

## Chapter 4

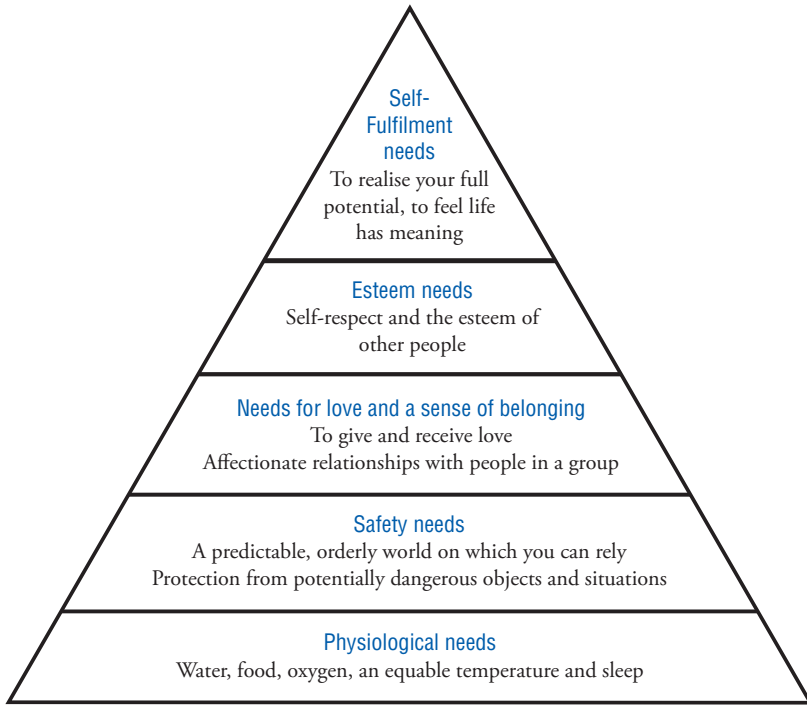
# Psychological well-being

**S**ome older people are in prime physical condition and have plenty of money, yet they feel low most of the time. Others with major disability and little ready cash lead happy lives. While some people are thrown into permanent emotional turmoil by the death of their partner, others live happily after the deaths of spouses, brothers and sisters, even their own children.<sup>1</sup> Why? How do our psychological needs interact with our physical needs? Do those needs alter as we grow older? Do we have to find new ways of meeting them?

The pyramid of human needs devised by the American psychologist Abraham Maslow provides a useful and well-known framework for considering the range of needs we all share.<sup>2</sup> At the base of his pyramid Maslow placed our most fundamental needs – for water, air, food, sleep and an equable temperature. We all know that if any of these needs go unfulfilled, we die. But the four tiers that make up the remainder of Maslow's pyramid are almost wholly psychological needs. They include needs for affection, acceptance and self-worth.

In this chapter I use Maslow's pyramid as a framework for understanding our psychological needs when we are older. Of course, many people have no difficulty in meeting all their psychological needs. But not everyone. I consider whether those needs alter with advancing years and whether later life brings particular problems in meeting them.

Incidentally, Maslow's analysis need not be the last word on the matter – you may consider (as I do) that getting outdoors should also be identified as a real human need (*see page 671*).



*Abraham Maslow's hierarchy of human needs (based on Maslow, 1965 and 1970)*

## A need for safety

Maslow placed safety needs on the second tier of his pyramid. This category acts as a bridge between the basic physiological needs of the bottom tier and the psychological needs that make up the bulk of the pyramid. For Maslow believed that human happiness depended not only on physical safety (protection from hazardous situations and illness), but also on satisfying a deep-seated need to feel secure.

Today, one of the greatest fears for many of us when we are getting on is that we might be assaulted by a stranger in the street or even in our own home. For some, living in areas which see high levels of crime, this is understandable. But others are so fearful of violent crime that they never go out after dark lest they be attacked – even if they live in remote villages which rarely see any crime whatsoever. The media make much of the unfortunate victims of such events, yet statistically speaking, somebody aged between 16 and 24 is ten times more likely to become the victim of personal crime than someone aged 75 or over.<sup>3</sup>

Road traffic poses a greater danger than many realise. Older people make up a relatively small proportion of the total numbers of pedes-

trians involved in road accidents, but when they are involved, they are more likely to fare badly. So while 19 per cent of the pedestrians aged 20–24 involved in accidents in 2013 were killed or seriously injured, the figure rose to 26 per cent for people aged 60–64 and 38 per cent for 80–84-year-olds.<sup>4</sup>

## Losing a safe space

Some of the most unsettling changes life can throw at us occur in later life. One is retirement from work. This is welcome to some, but for others it snatches away not just a source of income but also a familiar environment, a structure to one's days, a part of one's identity and the company of colleagues.

