

## M-5

### IMPACT OF SIMPLE EXERCISES ON MENTAL HEALTH IMPROVEMENT FOR GERIATRIC CARE

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#### **Abstract**

Concerns over the relationship between poor mental health conditions and old age among the aging populations is a common phenomenon. The verity of elder population suffering from mental health issues is not new and very much related to their changing physiological conditions of lesser functional capacity with aging as well as their corresponding mental health conditions. Hence aging people need to get access of mental health care services in order to cope with their life stressors and for achieving active aging. This study is based on study outcome of a social work intervention that had conducted among a group of geriatric patients in one of India's biggest hospital located in New Delhi. It aims at discussing the use of simple exercises like mindful meditations, social catharsis, gratitude giving exercise in helping to ease the mental health issues namely depression and anxiety among the elderly patients. The paper examined through the results of social work intervention and reviewing of literatures on the activities and action that had conducted.

**Keywords:** old age, mental health, active aging, stress and depression.

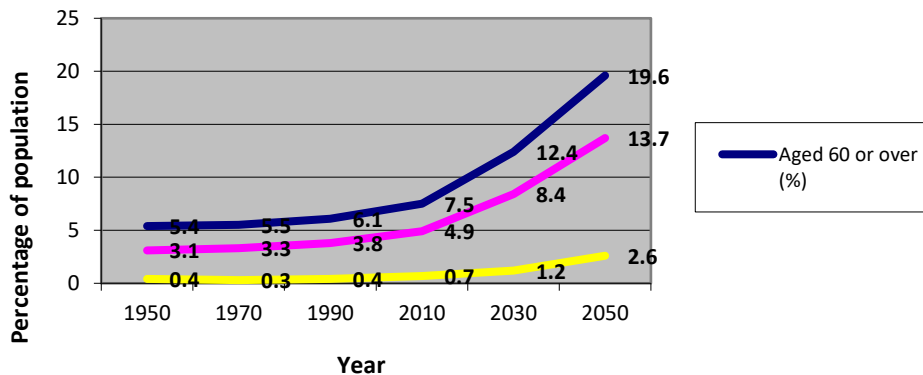
#### **Introduction:**

Ageing is a complex biological process which is a vital reality of most animals including human kinds and despite making hard efforts to remain young ageing is inevitable of a life span. Moreover the construction of old age in any society or setting of certain age for consideration of old age varies but United Nations as an organization stands for providing cooperation and overcoming humanitarian issues have accepted 60 years of age as benchmark for considering old age. Hence at the age of 60 and 65 years most government employees are bound to get retirement and granted pensions for economic security at their old age in most welfare states. However the case of old age differs from developed to developing countries. For instance in Africa the

conditions of old age is deteriorating phase. Such that their case is ‘gendered experience’ in ways women doesn’t have a definition of old age they continue to work as if there is no retirement for them till the time they died, either painstakingly suffered from dementia or stricken by disablement (Van Dullemen, 2006).

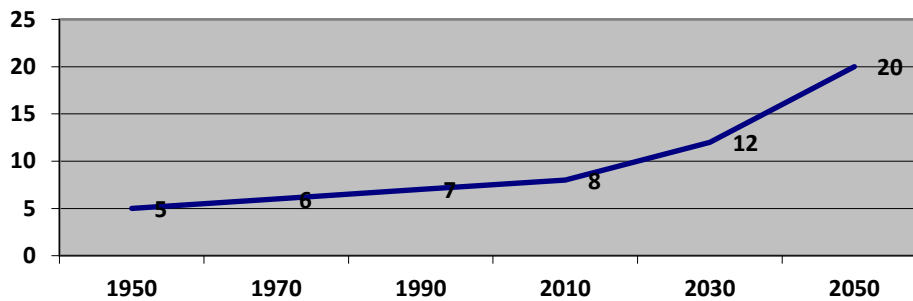
World concerns over increase of aging population don’t leave India, the country also display a changing demographic transition as well as in the magnitude of ageing population in India. India, along with the rest of the world is at the threshold of an “ageing” society. Both in absolute and relative terms, the number of older persons in our country is steadily increasing. Presently the proportion of elderly in the population is about 7% and this number is estimated to increase to nearly 20% in the next 40 years. The following figure shows the UN data on India’s demographic profile since 1950 and projected till 2050. A gently increasing trend is perceptible in the percentage of elderly population in India since the 1950s. But a sharp increase is projected for the decades to come, with almost 20% of the population projected to be in this category by the year 2050.

