.

Motor

- Reduced grip strength and flexibility (difficulty in using a mouse).
- Slower reaction time (it is easier to beat grandma than cousin in games)

Attention

- Less ability to have divided attention (minimize irrelevant material in design).
- e.g., pretty borders, flashing images, unless they are important).

Memory

- Episodic memory is impaired while semantic memory remains relatively intact.
- Language comprehension improves more affected by interference in LTM (apply design consistency).
- Working memory deficit & forgetting (recognition rather than recall).
- Slower processing (allow user control on time sensitive content).

- ❖ Changing of Plan as Meanings of Happiness redefined & modified
- ❖ Coping with boredom & loneliness
- ❖ Having to make decisions in later life
- ❖ Dealing with frustration, unfulfilled wishes & expectations
- ❖ Focusing & reinvesting in more meaningful activities
- ❖ Focusing on oneself & families
- ❖ Getting good support system
- ❖ Motivating & supporting spouse's activities & interests
- ❖ Being assertive on declining children request
- ❖ Getting involved & active in social activities & recreations



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Their Feelings Explored..

Ageing...

Related function decline

"When I was young,
I thought that money
was the most important
thing in life; now that
I am old, there are more
other important things."

Hearing...

"I cannot hear clearly"

Motor skill...

"I have trouble holding
something in my hand"

Attention...

"I cannot focus on
something for a long time"

Memory...

"I tend to forget thing"

- ❖ Happy with their chosen activities in life, despite painful life event
- ❖ Happy with the skills, confidence & empowerment in them - in control of their own life & decisions
- ❖ Love & enjoy the freedom to do things on their own
- ❖ Appreciated when skills and knowledge/ expertise needed & utilized


Assist them with these feelings:

Mostly related to Families (Who & What)

- ❖ Angry
- ❖ Sad
- ❖ Frustrated
- ❖ Regrets
- ❖ Grief

What they say..

More on Feelings.



HEALTH & ELDERLY

Dilemma...

Cognitive

- Memory deficit, Alzheimer
- Senile
- Lack focus

Emotional


- The need for attention
- Sensitive
- Lonely
- Depressed

Physical

- Arthritis, Osteoporosis
- Gradually weakened
- Physical deteriorated

Social

- Feeling lonely
- Feeling Ignored
- Feeling unneeded
- Feeling important

 "THE OLDEST TREES OFTEN BEAR THE SWEETEST FRUIT"

By Amy Ryan V. Tui

The 'not so good feeling'

- ❖ Dealing Boredom
- ❖ Feeling useless
- ❖ Feeling not needed
- ❖ Having no power
- ❖ Feeling not important
- ❖ Being unproductive
- ❖ Wasting time/idle time lead to unhealthy thoughts
- ❖ Getting overly 'sensitive' over things

What they say..

HEALTH & ELDERLY

"The oldest trees often bear the sweetest fruit"

Why do the elderly have greater health needs?

- The elderly are more likely to suffer from arthritis rheumatism.
- Most elderly people have some problem with their eyesight.
- Problems with hearing increases with age
- Elderly people are more prone to hypothermia (low body heat), especially in winter.
- Senile Dementia (Alzheimer's Disease) is an illness that affects the brain. It reduces the physical and mental capacity of a sufferer.

How have new medical developments helped the lifestyle of elderly people?

- Hip replacement operations allow older people to move around more easily.
- Cataract surgery can improve the eyesight
- More advanced medical equipment e.g. whole body scanners, intensive medical care, help the elderly as well as other age groups.
- Minute hearing aids
- Pacemakers help older people with heart conditions

Why are some elderly wealthier than others?

- They have worked in well paid jobs and have been able to save rather than have debts.
- They have a good pension from their jobs, and/or have invested in a private pension.
- They have a well paid family that supports them.
- This group is sometimes known as WOOPIES (Well Off Older People)



On Health & Wellness

- ❖ Being aware of their limitations –
 - locus of control shifted externally no longer internally
- ❖ Going easy on activities – Watch for body signals
- ❖ Eating well
- ❖ Exercising & Receptions

What they say...

Religion and the Elderly

Studies have found that religious involvement seems to have a mostly positive impact on physical and mental health longevity.

