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Mindfulness: Based interventions for older adults

Dr. Mandeep Randhawa and Jaismeen Kaur

Abstract

Life is a constant process of evolution which have different phases and old age is one of the integral part of human life which is unavoidable, undesirable, unwelcome and problem ridden phase of life. Getting older is however associated with the decrease in cognitive functioning which can have a serious influence on the physical and psychological health of older adults as well as their quality of life. There are several psychological problems which older adults go through some of the prominent ones are loneliness, depression, anxiety, sense of loss, worthless and so on. Multiple reasons can be listed for their problems or miseries but one of the eminent causes can be Empty Nest Syndrome which is swiftly elevating among the older adults due to on the hop schedules of their children and their family members. Empty Nest Syndrome is a sense of loss when children leaves home for their professional or personal purpose due to which parents starts experiencing the loss of self-esteem, difficulty in thinking and concentration, sleeplessness, loss of appetite and inability to deal with daily affairs, and the inability to relate to anything in life in a positive manner, the sense of loss of their parental lives and without any goal in their lives. Therefore, if these problems aren't treated in time it might worsen the situation for the older adults to cope up with. Although there are numerous types of psychotherapies but *Mindfulness* based interventions are becoming widely accepted methods of addressing the symptoms associated with many commonly experienced mental health challenges or emotional concerns. Mindfulness is a construct that specifically targets attention and awareness of the present moment. It's the state in which one becomes more aware of one's physical, mental, and emotional condition in the present moment, without becoming judgmental. Individuals may be able to pay attention to a variety of experiences, such as bodily sensations, cognitions, and feelings, and accept them without being influenced by them. Mindfulness practices are believed to be able to help people better control their thoughts, rather than be controlled by them. Recently, William Glasser developed a *Reality therapy* based on control theory which states that human brain is a system which regulates its own behaviour in order to manipulate the external world around it. Later Robert Wubbolding (1992) extended reality therapy and formulated WDEP system i.e. wants, doing, self-evaluation and planning which help older adults to work on their grief which was developed due to the absence of their children and learn to cope up with this emotionally distressed situation. Hence, *Mindfulness* and *Reality Therapy* works on the similar principle that focuses on the present and future, rather than solving unconscious conflicts. Through this therapy older adults can rejuvenate their lives by discovering their new interests, developing new relationships and learning to look forward towards the positive future and enjoy their older adulthood.

Keywords: Mindfulness intervention, older adults, empty nest syndrome and reality therapy

Introduction

"Life is in different stages.

Every stage of life is the foundation for the next stage of life.

Every stage of live must be fully-lived."

- Lailah Gifty Akita

Life is a constant process of evolution consisting of different phases. Individual experiences multitudinous age-related developments throughout his life- span which have been studied to a great extent by the prominent psychologists from the past era. Theories by characterized development as a series of stages and considered old age as one of the integral part of human life which is undesirable, unwelcomed, unavoidable and problem ridden phase of life. Elucidated Aging as a biological reality with its own attributes which is beyond one's control and varies from one society to another.

As per chronological order, age range from 60-65 years is known as retirement age and considered as the beginning of old age. Simultaneously at biological level, aging results from the increase in the growth rate of damage of the ample variety of molecular and cellular damage overtime which ultimately leads to the continuous decrease in mental and physical capacity of an individual. Genetics programming theories explain that "bodies' age according to a normal development timetable built into the genes". At the same time, ageing is largely associated with the other transitions of life for instance retirement, death of their friends, relatives and most importantly their life partners as explained by the variable-rate theories that ageing is the process that vary from person to person and is influenced by both internal and external factors. It's seen as the last stage of physical change and begin at the point when active contribution is no longer possible by an individual.

Ageing, is the impact of time on human physically as well as psychologically and it occurs on many levels:

Primary ageing

It's a slow process of putrefaction which begins early in life and continues throughout the years, regardless of whatever a person does to desist from it.

Secondary ageing

Includes all the factors such as diseases, abuse or disuse which are controllable and avoidable by choosing a healthy lifestyle during adulthood. Many people can easily desist themselves from the secondary ageing.