**Figure 1: Percentage of elderly population in India, 1950-2050.**



Apart from vexations of raising number, another important trend and plausible for more perturbation is the increase in old age dependency ratio, the trends of which are depicted through the following figure:

**Figure 2: Old-age dependency ratio for India, 1950 -2050**



**Source of data:** Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2008 Revision*.

All ratios are presented as number of dependants per 100 persons of working age. The ratio of old age dependency in a given population is measured and calculated in terms of 65 years aged population to a population aged from 15 to 65 years. For this variable also, a sharp increase is predicted implying greater need for welfare services directed at economic security and social empowerment for the elderly in the years to come. In response to the pre-requisites The National Policy on Older Persons (1999), recognized the following trends and projections with regard to the elderly population in India: (a) the twenty five years period 1991 to 2016 would see a doubling of the population of persons with sixty plus; (b) close to six tenths of the population 60-69 years can be expected to be free of serious disability and capable of leading an active life, and about one third of the population 70-79 years can also be expected to be fit for a reasonably active life; and shall there by constitute a huge reserve of human resource; (c) even though men outnumbered women even after age 60 in 1991, there would be only a difference of one million between the two sexes in the year 2016 (57 million 60+ males and 56 million 60+ females), indicative of a feminization of the elderly population; and (d) demographic transition has been accompanied by changes in society and economy, which are both of a positive nature and a cause of concern, with the latter ones resulting in pressures and fissures in the living arrangements of older persons (NPOP, 1999).

### **Elderly a unique group:**

The elderly population has become a unique group not only due to their age related common characteristics rather they have become a vulnerable group. Their vulnerability has increase by both social and economic reasons. Traditionally, the elderly in India have always held a place of

high respect and honour in the community and within the family, and have often been the main decision-makers of the family. In fact, women have traditionally gained status and decision making power within the family only with increasing age. However, such a scenario is no longer consistent with the modern lifestyle of nuclear families; there has been a fall in this status in many sub-cultures of the country, particularly in urban areas. Cases of elder abuse, exploitation, care giving issues and sending of elder people to “old age homes” by their children, barriers due to physical infrastructure including housing, transport, health care unsuited for elderly.

A general decrease in health conditions of older persons and their common problems is the deterioration of sensory capacities. That has reduces independence in activities of daily life, proliferate various age related ailments. A debilitating health conditions among the aged population consist of locomotory problems due to arthritis, osteoporosis etc. Other mental health issues are characterized by alzheimer disease, dementia, schizophrenia and many more. Reaction time of mental illness of aged population gets increases with rigidity of their behaviours where they become more introvert associated with loneliness, tension, anxiety, fear for death, worries, mourning over simple matters and so on. Another problem that worsens the context of elderly in the present day complex economic oriented society is their economic insecurity. Elderly in middle and lower income groups often face economic crunch. Dependence on youngsters for economic needs gives the increasing dependency factor of old age in the globalized world. Situation of elderly population is often pathetic when they happen to worked at unorganised sector.

Therefore elderly as a unique group requires special care and the state has adopted various measures to protect them even by introducing National Policies of Older Persons.

### **Scope of Medical Social Work in Geriatric Care:**

Medical social work is a sub-branch of social work integrated at institutional level and widely known with names of Social Work with Health Care or Hospital Social Work. Medical social workers assess the psychosocial functioning, environmental and support needs of patients and families and intervene as necessary. Interventions may include connecting patients and families to necessary resources and supports in the community; providing psychotherapy, supportive counseling, or grief counseling

Some of the interventions that a medical social worker could deliver services on humanitarian grounds at geriatric care in a hospital setting are as follows:

- Giving of information on biological changes to both elderly people and their family members. Lack of awareness and communication is the major barrier that creates problem for family members and resulting in vulnerability of elderly population.
- Information giving on psycho-social changes especially the post retirement problems that heights its degree during immediate period of four to five years which eventually helps in fastening the degree of physical and psycho-social deterioration.
- Other implications on elderly population associated issues.
- Referral cases are taken in terms of services like psychiatry, social support, and financial support are beyond the preview of medical social work cases will be referred to other appropriate professionals for further suitable interventions.
- Networking with services such as giving elderly helpline numbers and providing information about services through organizations such as Help age India, etc. This will help the elderly in getting a hope of getting helped.
- Care giving “burn out” exercises and giving awareness about how to handle the elderly and their problems are important task perform social workers at hospital settings so that it will help in decreasing the conflict due to continued care giving for a longer period in a globalized world in which each single person get busy with their own life.
- Holding sessions on health changes especially about the type of nutrition and exercises in both general and specific manner. Other sessions on mental health especially in faith based, spirituality and social adjustment skills.