Another change which can be deeply troubling is a move away from what is perceived as the safe environment of our own home to a care home. Our home is our refuge from the outside world, the surroundings to which we long to return and the place from which we draw comfort and strength. It may actually be unsafe – perhaps from faulty electric wiring or clutter over which we may trip – but it *feels* safe, because we have inhabited it in the past without mishap, and its furnishings, ornaments and framed photographs embody times and people representing security. The older we are, the more time we have had to customise this refuge, and the more entrenched we may feel in it.

Tidy or untidy, spacious or cramped, with an extensive garden or a window box, our home is part of who we are. Small wonder, then, that when we find ourselves suddenly taken away from this environment to dwell amongst complete strangers, we can feel disorientated and alienated. Whether or not a particular care home provides good or bad care, a move into a home is a massive step, with as much potential for distress as divorce or getting the sack. Yet it is rarely acknowledged as one of life's major events.

## Coping with bereavement

The loss of a partner of many years can also chip away at our feelings of safety and security. He or she may have given us a sense of physical safety by coping with practical matters, perhaps handling house repairs, doing the shopping and driving us around. They may have enveloped us in emotional and sexual security, as our confidante, best friend, lover and the only giver of hugs and kisses. The loss of that person demands that we reconfigure all those aspects of our life. So we might ask: what does this death mean to practical aspects of my everyday life? What is my identity without that person? What shall I tell other people? How can other peo-

ple help me grieve? Will they think I'm mad if I tell them I talk to my dead partner every night?

Canon Dr Alan Billings, an Anglican priest and the then Director of the Centre for Ethics and Religion at Lancaster University, put the difficulties of adjustment like this on BBC Radio 4's 'Thought for the Day':

The death of a loved one ... also throws our life into the sharpest relief, exposing our fragilities to ourselves. The loss of one on whom we leaned, behind whom we sheltered, behind whom we hid, exposes us now to our lack of security. We miss them; we miss also the sense of safety and permanence they gave to our life. We have to find a way into the future wounded by that knowledge.<sup>5</sup>

Reaction to the death of a partner, relative or friend will depend on many factors, not least the relationship in life between the deceased and the one left alive. Some people are relieved when their partner dies, perhaps because they were trapped in an unhappy marriage. In other cases, death may have occurred at the height of a satisfying emotional relationship. Some people who lose a partner in later life die very quickly afterwards. Others may take a long time to adjust to the loss, since, as Billings notes, it can undermine the whole basis of life.

Grieving is natural when a partner dies, but for some people it becomes a long-lasting shadow blighting their life. Psychologists differ in how they distinguish 'normal' from 'pathological' grieving, as well as in how they think people should cope with either. During most of the 20th century, the fashionable view was that the bereaved should let go and move on to new relationships. However, studies published during the 1990s showed the importance to many people, particularly older people, of maintaining an ongoing bond with the dead partner, while forging new social ties. According to this view, if people find coping with bereavement difficult, they can be helped to look for ways in which they can create an enduring relationship with the dead person which is less painful. Thus they would not deny that their partner had died, nor avoid making necessary changes in the light of that death, but they would use their bond with deceased to help them make those changes – considering what the person who had died would have done in the circumstances and even talking things over with them.<sup>6</sup> (*I also discuss bereavement on pages 212 and 382*).

## A need for affection and acceptance

Maslow called the next tier as we ascend his pyramid 'love and belongingness'. He felt that once basic physiological and safety needs were met, the

next most important human need was to give and receive affection and to feel that one belonged and was accepted somewhere.

