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NEWSLETTER

This is a monthly diary giving updates on activities at Graceful Living and providing information on ageing 'gracefully' to help elders live a life with maximum ease



GRACEFUL LIVING

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GERIATRIC CARE IN INDIA: A long way to go

With demographic transition underway in India, the elderly population is projected to rise to 12% of the total population by 2025. The ever-increasing elderly population poses social and financial challenges and puts immense strain on the health system due to a marked shift toward chronic non-communicable diseases. Besides, social factors like fewer children in each family, increased employment opportunities for women, who were traditionally taking care of the old in India, rapid urbanization and rise of nuclear families call for more focus on geriatric issues, both medical and socio-economic.

In India, the elderly suffer from dual burden of communicable and non-communicable diseases besides impairment of special sensory functions like vision and hearing and other degenerative diseases. Poor geographical access and high cost of treatment lead to poor utilization of health care, especially among the elderly. The elderly are also prone to abuse in their families or in institutional settings. A study in Chennai among 400 community-dwelling elderly aged 65 years and above found the prevalence rate of mistreatment to be 14%. **Chronic verbal abuse was the most common followed by financial/physical abuse and neglect.**

Geriatric care is conspicuously missing from the medical education curriculum. Similarly, the nursing and other paramedical staff members are not formally trained in providing care for elderly patients. There is no specialized training in geriatrics in most medical schools in India. Geriatrics is a low-profile speciality that lacks visibility in academia and finds least favour among the medical students. Only selected facilities have a dedicated geriatric unit, but concentrated in urban areas and highly expensive. Very few hospitals provide inpatient geriatric care. Although there are hundreds of old-age homes, day-care centres and mobile medicare units that provide care to the elderly population, these facilities are managed by NGOs or funded partially by government, but are urban-based, expensive or focused on tertiary as opposed to primary care.

Recently, the Government of India has taken significant strides towards securing the rights of the elderly. In 2007, Indian Parliament passed a bill known as Maintenance and Welfare of Parents and Senior Citizens Act, which made maintenance of parents or senior citizens by children or relatives obligatory and justifiable and also provided penal provision for their abandonment. The National Policy on Senior Citizens in 2011 recognizes senior citizens as a valuable resource for the country and ensures their full participation in society. It aims at providing socio-economic support through income-generating activities, insurance and pension schemes, and promoting care of senior citizens within the family.

Excerpts from the article, 'Geriatric Care in India: A long way to go'. Ref. Journal of Mid-Life Health: Jaya Prasad Tripathy; Wolters Kluwer-Medknow Publications.

UNDERSTANDING OLD AGE

An excerpt from Zhou Daxin's latest novel, "*The Sky Gets Dark Slowly*". It is a sensitive exploration of old age and the complex, hidden, emotional world of the elderly in a rapidly ageing population.

The author writes, "...Many elderly speak as though they know everything, but of old age they are in fact as ignorant as children. Many elderly are in fact, completely unprepared for what they are to face when it comes to getting old and the road that lies ahead of them. In the time between a person turning 60 years old, as they begin to age, right until all the lights go out and the sky gets dark, there are some situations to keep in mind, so that you will be prepared for what is to come, and you will not panic.

ONE. The people by your side will only continue to grow smaller in number. People in your parents' and grandmothers' generation have largely all left, whilst many of your peers will increasingly find it harder to look after themselves, and the younger generations will all be busy with their own lives. Even your wife or husband may depart earlier than you... and what might then come are days of emptiness. You will have to learn how to live alone, and to enjoy and embrace solitude.

TWO. Society will care less and less for you. No matter how glorious your previous career was or how famous you were, ageing will always transform you into a regular old man/old lady. The spotlight no longer shines on you, and you have to learn to contend with standing quietly in one corner...

THREE. The road ahead will be rocky... Fractures, cardio-vascular blockages, brain atrophy, cancer...these are all possible guests that could pay you a visit any time, and you would not be able to turn them away. You will have to live with illness and ailments, to view them as friends...

FOUR. Prepare for bed-bound life, a return to the infant state. Our mothers brought us into this world on a bed, and after a journey of twists and turns and a life of struggle, we return to our starting point – the state of having to be looked after by others... you will more likely than not, be cared for by nursing staff who bear zero relation to you... Lay still and don't be difficult; remember to be grateful.