Social scientist categorised the study of ageing in three groups of older adults the "young old" refers to people ages from 65-74 who are active and lively, "old" ages from 75-84 and "oldest old" ages 85 who experiences difficulty in managing the activities of daily living. However, Classified the three groups of ageing in a meaning manner by its functional age which explains how well a person performs in physical and social environment by comparing with the people sharing same chronological age. For instance, a person of 90 who is in good health and functions better than the person of 65 can be referred as young adult.

Due to the diversity in older age there is no such typical older person. Some individual ages 80 years can perform physical and mental capacities similar to 20-year-olds. On the other hand, some individual can experience a significant decline in physical and mental capacities at much younger ages. (WHO, 2018) [1].

The heterogeneity in older age is not random. A large part of variation among older people arises from their genetics, their physical and social environment which includes their families, homes, neighbourhoods, communities along with their personal characteristics such as their ethnicity, sex and socioeconomic status and the impact of these environments on their health behaviour. These factors start to influence the ageing process at an early stage and have long-term effects on how they age. Ageing is an irreversible and irreparable process, increasing age causes changes in physical and mental functioning of an individual. The most important physical changes are: A number of Physical changes accompany the old age which can be easily observed. With age skin loses elastic tissues with causes "Turkey neck", wrinkles and pale skin. The hair turns white and thinner. Thinning of bones leads to hunch bag which makes them

look shorter. Therefore, there are physical changes which are less visible and affect individual's internal organs as well as body functions. Organic Changes can depress immune functioning as well as the decline in reserve capacity which helps body systems functions to their greatest limits at the time of stress. Brain, with the process of ageing the size of brain starts shrinking due to the loss of connective tissues: axons, dendrites and synapses which initially begins in frontal cortex, responsible for memory and high-level cognitive functioning. Due to these changes, the functioning of brain starts decreasing. Older people may respond and perform tasks more slowly, but given time, they do these things accurately. Some mental functions-such as vocabulary, short-term memory, the ability to learn new material, and the ability to recall words-may be subtly reduced after age 70. Sensory and Psychomotor functioning impairments are prone among the "old". Visual and hearing problems may deprive them of activities, social relationships and independence, motor impairments may limit their everyday activities. Mental Health in individuals ages from 60 or above, contributes the most in family, society and act as an active participant in workforce. While most of the older adults' experiences good mental health, however many older adults are at risk of developing mental disorders, neurological disorders or substance use problems as well as other health conditions such as diabetes, hearing loss, and osteoarthritis. Furthermore, mental and behavioural disturbances can be devastating for the older adults. "Dementia" leads to the decline in cognitive and behavioural sufficiency to perform daily life tasks. (American Psychiatrists Association, 1994). "Alzheimer's disease" is the most common among ageing people. It gradually declines awareness and the ability to control their bodily functions and finally leads to death. Ageing therefore affects the physical, cognitive functions and memory of the older people because of which they have to experience numerous challenges and issues in their day to day chores.

Challenges and Issues

Due to globalization, urbanization, migration and change in gender norms the world is changing rapidly which have a direct or indirect effect on the lives of older people. Ageing comes with many challenges some of which are explained below Erik Erikson (1950) [2] described as a person enters the last stage of their lives, they experience crisis over integrity versus despair. They evaluate the events of their lives and try to come to terms with the impact that they have made on the world. People who consider that they have had a positive impact on the world by their contributions live the rest of their life with a sense of integrity. On the other hand, those who feel they have not measured up to either their own or others standards develop a sense of despair.

The improved technologies have increased the rate of life expectancy of human life due to which people are living longer in contrast to older times, which had adverse effect on the physical and mental health of older adults.

The major problem is that increased life expectancy has increased the risk of serious disease and its prevalence with age. Even if the disease and disability are absent, human abilities including memory, cognition, mobility, sight, hearing, taste and communication tends to decline with age which results in increased dependency in meeting daily needs as they age, and with passing time they may become

dependent on caregivers such as family members, relatives, friends and health professionals. Increased dependency can also develop the feeling of shame, guilt, worthlessness or depression among elderly.

Ageism includes stereotyping and discriminating against individuals or groups on the basis of their age. In the study by, Aging and Old Age, discovered “resentment and disdain of older people” in American society. The stereotypes, discrimination, and devaluing of the elderly seen in ageism can have significant effects on the elderly, affecting their self-esteem, emotional well-being, and behaviour. After repeatedly experiencing the stereotype that elderly are worthless, they may begin to feel dependent and non-contributing members of society. They begin to perceive themselves in the same ways that others in society think about them. Studies have also specifically shown that when older people hear these stereotypes about their supposed incompetence and uselessness, they perform worse on measures of competence and memory; in effect, these stereotypes become a self-fulfilling prophecy.

