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A Quest for Peace and Reconciliation

PaxLumina
A Quest for Peace and Reconciliation

**The elderly are
the 'firm foundation' of the future.**

- Pope Francis

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Pax Lumina

A Quest for Peace and Reconciliation

Pax Lumina

An Initiative of Peace and Reconciliation Network

Jesuit Conference of South Asia (JCSA)

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LETTERS TO THE EDITOR

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Editorial

The Travails of the Aged

French existentialist philosopher Simone de Beauvoir (1908-86), in her seminal book on old age, 'The Coming of Age', written over fifty years ago, concluded that the questions troubling most people during their advancing years were not metaphysical in nature but socio-economic in content. Being a left-wing philosopher, de Beauvoir's conclusions aligned with her convictions.

However, as part of Pax Lumina's explorations of this issue in the world of senior citizens, one important fact emerged from the reactions of our contributors from different countries and cultures. In societies that care for the elderly, the ageing population seems to lead a contented and fulfilled life. In short, human beings are more concerned about the here and now rather than the hereafter and dying unknown. In communities where social security systems are robust and universal, such as in Japan and Germany, the proportion of people above the age of ninety or a hundred years is comparatively higher, and they remain active even in the latter part of their lives.

In this connection, it is worth noting with some concern that the erosion of traditional values in certain cultures — as reported from some African countries — has led to a decline in the social recognition of the elderly and the consequent weakening of their socio-economic status in society.

The reader of Pax Lumina is aware that, over the last few years of the magazine's existence, we have been focusing on issues that do not typically attract wider public attention because the people concerned are neither powerful nor vocal. These are the marginalised sections of society, about whom the mainstream pillars of society neither care nor act. There are hard-hearted cynics who ask: why should 'we' bother about such marginalised sections of society?

This is a moral question that Pax Lumina has been striving to answer in the affirmative through its peace-making and peace-building efforts across different countries, cultures, and societies on this planet. We believe that the neglect of the most unimportant, the smallest, and the least in this ecosystem will ultimately lead to the implosion and extinction of this planet, and through a diabolic chain reaction, the end of the universe itself.

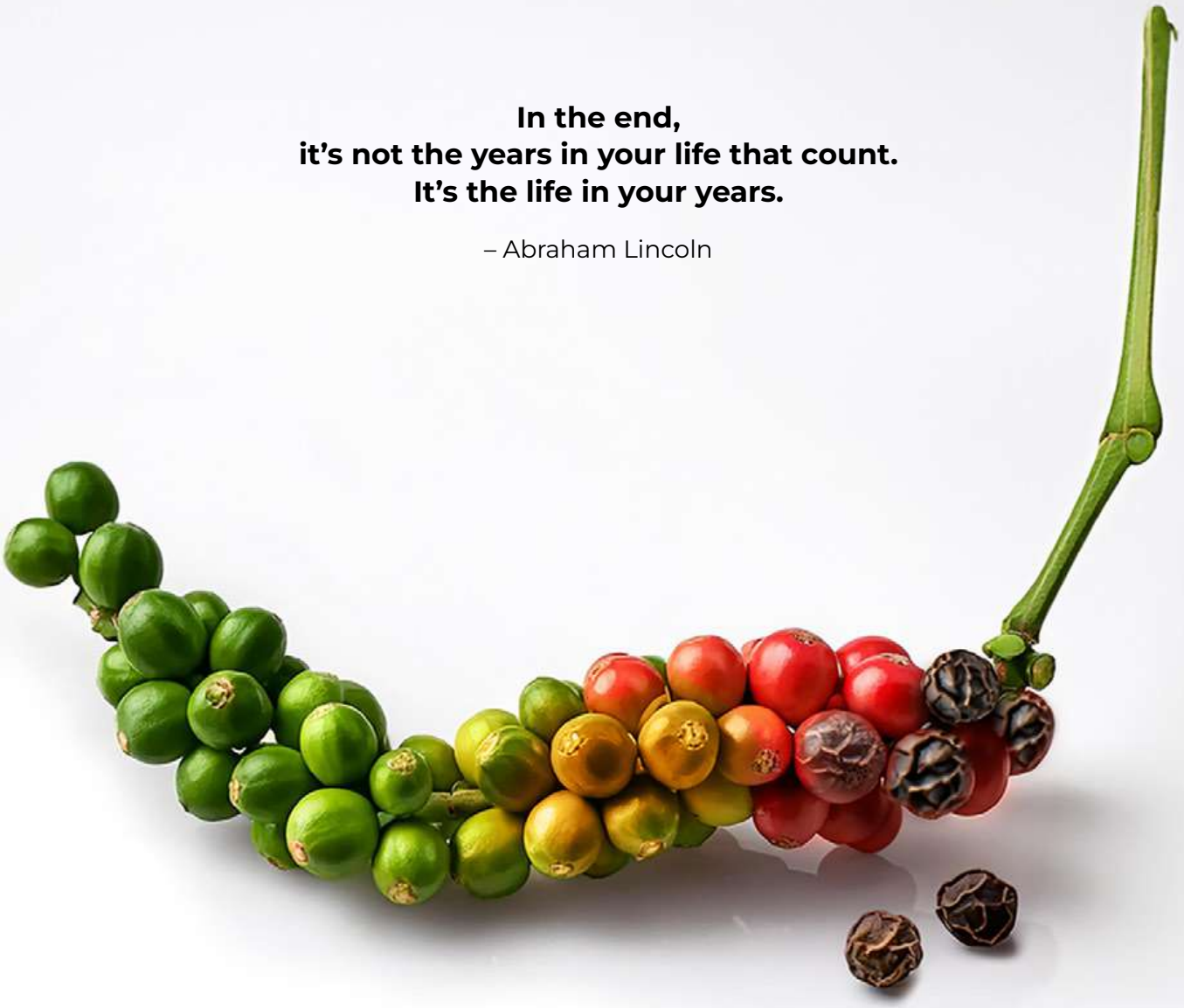
Returning to the world of senior citizens, it is heartening to note that most global societies care for the elderly, though the systems and modalities differ in each country. There is also a growing international awareness of the rights of senior citizens, and important international organisations are initiating proactive steps in this regard.

It is hoped that, like racism, casteism, sexism, and a host of other discriminatory practices that the world has successfully combated, 'ageism' will also be recognised as a scourge to be eradicated from this planet through the combined efforts of all people of goodwill — the young, the old, and the elderly.

Jacob Thomas
Editor

In the end,
it's not the years in your life that count.
It's the life in your years.

– Abraham Lincoln



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TWO PERSPECTIVES ON SUPPORTING OLDER ADULTS

EXPERIENCES FROM JAPAN AS A SUPER-AGED SOCIETY

Japan was first defined as an ageing society in 1970 when the ageing rate (the percentage of the population aged 65 and over relative to the total population) reached 7 percent. Then, in 1994, it became an aged society when the ratio exceeded 14 percent. This transition took only 24 years, a remarkably short period compared to Western countries.

Currently, the ageing rate stands at 29.1 percent, making Japan one of the most aged societies in the world.[1] Ageing progression is now a global phenomenon, particularly in Asia, where some countries are becoming aged societies even faster than Japan. In this sense, Japan's experience might provide insight into the future of many other countries worldwide.

When considering support for older adults, two perspectives are essential. The first is a system in which society supports older adults. The second is providing clinical support for individuals.

When considering support for older adults, two perspectives are essential. **The first is a system in which society supports older adults. The second is providing clinical support for individuals.**

The first perspective regards societal support systems: the pension, the medical insurance systems for the elderly, and the long-term care insurance play significant roles in Japan.

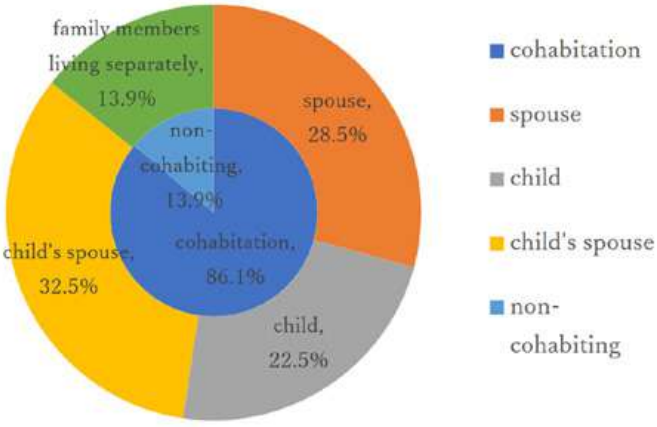

Figure 1 Primary carers of bedridden elderly people (1998)

It is often said that Japan has a spirit of respect for the elderly, but spirit alone cannot support older adults. These social support systems are essential for Japan as a super-aged society.

The pension system addresses economic needs, the medical insurance system addresses healthcare needs, and the long-term care insurance system addresses caregiving needs. These social insurance systems cover all elderly individuals. While the needs of older adults are not limited to these three areas, they represent fundamental needs common to all elderly people in any society.

In particular, the introduction of the long-term care insurance system in 2000 brought significant changes to the caregiving landscape for older adults.

Figure 1 shows the relationship between carers and bedridden elderly individuals before the long-term care insurance system was implemented.[2] At that time, caring for elderly people was primarily handled by cohabiting family members, with the spouses of their children comprising the highest proportion (mainly daughters-in-law).

Conversely, Figure 2 presents relationships between primary carers and long-term care insurance recipients from the most recent survey.[3] Although a direct comparison with Figure 1

Japan has developed several systems to support older adults, but these systems still face numerous challenges. **Particularly as further population ageing is anticipated, efforts must be made to ensure these systems are financially sustainable.**

is not possible because Figure 2 represents carers of long-term care insurance recipients (among whom the bedridden elderly are only a small subset, with many being less severely disabled), it clearly shows a significant shift in caregiving roles.

The proportion of caregiving by cohabiting family members has dropped to less than half, while cases where non-family professionals are the primary carers now account for 15.7 percent.

One of the objectives of introducing long-term care insurance was to promote the socialisation of caregiving. Given the increasing elderly population and other societal changes, such as the rise in nuclear families and elderly people living alone, securing caregiving providers beyond cohabiting family members has become a crucial challenge.

The entry of many service providers into the caregiving market and the shift to a social insurance system have heightened an awareness and willingness to utilise services among older adults. Beyond Japan's experience, as the proportion of elderly people increases in a country, it is no longer feasible to confine caregiving within the private sphere of the family.

Each country needs to develop systems suited to their circumstances that enable society to take on the responsibility of caregiving.

A crucial element of the second perspective, individual clinical support, is understanding old age. In pursuing an understanding of successful

ageing, gerontological research has explored how to spend old age best.

Theories, such as the activity theory, which advocates for continued social engagement, and the disengagement theory, which suggests that it is beneficial for both society and individual elderly to withdraw from social activities gradually, have been proposed. However, both theories aimed to define a universally desirable way of ageing, and as such, they are no longer widely supported. Instead, the focus today is on the diversity of the ageing experience.

Various methods are used in the clinical support of individuals, such as medical care, nursing, and psychology. Here, I would like to offer insight from the field of social work, which is my area of expertise. Since Felix P. Biestek,

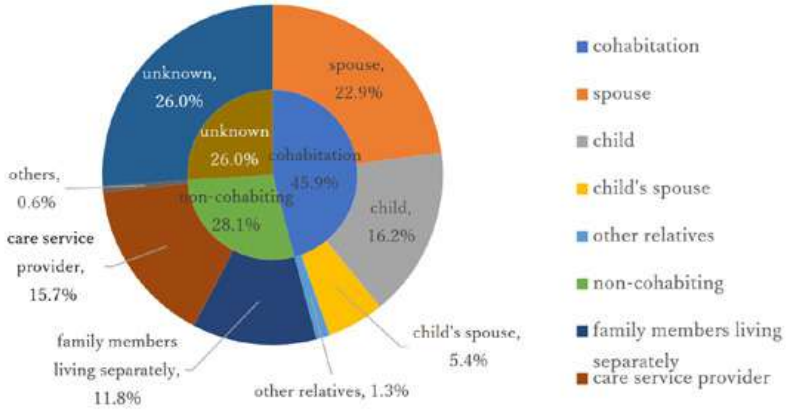

Figure 2 Primary carers of long-term care insurance recipients (2022)

SJ, a professor of social work in the United States, proposed the seven principles of social casework in 1957 [4], social workers have held these principles in high regard. One of these principles is the 'principle of individualisation'. This principle recognises each client as a unique individual rather than grouping them based on their attributes (such as gender, age, illness, or disability).

Labelling people simply as 'elderly' can lead to perceiving them as a homogeneous and distinct group separate from 'us'. However, because old age is the culmination of each diverse individual's life journey, older adults are likely to be more diverse than any other age group. Clinical support for older adults must approach each person with respect for the unique accumulation of their individual life experiences.

We have considered support for the elderly from two perspectives: social support systems and clinical support. The basic and universal needs of older adults should not be addressed solely by the efforts of themselves or their families. All members of society need to share the burden collectively.

Establishing a framework as part of the social system is needed to achieve this goal. Japan has developed several systems to support older adults, but these systems still face numerous challenges. Particularly as further population ageing is anticipated, efforts must be made to ensure these systems are financially sustainable.

Social systems are not complete once established; they must be continually adjusted to respond to societal changes. Additionally, the individualisation principle is fundamental for effective clinical support, but it is often overlooked.

By valuing this social work principle in Japan and globally, those involved with caring for older adults can contribute to reducing ageism (discrimination or prejudice based on a person's age). It is crucial to develop support for older adults by addressing these two perspectives as complementary elements.

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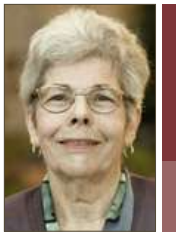

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SHARING LIFE STORIES FOR RESILIENT AGING

CANADIAN REFLECTIONS

As a semi-retired professor emeritus in aging and health, I founded Hamilton Aging in Community a decade ago to combat social isolation. The purpose of our local charitable organisation is to foster resilient aging through social connections and community.

The Canadian Longitudinal Study of Aging (CLSA) is a nationwide, long-term study of 50,000 individuals between the ages of 45 and 85. They have been followed for 30 years.

Led at my university, this 23-year-old research programme identifies factors distinguishing healthy aging Canadians from those dying younger or living with long-term illness.

One of the major findings, consistent with other smaller studies, is the critical importance of loneliness and social isolation as debilitating factors.

As a semi-retired professor emeritus in aging and health, I founded Hamilton Aging in Community a decade ago to combat social isolation. The purpose of our local charitable organisation is to foster resilient aging through social connections and community.

We achieve this goal by disseminating information relevant to seniors' lives and ongoing learning, providing educational presentations and small group events, sustaining a mutual support group, fostering intergenerational connections, and awarding annual scholarships to students focusing on aging and health.

The Intergenerational Memoir Project is the centrepiece of our activities.

Writing Memoir for Resilient Aging

Resilient aging builds on our life experiences to adapt to the ups and downs of aging. Research has established that life review is a natural process for older adults. Writing down life stories helps a person harvest the lessons of the past to live more fully in the present and to prepare for one's future.

