

Pressure for independence in old age can be disabling

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'Independence' may be an aspirational buzzword for the elderly. But too much emphasis on independence can be counterproductive if older people feel unable to ask for help when they need it, a Massey health researcher says.

Dr Mary Breheny, a senior lecturer in rehabilitation in the College of Health who researches [health](#) and ageing, says many [older people](#) do not like to ask for help and many talk about not wanting to be a burden to their families, neighbours and society.

Her research on understandings of [independence](#) in later life has led to the development of a new set of measures for living standards, tailored to meet the values and needs of older people. Dr Breheny's initial study, based on interviews with 48 people aged 55 to 70, revealed the predominant understanding of 'independence' was the value of self-sufficiency, with dependence on others seen as burdensome.

"There's a very strong emphasis on independence as the ideal for older people. They can feel that asking for help means they have failed to be independent. The importance of being seen as independent means older people may insist on doing everything for themselves, even though they are able to do less," she says.

The additional focus on independence as a social policy solution to the financial and social impact of the ageing population reinforces this tendency of many [elderly people](#) to remain stoic and self-sufficient at all

costs, sometimes to the extent of denying themselves vital care and assistance.

"None of us is independent at any stage of life," Dr Breheny says. "At different stages we all need varying levels of care, support and resources. The rhetoric around independence can be quite disabling for elderly people. We need to acknowledge inter-dependence".

Although the talk about independence often focuses on what older people can do, such as continuing exercise and eating healthily, the major contribution to living well in later life is people's circumstances in earlier life, Dr Breheny says. Poverty and inequality – and the impact of these on health in old age – are major impediments to being successfully independent in later life as in any stage of life, she says.

The new measure of living standards that reflect these disparities is part of the Health in Ageing Research Team (HART) project, funded by the Ministry of Business, Innovation and Employment. Researchers asked older people what was important to them in later life, what choices they felt they had, and what limitations they experienced.

From this, six key themes emerged to reflect what was important to older people and included:

- Being able to live in physical comfort with access to health care and being able to eat well
- Being able to enjoy special treats and hobbies
- Opportunities to go out socially
- Being able to contribute to others by giving gifts and donating to charity
- Security, particularly in terms of having enough money to last their lifetime
- Having a range of choices in what to buy and how to spend their

time

These responses have been used to develop a new set of living standards for people over 65, for use by a range of government and health agencies. Dr Breheny hopes they will help provide a more nuanced view of the wellbeing of older New Zealanders, who tend to under-report hardship.

"Older people on low incomes are more reluctant say that they are struggling than younger people on similar incomes," Dr Breheny says. "They are keen to tell us how they live well on less."

She is also leading a pilot project to explore the [early life](#) experiences of older people to understand links between early life events and health later in life.

"Adding early life event information to our existing data on older people will enable us to examine the behavioural, social, and occupational processes that underpin inequalities in health. Through this, we can understand the pathways through which early life experiences influence health."

Provided by Massey University

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