In the present world young people gets so engrossed in their daily life hassles due to which many older adults spend their later years of life in old age homes or assisted living facilities which can have social and emotional impacts on their well-being. Older adults may experience the sense of isolation, depression or loneliness by the mere idea of moving away from family, their home, friends or other familiar aspects of their life.

As per Activity theory, “an adult’s roles are major sources of satisfaction; the greater the loss of roles through retirement, widowhood, distance from children or infirmity, the less satisfied the person will be.” The essence of positive aging is believed to be social connectedness and social support. As individual gets older, socioemotional selectivity theory proposed that our social support and friendships go down in number, but remain as close as, if not closer than, in our earlier years. Therefore, many older adults struggle with the feeling of loneliness as their loved ones, partners, or friends pass away or as their children or other family members move away and live their own lives. Loneliness and isolation can have discomforting effects on health and psychological well-being.

There may be multiple risk factors for mental health problems at any point in life. Older people may experience stressors such as bereavement, or a drop in socioeconomic status with retirement. All of these stressors can result in isolation, loneliness or psychological distress in older people, for which they may require long-term care.

People go through different transitions of their lives from unattached young adults to coupling, expansion, contraction and the beginning of their child’s family life cycle. “Each developmental stage of the family life cycle is a shock to the system because roles have to be reassigned values reorientation, status positions shifted, loss and mourning Dealt with and needs met through new channels” (Framo, 1994).

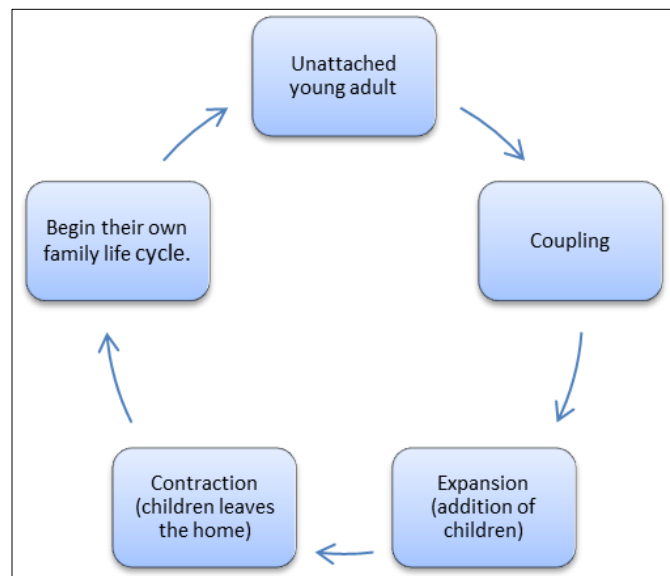


Fig 1: Family life cycle, Gerson 1995

From all these transitions of life the most difficult and painful phase is when child leaves homes. This phase is known as empty nest phase of the adult life cycle that occurs when the children are grown up and no longer lives at home (Harkins, 1970; Junge and Maya, 1985) and less commonly known by the more neutral term, the post parental period (Borland, 1982). Multiple reasons can be listed for the emergence of empty nest syndrome as it is that stage of transition where parents experience other transitions of the middle age which influence during the empty nest adjustment or the significant changes happening around the same time, such as retirement or menopause. Other contributing factors are unstable or unsatisfactory marriage, those who have difficulty with separation and change, those

who are full-time parents, single parents, who worry that their children aren’t ready to take on adult responsibilities or ready to leave home, who rely on their roles of self-identity, fear of role loss and who consider change as stressful rather than challenging or refreshing. They experience profound despair, loss of self-esteem, inactivity, difficulty in thinking and concentration, sleeplessness, loss of appetite and sexual desire, inability to deal with daily affairs, and the inability to relate to anything in life in a positive manner (Olson 1993). Most of the parents enter in their older adulthood with sadness, loneliness and insecurities. While raising children, parents gets so engrossed in building careers and taking care of family needs that marriage often gets out of focus. For some empty nest can be a terrible phase on the contrary post