Sharing life stories and family history serves younger generations and enhances intergenerational communication. Generativity is a desire central to later life – the urge to contribute to the lives of younger people, to pass on the wisdom inherited and cultivated through a long life.

Writing and sharing one's life stories contribute to resilience through purpose, accomplishment, generativity, and intergenerational connections. In turn, resilience contributes to life satisfaction, physical health, and mental health, as shown in the CLSA and other longitudinal studies.

Overcoming Ageism through Life Stories

Ageism is prevalent worldwide, with cultural variations. My pre-retirement research identified communication predicaments of older adults, especially those with seeing, hearing, and memory difficulties.

Negative stereotypes of old age (losing competence, fragile, forgetful, disengaged, complaining) affect how older adults are treated, especially in caregiving or healthcare situations.

Patronising communication can include avoidance of conversation, a baby-talk tone of voice, dismissive gestures such as raised eyebrows, inappropriate intimacy (e.g., Dearie, Sweetie), and talking to a younger companion instead.

When treated in such a stereotypical manner, it is difficult for an older adult to demonstrate competence and achieve a satisfying cross-generational conversation. Often, a senior accepts demeaning treatment passively and then might explode out of proportion over one instance.

Research on communication predicaments shows how such patronising communication can contribute to a self-fulfilling prophecy of diminished competence, less assertiveness, more passivity, and less engagement.

What is the remedy is a question we are asked when teaching health and social service professionals who work with older clients. Specific communication strategies can be taught to address particular age-related impairments, but the most important message from research is to listen to an older client. You should get to know your conversational partner so that you can speak with them normally, making minor adjustments when needed as you would for anyone. Involving seniors in writing their life stories builds confidence, teaching seniors to tell brief, engaging stories helps them convey competence, and sharing life stories increases assertiveness.

With these benefits of writing a memoir and the additional benefits of intergenerational conversations for both the young and the old, we initiated the Intergenerational Memoir Project four years ago.

Intergenerational Memoir Project

Ninety pairs of McMaster students and senior volunteers have participated in the project thus far. We collaborate with Geraldine Voros, a professor on aging and health studies.

We recruit senior volunteers from the community to pair with students wishing to fulfil their applied aging requirements under Professor Voros' supervision.

Brief initial biographies enable us to match students with older volunteers. We offer both groups instruction on strategies for writing

Specific communication strategies can be taught to address particular age-related impairments, but the most important message from research is to listen to an older client.
You should get to know your conversational partner so that you can speak with them normally, making minor adjustments when needed as you would for anyone.

a memoir, including the use of photographs and Internet-based details to set the historical context. We also provide troubleshooting guidance during the semester.

The students meet virtually (via the Internet or phone) every week to assist the seniors in writing their memoirs. Seniors talk with their partners which stories to write, and then receive comments on drafts.

Some seniors start with written stories and need the weekly structure and technical assistance to put them together with images for a self-published book. Others complete the semester with their first written life stories to share with loved ones.

The weekly conversations help the partners to learn about each other's lives, thereby nourishing mutual support across the generation gap.

Each year we hold a Memoir Fest via Zoom, a two-hour recorded event for which partners work together for the senior to present a five-minute excerpt from their memoir, usually illustrated with photographs.

The live audience is usually between 30 and 50 participants, with family members, recruits and interested parties viewing the annual online recordings.

Feedback shows that students discover much to admire about their partner's past and present, learn oral and written communication skills, and come to appreciate the strengths of age.

Students express surprise that they have so much in common with their senior partners. They enjoy listening to their partner's stories and learning new perspectives on life, especially tales of overcoming hardships.

Seniors savour the refreshing connection with youth, the opportunity to contribute and be a mentor, and support for writing down their life stories. They appreciate being able to reflect on their past regularly and spending time with an interested, attentive partner. Some partners decide to keep in touch with each other after the course ends – they become friends.

Finally, research identifies social connections as the new medicine for resilient aging. Local organisations can readily partner with a university or secondary school to pair youth with senior volunteers to promote the sharing of life stories.

Working together on a meaningful project builds intergenerational bonds and cultivates listening in both directions. Sharing stories through writing and oral presentations strengthens the community. This is a hopeful approach to overcoming barriers created by societal ageism.

Ellen B. Ryan is Professor Emeritus at McMaster University in Hamilton, Canada and co-leader of Hamilton Aging in Community. Teaching memoir writing and building intergenerational connections are cornerstones of her work to foster resilient aging.

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FROM **REVERENCE** TO **REJECTION**

THE **EROSION** OF **ELDERSHIP** IN **MODERN AFRICAN SOCIETIES**

There are significant differences from country to country, from region to region, and from tribe to tribe, as it is a vast continent with diverse ethnic groups. Yet despite all these differences, many African societies have historically valued the elderly.

Ageing is natural for any living being. For many humans, it is one of the most inspiring aspects of life, as it brings the satisfaction of a life fully lived.

Nonetheless, it is paradoxical that ageing is a major risk factor as older people experience social exclusion, ageism, poverty, ill health, abuse, and neglect among other things.

This is evident in many societies worldwide, including those in Africa, where traditional values of respect for the elderly are increasingly eroded by the influences of modernity.

According to the 2019 United Nations Department of Economic Affairs (UNDEA), 703 million people were aged 65 and older worldwide. It was estimated to reach 1.5 billion by 2050.

The most rapid increase was anticipated in the least developed countries, where the elderly population was projected to grow from 37 million in 2019 to 120 million by 2050 (UNDEA, 2019).

A significant concern in Africa, while not within the scope of this article, is that this demographic shift is occurring without systematic and effective measures to ensure the well-being of elderly people, leaving them particularly vulnerable.

Several examples of this unpreparedness have been recorded in many countries. The Malawi Network of Older Persons' Organisations documented over 113 cases of elderly abuse in 2023 alone, with 25 of them killed and 88 harassed due to accusations of witchcraft.

Moreover, there was a staggering 68 percent increase in reported attacks and abuses against older persons in Malawi between 2021 and 2022. Similarly, a HelpAge International study in countries, such as South Africa, Kenya and Ghana highlights cases of physical, emotional and financial abuse, neglect and violence also linked to witchcraft accusations.

Africa is not a homogeneous entity. It is not a single village with one ethnic group and a common culture, where people behave or understand the world in the same way.

There are significant differences from country to country, from region to region, and from tribe to tribe, as it is a vast continent with diverse ethnic groups. Yet despite all these differences, many African societies have historically valued the elderly.

In many African communities, elders have been thought to have the power to bless and curse. **Young people are to give them respect so that they may receive blessings from them. The blessings bring long life and uccess, while curses bring only hardships**.

Margaret Mead, a renowned anthropologist, offers a comparative perspective on ageing and respect in various cultures, as she notes, 'In every society, the elderly are repositories of cultural knowledge and experience. Their treatment reflects the values and priorities of that society. When respect diminishes, so too does the cultural continuity and stability' (Mead, 1963).

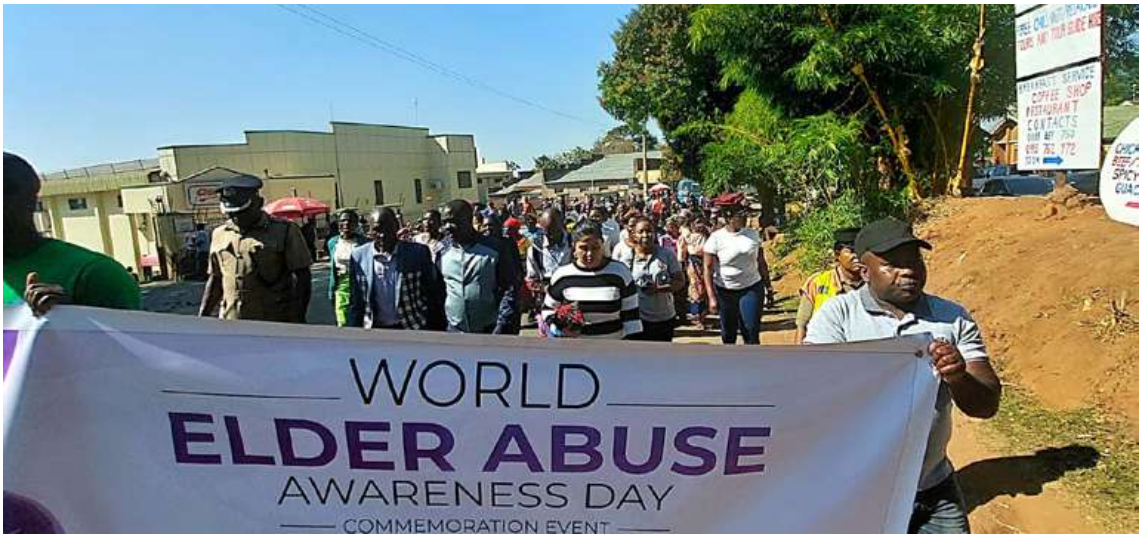
This observation is particularly relevant to the African context, where, from a young age, children are taught to respect their parents and all elders within the family and community. All old people are supposed to be respected as one's parents because of their age or experience. In addition, those who are 'good' and seen as good models of 'personhood' are accorded even greater respect.

A common saying among the Bantu-speaking people in central and southern Africa goes like this: when one respects a child, they will also be respected by the child. This means that even though there is a hierarchy in African cultures, members should respect each other. Those who are given respect are expected to respect others and carry out their duties faithfully.

In this regard, I agree with Hannah Kinoti, an African scholar and advocate for traditional values, who is convinced that 'eldership is not and has not been a social status with definite responsibilities and privileges. Rather, it is an opportunity for elders to manage their homesteads. And this determines how highly one is regarded locally' (Kinoti, 2010).

From this, one realises that eldership is not automatic. Moral integrity and wisdom are important qualifications. Traditionally, Africans regard elders with respect because they are close to their ancestors and might have known some of them, and they are most probably the next to join them.

In places where life expectancy is low, it is considered a blessing to reach old age, showing



that God (Prov 20:29, Job 12:12, Ps 92:12-15) has favoured them by granting them long life despite sickness, hunger, accusations of witchcraft, and the like.

Furthermore, in many African communities, elders have been thought to have the power to bless and curse. Young people are to give them respect so that they may receive blessings from them. The blessings bring long life and success, while curses bring only hardships.

Bénézet Bujo, an African theologian, agrees with this view. He said, "Blessings, luck, and a harmonious life depend on true love and respect, which one has to show to parents and elders" (Bujo, 1998).

This consideration extends to all people who are older than oneself, even those who do not belong directly to one's clan. From this understanding, I contend that African culture has a rich tradition that values the elderly.

A society can never neglect the presence of the elderly, let alone regard them as receiving ends and not active contributors to the growth of their communities.

The unfortunate reality of our generation is that we assume we have all the answers and do not need any help from the elderly. And yet, while adapting to the new living conditions brought about by modernity, we can and must revisit and learn from traditional African practices of honouring and valuing elderly people.

Barnet Chokani Phiri is a Pallottine working in Malawi. He is an alumnus of Hekima University College, Nairobi, Kenya, and has a passion for Peace and Reconciliation studies in Africa.

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MITIGATION THROUGH CASH TRANSFERS FOR THE ELDERLY CITIZENS OF KENYA

A HIT OR A MISS?

Introduction

The elderly is a valuable resource to humanity.

Living a long life is regarded as a social accomplishment. In all African communities, the aged were held in high esteem. They were usually the judges, rulers and religious leaders. They were considered the wise old leaders who provided guidance, counselling and teaching to younger members of society (Carva & Liddiard, 1982 cited in Barker, Giles & Harwood, 2004).

The aged acted as the embodiments of wisdom and experience. They were the repository of societal norms and values. These were imperative for the survival and continuity of society.

Old age is the range of ages for people who are approaching and beyond life expectancy. Old folks, aged, elders, seniors, senior citizens, or older adults are other terms used to describe people who are getting older.

The chronological age that is designated as 'old age' varies culturally and historically. It is not a fixed biological stage. The United Nations defines an elderly person as someone older than 60 years (Voicu & Voicu, 2016).

Depending on the situation, the country, and the location, traditional African definitions of an elder or 'elderly' individual range in age from 50 to 65 years (Ayokunle et al., 2015).

The ageing population is a reflection of human accomplishment, as longevity has increased while being the primary cause of decreased fertility. Living to be 70 or 80 years old is becoming commonplace in many places these days. Nonetheless, longer lifespans have brought out additional challenges.

How long is a healthy life guaranteed for older people? Which chronic illnesses would they have to cope with? For what duration may they live on their own? What percentage of them are still employed? Will they have enough money to last the rest of their lives? Can they afford the costs of medical care?

The ageing population is a reflection of human accomplishment, as longevity has increased while being the primary cause of decreased fertility. **Living to be 70 or 80 years old is becoming commonplace in many places these days. Nonetheless, longer lifespans have brought out additional challenges.**

As the world's population ages, it is faced with these and many other questions such as the quality of life for the elderly.

Welfare Initiatives for Old People: Opportunities and Challenges

In Kenya, the prospects of reaching a ripe old age are increasing as reflected by the demographic patterns which show that life expectancy has increased by almost 10 years, from 54.41 years in 2000 to 63.83 years in 2024 (Worldometer 2024).

This means that life expectancy fits into the UN category of old people. The proportion of the population entering this age category almost doubled (increased by 71 percent) between 2009

and 2019, and is set to continually increase. This changing demographic pattern presents unique challenges and opportunities in emergency preparedness, response, and recovery.

The majority of elderly Kenyans are women who reside in rural areas. Approximately, 18 percent of households are occupied by older persons. The elderly are held in high regard. However, this does not always translate to support for them.

Children are expected to look after their elderly parents and relatives. Those who do not take care of their elderly parents are frowned upon. Traditionally, children have always felt an obligation to take care of their elderly parents and relatives.

However, the urban migration of young people in search of jobs has disrupted traditional family structures and weakened support systems for older people, and impacted their social protection.

According to Achuka (2016), the changing family values, rising cost of living and migration into cities or abroad have meant that many Kenyans are living away from their parents. Consequently, they are unable to fulfil their traditional role of caring for them.

In a country where there are very few institutionalised homes for the elderly, poor health systems infrastructure, lack of food security and unpredictable economic prospects, ageing can, indeed, be challenging for most people.

Currently, about 89.4 percent of adults lack a pension scheme, setting the stage for a rise in old-age poverty and forced work. The majority of older persons have worked throughout their lives, and contributed through direct and indirect taxation, but have no pension after retirement to compensate for the loss of earnings.

Elderly people who live alone or head households where other members are children often face challenges accessing healthcare, housing, transport, energy, social support, food, water, and other support services.

Caring for the elderly has been a practice in virtually all African societies for centuries owing to the sociocultural significance attached to old people. The practice of caring for the old through the traditional model continued in colonial times, but began to fragment in the post-colonial era when modern economies began emerging in the continent. People have dispersed far away from their homelands in search of better economic prospects in their countries and abroad.