It is worth disentangling 'love' from 'belongingness'. Plainly, they can be closely related, as when somebody draws a sense of belonging from their family and at the same time gives and receives love and care within it. But a strong sense of belonging can be found in a diverse range of social groups, from choirs to knitting circles and political parties (within which 'love' may rarely feature).

Social activities amongst groups of people bring not only pleasure and interest: research has shown that they are surprisingly beneficial to physical health.

Researchers in the United States talked at length to nearly 3,000 people aged 65 and over in 1982, and subsequently re-interviewed them annually for 13 years. During the study, they collected information about which of their interviewees had died and the cause of death.

The researchers divided the activities in which these people took part into three types:

- 'fitness activities', such as walking, active sports, swimming and exercise
- 'social activities', such as church attendance, playing cards and bingo, visits to the cinema and participation in social groups, and
- 'productive activities', such as voluntary work, preparing meals, paid employment and gardening

Contrary to what many would expect, social and productive activities were found to be as beneficial as fitness activities in prolonging life. Indeed, the researchers found: 'Social and productive activities that involve little or no enhancement of fitness lower the risk of all causes of mortality as much as fitness activities do.'<sup>7</sup>

A more modest study in Britain was carried out by Dr Kate Bennett of Liverpool University, who examined the physical health and level of social participation of more than 1,000 older people in 2002. When she compared people of similar age, sex and physical health, she found that those with significantly lower levels of social activity were more likely to experience deteriorating physical health and to die sooner than the others.<sup>8</sup>

## Barriers to social contact

Unfortunately, a web of factors combine to get in the way of fulfilling our need for social contact. Some of them affect young and old. Indeed, nearly half of adults of all ages who were questioned for a survey in 2010 believed that society as a whole was getting lonelier.<sup>9</sup> But older people are affected by some of these factors to a far greater extent than the young.

### The single life

Many of today's older generation must meet their needs for affection and acceptance while living on their own. Indeed, as many as one in three people over the age of 75 lives alone.<sup>10</sup> There are several reasons. Divorce and separation have been increasing in recent decades, particularly among older people (*see page 208*). Many people do not wish to team up with another live-in partner, or have never done so. Women in particular run into problems if they wish to find new love, since they tend to outlive men (although the lifespan gap is narrowing). To skew the odds further, older widowers and single men often prefer younger women as partners.

Some of those living alone will be struggling with sadness at having lost a loved one which prevents their engaging in many social activities. Being jollied along to a barn dance or some other group activity may make them feel more, not less unhappy. Yet when one member of a couple passes away, the survivor may live for 30 years or more without them. Many will not have the option of moving in with grown-up children: one in five people over 50 have no children, according to the campaigning group Ageing Without Children.

Fortunately, some changes in society can benefit older people who might otherwise feel unloved; in particular, increasing acceptance of openly gay relationships and the emergence of the phenomenon of 'LAT couples', that is, people who are 'living-apart-together'. In other words, couples go out together and stay over in each other's homes, but do not share those homes. *I turn to this lifestyle and to the steps that can be taken to find new love and new friends in Chapters 9 and 10.*

### Disability

Common disabilities such as hearing and vision impairment create their own barriers to making new social contacts and retaining existing ones (*as explored on pages 252–56*). So can difficulty in walking. This can rule out anything from group expeditions to strolling around your neighbourhood and chatting to passers-by.

If you cannot walk as far as a bus stop, you may miss out not only on particular visits which might have enriched your social life but also

on informal contact with other people and the sense of being part of wider society while you are travelling around. In 2014, Professor Judith Green and others based in universities in and near London attempted to understand the way in which Londoners aged over 60 were using their concessionary bus pass to travel around. Through interviews with nearly 50 users, they discovered that buses provided not just a means of obtaining access to goods and services, but also an important space for social interaction. Chatting with other passengers served to mitigate loneliness. At the same time bus travel helped these older citizens to participate in the life of their city, rather than feeling relegated to the fringes. As the researchers reported, ‘The key point here is that, for the older people we interviewed, to be on public buses is to be in *the* world and part of that world, however chaotic, and accounting for one’s place in it.’<sup>11</sup>

Illness, especially if it confines someone to their home for a long time, is another common reason for social isolation and often also feelings of loneliness. So too is acting as a carer – a role which can bring a special kind of isolation, *as explored in ‘the lonely carer’ on page 224.*

### Changes to communities

Whether you live alone or with other people, the sort of atmosphere you encounter when you step outside your front door can make a lot of difference to whether you feel part of a social world. In some places, you can go out to buy a newspaper and greet three, four, five, perhaps six people; even if you don’t know them well, you know them by sight and exchange greetings.