empty life can become more enriching, productive and creative by reviving relationships with partner, old friendships, hobbies, interest, continuing personal growth, self-acceptance and perceiving moving out of children as a new adventure for their development rather than a loss. "parents must prepare for the contraction in their relational world and often must attend to both their individual needs and the needs as a couple for the first time in many years". The way couples deal with this phase effects their older adulthood and remaining years of their life. As explained by healthy and socially engaged aging is possibly one of the greatest predictors of successful aging. Therefore, there are always two sides of a coin. For instance, the process of ageing comes up with the problems, challenges or issues which hinders in the everyday errands of older adults due to which they feel worthless, isolated, burden on the society. However, there are solutions available which are proved to be highly beneficial for older population to overcome the challenges and fulfil their regular tasks smoothly and positively.

Solutions and Recommendations

Mental health has a large impact on physical health of older adults. For instance, older adults experiencing physical health problems such as heart disease have higher risk of depression than those who are healthy (Mental health of older adults, However, untreated depression in elderly with heart disease can negatively affect its outcome.

Aging is a fact of life and its essential to focus on healthy aging. Mental health is foremost at every stage of life which begins with childhood and adolescence through adulthood. Mental health involves our emotional, psychological and social well-being. It impacts the way individual think, feel, perceive and act. At the same time, it determines the way people manage their stress, relate to others and most importantly make choices.

However, the realisation of the importance of mental health is the paramount of the hour. There are shedload of solutions present in the field of psychology to help older adults experiencing challenges. For instance, there are multiple number of psychotherapies used for helping elderly in coping with their daily lives; overcoming from the impact of trauma, medical illness or loss, like the death of a loved one additionally specific mental disorder, like depression or anxiety. Psychotherapies to name a few cognitive behavioural therapy, interpersonal therapy, supportive therapy, psychoanalysis which work better with specific problems or issues. Though Mindfulness-based psychotherapy is one kind of the therapy which is most widely used by the therapists for the productive outcomes. The method of analysing one's present experience in précised and structured way is perhaps as old as humankind. However, mindfulness has seen to have roots in traditions of ancient India, essentially Hinduism and Buddhism. It's also known as ancient Indian Meditative Arts now referred as mindfulness meditation. In Hindu philosophy mindfulness is described as "Mere Witnessing". People started practicing and exploring the distinct forms of perceptual experience using introspective methods in forest and on the banks of the Indus and Ganges rivers. Moreover, there are sufficient allusions of meditation, silence, calmness and self-acceptance in Hindu scriptures which signifies mindfulness. Mindfulness is a practiced in several religious and secular traditions from Hinduism to Buddhism and most recently

non-religious meditation. According to ancient Buddhist teachings, the quality of mindfulness is present in everyone and can enhance it through practice. Moreover, its not limited to any particular religion or philosophy. It's a "construct related to a mental state" (Reid, 2011) and has seen implementations in social sciences, clinical psychology and religious (Buddhism) studies. As elucidated by Jon mindfulness is "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally, to things as they are." In simple words "the state of being attentive to and aware of what is taking place in the present". There are two main classic types of mindfulness: meditative mindfulness. These are based on different concepts but somehow possess similar characteristics. Its "a state of conscious awareness in which the individual is implicitly aware of the context and content of information" as well as "the process of drawing novel distinctions". According to the Institute for Meditation and Psychotherapy (2002), "Awareness of experience in the present moment with acceptance." It makes an individual "more aware of the context and perspective of their actions than if he/she relies upon distinctions and categories drawn in the past" and actively draws on these distinctions to "keep him/her situated in the present". There are five characteristics based on Langer's work as summarized by Sternberg (2000) are "openness to novelty, alertness to distinction, sensitivity to different contexts, orientation in the present, and implicit if not explicit awareness of multiple perspectives". These conditions can be reinforced by the process of learning to perceive old situation in a whole new way, thus broadening the individual's ideas of reference in day to day life.