The church has played an important role in taking care of the old, especially widows. But this kind of support has been very limited, especially as missionary-type churches began to be phased out.

Further, the institutionalisation of homes for the elderly has emerged. Some are free for the occupants while others are paid. The paid ones range from about Ksh 10,000 ($100) to as high as Ksh 150,000 ($1500) a month (Kimamo & Kariuki, 2018).

The free ones are run by churches, notably the Presbyterian and Catholic churches, and sometimes, by the government through the City Commission. Both types of institutions paid or free, are unable to cope with the demand due to limited capacity.

In some of these homes, the only way those on the waiting list could get admitted was when an occupant died (Olive, 2017). However, the vast majority of elderly people are still not able to access these facilities due to financial and capacity constraints. Thus, they continued to depend on their relatives for their welfare. Therefore, other alternatives to the welfare of old people had to be sought.

The government has long understood the importance of creating a thorough framework to address ageing and older people as a national issue. With a series of stakeholder seminars and consultation meetings, the process got underway in earnest in 2000.

A policy on Older People and Ageing was formulated for individuals who are 60 years of age or older. The aim is to promote older persons' participation in the achievement of national development targets through financial support.

In June 2011, there was a proposed universal pension of KSH 2,000 (USD 22) per month to more than 1.8 million elderly persons without pension or other benefits.

This was anchored on the Older Persons Cash Transfer (OPCT) programme. This was launched in 2007/2008 on a pilot basis in Thika, Nyando and Busia with an allocation of Kshs 2.4 million and targeted 300 beneficiaries.

The aim is to cushion them and their households from income-threatening risks, such as sickness, poor health, and injuries, and to ensure the enjoyment of quality life and break intergenerational poverty by providing younger household members with the opportunity to go to school or work through regular and predictable cash transfers.

By 2015/2016, the programme had over 310,000 beneficiaries in all the constituencies in the forty-seven counties. There was a disbursement of Kshs. 7.3 billion. The programme has, indeed, made remarkable achievements, such as improved household food security, access to basic healthcare, and increased self-esteem and dignity for the beneficiaries.

It has led to the stimulation of the establishment of small-scale income-generating initiatives. However, due to funding constraints coverage was not universal, hence not all deserving people are enrolled in the programme. These challenges have left a negative effect on the quality and effectiveness of the OPCT Program.

Conclusions and Recommendations

The elderly persons continue to play an important role in modern society just as they played in traditional society and, therefore, their welfare should be sacrosanct. However, the changing

society structure and the economic pressures have made it almost impossible to provide meaningful post-retirement life to the elderly people.

Through other policy initiatives and legislation, the government has come up with the OPCT programme. However, despite showing promise, the OPCT programme has been beset by several challenges in its implementation. This has left the elderly once again exposed to psychological, physical, economic, spiritual and social challenges.

Further, as compared to the precolonial times, when the old retired to a community set-up, nowadays they retire in a fragmented community and family set-up with some even being in urban areas. This exposes them to high levels of depression, anxiety and loneliness.

The care for the elderly can be restructured under the current socioeconomic context to provide more advanced care that incorporates all the aforementioned elements. Indeed, the OPCT is important even though it is limited given the current economic conditions and the challenges it faces in its implementation. However, it remains an important watershed in the welfare of the elderly persons in Kenya.

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GLIMMERS OF GRACE IN THE DARK TUNNEL

As I write and reflect on my long experience of companioning Nanay in her old age, I also marvel at God's love, care and generosity for the elderly through people. **They have been helping us in various ways, emotionally, spiritually and even financially.**

The pandemic years intensified my dark tunnel experience. After finishing my studies in Melbourne (where I did my Master's in Spiritual Direction), I came back to the Philippines in January 2018. The initial plan was to go full swing into the spiritual direction ministry. I felt this was my calling, my purpose in life.

Alas, things didn't turn out the way I envisioned. Instead, I ended up spending most of my time caring for my mother. Her health took a downturn when she was in her fifties. We made regular trips to the clinics. Hospital confinements have been part of our family life's rhythm and routine for more than three-and-a-half decades now.

When Covid 19 wreaked havoc in the lives of humanity, I was just scared beyond telling. My mother was 82 years old in 2020. She had many comorbidities. When the lockdown was first declared in March 2020 in the Philippines, I was in the middle of caring for Nanay (Filipino word for mother) while doing my Spiritual Direction Ministry in places, such as the Asian Theological Seminary, San Jose Seminary, Institute of Consecrated Life in Asia and East Asian Pastoral Institute.

Ateneo de Manila University Campus Ministry Office started tapping me in the middle of 2019 as one of their retreat guides for the college seniors' retreat. Although Nanay's health condition was far from ideal, I was able to navigate the situation with some help from my siblings and my sister Gelly's assistant home manager, Pas, who took on (and continues to this day) my role as Nanay's primary caregiver, when I would conduct face-to-face spiritual direction. Online sessions were unheard of before the pandemic.

It teaches us to be patient and compassionate with the vulnerable aspects of ourselves as well. **To value the person, not because they are useful and functional to us and our society, but simply because a person has intrinsic value over and beyond the roles they can perform.**

And so, when the pandemic broke out, I was left in shock not knowing how to respond to the situation. Caring for my octogenarian mother was already challenging as it was before Covid.

Now, with this unseen enemy at that time, the situation worsened beyond telling. Darkness covered everything. Schools and business establishments were closed as well as retreat houses. All my retreats were cancelled.

My spiritual direction ministry was just beginning to take off. It was suddenly put on hold for an uncertain period. Meanwhile, my mother and I stayed with each other. Although I was filled with anxiety, we tried to remain healthy so as not to contract the virus.

Prayer, mostly a lament during the pandemic, was one and still is, always a strong anchor, a beacon of light, that kept me attuned to and connected with God. The entrusting and surrendering to God had intensified during this time. The Book of Job and Job himself became my companion as I felt a strong resonance with him.

Although my mother survived the pandemic years without contracting Covid (and for that, I am deeply grateful to God), her diminishment has also progressed. We have to deal now with her incontinence, along with her chronic asthma, osteoarthritis and falls, as her sense of balance is poor.

I turned 60 this year. I am also a senior citizen with my health issues. Thus, caring for my 86-year-old mother has been a struggle.

As I write and reflect on my long experience of being a companion to Nanay in her old age, I also marvel at God's love, care and generosity for the elderly through people (family, friends, and

the Companions of Our Lady of the Cenacle). They have been helping us in various ways, emotionally, spiritually and even financially.

At the time, I was struggling financially. My savings started to dwindle as my mother's medical needs were increasing. I asked God in one of my prayers if I was in the right ministry. Being a spiritual director, I was getting a small honorarium, especially when I was just starting out. It was not commensurate with the medical needs of my mother.

A few days after this query to God in prayer, I unexpectedly received an email from Mandy Lane, my practicum supervisor in Melbourne and my spiritual director now. She asked me how I was doing. She said she was sending me 2000 Australian dollars. This was equivalent to 80 thousand pesos at that time. This was enough

to cover my mother's medicines for the next six months. I was both delighted and surprised.

After that experience, I never asked God anymore if I was meant to do the spiritual direction ministry. I have been assured time and again that this is my calling, my purpose in life alongside my ministry of caring for my mother.

While this is still an ongoing struggle and challenge to discover ways of responding creatively and lovingly to this call to care for Nanay, I also see this as my participation and collaboration in God's ongoing work of creation. When I see this connection to the bigger spiritual reality I find a deeper meaning and a sense of purpose that sustains me when the going gets tough and exhausting.

This journey has also made me realise a couple of valuable life lessons.

The first lesson is the importance of institutional support which is very minimal in my country. Even if the senior citizens get 20 per cent discount in medicines, laboratory tests and other services, consultations and confinements in the private hospitals are still very expensive. Government medical facilities, though free, are limited and, therefore, overcrowded. It is my hope and prayer that policymakers will start creating laws that will ensure the well-being of the elderly and those family members who are caring for them. The second lesson is that along with caring for the elderly one should care for oneself. This can be very challenging when one is surrounded by limited financial, and human resources, apart from limited energy.

But God is a God of creativity, abundance and possibilities. It helps one to consider even asking God how we, together, can create a self-care regimen. And yes, in my experience, God responds and delivers beyond my anticipation and imagination.

Even if it is difficult to care for my mother and the experience has brought me to my limits, I see the wisdom and value in caring for our loved ones, especially those who are most vulnerable.

It teaches us to be patient and compassionate with the vulnerable aspects of ourselves as well. To value the person, not because they are useful and functional to us and our society, but simply because a person has intrinsic value over and beyond the roles they can perform.

At the time that I was writing this article, I felt irritated with Nanay as she kept calling for my attention. I got distracted, but when she innocently smiled at me, my heart melted.

I whispered a prayer to God to give me the grace to be more patient, loving and gentle to her, to enjoy Nanay while she is still here in this life with us, her Earthly family.

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LIFE OF THE SENIORS IN GERMANY

The demographic change confronts us with the question of how to care for our elderly and people in need. **Many of our younger people starting out in working life only partially see their professional future in a care profession.**

In Germany, we have one of the best and most luxurious social insurance systems in the world. This is my cautious assumption. Nevertheless, as we grow older and are con-fronted by our surroundings and the associated burdens and uncertainties, we say 'Growing old is not for cowards'.

This strange and also depressing statement is based on several findings. These include, for example, illnesses associated with ageing, financial restrictions due to health problems, loneliness and fear of a lack of help.

The demographic change confronts us with the question of how to care for our elderly and people in need. Many of our younger people starting out in working life only partially see their professional future in a care profession. This is also because many of them do not trust themselves to confront the personal suf-fering of others. They fear not only the inadequate pay but also the challenging working hours and the physical strain, which should not be underestimated.

How are Older People Cared for?

As a rule, older people try to live as independently as possible for as long as possible, in their homes with a freely chosen daily routine and, if possible, with the support of their family.

With increasing physical and mental frailty, it is possible to apply for different levels of care. This can provide support in the household and with personal hygiene, up to care in a nursing home or at home by caring relatives.

There is a middle option between coping alone as an elderly person and care in a nursing home. We call it 'day care', which means that older people are cared for in a facility during the day with other older people, and they also enjoy a social life there. They are back at home in their familiar surroundings in the evening.

Care facilities, such as retirement and nursing homes or day-care centres are either run by the State or the church or the private sector. The same statutory minimum standards apply to all of them. Privately run facilities often offer additional services or a more upmarket ambience for an additional charge.

How Supportive is State Policy?

This is all paid for by care insurance, which we pay into right from the start of our work-ing life. This is subject to social insurance contributions. Social long-term care insurance was introduced in 1995 as an independent branch of our social security system and is compulsory for everyone.

This is a sensible and good system that was introduced by the State, if it were not for the increasingly blatant shortage of staff, for the reasons already mentioned above.

The Involvement of Families

Regardless of the enormous financial burden on the elderly, this is where the family comes into play again. This is, of course, also due to the staff shortage.

As a rule, the additional financial burden in old age cannot be covered by the pension entitlements and entitlements from long-term care insurance alone for average incomes. It is, therefore, often the case that there is a combination of State-care benefits and rela-tives also look after elderly people in need of care.

Nowadays, we have invented the term 'care work' for this important task. This is neither financially recognised nor compensated as a profession, and certainly, not as a voluntary service by family members (usually women).

To be fair, I must point out that in the past, i.e. around 40 years ago, it was taken for granted that women in marriage were almost 100 percent occupied with bringing up children and caring for the elderly, without any financial security.

In the event of divorce or other upheavals, it is the direct path to poverty in old age for women.

West Germany used to have the traditional concept of the 'housewife marriage', with all the disadvantages for the women. Today, things have improved somewhat. Many women also go to work during their marriage to be financially independent and also to build up their pension entitlements.

Nevertheless, it is often the case that in the event of parenthood or parents, parents-in-law or relatives in need of care, wives reduce their working hours to have time to bring up their children together or to care for parents and parents-in-law in need of care.

This is now increasingly being recognised financially by the State, but it is still not as much as if the wives simply continued to work full-time, as husbands usually do. So much for the current state of affairs.

How to Grow Old with Dignity

My personal view on the subject changes almost hourly, not least because I think about how I can grow old with dignity almost every day. I learn and gain new insights with every person, my parents and also my friends that I somehow accompany as they grow old.

Dignified and self-determined ageing for everyone would be my wish. However, this is not always the case. I see the financial challenges and the

West Germany used to have the traditional concept of the 'housewife marriage', with all the disadvantages for the women. **Today, things have improved somewhat. Many women also go to work during their marriage to be financially independent and also to build up their pension entitlements.**

lack of human resources as the most important challenges to enable everyone to age in a self-determined and dignified way.

Many interwoven and millennia-old social concepts and structures also play a role here. This must be scrutinised in the interests of justice for all.

My father died after a very short and serious illness within two weeks in a hospital. My mother and I were informed of his unexpected death, despite his serious illness. We were only able to say goodbye to him in death without my father needing any nursing assistance until then.

On the contrary, until his death, my father cared for my mother, who was already seri-ously ill, with my support, at home in their shared flat. After that, I looked after my mother as best I could, and continued to work for the reasons mentioned above.

My mother was encouraged and taught to be financially independent at a young age by her parents. I was also taught by my grandparents, especially my maternal grandfather and my mother.

When my mother could no longer cope, even with my help, after serious health setbacks, we found a place for her in a Catholic nursing home, not far from her and my home.

I was able to visit her there almost every day and knew she was in good hands. Despite a lack of staff, she was looked after and cared for in an exemplary manner there until her death. In the last few weeks, she was cared for very devotedly by two nuns from Kerala.

Their names are Mercy and Preethy (I hope I have spelt their names correctly). When we see each other in church on Sundays during mass, we wave to each other. I am grateful that I was able to get a place like this for my mother, and that we had sufficient financial resources of our own, despite government support. And I am grateful for people like Mercy and Predi.

Nevertheless, I consider our social security system to be one of the best in the world under the conditions mentioned. This is still my cautious assumption.

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EMPOWERING THE ELDERLY PATHWAY TO A COMPASSIONATE AND UNIFIED FUTURE

The rise of old age homes in all the developed societies highlights this shift, weakening family ties and contributing to loneliness and a diminished sense of purpose among the elderly. **While technology offers some connection, it cannot replace the depth of physical presence.**

Wisdom has long been associated with age. The passage of time brings with it experiential knowledge that fosters maturity and a more profound perspective on life. With advancing years, the priorities of youth often give way to more meaningful, adaptive, and balanced values. It is for this reason that we hold the wisdom of the elderly in such high regard.

In modern society, the elderly face significant challenges, from isolation due to the breakdown of traditional family structures to the psychological toll of diminished societal roles. These issues are vital to address, as ageing is universal. Today's youth will inevitably confront similar realities.

In his Message for the Fourth World Day for Grandparents and the Elderly on July 28, 2024, Pope Francis described the elderly as 'the firm foundation' upon which 'new' stones rest to build a spiritual edifice.