(Ellison Levin, 1998; Koenig, George, & Peterson, 1998; McFadden & Levin, 1998, 1996; Mitka, 1998; Seybold & Hill, 2001)

Positive association between religiosity/ spirituality:

- Well being
- Marital satisfaction
- Psychological functioning

Negative association with:

- Suicide
- Delinquency
- Criminality
- Drug and alcohol use

Possible explanations include:

- Social support
- Encouragement of healthy lifestyles
- The perception of a measure of control over life through:
 - Prayer
 - Fostering of positive emotional states
 - Reduction of stress
 - Faith in God

"People with the most or the least religious commitment tend to have the highest self-esteem"
(Krause, 19965)



Spiritual Development

- ❖ Reflecting on life
- ❖ Thankful with what they have
- ❖ Being more acceptance
- ❖ Getting closer to God
- ❖ Getting involved in community work

- ❖ ** Poster Presentation Project ~
Courtesy

B Ed /M Ed Counseling students IIUM

Theoretical Orientation

- ❖ Grief Counseling:
 - Social Constructionist
 - Narrative Therapy/Stories
 - Meaning Making (Neimeyer) & Continuing Bond
 - Existentialist
- ❖ Career Counseling
 - Life Span Theory
 - Super life Stages: Curiosity (child) crystalization (adult) – disengagement (elderly)
- ❖ Gerontology
 - Theory of Continuity
- ❖ Group Counseling/Support Group
 - Yalom's – therapeutic forces
 - Altruism
 - Universality
 - Catharsis



Career Counseling

Career Counselors help...

- ❖ Career Transition
- ❖ Work Adjustment
- ❖ Retirement Adjustment
- ❖ Career Exploration

Test (Holland's Personality Type)