But in other places, everybody else is out at work during the day. Perhaps a couple moved there when the man drove, but he has had to give up driving or has died, and his partner, who has never learned to drive, stays on, cut off from the world amongst neighbours who make all their journeys by car. Also, local amenities, from post offices and small shops to pubs and public libraries, in which people who might live alone and not travel very far can engage with the world at large have been closing.

One third of people over 65 questioned in 2009 said they felt lonely always, often or sometimes.<sup>12</sup> It is hard to prove a connection, but factors such as these must surely play a part in exacerbating social isolation and loneliness.

### Older people from ethnic minorities

Problems of isolation and loneliness can be particularly acute for people from ethnic minority groups. They may have to grapple with lack of integration into British society, as well as difficulties in getting out and

about. Although they may have lived in Britain for many years, they may remain unfamiliar with the organisation of British society and perhaps be hampered by lack of fluency in English and difficulty in reading English. These things can combine to create a formidable wall of isolation and sometimes also loneliness.

Lewisham in south-east London is an area with very high African-Caribbean and Asian populations. Researchers conducted in-depth interviews with 20 social care workers (social workers and managers of day centres) there in 2005, who told them that many of their elderly clients were accepting 'perpetual sadness as a norm' in their lives. Low mood and depression were alarmingly common.

The main reason given was social isolation. The black and Asian communities were being hit by social change of a kind that had affected white communities decades before. Children and grandchildren had become westernised and were focusing their attention on their careers, material wealth and their own nuclear families. If they moved away, elderly parents and grandparents became yet more isolated. As the manager of one African-Caribbean day centre put it: 'The strong family connection isn't there any more. A lot of older people are just left isolated, and they are not coping well.'<sup>13</sup>

### Sexual orientation

There are one million gay, lesbian, bisexual and transgender (LGBT) people over the age of 55 in the UK, according to the campaigning and advisory group Stonewall. Many of them live alone. Various reasons may account for this. They may have lived for most of their adult life before same-sex relationships were accepted and may never have sought a long-term partner. Fewer LGBT than straight people have children. Some are ostracised by their blood families (although they often establish 'chosen families' for company and support, such as an older gay man treating a lesbian woman as he would his sister). Dr Jane Traies of the University of Sussex in Brighton has carried out a fascinating and important study of the lives of older lesbians, based on detailed questionnaires with 370 of them; the results were published in 2016. Half of the women in Dr Traies' study lived alone and one in four of these told her that loneliness was a problem for them.<sup>14</sup>

The social isolation of some older LGBT people may be compounded by the fact that they have come out to only a small number of people, fearing the stigma that might be prompted by revealing their true identity to the wider world. As a result, they may feel cut off, even alienated from most of the people around them.



Because LGBT people often live alone and lack family support, they are more likely than others to have to fall back on the care and support provided by day centres, extra-care housing, care homes and help in the home. But they can feel uncomfortable in a care environment. Care facilities can be 'heteronormative', in other words, they assume everyone is heterosexual, with much conversation revolving around life involving husbands, wives and grandchildren. An LGBT person living in a care home and attempting to keep their sexual identity secret lest they be rejected by other residents and even perhaps staff can feel very isolated and very lonely.

## Dementia

Dementia, as we saw in Chapter 1, is relatively common as people move into their mid-eighties and beyond. One of the main effects of this condition can be increasing isolation from society as a whole.

One reason is the communication difficulties that can arise as someone with the condition forgets their vocabulary and eventually is unable to communicate through speech at all (*as explored in Chapter 12: Communication*). Another reason is general rejection by other people. When somebody shows signs that they may be developing dementia, such as difficulty in expressing themselves clearly or remembering things that happened recently, some people react with feelings of warmth and empathy. However, others reject the person and see only the dementia. They seem to believe that somebody with dementia is less of a human being than everybody else and may even feel that the person's life can be written off as not worth living.