French philosopher Immanuel Levinas's concept of ethical responsibility reminds us of our moral duty to recognise the inherent worth of others, and to respond with compassion. Neglecting any group weakens society, making it essential to address the psychological needs of the elderly for a more compassionate and harmonious future.

Modernisation and migration have disrupted traditional family structures, leaving many elderly isolated. In the past, extended families provided support and respect, but as younger generations move away, many elderly feel abandoned.

The rise of old age homes in all the developed societies highlights this shift, weakening family ties and contributing to loneliness and a diminished sense of purpose among the elderly. While technology offers some connection, it cannot replace the depth of physical presence.

The shift from traditional occupations like farming to service and technology-based jobs has diminished the elderly's role within families. In agrarian societies, older individuals contributed valuable knowledge and skills.

In today's tech-driven economy, their expertise is often undervalued, leading to a loss of self-worth and increased psychological stress. This erosion of traditional roles profoundly impacts the well-being and mental health of the elderly. This calls for a re-evaluation of how society supports its ageing population.

Advances in geriatric psychiatry and psychology address significant psychological needs, with counselling and psychotherapy — both individual and group — playing a crucial role. **These therapies provide a safe space to express fears and grief, build coping skills, and reduce loneliness by fostering community and shared experiences.**

Economic independence is crucial for the psychological well-being of the elderly, impacting their self-worth and mental health. Financial autonomy enables older adults to retain freedom, self-esteem, and an active role in society.

In contrast, economic dependence often leads to helplessness, anxiety, and a loss of dignity, and can create a sense of burden. Thus, economic independence is essential not only for financial stability, but also for mental and emotional well-being in old age. This underscores the importance of social security measures to ensure the elderly are properly cared for.

Culture and religion play a vital role in the psychological well-being of the elderly. In cultures that respect and value elders, they often feel a strong sense of self-worth and fulfilment as custodians of wisdom and tradition. This respect enhances identity, belonging, and self-esteem while reducing isolation.

Religious beliefs provide comfort and purpose, helping to alleviate the anxieties of ageing through rituals and community support. Such communities benefit from stability and cohesion, though excessive reverence can, sometimes, hinder progress.

Nonetheless, the psychological benefits for the elderly in these cultures are substantial.

Resilience and adaptation help the elderly thrive despite the challenges of ageing.

Globally, many older adults display remarkable creativity and imagination to maintain their well-being. However, resilience alone is often insufficient.

Advances in geriatric psychiatry and psychology address significant psychological needs, with counselling and psychotherapy — both individual and group — playing a crucial role. These therapies provide a safe space to express fears and grief, build coping skills, and reduce loneliness by fostering community and shared experiences.

Societies must raise awareness about the importance of mental health support for the elderly. What follow are some of the best practices from around the world (not exclusive to the country/ies instanced) that can inspire us, showcasing how different domains of life help the elderly thrive psychologically:

1. Social Engagement: (Japan): Community centres offer activities like gardening, art classes, and group exercises, which help seniors stay socially and physically active, reducing feelings of loneliness and isolation.

2. Lifelong Learning: (United States): Universities and community organisations provide educational programmes tailored for seniors, such as courses on new technologies, art, and literature, with very flexible schedules, helping to keep their minds active and engaged.

3. Intergenerational Programmes: (Japan and China): Programmes that connect older adults with younger generations through mentoring or volunteering can foster a sense of purpose and bridge generational gaps, enriching both the elderly and younger participants.

4. Spiritual and Religious Activities: (South Korea, India): Many elderly participate in spiritual practices and religious activities, which offer comfort, a sense of community, and a framework for understanding life's challenges, enhancing their overall well-being.

5. Physical Exercise and Mobility: (Sweden, Germany): Regular physical activity is encouraged through community-based exercise programmes and walking groups, which help maintain physical health and improve mental health by promoting a sense of accomplishment and reducing stress.

6. Creative Arts and Hobbies: (France, Italy): Seniors engage in creative activities like painting, music, and writing, which provide emotional expression and mental stimulation, contributing to overall psychological health.

7. Counselling and Therapy: (Australia and USA): Access to mental health services, including individual and group therapy, is integrated into senior care, providing essential support for managing emotional and psychological challenges.

The well-being of the elderly is deeply connected to societal values, economic independence, cultural respect, and accessible mental health support. As modernisation disrupts traditional family structures, it becomes imperative for families, society and governments to take responsibility for the care of the ageing population.

Investing in elderly care is not just a moral obligation but a strategic step toward a harmonious future, as today's youth will one day face the same realities. By ensuring social security measures, fostering resilience, providing psychological support, and honouring the wisdom of older generations, we can ensure that the elderly thrive, enriching both themselves and future generations.

A compassionate and forward-thinking approach to the care of ageing is essential for cultivating a humane and cohesive society.

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MANAGING THE CHALLENGES OF OLD AGE

"Old age is not a disease – it is strength and survivorship, triumph over all kinds of vicissitudes and disappointments, trials and illnesses" - Maggie Kuhn, the American activist against ageism.

Ageing is an inevitable process that brings with it a myriad of challenges, both physical and psychological.

Scientist Marie Curie said, "Nothing in life is to be feared, only to be understood. Now is the time to understand more, so we may fear less."

As individuals transition into later stages of life, they often encounter obstacles that test their resilience. For centuries, life expectancy hardly changed. But over the last century, life expectancy has doubled. The discovery of the genes has been a game-changer, prompting questions of whether lifespan could be slowed down or the possibility of abolishing ageing as there is a quantum leap in understanding human biology.

Physical Challenges

Ageing is synonymous with the gradual decline of bodily capabilities. Chronic illnesses, such as arthritis, diabetes, and cardiovascular diseases become more prevalent, often leading to a reduced quality of life. Mobility problems, including frailty and difficulties in walking, can severely limit an elderly person's independence.

Sensory impairments, such as hearing loss and vision decline, further exacerbate these issues, making everyday tasks increasingly challenging.

Cognitive decline, exemplified by conditions like dementia and Alzheimer's disease, adds another layer of complexity to the ageing process. The gradual erosion of memory and reasoning abilities not only affects the individual, but also places a significant emotional burden on their loved ones.

The Latin phrase, 'memento mori' – 'remember that you will die' – serves as a poignant reminder of the transient nature of life and the inevitability of physical decline.

For centuries life expectancy hardly changed. But over the last century, life expectancy has doubled. **The discovery of the genes has been a game-changer, prompting questions of whether lifespan could be slowed down or the possibility of abolishing ageing as there is a quantum leap in understanding human biology.**

Access to Healthcare

Access to healthcare is a critical concern for the elderly. The rising cost of healthcare services can be prohibitive for those on fixed incomes, leading to delayed or inadequate treatment.

Moreover, the availability and quality of healthcare vary significantly depending on geographic location and socioeconomic status. Rural areas commonly suffer from a lack of specialised care, while urban centres may offer more options at a higher cost.

The quality of healthcare is a critical issue. In many cases, the elderly are not given the same level of attention as younger patients, leading to misdiagnosis or inadequate treatment. The healthcare system must be reformed to ensure that the aged receive the care and respect they deserve, with a focus on holistic and patient-centered approaches.

Mental and Emotional Struggles

The mental and emotional challenges faced by the elderly are often overshadowed by their physical ailments, yet they are no less significant. Cognitive decline, while a physical issue, also has profound emotional ramifications. The loss of memory and the ability to engage in once-familiar activities often lead to feelings of frustration and helplessness.

Loneliness and isolation are pervasive issues among the elderly, particularly for those who live alone or have limited social networks. The absence of regular companionship can lead to depression and a diminished sense of self-worth. Mental health issues, including anxiety and depression, are common, but frequently go undiagnosed or untreated in older adults.

Psychological resilience, however, plays a crucial role in mitigating these struggles. The ability to adapt to change, find meaning in life, and maintain a positive outlook can significantly improve an elderly person's mental health and overall well-being. This resilience, coupled with a supportive environment, can help the aged navigate the emotional turbulence that often accompanies later stages of life.

Coping Mechanisms

Coping with the travails of ageing requires more than just resilience; it demands daily use of practical strategies. Many elderly individuals find solace in maintaining a routine, which provides structure and a sense of control over their lives.

Engaging in activities which stimulate the mind, such as reading, puzzles, or learning new skills, can help mitigate cognitive decline. Social connections, whether through family, friends, or community groups, are vital in combating loneliness and isolation.

Physical exercise, tailored to the individual's abilities, can also play a significant role in maintaining physical health and mobility. Additionally, spiritual or religious practices often provide comfort and a sense of purpose, helping the elderly to cope with the existential aspects of ageing. These kinds of coping mechanisms, when combined with external support, can greatly enhance the quality of life for the aged.

Social and Economic Support

Financial strain is a reality for many in their retirement years. The shift from a regular income to a fixed pension or social security benefits can be jarring, leading to a reduction in living standards.

Medical expenses, coupled with the cost of long-term care, can quickly deplete savings, leaving the elderly vulnerable to financial insecurity.

Ageism and discrimination are pervasive in society, often relegating the elderly to the margins. This can manifest in subtle ways, such as being overlooked for employment opportunities, or more overtly, through neglect or abuse. The elderly are often perceived as burdensome, a sentiment that contributes to their marginalisation.

Dependence on others for daily needs is another significant change. Many elderly individuals require assistance with activities with daily living, such as bathing, dressing, and eating.

Caregivers, often family members, face immense pressure as they balance their responsibilities with the demands of caregiving. The Latin phrase, 'onus humani generis' – 'the burden of humanity' - captures the weight of this responsibility.

Caregivers must be supported through respite care, counselling, and financial assistance to prevent burnout, and to ensure that they can continue to provide compassionate care.

Policy and Advocacy

Challenges faced by the elderly demand not just individual solutions but systemic change. Policies that prioritise elder care, such as affordable healthcare, social security, and housing, are essential in ensuring that the aged can live with dignity. Advocacy for the elderly, through organisations that represent their interests, is crucial in addressing issues such as ageism, discrimination, and the need for comprehensive caregiving support.

Governments and communities must work together to create environments that support ageing in place, where the elderly can remain

Policies that prioritise elder care, such as affordable healthcare, social security, and housing, are essential in ensuring that the aged can live with dignity. **Advocacy for the elderly, through organisations that represent their interests, is crucial in addressing issues such as ageism, discrimination, and the need for comprehensive caregiving support.**

in their homes and communities for as long as possible.

This includes ensuring that public spaces are accessible, healthcare is affordable and available, and that there are sufficient resources for caregivers. Public awareness campaigns can also play a significant role in changing societal attitudes to ageing, promoting respect, and valuing the contributions of the elderly.

Cultural Perspectives and Intergenerational Relationships

Cultural attitudes towards ageing vary significantly around the world. In some cultures, the elderly are revered and considered the keepers of wisdom and tradition. In others, they are seen as a burden, with little to contribute to modern society. These differing perspectives influence how the elderly are treated and integrated into family and community life.

Intergenerational relationships are crucial in shaping the experience of ageing. In societies where multiple generations live together, the elderly often enjoy more active roles in family life, providing support and guidance to younger members. However, in more individualistic societies, the elderly may be isolated from their families, leading to increased loneliness and a sense of disconnection.

End-of-Life issues

As individuals approach the end of life, they must confront the reality of their mortality. This awareness can be daunting, leading to anxiety and fear. However, preparation for the end of life can provide a sense of control and peace. Making wills, setting up advance directives, and planning funerals are practical steps that can alleviate some of the uncertainty surrounding death.

Compassionate palliative care is essential in providing comfort and dignity to those in the final stages of life. This type of care focuses on relieving pain and managing symptoms, while also addressing the emotional, social, and spiritual needs of the person. The goal is not to prolong life at all costs but to ensure that the individual's remaining time is as comfortable and fulfilling as possible.

Conclusion

The travails of the aged are multifaceted and complex, requiring a compassionate and comprehensive approach. From physical challenges to mental and emotional struggles, the elderly face myriad obstacles that test their resilience. However, with the right coping mechanisms and support systems in place, these challenges can be managed effectively.

Policy and advocacy play crucial roles in shaping the future of elder care. By implementing policies that prioritise the needs of the elderly and advocating for their rights, society can create an environment where the aged are valued and supported. We must recognise the contributions of the elderly, and work to ensure that they can live their final years in dignity and respect.

Reflecting on the resilience of the elderly, we must ask ourselves: Why is it that only the aged are truly equipped to cope with the travails of ageing? This question leads to broader contemplation: Are the travails of the aged a myth? Or are they the reality that only those who have walked the path of ageing can fully comprehend? The answers to these questions lie not only in the policies we create, but also in the attitudes we foster towards ageing and the elderly in our society.

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ENSURING QUALITY OF LIFE IN THE AGEING POPULATION

Degeneration in cognitive abilities like reasoning, judgement and thinking skills, limited short-term memory and behavioural problems, loss of identity and need for assistance in routine activities of life, have all sadly become an acceptable part of ageing. **This progressive decline is a condition that is not treatable and is generally acknowledged to be irreversible.**

With increasing healthcare facilities and resultant longer life spans, the aged population has now become a significant part of our demographic picture.

It is no secret that the vast majority of the elderly today are anxious and deeply concerned about their condition at their end- of- life- stage.

Having lived several decades in reasonably comfortable circumstances with sufficient means to support self and spouse if needed, and desirous of not depending on others, albeit loved ones, for care and personal assistance, it is but natural that they wish to make their own decisions concerning healthcare, needs, use of resources and the like, right up to the end.

It is in this context that the debilitating illness of age-related memory impairment, comprising progressive memory loss like dementia and Alzheimer's disease, throws up acute problems that become difficult for family, the patient and caregivers.

While some of the symptoms, such as depression, thyroid dysfunction and vitamin deficiency can be treated, the long-term diagnosis, in most cases, is not optimistic.

Hence, degeneration in cognitive abilities like reasoning, judgement and thinking skills, limited short-term memory and behavioural problems, loss of identity and need for assistance in routine activities of life, have all sadly become an acceptable part of ageing. This progressive decline is a condition that is not treatable, and is generally acknowledged to be irreversible.

The important factor, therefore, is the role of the family and the primary caregiver. In cases where the male spouse is the patient, the onus is on the wife who generally is not much younger. She has to manage on her own or with the help of a secondary caregiver.

Where the woman is the patient, the husband being older and with less experience, often does the role of primary caregiver with the support of a paid help. With most homes having just the elderly parents or just one of them living there, the ability or probability of children taking care of the parent with memory loss is remote and of little value. Besides, with their own families to maintain, this added burden is painful for all concerned.

Loss of memory, decline in normal functionality and increasing dependence on others, whether due to dementia, , brain stroke or other trauma is a condition that one cannot predict or ward off as the years advance.

The majority of older persons today have themselves watched once vibrant and honoured loved ones and friends going down the limbo of memory loss, deprived of all vestiges of dignity and self-worth, totally dependent on hugely over-burdened family members. They might often be forced to make decisions that negate the known wishes of the bed-ridden elder.