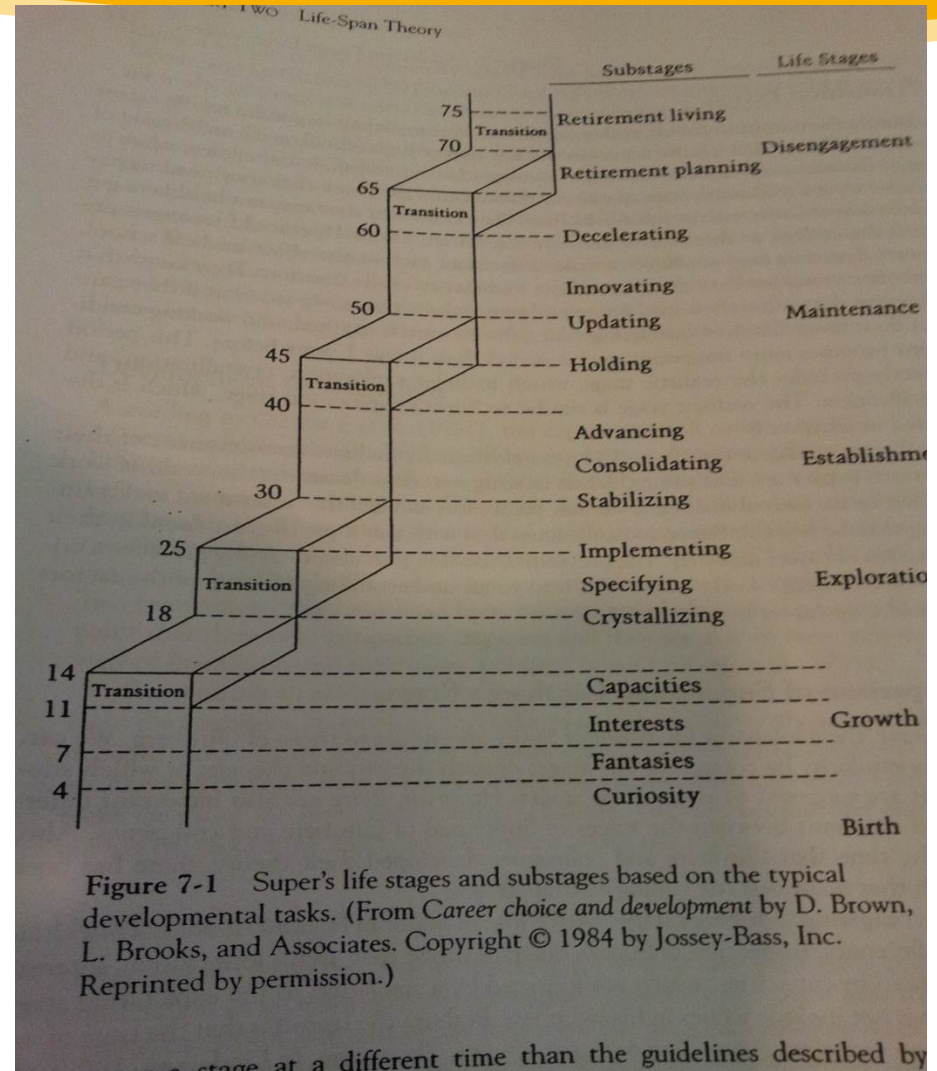
- Ex. Starting business upon retirement

❖ Career Opportunities

❖ Career Decision

- Interest
- Values
- Abilities
- Personality

❖ Financial Management



Geriatric Issues in Counseling

What we can do ..

- ❖ Searching for Meaning - Existentialist
 - ❖ Expressing their concerns
 - ❖ Listening to their Stories
 - ❖ Making connection to inner & outer world
 - ❖ Assessing their Coping Styles
 - ❖ Reflecting on Values about life
 - ❖ Empowering themselves
 - ❖ Exploring opportunities/Choice in life

 - ❖ **LOSS is the central theme**
- ❖ Hopes & expectation
 - ❖ Roles & letting go responsibilities
 - ❖ Despair, hopelessness & regrets
 - ❖ Acceptance
 - ❖ Anxieties
 - ❖ Appreciations, acknowledgment
 - ❖ Feeling rejected, useless vs useful
 - ❖ Financially stable
 - ❖ Not a burden
 - ❖ Skills under utilized or lack of it
 - ❖ Families matters
 - ❖ View of death & dying
 - ❖ Loneliness & social isolation
 - ❖ Financial Struggle
 - ❖ Dependency
 - ❖ Sadness physical & mental limitation
 - ❖ Grief & loss



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“The Meaning of Loss”

What is Grief?

*Have you ever
experienced loss in
your life?*

Understanding the Terms

❖ Loss ~

- Something or someone taken away
- An experience **when a relationship ends**, either by death or by life's transition
- when we are **unable to keep something meaningful** to us.
- Ex death, divorce, employment, illness

❖ Grief ~

- **Natural Process in reactions to Loss**
- Psychological & physiological responses that occur
- Internal Reactions
- personal experience of the loss. (Worden, 1993)
- emotional response to one's loss/bereavement (Stroebe)

❖ Mourning ~

- **Adjustment process**
- not in isolation but relate to social responses – 'the work that is done'
- the process which occurs after a loss (Worden, 1993)
- actions and manner of expressing grief (Stroebe)
- Coming to terms with grief

❖ Bereavement ~

- the process of grief experience
- the experience of loss – vacuum felt necessity to struggle

❖ Other terms: Grieving, The Bereaved, The Bereft, the griever,



If you're concerned
about an
elderly person...