The stigma surrounding dementia is not helped by media focus on the things that people with the condition cannot do, rather than the wide range of ways in which they continue to be able to think and feel, just like everybody else (*see page 429–30*).

Toby Williamson, Head of Development and Later Life at the Mental Health Foundation, wrote a report in 2010 based on interviews with people with dementia in which he showed just how much the needs and attitudes of people with dementia resemble those of people without the condition. He called his report *My Name is not Dementia*, in an attempt to encourage people to see the person who happens to have dementia, not simply the dementia itself.

When asked which aspects of their life they believed were important in giving them a good quality of life, Williamson's interviewees explained: 'It is very important to have a laugh ... something that can make you laugh, and being made to laugh is very important.' Another said: 'Meet-

ing nice people, not necessarily nice people, but people that are interesting to me ... as long as they come over to me in a way that I can relate to and understand.<sup>15</sup>

## Sexual needs

Maslow placed sexual needs within love and affection needs but he also considered they could occur in the bottom level of his pyramid, as a physiological need, since sexual behaviour may arise from a sexual need alone or from a loving relationship.

Just as we can find meeting our needs for affection more difficult as we grow older, so too our needs for romance and sexual contact. But while society at least acknowledges a need for its older citizens to be in contact with other people for company and to pursue mutual interests, rarely does this extend as far as ensuring they can pursue their romantic instincts. Older people living in care facilities, for example, may spend much of their time thinking about romance and sex, yet romantic contact between them is rarely facilitated and often frowned upon not only by staff but also by their adult children.

In the famous horror film *The Shining*, based on the novel by Stephen King, one classic scary moment involves the leading character, played by Jack Nicholson, kissing a naked young woman when, horrors of horrors, she morphs into an elderly woman. How widespread is the idea that sex involving older women is repulsive? How often are the older man's sexual urges dismissed as 'dirty'? Is society's attitude to older people and sex more ageist than any other aspect of its attitudes towards them?

## A need for self-esteem

Maslow's next tier ascending his pyramid was the need for self-esteem. Whatever our circumstances, we are more likely to feel positive about life if we have a sense of our own value. We are likely to get this from sensing that other people hold us in esteem and treat us with respect and we in turn believe in our own self-worth.

Self-esteem changes with age. Researchers in the United States conducted thousands of telephone interviews with people aged from 9 to 90 and discovered that there tended to be two crises of feelings of self-worth, one in adolescence and the other in later life. Feelings of self-esteem typically rose gradually through one's forties, fifties and sixties, then took a nose-dive after the age of 70.<sup>16</sup>

## A later-life identity crisis

Expert on the psychology of later life Professor Peter Coleman of Southampton University believes that the crisis of old age is fundamentally a crisis of meaning rather than self-esteem.<sup>17</sup> It is easy to see why. Retirement from paid work robs older people of much of the status society accords citizens and they are simultaneously denied the status and value derived from being parents and often also consumers.

Many older people lead lives they find deeply fulfilling. But however meaningful we find our lives, the attitudes of family and friends can be crucial in bolstering – or undermining – our feelings of self-worth. When an older relative telephones with news of coffee and conversation over a game of Scrabble, someone who has been at work all day may be tempted to view those activities as trivial. Indeed, we are programmed to do so: in the great scheme of things, a boardroom tussle or an exam crisis is bound to be considered more meaningful.

## How we look

Perhaps the key feature distinguishing older people is their appearance. People who look old encounter ageist attitudes all the time. If your hair is grey and you are introduced to a stranger at a party, you may encounter a patronising attitude which assumes that you do nothing significant with your time. If your hand hovers over the button to open the train door yet it remains shut, the assumption of the younger person behind may be not that the driver has not yet released the door-opening system but that you are too dim-witted to know that you must press the button. In other words, the appearance of age can proclaim to many that the person involved is of little moment and probably slow, if not stupid.

As if this were not frustrating enough, older people also have to deal with a world which dictates that the ageing body does not look ‘right’: the norm to which we all should aspire is a youthful appearance. So, fresh, plump skin is favoured and lines, wrinkles and grey hair are rejected – even despised. Whether this preference is an immutable feature of human nature is open to question, but certainly the associations of the ageing body with degeneration, mortality and perhaps also weakness seem sufficient to make people reject it. A multi-billion pound industry, of which makeover features in magazines and on TV are just one small part, proclaims that it is wrong to look old, or at least to look as old as one actually is.