FIVE. There will be many swindlers and scammers along the way. Many of them know that the elderly have lots of savings, and will endlessly be thinking of ways to cheat them of their money...

The last stretches of life's journey will gradually get dimmer and dimmer, naturally it will be harder to see the path ahead that you are treading towards, and it will be harder to keep going forward.

In these latter days of your lives, you have to understand what it means, to let go of your attachments, to mentally prepare yourself. The way of nature is the way of life; go with its flow, and live with equanimity.

Let's try to eliminate the 'after' ...
So... leave nothing for 'later' ...
The day is today...The moment is now...

We are no longer at the age where we can afford to postpone until tomorrow what needs to be done right away.





Ms Amruta Lovekar

Gerontologist & Project Coordinator, Graceful Living



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Older adults have to confront with many losses and deprivations. Rational Emotive Behaviour Therapy (REBT) can help with losses and deprivations of ageing so the older adults can cope with the myriad changes which occur physically, mentally, socially and psychologically. REBT was developed by American psychologist and psychotherapist, Dr Albert Ellis in 1955. It has been developed on the idea 'how' we feel is largely influenced by 'how' we think. As is implied by the name, this therapy encourages development of rational thinking to facilitate healthy emotional expression and behaviour.

Dr Ellis was highly influenced by Stoic philosophers like Epictetus and hence this is also a philosophy-based therapy. One quote by Epictetus which shaped Ellis' thinking was "people are not disturbed by things, but by the view they take of them". The study of philosophy led Dr Ellis to believe people's own ideas and beliefs as opposed to external events that cause emotional and behavioural disturbances.

REBT posits that humans are naturally goal-oriented but they are also self-defeating and irrational. The central premise of REBT is the ABCDE theory.

A - activating event: This is when something happens in the environment which triggers a negative reaction or response.

B - belief: This describes the thoughts and beliefs about the triggering of an event or situation, usually irrational thoughts about the activating event.

C - consequence: This is the emotional response and actions based on our thoughts and beliefs.

D - This involves **disputing irrational beliefs** with the purpose of replacing them with rational ones.

E - Stands for **effective new beliefs** which will help in resisting future unhealthy beliefs.

F - Stands for **new feelings** appropriate to the activating event we are trying to address.

For example, if someone talks to an older adult about her wrinkles, the older adult feels very anxious and depressed. She immediately enrolls for an anti-ageing program and also wants a guarantee that her wrinkles will disappear. In this case,

rather than the activating event which is developing wrinkles, it is her belief that she should not develop wrinkles in old age which will make her look dowdy and worthless.

Actually, wrinkles are a consequence of the ageing process but the woman will not be able to accept this fact because of her irrational belief that she should not have wrinkles. 'D' would be when the woman counters and reflects on her current belief that wrinkles are deadly or fatal and 'E' would be when she comes to a conclusion that wrinkles are bad and it is her own irrational belief rather than something that needs to be feared and shunned. 'F' would be when the woman accepts her wrinkles as a normal process of ageing.



Beliefs in REBT are categorised into irrational and rational beliefs.

Irrational beliefs are those that hinder pursuit of happiness and come in the way of solving and adapting to practical problems.

Rational beliefs are those that help an individual accept the frustrating reality and adapt to it as gracefully as possible.

Dr Ellis says that beliefs are much more important than an activating event in producing reactions and emotions at 'C'. In REBT, irrational beliefs are the cause of emotional and behavioural disturbances. REBT teaches that people tend to use a lot of 'must', 'should', 'ought' which contribute to the irrational beliefs.

There are some 'irrational beliefs' according to REBT. The first is that 'I must perform well'; the second one is that 'Others must treat me nicely and fairly'; third one is that 'Conditions must be nice and easy for me and not give me too many hassles'; the fourth one is that 'I can't stand it'; finally, the fifth is 'Conditional

self-acceptance' which is judging my whole self or entire personality as worthless after I commit some mistake.

Regarding the first two irrational beliefs, Dr Ellis says that rather than making demands that I must perform well or others must be nice or that conditions should be good, I need to have 'preferences' rather than demands as it is a much more hopeful attitude to have towards life as 'Life has a right to give you bad things'.