### **Methods and Description of group activity:**

Technically the group activities is planned to provide mutual benefits for both patients and their attendants with the aim of providing psycho-social support that includes gratitude exercise by using emoticon playing cards, social catharsis or burn out exercise with the care takers. Breathing exercise is basic to all exercises to make both patients and attendants receive the feeling of less burdensome and forget their worries for a while. Another important activity is sharing happy moments with help of soft music and other recreational activities.

The time period taken for completion of these activities at alternate day basis covers two week in the geriatric ward. The venue for conducting was executed in a cubicle cell and waiting areas of the ward. The participants were consisted mostly of patients and attendants in lesser number. Main facilitators of the activity are the Medical social service officer (MSSO) and social work trainees. Materials used for such activities includes an hour glass watch for breathing exercise, emoticon play cards, mini speaker, soft music. Important broad objectives of the activities are increase awareness of research-based and practical aspects of happiness. It is to learn how the recognition and expression of gratitude, remembering happy moments, breathing exercise can improve emotional, physical, occupational, and relational health and wellbeing. It helps in identifying personalized ways to ‘embrace stress’ by applying all the practices of above activities in everyday life.

Basically these activities target a small group conducting in the manner of a pilot study type which can be projected into a larger experimental project later on. In each activity session number of participants aside from the MSSOs and social work trainee in-charge of conducting the activities were always between the small numbers of four to six participants attended it. Here following are the illustrations of exercises that had performed in liaison to this study.

### **Activity-1: Gratitude Giving exercise**

Gratitude Defined: Gratitude is essentially the recognition of the unearned increments of value in one’s experience.

#### **Reasons of choosing gratitude exercise:**

- Among all emotions, there is one which, more than any other accounts for the presence or absence of stress in human relations: that is the feeling of gratitude.
- Practicing gratitude one can reduce excess cortisol in their body by 23%, which helps decrease harmful strain on your brain and vital organs.
- As a form of reaching out to others, gratitude can increase the amount of oxytocin released in our body. This hormone acts as an anti-inflammatory for our heart, relaxes our blood vessels, and helps us embrace stress positively.



## Summary of Gratitude Benefits



Source: <http://happierhuman.wpengine.netdna-cdn.com/wp-content/uploads/2012/07/Benefits-of-Gratitude5.png>

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### Process of the exercise:

1. Gather the patients with the help of their attendants and introduce about the activities.
2. The attendants will be asked to leave the patients if they feel uncomfortable or feel shy for the exercise.
3. The activity were begin by the social workers by showing different types of emoticon play cards and will let patient choose to state their current feeling and emotion.
4. Words of gratitude giving will start from the facilitators and then next by next the patients will continue.
5. After listening to all gratitude's given by each patient, the participants will advised to remember their thankfulness to god and each every moment they cherish in their life simultaneously with deep breathing and will end the exercise by clapping altogether.

### Activity-2: Social Catharsis

Catharsis is a psychological therapy; the concept is introduced by Sigmund Freud. It is based on the concept of expressing or getting out one's aggression and anger should reduce the feeling of aggression. However use of cathartic release of emotions in the form of social sharing gives the making of social catharsis, such that social sharing of emotions increases as the intensity of the emotion increases (Rime, 2009).

### **Reasons of choosing catharsis exercise:**

This exercise help the clients to recognize and validate their strong feelings through coaching and supporting the clients to express hurtful emotions safely and eventually help them to find meaningful relationship from past. During the process of therapy client will remember and releases significant personal events, experiences, strong emotional reactions, and this will help in re-building the client's ego strength and find meanings of the past experiences and others.