Back to Full Paper Index 166 Mindfulness can generate functions related to different states of mind, based on different states of consciousness. Mindfulness can vary from" simple awareness, protective awareness, introspective awareness, to forming inspiring conceptions, and can transform one's cognitive process". The Buddhist ideology explaining mindfulness has been seen as indispensable in modern and clinical psychology brought the study of mindfulness to Clinical Psychology. Keeping his observations on classical Buddhist texts, he argued that mindfulness is not only a cognitive-behavioral technique to be used for behavioural change, however additionally a path and a state of transformation of mind that is useful for living a better life. Such Buddhist assertions on the value of meditative mindfulness have been tested using psychological methods, and have been found to lead to relaxation, attentional stability, and vividness of attention. The basic element of mindfulness is an intention to pay attention to a specific point of present-moment experience, such as focusing on one's breath or a physical sensation, as well as the continuous self-regulated attention or being aware of awareness. Researchers elucidated that mindfulness meditation increases metacognitive awareness, decreases rumination stress, boosts working memory, focus, less emotional reactivity, more cognitive flexibility, and relationship satisfaction. For instance, in one of the study, participants were randomly assigned with an eight-week mindfulness-based stress reduction group were compared with controls on self-reported measures of depression, anxiety and psychopathology, and on neural reactivity as measured by fMRI after watching sad films. The researchers found that the participants who experienced mindfulness-

based stress reduction had significantly less anxiety, depression and somatic distress compared with the control group.

Furthermore, similar to Mindfulness William Glasser introduced Reality Therapy (1965) which states that human brain is a system which regulates its own behaviour in order to manipulate the external world around it. It aims at helping people to gain more effective control over their own lives. According to Glasser human beings are motivated by five internal forces. All behaviours aimed at fulfilling the one physical and four psychological needs which are need of survival, need of love and belonging, need of power, need of freedom, need for fun or enjoyment.

As people grow up, they start developing their quality world and when a person perceives that he or she is getting what is desired from the external world, the five needs are satisfied. But when there is a gap between what is desired and the input one receives develops the feeling of satisfaction.

Therefore, reality therapy helps older adults examine their wants and needs, evaluate behaviours and make plans for the fulfilling needs. The main goal of reality therapy is neither insight nor finding the solution of unconscious conflicts. Rather, the desired outcome is behavioural change resulting in greater need satisfaction of the elderly. Reality therapy stressed on the fact that endless exploration of past experience is useless. Hence, the change in the way we think isn't essential because the choice of behaviour leads to more effective living. This therapy considers behaviour as an individual's finest shot best satisfy present needs, it rejects the "*reactive terminology*" that problems are due to external forces or past experiences. Thus, unfulfilled needs and wants leads to anxiety, phobias, and even psychoses. Reality therapists emphasize action, questions, and a therapist-led approach. In reality therapy, therapists takes the lead and encourage an individual to make specific changes in contrary to person centred therapists who follows the lead and wait for an individual to decide to change.

In general, reality therapy is similar to those psychotherapies that considers an individual as self-directed. Systems emphasizing the impact of external forces such as family, environment, past events, and the unconscious, all of which decreases the present ability of an individual to change, are not likely reality therapy. At present, reality therapy is recognized as an effective therapeutic technique with several implementations. Glasser believes that reality therapy can elevate the quality of life among older adults only if appropriate training is provided for control theory and reality therapy.

Mindfulness and Reality therapy both works on the phenomenon of "here and now" and living in the present. Its all about consciously paying attention to every moment, getting fully involved in whatever is happening around and within an individual. It builds an attitude of curiosity, acceptance and friendliness to whatsoever is experienced, rather than habitual patterns of judgment and criticism. Still both techniques elucidate the fact that our past behaviour should be discussed only as it impacts on present choices or future behaviour of an individual. Both teaches that human beings choose behaviours. Therefore, whenever an individual's choices are being made, they discover that the outcome is desirable or undesirable. They also analyse whether particular aspects of the external world are pleasurable (need-satisfying), painful (not need-satisfying), or neutral.

Therefore, Reality therapy can help older adults in aging successfully. During the process of aging individuals experiences large number of stressors for instance retirement, loss of a relative, a friend, life partner or staying away from the families, loneliness, dependency and so on. At this phase older adults starts developing the sense of guilt, shame which impacts negatively on their self-esteem and leads to the deterioration of their mental health. With the help of reality therapy older adults will be able to focus on the present rather than the past and helps in problem solving and making better choices in life.