With no end in sight, many of them agree to expensive medical treatments offered by unscrupulous agencies who prefer to ignore the benefits of palliative care and management. The situation has changed to one where a departed person is deemed fortunate if invasive treatments have been rejected and she was able to pass on in the comforting presence of family and loved ones.

The present social structures and economic conditions prevailing in Kerala and in India need to be factored in when examining the efficacy of senior healthcare and end-of-life support.

The scope of geriatric medicine and the management of illnesses are still limited by the dictum that life must be prolonged as long as possible. The importance of making a 'living will' to clearly state the extent of medical care that the elder wishes to have and a mechanism to ensure its correct implementation, need to be practical, wide-based and publicised.

Medical personnel and hospital management have to engage proactively in this exercise. In-depth deliberations and discussions at several levels are imperative to secure the specific rights

Government intervention by policy formulation after consultations with all stakeholders is a prerequisite to ensure death with dignity. **Most importantly, spiritual and religious authorities should be open to the realities before us.**

of the elderly which should venture beyond care and protection.

Government intervention by policy formulation after consultations with all stakeholders is a prerequisite to ensure death with dignity. Most importantly, spiritual and religious authorities should be open to the realities before us -- the present-day family environment with fewer children and greater expectations, large-scale migrations and changed perceptions of the younger generation, and high cost of caregiving and support, to mention a few.

Science and technology can lead to acceptable and morally-sound solutions for an issue vital to elderly persons today.

It is an undeniable fact that all humans have a right to their dignity and self-worth. This implies that their passing from this world should also be with dignity and value.

No law requires a person to draw his or her last breath in agony, isolation and fear.

A song I learnt at school assures me, "There's a land that is fairer than day"... and that, "In the sweet by and by, we shall meet on that beautiful shore."

Just as every birth, though racked with pain, is also a burst of joy and hope, every death, despite the pain of parting, should also be a peaceful transition to a better place, that beautiful shore.

Lida Jacob has served in several senior positions in the Government of Kerala as a member of the Indian Administrative Service. She was responsible for much needed changes in the State's school education system as also in the social welfare sector. She was closely associated in the formulation and implementation of State-level policies for the empowerment of women, protection of children and the maintenance and support of the elderly, to mention a few.

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CARE AT THE END OF LIFE

Mahatma Gandhi once said poverty is the worst form of violence. There is enough food and resources to meet the world's needs. But human greed, indifference and violence prevent it from reaching the starving.

If he were alive today, he would have described something else as an even worse kind of violence – the way our society treats the elderly.

Senior citizens who lived in extended families would remember that they were familiar with death in their childhood. They would have seen grandparents, uncles, aunts or parents die. The young readers who grew up in nuclear families may find themselves death-illiterate. They may be more terrified of it.

Unfortunately, though, death is the one certainty in life. Because we choose not to think about it, we permit inhumane practices. Around 15 million elders live alone in India. The affluent few may be cared for in 'assisted living homes'. The majority of the non-affluent are at the mercy of someone to help even with activities of daily living.

And the poor? Where some community spirit lives, a neighbour may help. If not, the elderly would starve. Even if the hospital has all the required medicines, they would not reach the person. This is the passive violence that happens much too often. Even the person's death goes unnoticed.

There is a worse kind of suffering awaiting the middle class. At least 55 million Indians are pushed below the poverty line by catastrophic health expenditures. Health is supposed to be physical, mental and social well-being. What kind of healthcare would it be that destroys more than 4 percent of the population in one single year? Isn't this active violence?

And worse still is the lot of the very rich. At one time, Intensive Care Units (ICU) were for people who had a reasonable chance of coming back to life. But then a curious transformation happened over the last 25 years or so, in which every dying person with any money in the family's pocket is pushed into the ICU.

This is overt active violence because, in the ICU, the dying person is sentenced to rigorous solitary confinement till death. A tube goes into every orifice, one of them in the breathing tube causing agonising pain. When they protest and

And worse still is the lot of the very rich. At one time, Intensive Care Units (ICU) were for people who had a reasonable chance of coming back to life. **But then a curious transformation happened over the last 25 years or so, in which every dying person with any money in the family's pocket is pushed into the ICU.**

try to pull the tubes out, their arms and feet are tied to the bed. Human dignity is violated in the worst possible way.

There is no justification for this. This is not a globally accepted practice. We know from recent research that in the face of the futility of treatment, approximately 89.6 percent of people in European ICUs are withdrawn from artificial life support and given palliative care which is aimed at relieving suffering and improving quality of life. Eventually, it improves the quality of death, with the loved ones around, final goodbyes told and a final kiss received.

In contrast, in India, approximately 70 percent of people in similar situations are continued on artificial life support measures till death, their dying process being prolonged over agonising days or weeks till eventually, the heart stops.

Such violence on the dying happens partly because we pretend that the problem does not exist. We need death literacy to be able to think about it, and facilitate realistic policies and actions.

We can protect ourselves and our loved ones by acting on multiple fronts:

First, we have to initiate discussions about death and dying. The death-cafes that evolved in Western countries might be good examples to follow – group discussions on death and dying. Many people who have gone through the suffering of a loved one will want to join the conversation. And many will work for the cause.

Second, as responsible human beings, we have to demand justice for the dying. We must tell healthcare providers that quality of life is as important as quantity; that when death is inevitable, medical science has to help the person to live as well as possible until the moment of death. And facilitate their final journey in peace.

Next, we have to persuade the legal system in the country to have fair policies regarding care at the end of life. India has no law governing end-of-life care. The result: India is amongst the worst 25 percent of countries as far as quality of death is concerned, as evaluated by the Lien Foundation in 2021. The dying does not have a vote bank. We the healthy have to be their voice. If not, when our time comes, there may be no one to advocate for us.

And finally, our society has to switch on its intrinsic suppressed humanity. The community

As responsible human beings, we have to demand justice for the dying. **We must tell professionals that quality of life is as important as quantity; that when death is inevitable, medical science has to help the person to live as well as possible until the moment of death. And facilitate their final journey in peace.**

participation in palliative care in the State of Kerala has become a model for the world to follow.

Dr Libby Sallnow, a compassionate doctor from the UK replicated the model in 40 counties in the UK. There, as well as here in Kerala, individuals with compassion get together, accept responsibility for supporting those in need and help in palliative care delivery working hand in hand with professionals.

They make sure that people have their pain controlled, get a listening ear when sad, and get some food when they are hungry. They try to make sure that medications reach them in time. Eventually, they assist in making dying a peaceful process. There are more than 400 neighbourhood organisations in Kerala. The movement is slowly spreading.

Many years ago, psychiatrist John Hinton said, "We emerge deserving of little credit, we who are capable of ignoring the conditions which make muted people suffer. The dissatisfied dead cannot noise abroad the negligence they have experienced."

We need to remember that it is not about 'them'; it is about 'us'. We need to gather the courage to think about death, to advocate for those who are suffering, to demand rational laws and policies and to get together to support those in need.

It can be done.

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THE SILVER GENERATION IN SEARCH OF A SILVER LINING

AN INDIAN CULTURAL PICTURE

Viewing old age in an Indian context takes a different turn of events because of the complex interplay between traditional values and modern challenges. **Deeply ingrained within Indian culture, respect for elders and family-centric care contradicts the societal changes prioritising individuality and personal growth.**

Ageing, an inescapable and multifaceted process, is often fraught with complex experiences and challenges that vary from person to person. Every wrinkle and silver strand tells a grand narrative proclaiming a living tapestry of human experience.

Ageing significantly impacts individuals' optimal functioning in diverse domains of life. It imparts a ripple effect, potentially causing one act to affect the other. Though the elders are viewed as custodians of invaluable wisdom, the architects and the keepers of traditions that shape our identities, their needs are often overlooked and harboured in loneliness and neglect.

Even when older individuals encounter obstacles that remind them of mortality, research has indicated that they can experience improved life satisfaction and emotional well-being as they age.

Across the globe, the exponential upsurge in human expectancy has led to an increase in the proportion of older adults in the world's population, from 11 percent in the 1950s to an anticipated 38 percent by the 2050s. This calls out a global necessity to address the potential disequilibrium in life systems caused by this demographic shift.

The General Assembly of the United Nations (UN) has officially recognised the decade from 2021 to 2030 as the UN Decade of Healthy Ageing, with the primary objective of reducing health inequities and improving the lives of older people, their families, and communities through collective action in different areas.

These include changing attitudes towards age and ageism, developing communities in ways that foster the abilities of older people, delivering responsive person-centred integrated care, and providing access to quality long-term care.

Ageing in Indian Culture

Viewing old age in an Indian context takes a different turn of events because of the complex interplay between traditional values and modern challenges. Deeply ingrained within Indian culture, respect for elders and family-centric care contradicts the societal changes prioritising individuality and personal growth.

This article draws a parallel observation from Dutch social psychologist Geert Hofstede's multidimensional cultural framework (2011), which explains the values held by national cultures and the respective position of countries in caring for their people's community lives.

Drawing on those dimensions, India scores a high score of 77 in the power distance dimension, indicating a hierarchical society where authority and age command respect, fashioning a top-down structure in Indian society.

In this context, older adults hold significant authority within family structures. This is reflected in the traditional practice of seeking elders' advice and deferring to their decisions. However, the shift towards nuclear families has affected this state of respect and care.

On the individualism dimension, with an intermediate score of 48, Indian society is characterised by collectivistic and individualistic characteristics. The greater emphasis on the importance of family and community over individual needs to align oneself to the societal expectations for the greater good of one's defined in-group(s) points out the collectivistic traits in Indian culture.

This cultural trait supports collective responsibility for elderly care. However, urbanisation has dramatically influenced the younger generations to adopt more individualistic values, causing detrimental effects on traditional caregiving practices.

Moreover, the dominant religion of India, Hinduism, asserts the concept of rebirth, which results from one's preceding life. This philosophy affirms an individualistic trait within Indian culture, fostering a sense of personal responsibility for one's life and rebirth.

To address the needs of older people in an evolving Indian society, integrating these traditional values with modern caregiving practices remains essential.

On the masculinity dimension, India scores 56, indicating a patriarchal society with a profound gender differentiation reflected by male domination in Indian culture. India is masculine in its greater emphasis on productive and tangible resources. Still, the feminine 'in rest state' of older adults contradicts the masculine 'in motion state' of productive individuals, causing a cultural conflict.

On the uncertainty avoidance dimension, India scores 40, indicating moderate tolerance for ambiguity and unpredictability. The culture guarantees stability through firmly established norms and seeks a break from monotony through innovative action initiatives.

When old age is punctuated by significant unexpected transitions such as being in an empty nest, widowhood, economic deprivation, and chronic illness, it brings about a unique set of challenges due to re-evaluation of routines and identities resulting in feelings of loss, loneliness, or a sense of purposelessness.

A balanced integration of traditional values with contemporary practices is requisite for promoting healthy ageing. **Beyond the primary moral obligation of elderly care lies a profound opportunity to foster intergenerational learning for a cohesive society where every age is valued, and each individual is responsible for the welfare of other generations.**

Moreover, to avoid uncertainty, the widened intergenerational gap promotes labelling, stigmatisation, negligence, and discrimination against elders of marginalised communities due to cognitive misinterpretations of acquaintance with the elderly as being acquainted with death.

On the long-term orientation dimension, India scores 61, indicating a persevering and parsimonious culture valuing persistence and future planning. Indian culture views elders as treasured artefacts of wisdom. It affirms a long-term perspective on familial responsibilities safeguarding the welfare of elders. However, modernisation compromises this long-term commitment, resulting in elderly neglect and violence.

On the indulgence dimension, India scores 26, indicating a restrained culture wherein societal norms are prioritised over personal gratification of desires.

Personal pleasures, such as sexual fulfilment of elders, particularly those of female elders, are often overlooked for fulfilling traditional roles and duties, such as nurturing grandchildren, resulting in a sense of frustration and dissatisfaction in various aspects of life.

In conclusion, in an evolving Indian society, an alarming necessity exists to fortify the well-being of elderly individuals due to the differentiation of abilities of each generation, leading to an intergenerational conflict.

While younger adults possess higher technological proficiency, greater resilience, brighter creative spirit, and more physical vitality, older adults

hold extensive life experiences and a deeper understanding of historical traditions essential for preserving cultural continuity.

Although Indian culture respects the customs and leadership of the elders, resulting in a sense of shared identity and social cohesion, growth may be restrained due to the blind eye to these practices and resistance to change, causing a state of inertia or stagnation.

A balanced integration of traditional values with contemporary practices is a requisite for promoting healthy ageing. Beyond the primary

moral obligation of elderly care lies a profound opportunity to foster intergenerational learning for a cohesive society where every age is valued, and each individual is responsible for the welfare of other generations.

Being a promising solution to address the travails of the aged, intergenerational learning can help bridge the widened generation gap by fostering connections and interactions between different age groups to alleviate the issues of older adults, ranging from social isolation to caregiving challenges.

Increasing awareness among professionals who provide services to older adults, and a concerted effort to educate the public concerning ageing will enable optimal ageing experiences for the elders.

Moreover, mental stimulation activities, such as cognitive exercises and social engagement activities, such as community involvement, senior citizens' associations, support networks, and helplines will dismantle the patterns of elderly abuse.

Additionally, government initiatives for older people to access pensions and retirement savings, healthcare expenses, entrepreneurship, and re-skilling programmes are ways for society to retain the treasured resources and potentialities of elderly citizens.

As a diverse community, let us create a cultural space wherein our elders enjoy diverse, rewarding, and fulfilling experiences to realise that everyone can contribute to a sustainable society regardless of age.

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ELDERS AND THE AMERICAN FAMILY

The recent studies of the Pew Centre for Religious Research indicate that Americans' engagement with religious organisations is tending toward further secularisation of society and a decline in participation in these institutions. **The decline of social connections for families can lead to further marginalisation and isolation of the elderly population.**

Even though scientific research into dementia is well-funded today in American society, the social, economic, and cultural factors are not as well studied and documented in the field of dementia studies.

The polarisation in the past few decades has led to the marginalisation of many elderly persons and their placement in institutional settings lacking regular family and other social connections.

The for-profit senior care industry has taken over much of the care for seniors. This pattern of separating elders from their families of origin has led to further depersonalisation. This impacts the experience of solidarity with the wider society and the needs and concerns of the world at large.

Our society requires higher education to advance economically and attain the 'American Dream'. Individual success and financial prosperity have often become more important than family solidarity in some sectors.

The mobility of the contemporary family has often led to the movement of family members to areas distant from their place of origin. The Thanksgiving and Christmas holidays have become the few times families gather to share interpersonal concerns. The culture now has a dominant model of reliance upon institutional care for ageing family members since most families need two incomes.

The advancements in medical technology and the resulting longer life spans have led to a growing number of elders living into their nineties with an increasing percentage experiencing either dementia or a need for daily care for life functions. This has led to a decreasing role of the extended family in caring for elders and the reliance on specialised companies that provide this care.

The past reliance on the community for family support structures such as the church or other non-profit groups has largely been replaced by businesses that serve the needs of elders. The decline of the church's social role in communities has become another factor influencing the isolation of seniors.