The fourth irrational belief, 'I can't stand it' means not liking a particular thing or situation. We generally 'awfulize' or 'catastrophize' a particular situation like having wrinkles. The fifth one is conditional self-acceptance when in fact we are judging our whole personality on the basis of wrinkles. REBT says that human beings are far too complex to be rated in one aspect or dimension and that we are better off rating a particular behaviour and not our whole selves.

In order to act or feel differently, we need to question our irrational beliefs by posing the following questions:

- Does it help me over the long run to believe that I should not have wrinkles?
- Where is the evidence to support my belief that I should not have wrinkles?
- Are my wrinkles that awful that I cannot stand them?
- Is my belief that I should not have wrinkles consistent with facts?

Through disagreement which requires hard work and practice, we can come to develop effective rational beliefs which are in our best interest over a long-term basis. Dr Ellis offers three major insights:

- How we think, including our rational and irrational beliefs which are the largest factors in how we feel and act.
- No matter how and where we started believing some irrational belief, we are **RESPONSIBLE FOR DOING SO NOW**.
- Through work and practice, we can change how we think, feel and act.

Epictetus' logical interpretation of wrinkles is most appropriate when he says, "People are not disturbed by wrinkles, but by the meaning they give to wrinkles."

“ *What do you do after you've given all that you have and you have nothing left to give.*

After you've tried and you've tried, after you've cried and you've cried, and that day finally comes when you realise that this is not how you want to live your life.

What do you do? You see, sometimes it's not about having the strength to hold on, it's about having the courage to let go.

- Anonymous



SUPPORT GROUP MEETINGS OF GL

Physical

- One-to-one physical meetings were held with Principals of Guru Nanak Dadar and Vikhroli schools to explain the purpose of GL's youth sensitization program. Sessions were held in both schools for 8th to 12th standard students (700 students - Dadar 18 July, Vikhroli 22 July). These sessions were interactive, message given that 'all will get old some day', hence sensitivity towards older adults is a must. Also, myths regarding ageing were discussed.
- Advocate Kalyani Shukla conducted a physical session on 'Writing a Will' (26 July) for Arya Chanakya Nagar Senior Citizens Association. She mentioned the basic rules of an authentic Will and shared tips on registration and keeping the will paper safe. This was followed by a Q/A session.
- MMP Shah College felicitated Tulsi Trust and Graceful Living on the occasion of their 65th Foundation Day (Aug 1). Mr Naval Pandole and Ms Amruta attended and accepted the trophy on behalf of GL.
- On August 11 (Raksha Bandhan) Graceful Living celebrated the occasion with the Manav Seva Sangh old age home. Mr Damle and Ms Amruta conducted this meeting. The GL team tied rakhis and distributed sweets to senior citizens.
- On 13 August, Graceful Living conducted a youth sensitization program at St Elias School, Khar Road West for 8th and 9th grade students (350). The message was the same: all of us will get old some day and hence we need to be sensitive towards older adults. Mr Sharad Dicholkar and Ms Anuja Patil were the senior volunteers for the program.

Online

- 'Joy of journaling' was presented online on 14 July by Ms Asha Suresh for seniors and this concept was presented by My Safe Place for Graceful Living. She gave the participants various activities to perform which included simple day-to-day affairs to keep their minds active.
- An interactive online meeting was held between grandparents and grandchildren on 23 July wherein grandparents and their grandchildren came together online and shared their thoughts, feelings, experiences with one another. Grandparents talked about the talent, initiative and interest of their grandchildren and the young ones mentioned that the elders were always 'there' for them.
- 'Sitare' celebrated the achievements of Dr Padmakar Desai (this was an online interview) a practicing naturopath. He explained this mode of cure and its relation to natural elements in a very simple manner.

GUEST LECTURE

With **Dr Rekha Bhatkhande, consultant gastroenterologist.** Dr Bhatkhande, ex-Dean of Shushrusha Hospital, Dadar, was our guest lecturer. On 21 July, she presented a talk on food safety and good health, 'How safe is your food' on Zoom. She talked about elders' risk of food-borne diseases, food safety governance, contamination and more, followed by a Q/A session.