Reality therapy can help older adults to work on their grief which was developed during the process of aging and learn to cope up with this emotionally distressed situation. Reality therapy as mindfulness intervention works wonderfully on elder population as during the sessions older adults are encouraged to think about their present needs and wants rather than scrutinizing the past experiences. Older adults are motivated to think about themselves as an individual not as someone's parent, spouse or daughter. It's an unparalleled intervention for older adults because unlike other interventions mindfulness helps elderly to think about their present and future in most practical ways rather than continuously emphasising on the past experiences to resolve unconscious conflicts. It teaches them the importance of living in the present and their satisfaction is utmost important for living a fruitful life and with the help of reality therapy parents can rejuvenate their lives by discovering their new interests, developing new relationships and learning to look forward towards the positive future.

Furthermore, Robert Wubbolding (1992) has extended the reality therapy and the ideas by describing them as a "cycle of therapy" and introduced the WDEP system (Wants, Doing, Evaluation, and Planning) with each letter representing sets of skills and techniques for helping elderly to take charge their own lives and thereby fulfil their needs in ways satisfying to them and to society. The procedure of reality therapy is discussed below:

W: Ask Elderly what they want. By skilful technique of questioning, the therapist helps parents to plan, simplify, identify and prioritize the needs present in their quality world of mental pictures. The letter W not only signifies wants but also perceptions. More precisely, the perceived internal locus of control (the perceived source of control over one's behaviour) is discussed. According to reality therapy, perceived external locus of control and purposeless behaviour are highly correlated. For instance, those parents who are high on empty nest syndrome usually develops the external locus of control i.e. their children. The fact that their children left home they keep on thinking that they are left with no purpose in life, their children are incapable of living on their own or in other cases older adults starts assuming themselves as a burden on their families, societies, worthless, develops a feeling of guilt which leads to develops the pattern of overthinking. At this point reality therapists asks the parents to analyse the amount of control they had on their behaviour in the past and they have now in the present. Thus, reality therapy aims to help older adults in perceiving some inner locus of control and simultaneously helping them to realise that with conscious efforts they can increase the perceived internal locus of control i.e. the feeling that they are the in charge of their life and can change their behaviour.

D: Ask elderly what they are doing and their overall direction. "Where are your current choices taking you?" "Are you headed in a direction where you want to be in a month, a year, two years from now?" "Will you describe the direction you are going without making a judgment about it?" These global questions are an attempt to help older adults to increase their understanding of what their choices look like from helicopter view. In the continuation of the example mentioned in W, the elderly are asked if the pattern of overthinking about the negative facts for instance worthless, purposeless or being burden on their children or society taking you. By describing their goal, elderly become aware about their thought process and its effect on their behaviour after which they get ready to evaluate and change their thinking and behaviour.

E: Ask older adults to conduct a searching self-evaluation. Described self-evaluation as the "core of reality therapy". Sees it as "the keystone in the arch of procedures. It holds the other elements together, and if it is removed, the arch crumbles". The many forms of self-evaluation include the following:

1. Evaluation of wants as realistic

Elderly are asked to evaluate the practicality of the achievement of their wants. Having attainable wants helps an individual to achieve them and simultaneously builds self-esteem, sense of achievement, feeling of happiness and a sense of well-being.

2. Evaluation of wants as genuinely beneficial. All wants which are responsible for the satisfaction of the needs are genuinely helpful to the older adults. Whereas some elderly has desires which after the further examination are found not to be beneficial for their well-being. Simultaneously, older adults are asked to evaluate their wants in terms of their short- and long-span influence on oneself, on others, and on their environment.

3. Evaluation of behavioral direction

Elderly are asked to analyse whether their overall life journey is headed towards a desirable goal.

4. Evaluation of specific actions

The most commonly used form of evaluation is analysing the effectiveness of specific actions. The older adults are asked, "Did your procrastination help you to perform this behaviour?" or "What impact did workshops on positive thinking have on you? Did it help? What did it do to your behaviour and to the family?"

5. Evaluation of perception

After helping, older adults elucidate their perceptions of the present situation, especially their perceived internal locus of control, the reality therapist asks elderly to decide if the way they see the world is genuinely the best for them. "Is it true that you really have no control, that you are completely incapable of making the situation better?" "By doing just enough to slide by, are you achieving the highest quality behaviour you are capable of?" "If you haven't caused any of the trouble you've experienced, is there any way you could make the situation worse?" Most elderly enjoy telling the therapist that they could indeed choose to worsen their condition. With such contradictory questioning, they become aware of the fact that if they are capable of making their life miserable it means they have more control than they perceived and can improve their condition.