Another key message of our time is that one should see one’s body as a sort of project, engaging in various self-care régimes to improve it and thus become more attractive to potential employers, friends and lovers.<sup>18</sup>

The means deployed may involve no more than giving the face a more youthful appearance with make-up, dyeing one's hair or masking signs of ageing teeth through dental work. However, in 2010, 34,400 women and nearly 4,000 men in Britain went under the knife, many of them in their fifties and over. Some of the most popular procedures were face and neck lifts and blepharoplasty (the tightening of loose skin and removal of fat around the eyes).<sup>19</sup>

Botox is the most popular non-surgical treatment. It involves injection of botulinum (a poison) under the skin, usually of the face; this temporarily paralyses muscles, so reducing or smoothing out those lines caused by muscle contraction. Other non-surgical treatments include the injection of other types of filler and resurfacing the skin by means of laser beams. No reliable figures are available for Britain, but in the United States non-surgical treatments make up more than 80 per cent of all cosmetic procedures performed.<sup>20</sup>

Some will find such procedures a great help. Nonetheless, even when wrinkles on the face and hands have been ironed out, hands may give the game away, with their thickening joints and skin with a lifetime's accumulation of liver spots. Dyeing grey hair chestnut can bring glamour and the illusion of relative youth. Or, by drawing attention to the puzzling difference between apparent ageless beauty and the years betrayed by the tone and texture of the skin and white hair roots can make someone look older than ever. If hair colouring deceives at 70, will it do so at 90?

It is a cruel irony that while society applauds the efforts of younger people to improve their looks, attempts by older people to do the same can attract ridicule. Do grandchildren really respect a grandfather who paints his hair or a grandmother who opts for a facelift?

## Changing circumstances

If the undermining of self-esteem through changes to our appearance were not enough, our circumstances may also conspire to erode our feelings of self-worth. If illness or disability takes away the ability to pursue a favourite hobby or feature of our working life, such as driving or playing sport, we can also lose part of our identity, and the part of our self-regard associated with it. Downsizing to a granny annex, retirement flat or care home often means getting rid of artefacts which remind us, as well as visitors, of this past. The deaths of close family and friends rob us of figures who reaffirm our self-image through the memory of past deeds and a common experience.

## The myth of independence

Some people have a deep-seated fear of becoming dependent on other people, which they believe would strike at the heart of their self-esteem. As I write this, I have just received a letter from a woman in her mid-nineties. Although she suffers from much physical pain and discomfort and walking is very difficult, she can see well, hear with an aid and has a comfortable room in a nursing home, where she receives frequent visits from her family and friends. But she is racked by a feeling that her life is now utterly worthless. She spent decades caring for others, or more recently making things for needy children overseas. Now that arthritic fingers and general frailty prevent her from providing practical help to other people, she is convinced that her life has no value. When others offer to help her, all she can think of is the trouble this will cause them.

Another variation of dismay at dependency is fear of dependence on others to help with the necessary activities of daily life, such as washing, moving around or using the toilet. I have come across people who plan to sign an advance directive to refuse treatment (*explained on page 1017*), instructing doctors to withhold the treatment necessary to keep them alive should they become dependent on other people for help with basic activities – and not because they are paralysed, in great pain or otherwise in extremis. Jane Miller, the 79-year-old author of *Crazy Age: Thoughts on Being Old*, told Jenni Murray during a *Woman's Hour* interview:

I find the whole subject of being dependent on other people terrifying and the worse thing. ... If I'm stuck in any way and have to sit there looking at other people doing things for me, I think I'll go mad. ... It is a sort of torturing subject, I think, for those of us who are still all right.<sup>21</sup>

But Elizabeth Harbottle, a founder member of Christians on Ageing and the author of *Learning through Losses*, believes we should cut through what she sees as the illusion of independence and recognise that we are all dependent on one another. She told me:

There is no such thing as independence. Instead, there are interdependencies, which shift through our lives. Driving a car does not mean that you are actually independent of help: you can drive the car, but you probably cannot manufacture it, or service it, and you need a filling station to be able to make it move. If you are in hospital and need people to look after you, you are not a lesser person. Frailty simply gives you a different sort of interdependence.<sup>22</sup>

We can help sustain the self-esteem of older, frailer people by showing that we value them for who they are – not what they do, or used to do. At

the same time, younger, more ‘independent’ people can allow more apparently dependent people to help them, so that relationships are based far more on reciprocity, which in turn should enhance self-esteem. For instance, a friend in her mid-eighties whom I have helped to obtain Attendance Allowance is happy to do me a good turn by driving me wherever I wish to go. Another, in his mid-nineties, is only too happy to show younger people how to carry out DIY tasks, without actually wielding the drill or hammer himself. There is a huge amount of untapped reciprocal help out there which can benefit both parties. As we shall see when we look at help in the home, best practice now stipulates that paid care assistants should support people in doing things for themselves, rather than taking over and doing everything for them, as used to be the norm. Helping people to help themselves is now considered more likely to foster a sense of well-being in the person being helped, as well as help them retain and regain their own practical skills.

## How to retain choice and control

Throughout our lives, expressing choice is an important means of expressing our identity. It’s something easily taken for granted, whether we are choosing the clothes to wear, the food to eat and whether and, if so, where to go on holiday. But infirmity and with it perhaps a change of accommodation and reliance on help from other people can restrict choice and consequently undermine our belief in our own self-worth.

Restriction of choice can be particularly stark in some care homes, where residents may be able to exercise little control over the food which is served, the time of getting up or the number and destination of excursions. Management often allocate residents individual ‘key workers’, who are supposed to give them special care and be their best friend, but without allowing residents a choice in who that key worker will be. Yet research has shown that increasing residents’ control over their own lives in care homes improves mental alertness, increases involvement in activities and speeds adjustment to surroundings.<sup>23</sup>

Care home residents could be offered more choice and more responsibility in many aspects of the life of the home. They could help to decide on the menu, the destination of trips and the type of activities offered. They could update the daily menu board, replenish flowers and run a library.<sup>24</sup> Prospective employees could be asked to meet residents, so that residents’ comments could be fed back into the decision-making process: who is better placed to assess whether a candidate for the job of home manager would empathise with residents than the residents themselves?

## Self-fulfilment

Maslow's final need, which he believed could only be addressed if the four lower needs had been met, was for self-fulfilment. This need, which Maslow called 'self-actualisation' involves feeling driven by a sense of personal mission, of belief in something beyond ourselves. Self-actualisation is not static but involves a personal journey of discovery, so that we feel our life has a meaning and that we have found a place for ourselves in the context of things. As this is an individual quest, it is perhaps a Western idea, so people from cultures which put more emphasis on groups than individuals may not feel quite the same way.

Maslow gave examples of people who seemed to have met their need for self-actualisation. One was a woman, uneducated and poor, who was a marvellous cook, mother, wife and homemaker. 'With little money, her home was somehow always beautiful. She was the perfect hostess. Her meals were banquets.'<sup>25</sup>

Self-actualisation could involve campaigning for a better world within lobby groups, including political parties. Here are two examples:

### CASE STUDY

Anneli Jones is an ardent activist in the peace movement, taking part in CND demonstrations in Trafalgar Square. 'Although I am 84, I feel like a spring chicken', she told her local newspaper.<sup>26</sup> Back home in east Kent, she fires off letters to her MP and submissions to parliamentary inquiries.

Len Clark, aged 99, regularly drives to Godalming station in Surrey on his moped (proudly bearing L-plates), takes the train to London, then the Underground to attend committee meetings of the Council for National Parks. Len has devoted much of his free time over the years to the protection of the countryside and (as a former chair of the Youth Hostels Association), the provision of low-cost accommodation so that people of modest means, young and old can enjoy it. Len also regularly attends meetings of the Guildford Samaritans in which he has long played an active role. He posts a regular blog about the various campaigns in which he continues to be involved.<sup>27</sup>