WEBINAR

A webinar was held on 30 July. Subject: 'Elder Abuse - Call for Action'. Three panellists included Ms Asha Kulkarni, Honorary Secretary of Dilasa Helpline for Senior Citizens; Mr Bhimrao Bhosle, Field Response Officer for Elder Line (a national helpline for senior citizens); and Mr Prakash Borgaonkar, Director, HelpAge India. The webinar was moderated by Mr Manoj Gursahani. Ms Kulkarni and Mr Bhosle gave information about their helplines and also talked about how they dealt with elder abuse cases; Mr Borgaonkar mentioned salient features of Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and its recent amendments.



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TESTIMONIALS: What people say about us...

Mr Srinivas Sawant, GM, Tulsi Trust. A special issue on 'Alcoholism' by Graceful Living (a project under Tulsi Trust) last month was an apt choice as the pandemic and post-pandemic stress over the last three years created the need and increased the alcohol consumption among people, especially senior citizens. The issue covers details about the disease, shares experiences and also mentions the support available. We received a good response in the form of letters and there was a demand for more copies of this issue.

I sincerely think there is a need for such topics. My best wishes to GL and the effort in bringing it out. Here's hoping that more such informative issues are on the anvil.

Mr Jatish Shah, counsellor & director, Shah De-addiction & Rehabilitation Services. I went through your special issue on alcoholism. I found you had covered the aspects well and it was very comprehensive. Since I deal with rehabilitation centres and counsel alcoholics, I did request for some more issues to be sent to some organisations as it would be very helpful. Kudos on the job and for choosing an out-of-the-box subject. It is not spoken about aloud but it is very prevalent among the youth and the elderly, more so during/after the pandemic.

Ms Celeste Baptista, housewife. Thank you for this special issue. I thoroughly enjoyed reading it. I am so glad that many who are ignorant about the disease will benefit by reading these articles. It is a very well designed issue as well. I repeat, very informative, educational for those who are clueless about alcoholism. Great job! God bless!

Ms Joytie Zutshi, ex-senior school teacher. Your alcoholism issue is very readable and well designed. I ran through the pages easily and finished reading it in one go. Such magazines on special subjects are the need of the hour. With life pacing at an unrestricted speed, knowledge on various such ailments/diseases is required. The magazine should be sent to schools so that children are pre-warned of the outcome of excessive use of alcohol. Even the elderly should have access to this information as when they are lonely they do tend to turn to the bottle. This was very apparent during the recent pandemic.

Ms Maureen Dias, ex-secretary to GM - Sales, Rallis India Ltd. Kudos to the editor on the special issue on alcoholism. It was spot-on, precise, terse, in-depth, informative, all packaged in just 12 pages. Just what one needed to know on how to deal with alcoholics and alcoholism. And I would like to add, well-researched. Congratulations!

Ms Manjri Kelkar, yoga practitioner. Alcoholism is a 'big' problem in India. In villages, they prepare alcohol called *Daru Bhatti*. There are many such *bhatties* in villages and now this *daru* is being made in Mumbai as well. Due to this *desi daru*, many people are dying due to over consumption and its preparation under unhygienic conditions. This liquor is much cheaper, therefore the high demand. The lower classes who work under stressful conditions do not realize the danger of it. It is very, very harmful. Nowadays, several NGOs have taken up this cause.

Ms Zeenat Hakim, designer (clothes). A very good endeavor and much needed information about the disease. It tells us a lot about this complex subject of alcoholism and will help to spread its awareness.



AGEING WITH DIGNITY AND GRACE

Tulsi Trust was established by the Chanrai family in 1975 with an aim to fulfil basic needs of the poor and needy. At a deeper level, it's more than indulging in physical activities. Health care, skills development and education are top priorities. It envisages a fair world for all, working with partners to improve health care and opportunities for livelihood, and education. Add to this, the capacity to understand another's needs and do this with utmost integrity.

Graceful Living (GL) is an arm of Tulsi Trust which came out of a realization of a social need for elderly care. After three active years, GL is now a recognized organization for those in their twilight years and has created an awareness through its activities and talks for senior citizens. GL has a social presence viz. Twitter, Facebook, Instagram and YouTube.

ACTIVITIES OF GRACEFUL LIVING

In Partnership...