6. Evaluation of the plan of action

One of the essential sessions is the formulation and execution of action plans for excellent outcomes. Elderly are asked questions such as, "If you follow through on your plans, how will your life be better? How will you be living a more need-satisfying life? What specifically will you have, in terms of inner need satisfaction that you don't have now?" Also, the plan is evaluated using the criteria of an effective plan, to be described later.

7. Professional self-evaluation

Part of this procedure is the self-analysis of the therapist including such questions as: "How am I facilitating my own professional growth? Do I work within the boundaries of my limitations? How committed am I to my profession and to this particular elder? Am I aware of the special ethical applications of reality therapy? Is the quality of my service to the public the highest it can be? How can I improve it?" The therapist's continual self-evaluation is a keystone of the effective use of reality therapy. If therapists are to be skilled in helping others confront their own wants, actions, thoughts, feelings, and motivational level, it follows that therapists must be willing to engage in the same process. The goals of reality therapy are behavioral changes, personal growth, improved and enhanced life-style, better decision making, remediation of personal deficits and, in the language of control theory, the more effective satisfaction of the human needs of belonging, power, fun, and freedom. Human beings will make changes after they decide that a change would be advantageous. Thus, reality therapists are relentless in their efforts to help clients conduct explicit self-evaluations of each component of their control systems.

P: Ask older adults to make Plans for the effective fulfilment of their needs. When elderly comes up with a plan and implements that, they start taking charge of their lives by redirecting their energy. The therapist tries to ease the plan formulation by teaching elderly about the characteristics for forming effective planning. The plan should have SAMIC characteristics-i.e., it should be Simple, Attainable, Measurable, Immediate, and committed to. When older adults come up with their own plans are always the most effective ones. When they answer the question, "What is your plan?" with all the strategies and the alternatives for change, they are clearly taking better charge of their life and its direction. Still, for many older adults it's not possible to formulate such plans during the initial stage of counselling. Therefore, the reality therapist often assists actively in helping them to make such plans. The method used in the effective practice of reality therapy have wide range of application to virtually every type of client, and their use is limited only by the creativity of the practitioner. Because therapist spends a nominal amount of time discussing problems and the uttermost amount of time finding better ways to fulfil needs. Every attempt is made to build on it and to expand it, while helping the client self-evaluate both effective and more helpful behaviours. The same can be said of other applications. Drug abuse, depression, low self-esteem, acting-out behaviours, and the entire catalogue of out of control behaviours can be discussed to some degree. But the procedures that are most helpful and most efficiently used are those that encourage individuals to search out a positive lifestyle characterized by a wide range of habitual choices that are satisfactory to them, to their families, and to society at large.

Conclusion

Aging is not only associated with physiological changes that the body goes through during the life course but is also influenced by the societal norms and expectations related to

different periods in the individuals' life. The biological aging is also termed as "senescence" means the moderate decrease in the functioning of living organisms which they go through. Certain biological changes take place in old age. According to psychodynamic frame of reference, Erikson (1950) elucidated "maturity" phase among older adults in which they experience the sense of fulfilment as well as the wisdom reflection of their lives. However, the feeling of regret and despair may lead to psychosocial conflict. In interrelation to the biological changes, it is also an unavoidable effect of aging; sometimes poor physical health comes along with poor psychological health.

As per the buffering/stress perspective (Brown and Harris 1989), Old age is considered to be period of particular stress. It is a phase when elderly experiences frequent losses, including retirement, loss of occupational prestige and low income, often loss of friends and most importantly the loss of a spouse, many a times with dramatic consequences. Numerous studies have shown that bereavement is a strong predictor of psychiatric disorder in the elderly. Nowadays, the concept of "Frailty", developed by Rockwood is getting more attention in medicine and became a priority as the need of the hour is the better understanding of the physical and psychological health of older adults moreover to delay the beginning of late- life disability and its effects. The term "frailty" also signifies a psychosocial vulnerability among older adults which is a matter of social concern. Rockwood observed a complex interplay of, "medical" and "social," which can retain or jeopardize independence. In addition, it's not necessary that chronological age coincide with health status, it's very difficult to decide the moment of social alert. However, at the time of frailty, vulnerability and social withdrawal the families and the care system must be prepared not only to cope with the medical problems of older adults but also with the psychosocial problems.

