

Chapter 6

Mindfulness and the Elderly

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ABSTRACT

With growing life expectancy, age-related mental health issues are rising in the elderly. Whether normal aging or pathological senility, mindfulness practices are useful, economic, and accessible. The elderly experience many forms of anxiety with varying severity. There can be stress, anxiety, depression, and negative emotions. Quality of life and sleep, cognitive impairments, chronic pain, decreased social contacts are common concerns of the elderly. There is growing evidence that mindfulness practices mitigate their suffering. This chapter covers details on mindfulness-based tools for the elderly, their practices, exercises, and techniques. The recommended techniques are group-based, participatory, age-appropriate, and reflective. Given the vulnerability of the elderly, the chapter cautions about latent medico-legal and ethical issues in using mindfulness for the elderly. They must be blended with cultural, religious, moral, and spiritual elements to derive optimum benefits for the individual or small groups of such persons. A future road map is given.

INTRODUCTION

Life expectancy in India was around fifty years in the 1980s. Currently, it is close to seventy in the country and 85 years in Japan and Singapore. Many nations are greying. Gerontology is a science for understanding the process of aging and the challenges encountered as seniors grow old. Some experts distinguish between the young-old (60-75 years), middle-old (75-84 years), and old-old (85+ years) (Paltasingh & Tyagi, 2015).

Mindfulness comes in various shades and concoctions. There is no standard universally accepted definition. Mindfulness is the practice of paying attention or observation in the present moment intentionally and with non-judgment, to one's thoughts, feelings, and body states. In the field of psychology, this moment-to-moment awareness of one's experience without judgment is a state and not a trait. Advocates of mindfulness list its benefits as increased objectivity, self-control, affect tolerance, equanimity, calmness, relaxation, enhanced flexibility, emotional, moral, and spiritual intelligence; management of pain, anxiety or depression; improved focus, attention-concentration, working memory, executive functions,

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and mental clarity; empathy, acceptance and compassion for others, reduced rumination, stress reduction, amelioration in coping skills, quality of life, general health and longevity, enhanced sleep, digestion, and appetite. There are some more, such as slowing down the speed of aging, especially in clinical conditions like Alzheimer's or other forms of dementia (Bishop et al. 2017; Gethin, 2011; Shapiro et al., 2009).

While the basics of mindfulness such as its origins and history, definitions, nature, working and types, merits, demerits, processes, techniques, and practices, are available elsewhere for interested readers—both, informal (Armory, 2013; Kabat-Zinn, 2017; Mercree, 2017; Peterson, 2018) and formal (Brown et al., 2015; McCown et al., 2016). This chapter restrict its discourse to the elderly. Rooted in the west, mindfulness practices with the elderly are claimed to increase their mental flexibility, promote healthy ageing, improve longevity, decrease loneliness, hostility, stress, somatisation, anxiety and depression, cope personal loss, overcome feelings of isolation and loneliness, improve physical health and self-esteem, teach skills to face and deal with life challenges (Alexander et al., 1989; Fountain-Zaragoza & Prakash, 2017; Parra et al. 2019). Above everything, the good news is that mindfulness can be taught to seniors singly or as community groups (Lindberg, 2005).

NORMAL AGING

Although changes occur in every organ system as one grows old, sensory changes, decline of muscle mass and strength, fat changes, decreased immunity, urologic changes, and slowed down physical functions are characteristic of normal aging. At the psychological or cognitive level, mild short-term memory loss, word-finding difficulties, and slower processing speed are normal parts of aging. Brain aging does not happen at a uniform rate for all the elderly. Genetic and social factors play a protective role in aging. Some common misconceptions about use of mindfulness techniques with elderly are given in (Box 1).

Box 1. Common misconceptions about mindfulness & aging

1. Brain power disappears gradually with age;
2. Aging takes away ones joys and happiness;
3. Older adults are lonely. Use of mindfulness in old age can make one more isolated;
4. Older adults have multiple health conditions;
5. Aging limits one's ability to learn or practice mindfulness;
6. Practice of mindfulness during old age can be tiring;
7. Mindfulness practice at the far end of one's life makes no sense;
8. Practice of mindfulness will gradually convert you into Buddhism;
9. Mindfulness is all about sitting still or quiet and emptying the mind;
10. Mindfulness is to do with finding a quiet location without distractions, assuming a posture, and focussing ones attention

Successful and positive aging entails the acceptance and coping with the inevitable changes or challenges of aging. There is limited research on promoting successful aging through skill training for elders. Therefore, it is pertinent to ask if mindfulness practices can be taught or will be accepted for benefit of the elderly. The effectiveness of adapted forms of mindfulness and self-compassion therapy in improving coping ability and adaptation to stressful situations in the non-institutionalized elderly living in a community was shown for improving resilience and coping strategies and reducing their anxiety and stress levels (Moss et al. 2015; Perez-Blasco et al., 2016). Another study using a non-experimental research

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