In the past, senior activities were also carried out within the local community and provided a strong sense of connection for elder family members. Many of these activities are declining as churches and local governments have reduced budgets due to declining membership and subsidies.

Approximately 30 percent now have no religious affiliation. In the past, elders found great solace in their affiliation with a religious organisation, but this source of engagement for many families no longer exists.

The recent studies of the Pew Centre for Religious Research indicate that Americans' engagement with religious organisations is tending toward further secularisation of society and a decline in participation in these institutions. The decline of social connections for families can lead to further marginalisation and isolation of the elderly population.

Women have usually undertaken the care of elder family members, but society presently does not support an economic role that family members can play in caregiving for elder family members.

Family members (either men or women) could play a key role in caring for elders with the proper incentives from the federal government in taking on this task rather than an institution, such as a senior residence or an assisted living facility. Tax credits could be provided for families that assume the care of older family members at their homes rather than in an institutional setting.

We can create an effective argument for allowing immigrants to enter America. The church can play a key role by acting as a sponsor and supporter for new non-profit organisations staffed by immigrant minorities seeking employment as caregivers. **Community colleges could play an essential role in providing this training for non-profit organisations sponsoring such training and placement programmes.**

A caring society will generally be a society at peace with itself.

A revival of the extended family model may be needed to overcome polarisation and the encouragement of a new community support system for families who care for ageing elders at home.

Intergenerational households could be a model for future generations that emphasises human solidarity rather than the separation of younger and older family members. These structures could be aligned with faith-based organisations that already may provide some senior services to the community.

The funding of senior activity programmes and daily noon meals can be an important social structure for involving seniors in the life of their community and providing social connections that help to prevent the onset of dementia.

The cost of such community services is far lower than the cost of institutional settings, and provides a way for seniors to continue an active presence in the community.

Seniors also vote in greater numbers than younger cohorts, and they can be more attuned to international concerns and conflicts than those more occupied with career advancement and raising their family.

The decline of social connections is a factor in the militarisation of societies. Fear of the 'other' can lead to a growing need for self-protection and reliance upon police or military protection against some alien force.

Security can best be found when we experience solidarity at the local, national, and global levels. Pope Francis has provided a blueprint for experiencing global solidarity in his encyclical, *Fratelli Tutti*. Interreligious dialogue and cooperation can be a sign of a healthy society and provide a method for healing the fractures in our communities and our world.

Many of the caregivers for our elderly population have come as immigrants. This factor alone can provide an impetus for realising the message of *Fratelli Tutti*. There is a current need for new non-profit organisations to provide services to our elderly populations while still living at home.

We can create an effective argument for allowing immigrants to enter America. The church can play a key role by acting as a sponsor and supporter for new non-profit organisations staffed by immigrant minorities seeking employment as caregivers.

Community colleges could play an essential role in providing this training for non-profit organisations sponsoring such training and placement programmes. We need to understand the complex systems necessary for promoting the care and integration of our elders into a diverse society and overcoming the isolation and neglect elders often experience in institutional settings.

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DEMENTIA A SILENT EPIDEMIC OF GLOBAL CONCERN

The world population is ageing at a faster rate. The scientific and technological advances in modern medicine helped to prolong the longevity of life at the expense of morbidity. Dementia, being an age-related disease, is expected to rise along with this demographic transition.

Community-based epidemiological studies conducted across the world has revealed that it is a universal problem affecting all countries and cultures. The etymological origin of the word 'dementia' is from the Greek root 'demens', which means out of one's mind or madness.

Over the years, the term has been used or misused in different ways.

Philip Pinel, the great French psychiatrist used the term for intellectual deterioration or idiocy. Physician Benjamin Rush introduced the term in American neuropsychiatric terminology in 1812. The confusion regarding the terminology and usage continued for many decades.

Dementia was considered as part of ageing or senility till the 1970s. The explosion of information and knowledge in neurobiology and neuroimaging during the past several decades has contributed to a clear understanding of the diseases affecting various body systems.

Now considering dementia as a part of normal ageing is a myth. The current understanding is that it is a disease affecting the brain with specific onset, characteristic clinical features, mode of progression and prognosis.

In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, brought out by the American Psychiatric Association, dementia has been classified under the section of neurocognitive disorder with specific criteria for diagnosis.

Dementia is a generic or umbrella term which covers several diseases affecting brain functions. Any condition or process that involves the brain's functions in such a way as to cause

Now considering dementia as a part of normal ageing is a myth. **The current understanding is that it is a disease affecting the brain with specific onset, characteristic clinical features, mode of progression and prognosis.**

impairment in a person's daily activities or social or occupational functioning can be included in this group.

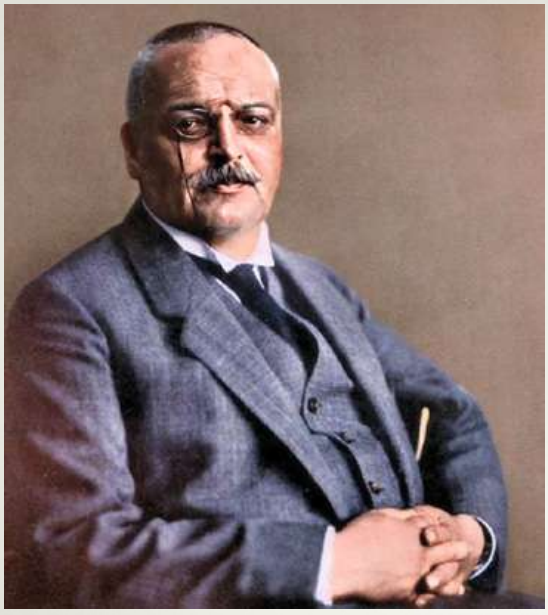
Dementia means loss of mental functions. It is an acquired persistent impairment in multiple areas of cognitive functions like memory, language, perception, praxis, calculation, comprehension, learning capacity, abstract thinking, judgement, personality and social behaviour.

Alzheimer's Disease (AD) is the major cause of dementia contributing to more than 70 percent of the cases. The second common cause is vascular dementia (VD) due to insufficient blood flow to the brain. A mix of AD and VD also exists.

There are other causes like Fronto Temporal dementia, Lewy Body dementia and dementias due to other neurodegenerative diseases, endocrine and metabolic disorders, drugs, toxins, and alcohol.

A small proportion up to 10-15 percent of cases has treatable causes when it is identified and treated at an early stage. Dementia due to infections like tuberculosis, neurosyphilis, fungal infections, endocrine disorders, such as

The usual symptoms are an increasing forgetfulness, especially about the recent past. **Long-term memories may be intact at the early stages. Patients tend to talk about the remote past. This will create doubt among family members about whether memory problems are a part of a genuine illness.**



Alois Alzheimer

hypothyroidism, Vitamin B12 deficiency and normal pressure hydrocephalus are potentially treatable.

AD is a progressive, neurodegenerative disease affecting the brain with characteristic clinical and pathological features. AD was first described by Alois Alzheimer, a German physician in 1906.

Auguste D, a 51-year-old woman received treatment in the asylum at Frankfurt where Alzheimer was working. Her illness was more like a psychiatric disorder. After her death, after four-and-a-half years of extreme suffering, Alzheimer did an autopsy of her brain.

This revealed dense deposits of proteins outside and around the nerve cells called neuritic plaques. Inside the nerve cells were twisted strands of fibre called neurofibrillary tangles. These findings remain the hallmark of this disease till today. Since Alois Alzheimer discovered it, the disease was named after him.

Dementia has a multifaceted impact on the patient, family and society. The brain is the biological substrate of the mind. When the brain degenerates, it is manifested in various ways as psychological and behavioural symptoms.

The usual symptoms are an increasing forgetfulness, especially about the recent past. Long-term memories may be intact at the early stages. Patients tend to talk about the remote past. This will create doubt among family members about whether memory problems are a part of a genuine illness. When memory functions fluctuate at the early stages of the disease, the same person may behave normally at times.

In any disease affecting the brain, memories related to the recent past are lost first. Remote memories may be affected afterwards. The disease may start with personality and behavioural changes. Memory impairment may become more and more prominent when the condition worsens.

In AD, we see a living person with a degenerating brain and declining mental functions. They tend to forget the things done, misplace things, and misidentify the people and places. They may ask the same questions again and again, and repeat the statements once made again and again.

They become incapable of making relevant and coherent speech with a lack of concentration on the topic, shifting the focus, word-finding difficulties so that it becomes irrelevant and incoherent. They tend to forget the activities which they have been doing for years. They may get lost in familiar surroundings due to finding difficulties.

Philippe Pinel

Behavioural and psychological symptoms of dementia are a group of heterogeneous range of psychological reactions, psychiatric symptoms and behaviours occurring in people with dementia of any aetiology.

These symptoms make care of the patient difficult and unmanageable.

It can manifest as psychiatric symptoms like paranoid and delusional ideations, hallucinations, activity disturbances, such as restlessness, agitation, wandering, aggressive behaviour, sleep disturbances, emotional disturbances, anxieties and phobias.

They may express false allegations that their personal belongings are being stolen by somebody. Some people may become paranoid and suspicious and express concerns regarding their spouse's fidelity.

'One's house is not one's own' is a common delusional belief expressed by a group of people with dementia. They disown their household and may tell that it belongs to somebody else and threaten to go out in search of their house.

When family members prevent the person from going out, there can be aggressive repercussions. Persons with dementia may hold the delusion that their spouses or caregivers are not real persons but imposters. Some people may misidentify their mirror image as a different person. Visual hallucinations and misinterpretations about the surroundings are seen in patients with dementia

There is no curative treatment for AD at present. People tend to live with the disease for many years from mild, moderate to severe stages, to a final bedridden state. Once there existed a therapeutic nihilism that nothing could be done about this condition. As it is an incurable illness, the aim of intervention is to improve the quality of life of the patient through better care and interventions aimed to reduce the caregiver's distress.

A rehabilitation model with a specific focus on maximisation of the existing abilities and

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As it is an incurable illness the aim of intervention is to improve the quality of life of the patient through better care and interventions aimed to reduce the caregiver's distress.

minimisation of disabilities would be more appropriate. The aim is to enable the affected person to participate in everyday activities in a way that is meaningful to him or her.

An early diagnosis contributes significantly to effective management. There is a better understanding regarding the disease process, its course, outcome and its various implications. This will promote better adjustment, adaptation and coping strategies from the family.

Deterioration of general health conditions can cause faster decline and destabilisation of mental functions. Periodic medical check-ups, controlling blood pressure, sugar and cholesterol levels, and correcting thyroid dysfunctions, nutritional deficiencies and electrolyte imbalance can be beneficial in maintaining general health and well-being. A routine with adequate exercise, reasonable activities and engagement can contribute to general well-being.

A structured and predictable environment is more comfortable with persons with AD. Establishing and maintaining a routine may reduce confusion. Encouragement and support given to the person to live an independent life as long as possible will contribute to a feeling of self-reliance.

The person may be helped to utilise their existing abilities to the maximum extent. Language abilities and communication skills may be progressively lost in many cases of dementia. Listening to them, giving them time to communicate, and paraphrasing to fit their comprehension level, augmenting communication strategies with appropriate gestures, nonverbal cues and body language will help to circumvent the barriers in communication.

Treatment with drugs has a definite role in management. Pharmacological agents like Rivastigmine, Donepezil and Memantine are used to enhance or stabilise cognitive functions or to prevent faster decline in cognitive functions.

Rivastigmine and Donepezil will help build up the level of the neurotransmitter, Acetylcholine within the neurons. Acetylcholine is a neurotransmitter implicated in learning and memory.

Psychopharmacological agents, like antipsychotics, antidepressants, anxiolytics and sedative-hypnotics have a role in managing behavioural and psychological symptoms. As people with degenerating brains are more vulnerable to side-effects, the principle is to start with a low dose and slowly increase it to get the desired effect. If these symptoms can be managed through psychological or psychosocial interventions, that should be tried first.

Once there existed a therapeutic nihilism that nothing could be done about this condition. **As it is an incurable illness the aim of intervention is to improve the quality of life of the patient through better care and interventions aimed to reduce the caregiver's distress.**

Anti-amyloid monoclonal antibodies are the first disease-modifying therapy for AD. These agents work by removing the sticky protein from the brain that is believed to cause AD to advance. Treatment with monoclonal antibodies has been a promising step in recent years.

Various psychosocial interventions in dementia can be broadly classified into cognition-oriented, emotion-oriented, behaviour-oriented and stimulation-oriented approaches. Cognition-oriented approaches are used to support the existing psychological abilities and to prevent faster deterioration.

Memory aids, like calendars, diaries, notice boards, electronic devices like timers, alarms, clocks, and a GPS locator are being used to support failing memory.

Reality-oriented techniques can be used in institutions. Reminiscence and validation therapies utilise the emotional aspects. The therapist tries to enter the phenomenal field of the person through empathy, establish communication and utilise techniques of reassurance, distraction and validating the emotional ties with the past.

Behaviour-oriented approaches focus on the observation and analysis of a particular maladaptive behaviour, its antecedents and consequences.

Physical, psychological and social stimulation is needed for the preservation of the overall well-being of the person. This approach involves sensory stimulation, such as massage, aroma therapy, pet therapy, and doll therapy. Therapeutic activities, such as exercise, music, games, gardening, prayer and creative activities, like singing, drawing, and painting can be utilised.

Dementia is a disease that affects the family as a unit. It profoundly changes the lives of people around them. The family members witness a tragedy of gradual loss of 'self' of their loved ones. They see a changed person altogether with unusual and strange attitudes and behaviours.

A person who is calm and quiet may start to behave in aggressive or violent ways. The caregiver must respond to the changing needs and behaviour of the patient. The family should strive to attain psychological accommodation to the gradual loss of their dear ones. These changes may initiate a grief reaction among the close relatives in the form of denial, anger, depressed mood, and mood swings.

Caring for a person with dementia in the long run is a demanding and frustrating task with physical and psychological consequences. Chronic stress can damage the physical and psychological health of the caregiver.

Educational inputs given to the families will provide a better understanding of the disease, its peculiarities and expected outcomes.

Better understanding will promote better adjustments and better coping strategies to deal with the situation.

Conflicts arising out of misconceptions about the disease among the family members can be resolved through intervention. Encourage family and caregivers to get help, get rest, to take care of their needs and healthcare. They should set aside time for them.

Caregiver distress can be lessened by individual counselling, family intervention and support groups. During the terminal phases, the care may be shifted more towards physical and nursing care. Helping the person to carry out the basic activities of daily living like eating, bathing and toileting will become a necessity.

Dementia remains hidden in the Indian context and is not identified as a disease which requires intervention. Low levels of awareness, misconceptions and stigmatisation can lead to mismanagement.

The condition can be misinterpreted as a psychiatric disorder.

The healthcare system in India is not sensitive enough to address the problems associated with dementia. Though increased awareness may lead to more help-seeking, the magnitude of the problem is so huge. It has been left unattended by the majority of the community.

There is a need to develop models of care which are appropriate to the sociocultural environment of our community. Specific services for dementia are rare or non-existent or restricted to some of the urban centres.