Attitudes, habits, cultural values and norms profoundly influence the limits that elderly impose on themselves to a large extend. For some it's difficult to accommodate to new activities, new routines and new societal roles during retirement age whereas on the other hand for some it's very easy and productive. This is supported by the empirical observations of the study higher levels of psychological distress at the time of retirement. Among all the factors, family support plays a pivotal role in aging which influence the actual experience of care, as well as individuals' satisfaction.

Relatedly due to migration phenomenon which is a partial result of globalization many young and adults have started moving to for their career opportunities in other regions/ countries, even overseas due to which many older parents being deprived of care in their home place and develops empty nest syndrome. Due to psychological discomfort, stressful life events and lack of perceived social support among older parents have been strongly associated to risk of depression among them. Therefore, it's of par importance to develop preventive plans and interventions to help elderly in coping with this difficult phase life and more importantly to live with the sense of satisfaction and happiness.

Hence, there are numerous psychotherapies which are used as the preventive measure among elderly but the most effective among all the psychotherapies is mindfulness which has enjoyed an immense surge in popularity in the past decade, both in the popular press as well as in the literature of psychotherapy. The practice has moved from the Hindu and Buddhist literature concept originated about 2,600 years ago which is one of the most powerful psychotherapy today. The term "mindfulness" is used to

explain the psychological state of awareness, the method that increase this awareness. Consequently, mindfulness is defined as a moment-to-moment awareness of one's environment as well as psychological experiences without judgment.

The benefits of mindfulness are self-control, self- insight, objectivity, morality, affect tolerance, enhanced flexibility, equanimity, improved concentration and mental clarity, emotional intelligence and the ability to relate to others and one's self with kindness, acceptance and compassion. Many studies also suggests that mindfulness meditation has great number of health benefits such as increased immune functioning for a review of physical health benefits), improved well- being and reduction in psychological distress. Additionally, practice of mindfulness meditation practice increases information processing speed and decrease in the amount of efforts to accomplish task.

Furthermore, Reality therapy developed by William Glasser (1965) mindfulness works on the same principle which states that an individual is solely responsible to make necessary changes for happy and fulfilling life. Reality therapy emphasise on the self-improvement and focus on the individual's capability to form awareness about themselves. Reality therapy is based on *Choice theory*, also developed by Dr. Glasser, which states that that all human behaviours are directed by the drive of fulfilling the five basic needs. According to this theory, all the behaviour of an individual is the result of choices they make and they are solely responsible for that choice. In simple words we cannot change other people and that the only thing we can control is ourselves. Similarly, the problems or issues experienced by older adult due to several issues mentioned above can be solved with the help of reality theory since it's idea is that we are total control of ourselves. Furthermore, Wubbolding developed WDEP system which symbolises wants, doing, evaluate and plan on which reality therapy takes place.

Reality therapists acts as a kind of "reality guide" for the for older adults, pointing elderly toward their behaviour that is not contributing in any way to achieve their goals and helping them to identify the types of choices that are available to them. They help older adults to analyse on what they can do, and drive them away from emphasising on their past instead of the present. Older adults in reality therapy are encouraged to do the following: focus on the present, avoid discussing symptoms, criticizing, blaming, putting their energy in changing their thought process or behaviour and making achievable goals and plans. Older adults are encouraged to make "SAMIC3" plans, plans that are:

- S - Simple
- A - Attainable
- M - Measurable
- I - Immediate
- C - Consistent
- C - Client-centred
- C - Committed to

Once elderly have made plans and set goals with the guidance provided of the reality therapist, then the therapist helps older adults to recognize the behaviour that is irresponsible or hardly help them fulfil their goals and motivate them to engage in behaviour that will move them one step further in achieving their goals (Lane, n.d.). With the help of reality therapy, older adults will learn to look forward towards their present and future positively instead of looking back in their past. This intervention will help elderly to start believing in themselves, their capabilities, their skills and most importantly to take charge of their lives smoothly and lead fruitful life.

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