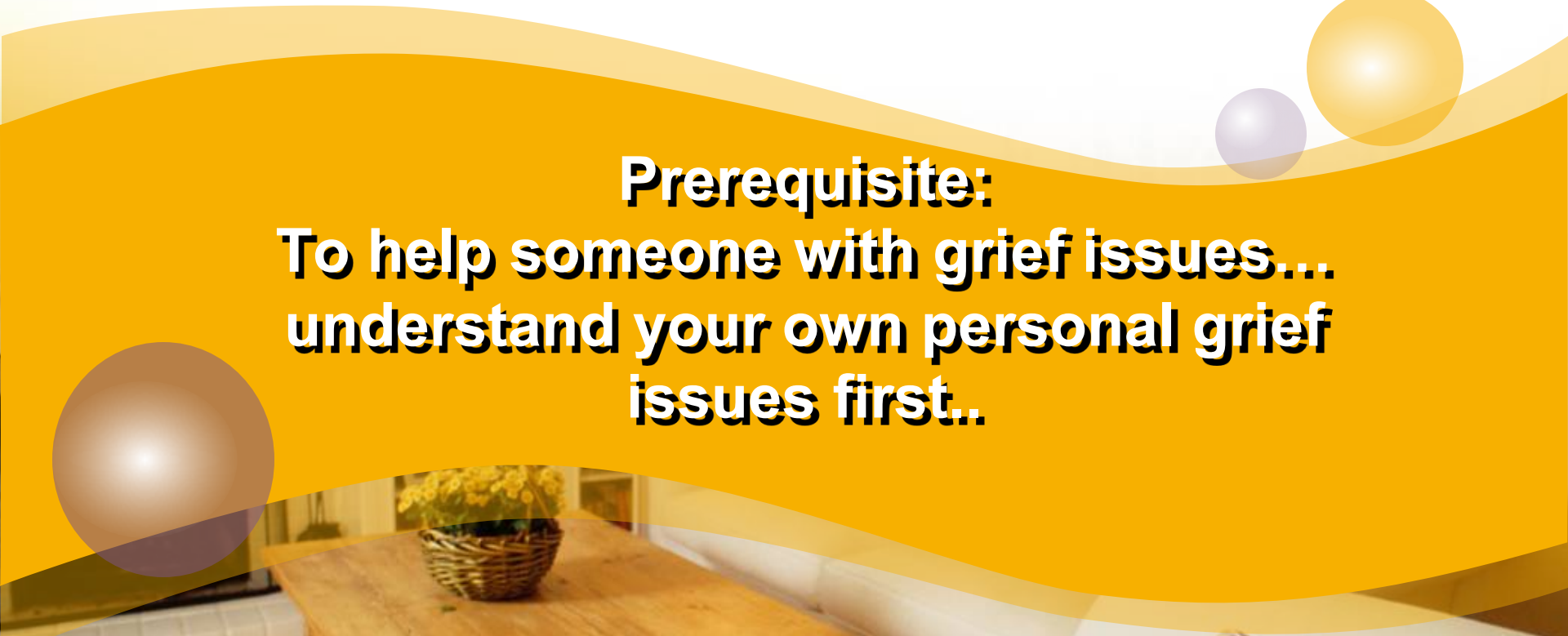
HELP them
deal with;

Emptiness
Loneliness,
Boredom,
Anxiety,
and **depression.**



Our life ...and our practice

- ❖ Personal: Death of a loved one is inevitable
 - Time & reason are unknown to us
 - Age is not relevant – untimely death
 - Illness is not main determinant – sudden & unexpected death
- ❖ Professional: Clients experience loss of all kinds
 - Death and loss of loved ones
 - Effects of loss
- ❖ Personal Issues vs Professional Roles
 - Transference vs. counter transference



**Prerequisite:
To help someone with grief issues...
understand your own personal grief
issues first..**



Kehilangan Sesuatu yang berharga

*Loss
Can be ...*

*Losing
someone*

*Losing
something*

**Process of
Attachment & Detachment**

*Someone dear to us..
Something important to us...*



----- Knowledge-base

Different Types of Loss

Consider the elderly specific losses..

Losses (Rando, 1988).

❖ **Physical loss**

Tangible, things that we can touch, for example, loss of a family member.

❖ **Symbolic loss**

psychosocial in nature, very abstract and cannot be touched. It involves social interactions of a person, for example, loss of friendship.

also considered:

❖ **Primary loss**

❖ **Secondary losses**

- Could be physical or symbolic as a result of the death of someone close.
The bereaved can be changed individuals especially if the deceased played an important role in their lives.
- Can be affected by
 - *the change of environment,*
 - *a loss of status,*
 - *alteration of relationships with other family members*
- *Secondary losses can be more problematic*

Losses in Life..