The aim of a dementia-friendly society remains far away from the present reality.

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THE MATRI-PITRI VANDANA IN ASSAM

The is a unique practice. Children, particularly on special occasions or during important life events, come together to seek the blessings of their parents. This ritual is a profound expression of the deep-rooted respect and reverence that the people hold for their elders and the importance they place on family relationships.

The Assam State Government has introduced the Matri Pitri Vandana scheme to honor and recognize the importance of parents. Under this initiative, state government employees are granted special casual leave to spend quality time with their parents.

The Matri-Pitri Vandana ritual has deep historical roots in Assam, with traces of its origins dating back to the ancient Vedic period. In the Vedic texts, the concept of honouring and respecting one's parents is strongly emphasised. This sentiment is echoed in the Matri-Pitri Vandana tradition.

During the Ahom rule, the Matri-Pitri Vandana ritual became an integral part of important social and religious ceremonies, such as weddings, festivals, and the coronation of the king. The ritual was not only observed by the royal family, but also by the commoners, reflecting the universality of this tradition in Assamese society.

During the colonial era, when Assam came under British rule, the Matri-Pitri Vandana tradition faced some challenges due to the introduction of Western cultural influences. However, the resilience of the people ensured that the ritual continued to be practised, serving as a bulwark against the erosion of traditional values.

In the post-independence era, the Matri-Pitri Vandana tradition experienced renewed interest and revitalisation. As society grapples with the forces of modernisation and globalisation, the ritual becomes even more cherished as a means of preserving the region's cultural heritage and strengthening family bonds.

The Matri-Pitri Vandana is a unique practice. Children, particularly on special occasions or during important life events, come together to seek the blessings of their parents. This ritual is a profound expression of the deep-rooted respect and reverence that the people hold for their elders and the importance they place on family relationships.

The ritual typically involves the children prostrating themselves before their parents, touching their feet, and seeking their blessings. This gesture of humility and respect is a reflection of the Assamese culture's emphasis on filial piety and the belief that honoring one's parents is a sacred duty.

The Matri-Pitri Vandana is not just a mere ritual but a way of life in Assam. It is deeply ingrained in the societal fabric and is practiced across various communities, religions, and socio-economic strata. It reflects the deep-rooted values and beliefs that have shaped the Assamese identity over centuries.

The continued observance of this tradition is a testament to the enduring strength of Assamese culture and the importance of respecting the elders in the region.

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OLDER PERSONS AND HUMAN RIGHTS UN PERSPECTIVES

We nostalgically remember the time when older persons were revered as wisdom figures and mentors in society. In the current world order, older persons are the most vulnerable. In the face of a rapidly ageing world population, it is very concerning.

According to the World Health Organisation, 'the number of people aged 60 and older will see an increase from 1 billion in 2019 to 1.4 billion by 2030 and 2.1 billion by 2050'. It means, one in six people worldwide will be 60 or older. By 2050, there will be more older people than adolescents. Is the world ready to face this demographic shift, which will greatly impact the lives of older persons worldwide and all aspects of society?

The vulnerabilities that older people experience arise from the practice of ageism defined as stereotypes, prejudice or discriminatory actions or practices against older persons that are based on their chronological age or on a perception that persons are old.

The vulnerabilities that older people experience arise from the practice of ageism defined as stereotypes, prejudice or **discriminatory actions or practices against older persons that are based on their chronological age or on a perception that persons are old.**

These stereotypes are so ingrained in our social and cultural norms, that we fail to recognise them and are complicit in perpetuating negative perceptions and stereotypes, and thereby violating/denying their human rights. Ageism results in the marginalisation of older persons in the home and society.

Implicit/unconscious ageism embedded in social structures acts as barriers to the participation of older persons in social, economic and political life. Discriminatory laws and policies create hurdles and challenges for older persons seeking employment, learning opportunities, services and resources and healthcare access.

Such barriers affect the enjoyment of their human rights, their physical and mental well-being and the quality of their life. Although physical decline is part of ageing, older persons should not be categorised as a homogenous group. Many older persons make significant contributions to their society and country.

In the face of a rapidly ageing world population, there is an urgency to recognise older persons as specific rights-holders, to enable their full participation in social, economic, cultural and political life on an equal basis without discrimination. Although the Universal Declaration of Human Rights states, 'all human beings are born free and equal in dignity and rights' and 'everyone is entitled to all the rights and freedoms without distinction of any kind', the rights of older people are mostly invisible under international law.

The human rights of older persons, unlike women, children, persons with disabilities, migrants or refugees, are not protected by a specific human rights instrument. Just a few human rights mechanisms have paid attention to older persons, or developed guidance and specific tools for governments and other stakeholders on the promotion and protection of the rights of older persons.

Most international legislations and policies continue to address ageing from the perspective of welfare and social programmes. They do not take a human rights-based approach that views older persons as equal rights-holders. The rights of older people are embedded in International Human Rights Conventions on Economic, Social and Political rights. The argument is that the rights of older people do not change as they age; they enjoy the same universal human rights as everyone else.

The following are the rights relevant to older persons:

- Right to freedom from discrimination
- Right to freedom from violence
- Right to social security
- Right to health
- Right to work

To augment these rights, in 1991, the United Nations adopted 18 human rights-based Principles for Older Persons and encouraged all governments to incorporate them into their national programmes:

Independence: access to adequate food, water, shelter, clothing and healthcare through the provision of income; opportunity to work or access to income generation; ability to participate in determining when to retire; to live in safe environments; to reside at home for as long as possible and be able to access appropriate educational and training programmes.

Participation: to participate actively in the formulation and implementation of policies that affect their well-being; ability to seek and develop opportunities for community service; and ability to form Movements or Associations of older persons.

Care: Ability to benefit from family and community care and protection; access to healthcare to maintain an optimum level of physical and mental well-being and to prevent or delay the onset of illness; access to social and legal services to enhance their autonomy; utilise appropriate levels of institutional care for protection and rehabilitation and the ability to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility.

Self-fulfilment: Ability to pursue opportunities for the full development of their potential and access to educational, cultural, spiritual and recreational resources of society.

Dignity: Ability to live in dignity and security and be free of exploitation and physical or mental abuse and to be treated fairly regardless of age, gender, racial or ethnic background or disability and be valued independently of their economic contribution.

The absence of a comprehensive and integrated legal instrument to promote and protect the rights and dignity of older persons led to global advocacy for a UN Convention (a legal instrument) on the Rights of Older Persons.

In response, the UN set up an Open-Ended Working on Ageing in 2010 to identify gaps in the protection of the human rights of older persons and how best to strengthen them. They focused on 'accessibility, infrastructure and habitat, as well as participation in public life and decision-making processes'.

After a gap of 14 years the report submitted to the UN General Assembly on August 24, 2024, admits there are gaps in the protection of older people's human rights, and that there is a need for an international legally-binding instrument to address these gaps.

This is just the beginning of a long road ahead for advocacy groups to lobby at national and global levels to convince the Human Rights Council in Geneva of the need for a convention to protect the human rights of older persons. It would improve the understanding of older persons' rights and articulate a clear set of obligations on how to protect them.

The Universal Declaration of Human Rights states, **'all human beings are born free and equal in dignity and rights' and 'everyone is entitled to all the rights and freedoms without distinction of any kind'.**

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HOME FOR THE AGED AND INFIRM
A LIVING TESTIMONY

The Home for the Aged at Chunangamvely, Kerala has been in the caregiving ministry for almost a century. Established in 1927 by the venerable Fr. Varghese Payappilly, the founder of the Congregation of the Sisters of the Destitute, it is a home of comfort and consolation for hundreds of the needy.

It was initiated at a time when the nuns led a secluded life confined to the nunnery and their institutions. It was also a breakthrough for the Congregation to reach the peripheries in search of those abandoned in public spaces and by families.

The Home admits the poor above 60, irrespective of caste, creed, or religion. The men and women stay in two separate blocks. At present, there are 39 Pappas (older men) and 43 Mammas (older women).

Recently, an elderly couple who were living together and were not able to live separately was given entry to the home. They stay in a two-bed accommodation.

In this age, when due respect is not given to the elderly and when mercy killing is on the increase, caring homes of this kind are a solace for many.

The nuns are inspired by the Charism and the motto of the Congregation – 'Compassionate Love of Christ Urges Us'.

Each one is called to see the image and likeness of God in the poor, to love and serve them and make them feel dignified.

The needy are a gift from God. The nuns focus on the physical and mental health of the inmates by providing facilities and organising events such as entertainment, recreational activities, and cultural programmes including dance and drama. Their spiritual needs are met with extreme care.

All the national, local and religious festivals are celebrated.

These are the ways the residents are helped to grow gracefully and prepare them to embrace

a serene death. The nuns also get help from volunteers, NGOs and parishioners in this regard.

Almost daily, there are visits from schools and colleges. The students spend time with the inmates and make them happy with their presence and performances. Often, families celebrate birthdays and wedding anniversaries at the home.

The efficient functioning of an institution of this kind requires an analysis of the current socio-cultural-economic factors. The following aspects highlight the impact factors, present-day challenges and the way ahead.

Impact Factors

1. Demographic Shifts: With an increase in the ageing population globally, the number of elderly destitute is also on the increase. This shift places additional pressure on existing social support systems.

2. Economic Instability: Many elderly people become destitute due to inadequate pensions, savings, or financial support. This is exacerbated by economic downturns or personal financial mismanagement.

3. Health Issues: Ageing is often accompanied by chronic health conditions, disabilities, and a greater need for medical care. This can be financially burdensome and difficult to access for the destitute.

4. Social Isolation: The elderly often lacks family support, leading to loneliness and mental health issues. This isolation can be both a cause and a consequence of their destitution.

5. Urbanisation and Migration: As the younger generation moves to urban areas for work, many of the elderly are left behind in rural areas with little support. In urban settings, the lack of affordable housing can push them into homelessness.

6. Cultural Shifts: Changes in family structures and traditional caregiving roles have reduced the level of familial support for the elderly in some societies.

Challenges

1. Inadequate Social Support Systems: Many countries lack comprehensive social security systems that can provide for the elderly. Where systems exist, they may be underfunded or inaccessible to those who need them the most.

2. Healthcare Accessibility: Limited access to affordable and appropriate healthcare services is a significant challenge, particularly for those with chronic conditions or disabilities.

3. Housing: The lack of affordable and suitable housing for the elderly is a critical issue, especially in urban areas where homelessness among the elderly is on the rise.

4. Discrimination and Stigma: The elderly often face ageism and stigma. This can limit their access to services and community support.

5. Mental Health: The psychological toll of being poor, including depression and anxiety, is often overlooked and inadequately addressed.

6. Legal and Policy Gaps: Many countries do not have robust legal frameworks to protect the rights of the elderly or ensure they receive the care they need.

The Way Ahead

1. Strengthening Social Safety Nets: Governments should enhance pension schemes, disability benefits, and other forms of social support to prevent elderly people from falling into poverty.

2. Improving Healthcare Access: Expanding access to affordable healthcare, particularly for chronic conditions and mental health services, is crucial. Mobile health clinics and telemedicine could be beneficial in reaching isolated populations.

3. Affordable Housing Initiatives: Developing affordable and age-friendly housing options can help reduce homelessness among the elderly. Public-private partnerships could play a role in this area.

4. Community-Based Support: Encouraging community-based care programmes, such as volunteer networks and local support groups, can help alleviate social isolation and provide practical support.

5. Legal Reforms: Implementing and enforcing laws that protect the rights of the elderly, such as anti-discrimination laws and legal provisions for elder care, is essential.

6. Public Awareness and Advocacy: Raising awareness about the challenges faced by the elderly and advocating for policy changes can help mobilise resources and public support.

7. Economic Empowerment Programmes: Offering financial literacy programmes, micro-finance options, and other economic empowerment initiatives can help elderly individuals manage their resources better and avoid destitution.

Almost daily, there are visits from schools and colleges. **The students spend time with the inmates and make them happy with their presence and performances. Often, families celebrate birthdays and wedding anniversaries at the home.**

8. Collaborative Approaches: Governments, NGOs, and the private sector need to collaborate to create comprehensive care models that address the diverse needs of the elderly.

Addressing the above challenges and implementing the suggested strategies, societies can work towards ensuring that the elderly receive the care, respect, and dignity they deserve.

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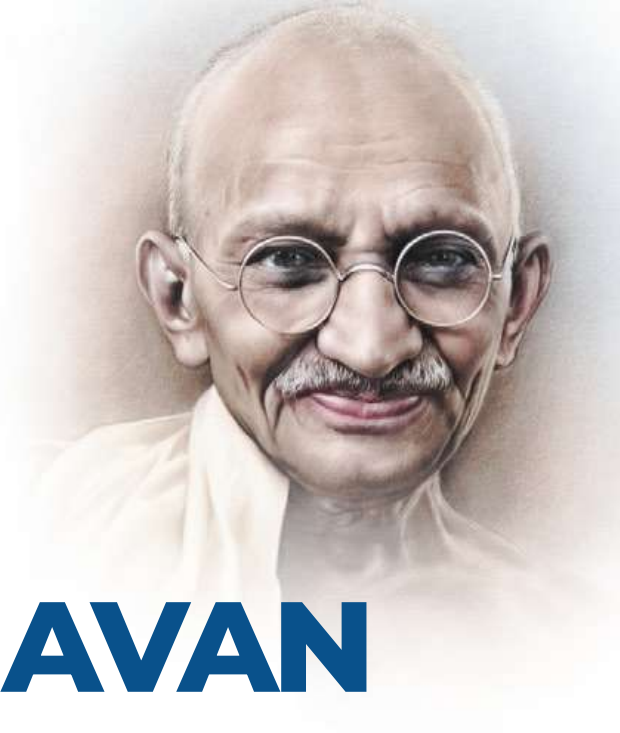

Pax Lumina 5(5)/2024/77-79

GANDHIBHAVAN

THE **SYMBOL** OF **CARING** FOR THE **ELDERLY**

Gandhibhavan is situated at Pathanapuram, Kollam District, Kerala, India. It is a registered Non-Government Oorganisation deeply devoted and dedicated to the needy, ranging from kids to well-aged senior citizens. Most of them are abandoned by the people they counted on, and are physically, mentally and visually challenged.

How It Started?

Gandhibhavan began in 2002. Initially, it aimed to propagate the visions and principles of Gandhian thoughts based on the fundamental principles of love and peace. Later, while on a journey, the founder of Gandhibhavan, Punalur Somarajan met a poor, 85-year-old unmarried lady.

As a person, who lost his mother in his childhood, Somarajan found solace in other mothers. He asked the elderly woman whether she was willing to come with him so that he could shelter and protect her. She agreed and went with Somarajan. She became the first inmate of Gandhibhavan.

In 2003 Gandhibhavan started its Old Age Home in a small rented building. Gradually the number of senior citizens increased. They were sheltered in rented homes in different parts of Pathanapuram.

Life and Activities

Gandhibhavan is home to several seniors and elderly people who have been left alone due to societal, financial and personal constraints. They need caring, affection and compassion.