Work can also be a means of self-fulfilment. Later life is a time when many people set up their own business and work for themselves. Of course, this may be because they struggle to land a job. Or it may be they are choosy and keen to spend time in an activity they find really fulfilling. Whatever the reason, there is a steep increase in the proportion of men who work

for themselves after the age of 55. Nearly 30 per cent of men aged 60–64 who were in employment in 2009 were self-employed, with the figure rising to nearly 45 per cent for those aged 70 and over.<sup>28</sup> The Chief Medical Officer for England, Professor Sally Davies, has urged baby-boomers (people around 50–70 years of age) to remain in paid employment or engage in voluntary work to enhance their mental well-being as well as their physical health.<sup>29</sup>

Fulfilling spiritual needs can also help us find a wider meaning to our lives – as well as meet needs for affection and acceptance if pursued within a group such as a church, synagogue or mosque community.

Of all the needs of older people, it is the need for self-actualisation in people in advanced old age which society most often ignores. Do voluntary societies, political parties and faith groups do as much as they can to ensure that people who cannot walk easily or see or hear well continue to play as active a part as possible? Do family and friends do as much as they can to enable their loved ones to continue to perform roles in which they find a sense of personal fulfilment? Or do they let these activities fall by the wayside because the person can no longer get out to meetings or operate a computer keyboard?

### Approaching death

The challenge presented by our own mortality does not necessarily diminish with the years. Perhaps you have enjoyed a long and happy retirement with your partner but are both now edging towards your nineties. How do you say goodbye to a world which continues to delight you and in which you savour every minute?

Facing death with a sense of self-actualisation, that our life has had significance in the wider scheme of things, however we define that, may perhaps help us cope with our passing. Swedish sociologist Lars Tornstam believes that we need to change our perspective from a materialist, rational outlook to a more cosmic and transcendent one if we are to achieve a sense of satisfaction with our life before we die. This would involve understanding not only ourselves but also our place within the wider scheme of things. That way we can see ourselves as part of a much bigger universe which will go on after our own death.<sup>30</sup>

So, rather than limiting our thinking to the material possessions we plan to hand on after our death to our loved ones, perhaps we should be much more explicit about the values, philanthropic causes, oral histories, skills, traditions, and objects of significance which do not feature in our wills but which we nonetheless consider an important part of our legacy.



Think about how you would like to be remembered. Are there particular stories, games, values or approaches to life you would like to be associated with? Write them down in a letter to be opened after your death. You could also use this opportunity to express feelings you might otherwise have been embarrassed to admit to in life. If you want your grown-up child to know they delighted you from the moment of their birth, say so.

Psychologist Joan Erikson sought to work out what Tornstam's thinking should mean for everyday life. She believed that older people should continue to involve themselves in life, but also remove themselves from it by focusing on what they will bequeath to the world. She advocated striving to develop a position in which they feel able to go with the flow, to accept their age as it really is, and to give death its own dignity by perceiving it as a necessary part of their own self-fulfilment.<sup>31</sup>

Intergenerational activities provide a unique opportunity to validate the experience and worth of older people and help them hand on skills and values – as well as enjoy themselves. Helping children with their reading at a local school is a common means of doing this. So increasingly are events at which children or teenagers and older people meet to talk and learn and engage in activities together. In imparting skills such as gardening or photography, older people can pass on something really useful, while they in turn can learn skills from the young, such as Skyping or using Twitter. When they involve reminiscence, older people can impress upon the young the hardships of life before a welfare state, for instance, and so feel that their life and experiences have continuing value. And as both young and old challenge the stereotypes of both groups, they can feel that they are also helping to restore what many see as a broken society.

# Psychological well-being

- \* Human beings need to feel safe, loved and accepted and to have a sense of self-worth.
- \* Older people often find it harder to meet their needs for affection and a sense of self-worth and self-fulfilment.
- \* Some of life's most unsettling events – retirement from employment, a move to a care home and the death of one's partner – take place in later life.
- \* Disability, bereavement, poverty and a move to a care home can increase psychological difficulties.
- \* Physical manifestations of ageing can make people feel inadequate.
- \* People with dementia need to feel that they are loved and belong somewhere.
- \* Nobody, young or old, is truly independent.
- \* Social and productive activities such as voluntary work improve physical health.
- \* Friends, family and voluntary groups can ensure that older people play an active part in society.
- \* Intergenerational projects can help make older people feel valued.