Loss in Life

Death of a loved one

Mom, dad, sister, brother,
spouses, grandparent etc.
Untimely death,

Loss of Employment

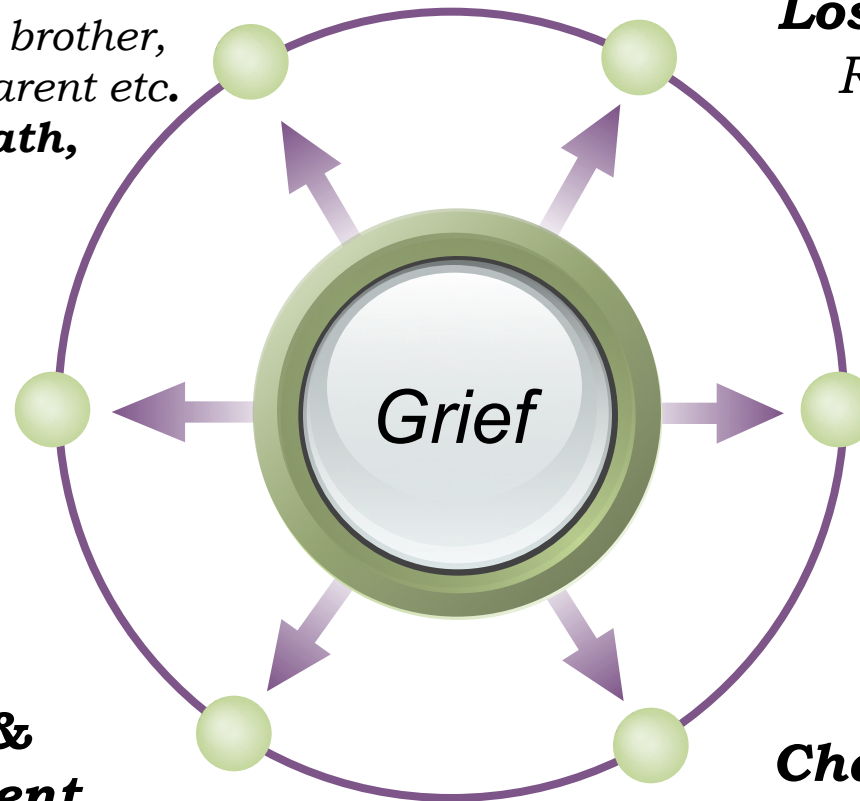
Retrenchment, VSS,
downsizing, etc

Divorce & Separation

**Health & Illness-
related
Loss of abilities**

Growth & Development

Change of Place
Work place, school,
residence



Loss in life

***Loss of Relationship
& Friendship***

Loss of Possession

***Life Transition &
family crisis & dev***
(Marriage, having
baby, infertility,
polygamy etc)

Aging

Grief

Loss of Time

Loss after Gain

When a person dies....

Who are affected?