Gandhibhavan provides them with a place to live hopefully and peacefully. They are able to see hope and joy in the final years of their lives. The home is supported by a team of doctors

Prayer is a routine activity in the morning, midday and evening. All the inmates and visitors of various religions take part in the prayer which has a secular fabric. **Yoga, meditation, vocational training and therapies including music therapy are regular activities.**

and medical staff. They specialise in Allopathy, Homeo, and Ayurveda.

Gandhibhavan is taking care of over 1500 destitute and abandoned inmates of different ages ranging from infants and children to senior citizens. Of these, 500 are senior citizens.

They all have been provided accommodation, food, clothing and round-the-clock medical attention by a dedicated team of doctors and nursing staff.

In addition to the old age home, there are special schools for children, palliative care for men and women, and shelter for the victims of domestic violence, and the physically handicapped. More than 300 volunteers are serving in Gandhibhavan.

Prayer is a routine activity in the morning, midday and evening. All the inmates and visitors of various religions take part in the prayer which has a secular fabric. Yoga, meditation, vocational training and therapies including music therapy are regular activities.

The Trust organises cultural events, games, and exercises to keep the mind and body of the inmates alive and active. Eminent personalities from every walk of life come to address the prayer meetings.

Future Plans

As long as isolation exists in society, Gandhibhavan's activities will continue to expand. Gandhibhavan is now continuously running the campaign that parents should not be abandoned. Apart from this, Somarajan has two dreams: a medical college. There will be treatment and research, not medical education. The treatment will be a combination of the various systems of medicine.

If human society wants to get better, charity should also come in educational programmes and syllabi. Unfortunately, we don't have it. It is not through maths, science and history that we learn to become real human beings. The need of the hour is to provide a charitable education system, so that the students can know about humanity.

Recognition

Gandhibhavan has been awarded the Vayoshreshtha Samman 2019 by President Ramnath Kovind for being the best institution to provide services to senior citizens.

Gandhibhavan also received Rajiv Gandhi Janma Panchasapthathi Puraskar in the same year for being the best care home for the destitute, mentally and physically challenged people.

Somarajan was also awarded the Kerala Sree Award for 2023 by the Kerala government for meritorious social service. The compassion of Jesus Christ, Mahatma Gandhi, Mother Theresa and Sree Narayana Guru remains an inspiration for the founder to keep going with the charitable activities of the trust.

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BOOK REVIEW

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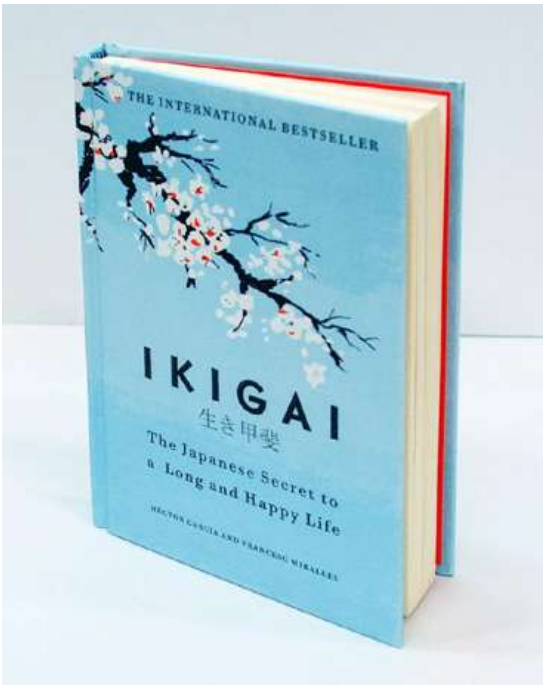
Where IKIGAI Blooms

The book encapsulates the various Blue Zones where the inhabitants live longer than the rest of the world. **In Okinawa, referred to as the Village of Longevity, women hold higher life expectancy than anywhere else in the world. The authors ponder over the possible reasons that enable people of the blue zones to retain their longevity.**



'The Japanese Secret to a Long and Happy Life' authored by Hector Garcia and Francesc Miralles unfurls the secrets of the Japanese philosophy of 'ikigai'. This translates to 'a reason for being' or 'the joy of living'.

The authors stumbled upon the word as they embarked on a conversation revolving around the extraordinary longevity of the Japanese, particularly in the island of Okinawa. It is believed that ikigai serves as one of the key ingredients in addition to their healthy lifestyle.

The authors made deep explorations to unravel the mystery of Ogimi, a rural town in Okinawa, bearing the highest life expectancy in the world. It turned out that apart from Japan's shikuwasa (similar to lime) and moringa tea, an unlikely source of joy flowed from its inhabitants.

The book offers insights into the vital role that ikigai plays in the life of Japan's centenarians. The term ikigai embodies the idea of finding purpose and fulfilment in life, combining two words: 'iki' meaning life and 'gai' which refers to worth.

Ikigai is the reason we get up in the morning. It helps you find reasons to live. It lies at the intersection of what you love, what you are good at, what the world needs, and what you can be paid for.

The book encapsulates the various Blue Zones where the inhabitants live longer than the rest of the world. In Okinawa, referred to as the Village of Longevity, women hold higher life expectancy than anywhere else in the world. The authors ponder over the possible reasons that enable people of the blue zones to retain their longevity.

The resources are scarce in these places. Helping each other turns out to be a necessity. Furthermore, physical exercise, a mindful diet, forming social connections and enduring a purpose in life are the pillars too.

The book throws light upon the 'eighty percent rule' of the Japanese. This follows the practice of eating until one is only eighty percent full. This principle is deeply rooted in Japanese culture and is believed to contribute to its longevity.

The Okinawan diet holds a cherished position around the world panels on nutrition. Variety marks the key.

The miracle diet contains around five servings of fruits and vegetables daily, that too in great colour and variety like 'eating the rainbow'.

Hector Garcia and Francesc Miralles

This rule instils moderation in eating. It suggests that consuming less than one's full appetite can lead to better health outcomes. It not only applies to diet but can also be interpreted as a metaphor for balanced life. It encouraged individuals to leave some energy for themselves after fulfilling their daily responsibilities.

The customary factions of Moai help the local communities to come together and knit close bonds. It is regarded as an informal group composed of people sharing similar interests. This provides emotional, social and, at times, financial stability. Such initiatives aid in creating a sense of belonging that combats loneliness and fosters resilience. The strength of these connections is crucial for mental and physical health especially as one grows senile.

The text encompasses a notable approach known as Logotherapy. This was developed by psychologist Viktor Frankl. Logotherapy is a quest that looks forward to the future, while shedding the past.

It is spiritual in colour. The sole target is life's purpose. This goes in parallel to ikigai, which tends to find meaning and motivation which is inherent within us. Frankl asserted that the primary human drive is not pleasure as Freud had suggested but having reasons to gain momentum in life. People bereft of this purpose are bound to experience an existential crisis at a certain point, according to this theory.

The book expounds on the power of flow that helps one sail the journey to ikigai. According to psychologist Mihaly Csikszentmihalyi, flow is the state of being completely immersed in an activity we do. It may be felt as a pleasure, creativity or delight where we lose track of time and find the process as intrinsically rewarding.

This will kill all distractions. It reinforces that you are on the path to discovering your ikigai. Microflow serves as a magic tool to enhance daily life by transforming the necessary, monotonous tasks into jovial moments.

'Takumis' in Japan have assimilated the importance of flowing with their ikigai consistently. They are artisans who are known for their craftsmanship and mastery of a particular skill. They pursue excellence and fulfilment in any area, be it art, trade or some work. This encourages them to engage in activities that they love and have skills. In turn, this adds to society positively.

Okinawa's religious landscape is deeply rooted in the Ryukyuan tradition. This is attributed to ancestor worship and the veneration of natural spirits. This belief system manifests the interconnectedness of the living, the deceased and the divine, as reverence for nature and community, reflecting a unique cultural identity distinct from mainland Japan's Shinto and Buddhist practices.

The Okinawan religion embodies a blend of cultural heritage, community values and spiritual practices that contribute to the island's unique sense of ikigai.

The Okinawan diet holds a cherished position around the world panels on nutrition. Variety marks the key. The miracle diet contains around five servings of fruits and vegetables daily, that too in great colour and variety like 'eating the rainbow'.

The consumption of salt and sugars is minimal with an array of antioxidants, whole grains and green tea, making up the staple nourishment. Shikuwasa is a miracle fruit of Okinawa which has rich minerals, vitamins and antioxidants.

The people engage in a lot of movements during their daily routine including walking, gardening and martial arts to uphold their ikigai.

Tai Chi is a Chinese martial art characterised by slow, graceful movements and deep breathing. It promotes balance and flexibility while reducing stress.

The design of the book is a calm, minimalistic design.

A soothing colour palette of pastel hues is employed to evoke a sense of peace and tranquillity. It is flecked with a cherry blossom tree, painted from the corner, signifying the transience and impermanence of human life.

Yoga, originally from India, is bestowed with paramount significance in Japan. It fosters a harmonious relationship between a person's mind and body. Sun salutation forms one of the iconic techniques in yoga. Radio Taiso is a traditional practice performed in groups that encourages not only social interaction and physical activity but also the community spirit. Walking and breathing are specimens of their habitual routine.

The authors draw the finishing touches of their opus by drafting a note on resilience.

Resilience is something that demands appropriate mental, physical and emotional training. There are two Japanese notions that help cultivate resilience.

Wabi-sabi is the act of finding beauty in imperfection and incompleteness. In addition, Ichi-go ichi-e believes that each moment is unique and will never come again. Stoicism and Buddhism also advocate that the present moment is all we have and can control. It acknowledges life's impermanence as it is. Our ikigai is different for all of us. Once you hunt and seek the jewel, nurturing it every day adds new light to one's life.

The design of the book is a calm, minimalistic design. A soothing colour palette of pastel hues is employed to evoke a sense of peace and tranquillity. It is flecked with a cherry blossom tree, painted from the corner, signifying the transience and impermanence of human life.

The cherry blossom, also termed sakura, is the beloved national flower of Japan. The flowers announce the ephemeral nature of life due to their short blooming season. The delicate petals and brief flowering period serve as a reminder to be mindful of the present moment.

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LETTERS TO THE EDITOR

Pax Lumina 5(5)/2024/84

Dear Editor,

Thank you so much for the Pax Lumina edition. I appreciate this.

It is fascinating, and has plenty of material to enlighten us on topics, such as Peace, Reconciliation, and Empathy, very relevant to the development of Global Citizenship Education in our schools. I will surely download the previous issues. It is rich material for the formation of educators. Wishing you all the best.

Josephine Vassallo
Malta.

Dear Editor,

This is an excellent job, and a job well done.

My heartiest and sincere congratulations.

George John
Kochi

Dear Editor,

Congratulations on another fine edition of Pax Lumina.

James F. Keenan, S.J.
Boston College

Dear Editor,

Thank you for sharing Pax Lumina.

Of course it is very useful for us.

Fransisca L.
Semarang City - Indonesia

Dear Editor,

I would like to congratulate you and the Pax Lumina team for the timely issue of Polarisation, which is a global phenomenon spreading in democracies across the world. I appreciate the book review on Moises Naim's book "The Revenge of Power", which gives a theoretical understanding of this phenomenon affecting 71 percent of the global population residing in closed autocracies or electoral autocracies, according to the V-Dem Institute's 2024 report. The articles highlight various physical as well as online strategies of polarisation adopted in different countries. I hope this issue becomes a wake-up call to strengthen our resolve to protect fundamental freedoms and participative democracy throughout the world.

Best wishes,

Denzil Fernandes
Bangalore

Dear Editor,

Congratulations to you and all the PAX LUMINA team.

Once again you give us a brilliant, incisive and challenging issue POLARISATION!

Much to reflect upon, much more to act upon.

Warmly,

Cedric Prakash
Gujarat

CENTRE FOR PEACE AND JUSTICE (XLRI)

CERTIFICATE COURSE IN PEACE STUDIES IS PART OF NON-PROFIT INITIATIVE OF CENTRE FOR PEACE AND JUSTICE, XLRI, JAMSHEDPUR AND LIPI, KOCHI.

Pax Lumina
A Quest for Peace and Reconciliation

CPJ-XLRI & LIPI
ONLINE CERTIFICATE PROGRAM IN

PEACE STUDIES

Jointly Offered by
Centre for Peace and Justice-XLRI, JAMSHEDPUR &
Loyola Institute of Peace and International Relations (LIPI), KOCHI

The course will consist of online sessions held on Saturdays, along with project components.

SCOPE: The course primarily aims at fostering peace in the contemporary context. It also envisages fostering of right attitudes and values along with enhancing professional skills. The Course Certificate adds to the academic credentials of the participants.

ASSESSMENT: Assessment will be based on active engagement and project work. The project work will be supervised by competent faculty of CPJ-XLRI & LIPI.

TARGET GROUP: Working Professionals, Bureaucrats, Social Workers, Activists, Artists, Researchers and College/University Students with aptitude for peace and reconciliation.

CONVOCATION: 4th January 2025

MODULES

- UNDERSTANDING VIOLENCE AND PEACE
- CONFLICT TRANSFORMATION AND RECONCALITION
- DISASTER MANAGEMENT AND PEACE
- INDUSTRIAL PEACE
- IDENTITY, VIOLENCE AND EMPATHY
- STRUCTURAL INEQUALITIES AND HUMAN RIGHTS
- GENDER, CASTE AND VIOLENCE
- SCIENCE AND TECHNOLOGY FOR PEACE
- WORLD RELIGIONS AND INNER PEACE
- INTERNATIONAL PEACE INITIATIVES
- EDUCATION FOR PEACE
- RESEARCH METHODOLOGY
- PROJECT WORK / INTERNSHIP

DATE: 26 OCTOBER 2024 – 04 JANUARY 2025
10 SATURDAYS (9.00 AM - 12 NOON IST)

ADMISSION OPEN | **LIMITED SEATS**

Course Fee: ₹ 6000

INTERNSHIP
Selected students will be offered internships at XLRI and at LIPI

FOR REGISTRATION
Send a brief CV and Statement of Purpose (max. no. of words 350) to directorlipi15@gmail.com

DUE DATE
8 October 2024

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MICR: **682002906**
IFSC: **SBIN0070327**

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CONTACT
WhatsApp (+91) 94974 45381

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01. **Prof. Ted Peters** (CTNS, Berkeley, California, USA)
02. **Prof. Edgar Antonio Lopez** (Pontificia Universidad Javeriana, Bogota, Colombia)
03. **Prof. Jacques Haers** (Co-Chair, IAJU Task Force for Peace and Reconciliation, Bogota, Belgium)
04. **Dr. Sophia Opatska** (Catholic University, Ukraine)
05. **Dr. Elias Lopes** (Co-Chair, IAJU Task Force for Peace and Reconciliation, Bogota, Colombia)
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225, Jor Bagh, New Delhi - 110 003, India

**To keep the heart unwrinkled
— to be hopeful, kindly, cheerful, reverent —
that is to triumph over old age.**

– Thomas Bailey Aldrich