- Intellectual companionship and special care programs – includes companionship, counselling and care-giving for Dementia, Parkinson's and Alzheimer's when required. These services are provided through our partners:

Echoing Healthy Ageing

Parkinson's Disease and Movement Disorder Society (PDMDS)

- Physiotherapy sessions which help the elderly to improve their mobility and become more independent:
Iconic Physio with Dr Pratha Mehta and Dr Rajshri Lad
- Training candidates in 'elder care' in order to have professionals for the same:
MMP Shah College – elder companionship course for Sociology students
Aaji Care – Geriatric counselling course for post-graduate Psychology students

- Activities for the elderly :
My Safe Place: online activity programs
Mrs Manasi Golwalkar: technology training

- Sensitization programs for school/college students to create an awareness of the needs and issues of the elderly.

Direct Intervention by GL...

- Support Group Meetings
- Webinars (Mr Manoj Gursahani)
- Guest Lectures by professionals/experts – mainly on Zoom
- Graceful Living Monthly Newsletter carrying important information for the elderly plus articles by known doctors and other professionals
- Online interviews with senior achievers called 'Sitare'
- Co-ordination by GL to create platforms for senior citizen organizations in the city.



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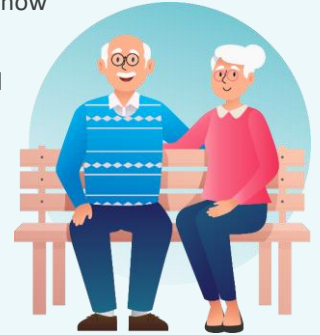
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HEY SENIORS! A REALITY CHECK!

- Eventually, you will reach a point when you will stop lying about your age and start bragging about it.
- Don't let anyone tell you that you're getting old. Squash their toes with your rocker. The older we get, the fewer things seem worth waiting in line for.
- Some people try to turn back their odometers. Not me. I want people to know why I look this way. I've travelled a long way and some of the roads weren't paved.
- Maturity means being emotionally and mentally healthy. It is that time when you know when to say yes and when to say no, and when to say WHOOPPEE!
- How old would you be if you didn't know how old you are?
- When you are dissatisfied and would like to go back to youth, just think of Algebra.
- You know you are getting old when everything either dries up or leaks.
- I don't know how I got over the hill without getting to the top.



Courtesy: Internet

VIEWPOINT

The mind is replete with information on alcoholism, the special issue which GL brought out in August. It is a subject not voiced, yet exists. Therefore, we thought it our duty to educate those who are oblivious of it or those who do not understand it or again those who wish to know more. As we mentioned, the national average consumption for men is around 30 per cent in India.

Now we come to our regular monthly newsletter. This September we bring you 'Geriatric care in India'... still a long way to go. An interesting article on page 1 is excerpts from Zhou Daxin's novel, "The Sky Gets Dark Slowly", which gives a realistic insight into old age and the hidden emotional world of the elderly. Ms Amruta Lovekar explains Rational Emotive Behaviour Therapy (REBT) which can help the elderly to cope with the various changes that occur due to ageing.

GL was felicitated by MMP Shah College for the work that is being done towards the elderly. Also sensitisation programs for the youth have become a regular occurrence whereby the GL team visits schools to bring about an awareness that...all will get old some day and hence the young ones need to be sensitive towards older adults.

Page 3 carries our various activities including support group meetings, online and physical, a Zoom lecture by our guest, Dr Rekha Bhatkhande, consultant gastroenterologist, who spoke on 'food safety'. A webinar was held on 'Elder Abuse - Call for Action' whereby three panellists, Ms Asha Kulkarni, Mr Prakash Borgaonkar and Mr Bhimrao Bhosle, spoke on the subject. Mr Manoj Gursahani was the moderator. We received several messages from our readers, this time on our special issue on 'Alcoholism'. The response has been good, and it's heartening to know that people want to know/understand what it is all about.

And more: I recently visited Panchkula (Greater Chandigarh includes the adjacent satellite cities of Mohali and Panchkula). Stayed with friends and was surprised to see that they do have a hectic social life but one that doesn't go late into the night. They seem to do it all correct: healthy food, fruits, early dinner and.....waking up at 5 am, not to forget the regular walks. Peaceful and yet fun.

Asha Gurnani Vohra
Editor