spouse

children

grandchildren

Friends & co-workers

Loss of husband

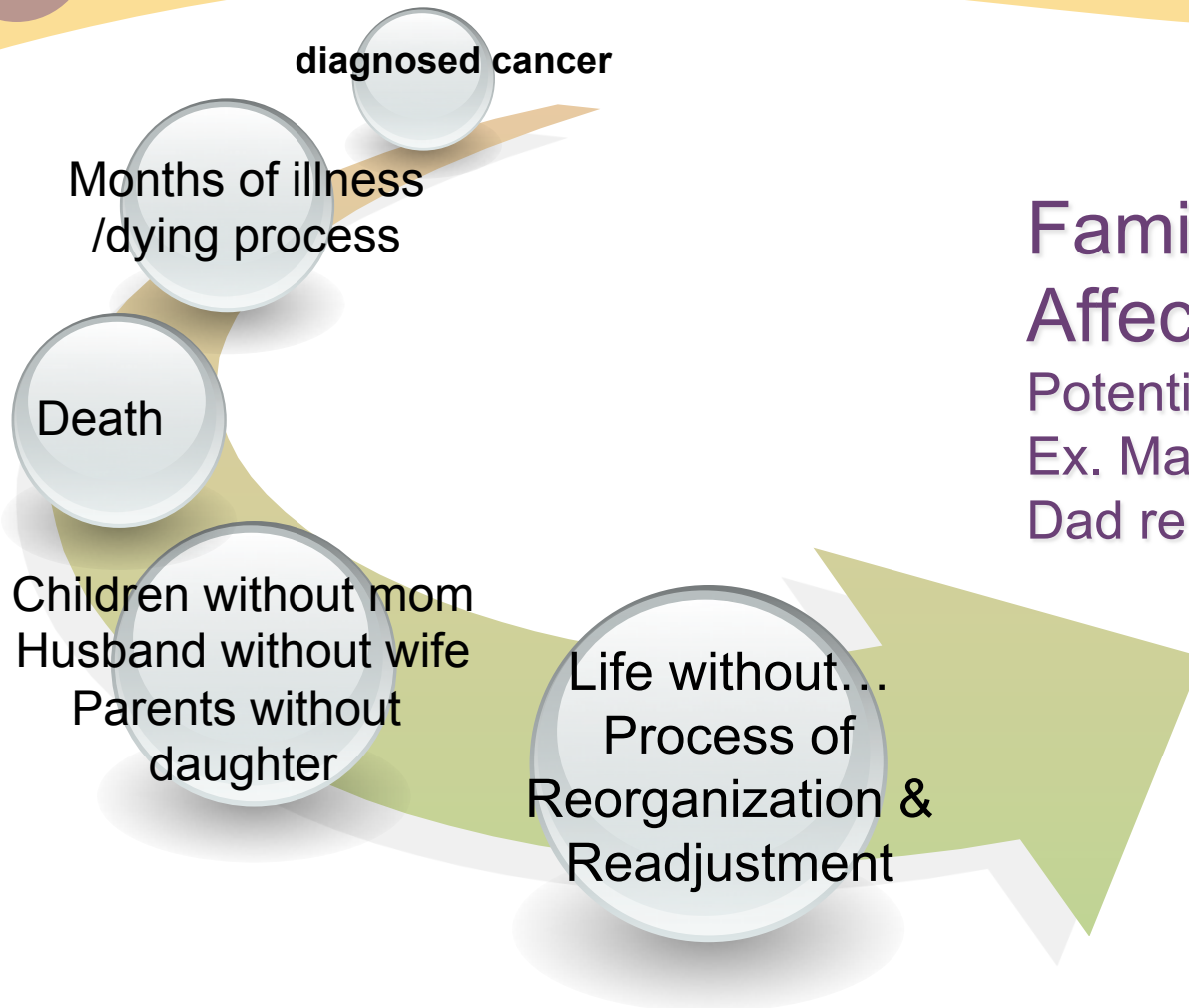
Loss of dad

Loss of granddad

Loss of good friend
Loss of efficient worker

Untimely Death

Scenario



Family System Affected

Potential Family Issues
Ex. Maternal roles Shifts;
Dad remarry

The challenge is not

Only to add more years to life but to have fuller and better life..



Research have shown
Loss of a loved one, affect
ne's growth and dev of children &
adolescent as well as adult and
elderly

Potential issues in life span related to Loss

				On-going	Issues
Children	Separation Anxiety – baby sitter/school	Friendship	Sibling Rivalry	Growth & Dev	Attention
Adolescents	Loss of childhood	Friendship & relationship	Sibling Rivalry	Growth & Dev	Independence Expectation Identity Formation Values formation
Adults	Love & Relationship & commitment	Leaving home Univ life New Job Career Adjustment	Marriage & Family Having Children	Growth & Dev	Loss of Independence Balancing Roles
Elderly	Health & physical impairment,	Loss of spouse & friends	Empty nest	Golden years	Emptiness Loneliness Guilt & Regrets

No such thing as small issuesto anyone

- ❖ To small children
 - Loss of a pet
 - Loss of friendship
- ❖ To teenagers
 - Friendships – acceptance & sense of belonging
 - Love & relationship
- ❖ To adults
 - Love & relationship
 - Career development
- ❖ To elderly
 - Loss of power & abilities
- ❖ To anyone.....
 - Loss of trust
 - Loss of independence
 - Loss of power
 - Loss of status/possession
 - Loss of dignity

Effective counseling principles

Lattanzi and Coffelt (1979) and Worden (1991)

- ❖ Acknowledge the Loss.
- ❖ Identify and Express Feelings.
- ❖ Facilitate Emotional Relocation of the Deceased.
- ❖ Identify the Normal Continuum of Grief.
- ❖ Allow for Individual Differences.
- ❖ Access to Ongoing Support.
- ❖ Exploration of Coping Skills.
- ❖ Recognition of Extreme Difficulties & Make Referrals.

Normal Grief Reactions Across Culture (Stroebe & Schut 1998)

- ❖ Affective Manifestation
 - Depression, despair & dejection, anxiety, guilt, anger & hostility
- ❖ Behavioral Manifestation
 - Agitation, fatigue, crying & social withdrawal
- ❖ Physical Manifestation
 - Loss of appetite, sleep disturbance, energy loss & exhaustion, somatic complaints, susceptibility to illness & diseases
- ❖ Cognitive Manifestation
 - Preoccupation with thoughts of the deceased, lowered self-esteem, sense unreality, problems with memory & concentration

Stroebe & Schut 1998 Bereavement Care

What people normally say...

- Be Strong..
 - Don' t Cry
 - Don' t be too sad - *jangan sedih sangat*,
 - Be patience. *sabar*,
 - “Be brave”, “put this behind you”, “You shouldn' t be feeling that way”
- ❖ Unrealistic expectation and inappropriate responses worsen the grief experience.
 - ❖ Unhealthy suggestions put them in conflict with their own expression of grief.
 - ❖ Become a hindrance instead of a support to the griever (Rando, 1988).

Dealing with feelings: as Helpers/carers

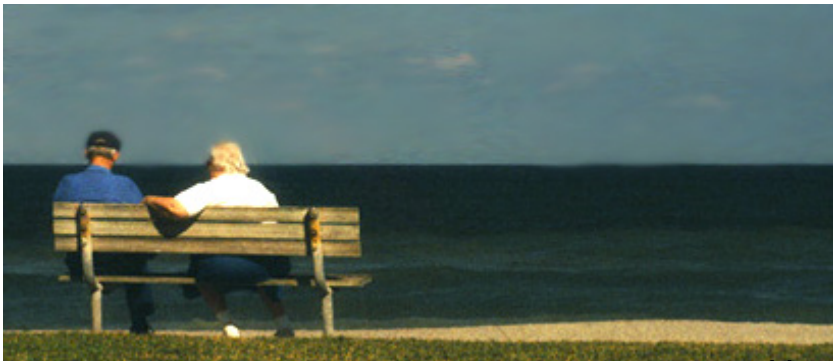
- ❖ *Be willing to reveal feelings*
 - *If not ..*
- ❖ *Be prepared to share the pains*
- ❖ *Speak from the heart (Parkes, 1998)*
 - *Don't get too occupied with what to say..*
- ❖ *Help reassure that they are not going mad*
 - *those feelings perfectly natural..*



‘Normalize and Universalize’

- ❖ “ You are acting appropriately for the situation”
- ❖ “Nearly everyone in your situation react similarly”
- ❖ They want to hear:
“ They are normal people with normal reactions to abnormal situations”

(Adkins, 2003)



What is expected .. (Parkes, 1998)

- ❖ Pity is the last thing
- ❖ Appreciate visits and expressions of sympathy paid to them – tribute to the dead person
 - Not alone & Reduce feeling of insecurity
- ❖ Quiet communication of affection
 - Hold their hands, be active listeners – attending skills, value the silence



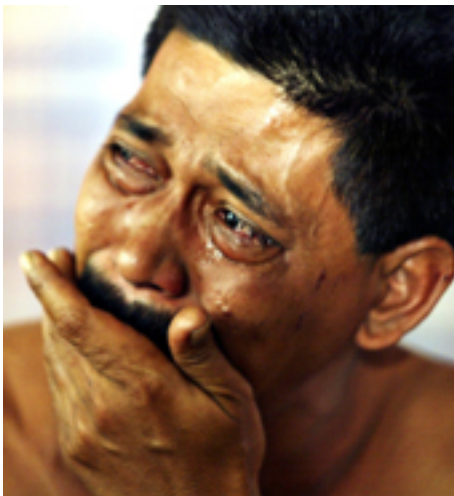
Interested look up for ...

“Living with Loss” Conducting Group Counseling

Loss of a Family Member: Grief Experiences
shared in Bereavement Support Group

Grief

"Healing from grief is not the process of forgetting, it is the process of remembering with less pain and more joy."



Malinda Ann Hill

**With Age comes skills
It's called MultiTasking
I CAN
LAUGH, COUGH,
SNEEZE, AND PEE ALL
AT THE SAME TIME.**





Thank You

Have a nice day!

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Complicated Grief vs Uncomplicated Grief

(Prigerson, 2004)

❖ Uncomplicated adjustment

- capacity to feel that life still holds meaning,
- sustained sense of identity, effectiveness and trust in others
- an ability to reinvest interpersonal relationship and activities.
- symptoms of complicated grief in the 1ST 6 months after the loss but usually improves in one's ability to focus on other things and move beyond

❖ Complicated grief

- distinct from major depression such as post-traumatic stress disorder (PTSD) & an anxiety disorder. Two criteria of complicated grief:
 - (i) Criterion A is defined as a clear complicated grief when there is a chronic and persistent yearning, pining, longing for the deceased, reflecting a hunger that can not be satiated by others. Daily intrusive and disruptive sense of heart ache; and
 - (ii) It is considered complicated grief when four of the eight items in Criterion B are met. The criterion include trouble accepting the death, inability to trust others, excessive bitterness and anger related to death, uneasy about moving on, numbness/detachment, feeling life empty or meaningless without the deceased, bleak future and agitated.