### **Process of the exercise:**

1. A group of care takers will form with a minimum of four and maximum of six participants.
2. Patients will not be allowed to observe the activity as it might affect them mentally and emotionally.
3. The medical social worker will explain the benefits of the activity to the group.
4. All the group members including the medical social worker will introduce to each other.
5. The medical social worker will explain the activity by giving a demonstration then, the activity will begin from any one of participants and it will continue till the last participant do the activity.
6. By taking a period of silence with deep breathing the participants will share their present feelings and the medical social worker will listen to their responses.

### **Activity-3: Sharing Happy Moments by using soft music**

The activity is about clients sharing happy moments that they had experience in their life in the presence of a soft music that will lighten their mind. By happy moments it could mean any moment that defines pleasing and brings joy wholeheartedly to them.

### **Reasons of choosing Sharing Happy Moments exercise:**

The main target of this activity is to forget the stress and anxiety people carrying in their daily life for a while and remembrance of happy or delighted moments in their past life to help them in rejuvenating their minds as well as to give a hope in future.



### **Process of the exercise:**

1. Gathering of participants.
2. Make them seated and relaxed.
3. Explained about the activity of sharing happy moments and its benefits to health.
4. Begin with a twisting physical exercise to clear calm their minds slowing by focusing it on their joints that has been twisting.
5. Then it is followed by meditation with a soft music of nature scenic music.
6. Either an MSSO or a trainee will speak in a soft voice and take their minds by making them imagining a very quiet place where there are trees, flowers, rivers, and breezes. Greenly views on all four sides of that place, with loads of different fruits from trees and make again to visualize gods that they belief for everything. Then they were asked to grab the pictures of their family members, sons, daughters, grandchildren and so on. It also includes friends and relatives who had helped them when they had undergone hard times. All these visualization took place within a continuous deep breathing.
7. At the end of this meditation they will asked to remember what they had visualize even after they slowly open their eyes.
8. Next step is to share what they remember and found it as most pleasing and fulfilling moments. For this the MSSOs and the trainees volunteer themselves in sharing their stories and the participants follows the way in their unique ways of sharing their happy feelings and emotions in relation to various incident that had happened in their life.
9. Ending part of sharing happy moments results with good listening and appreciatory words and claps for all the stories that each of them had shared.

### **Activity 4: Mindfulness meditation**

Meditation, in its various forms has been practiced for at least 3500 years capturing the central practice of Buddhism for 2500 years. Mindfulness based interventions have found an increasing role in conventional medicine and psychology. Mindfulness meditation is “paying attention in a particular way: on purpose, in the present moment and non-judgmentally. This kind of attention nurtures greater awareness, clarity and acceptance of present-moment reality (Kabat-Zinn, 2003).

Usefulness of mindfulness meditation while dealing with chronic pain, stress-related conditions and other medical disorders including management of anxiety, depression, stress and pain forms the integral has directed to be significant in this activity. In almost all the above three activities mindfulness meditation are always set either at the beginning or ending moments of the activity.

**Process of the exercise:**

1. The participants will be both patients and their care takers.
2. The benefits of the activities and how to do the activity will be explained to the participants clearly.
3. The activity will commence by asking the participants to close their eyes, clear and empty their minds simultaneously with a deep breathing exercise in which the participants will ask to concentrate in their breathing slowly and calmly.
4. A soft music in a mild volume will play and the participants will listen and concentrate on the music without thinking anything for five to ten minutes.
5. The soft music will stop and breathing will continue.
6. After five minutes the participants will ask to open their eyes and ask them their feelings.

**Results:**

A total of twelve participants attended the activities however not every one of them attend all the activities. Only four of them repeated two activities each and rest of them get the chance of experiencing the benefits of activities once. The resulting analysis for this study particularly emphasize on the observational by MSSOs and social work and verbal expressions towards the goals of group activities clients for participated at different which may be once or twice. Despite the lack of statistical measurements for collecting a more reliable factual, yet the technique of observation and narrative analysis is enough for a small scale study while highlighting its importance. Such that several ethnographic study still stands valid and an important source for gathering knowledge of different types of societies over the survey data and various national sample data of a country.

Here in this activity in all the four activities a common observation that had made is hesitation and reluctances to open up or join the activities intensely. However after five to ten minutes getting involved in the activities, they were relaxed and confident to share or give comments on anything that had done or discussed. Meanwhile breathing exercises and physical exercises at

sitting position attracts the sheer attention and become substantial for building a momentum of responsiveness and transmit the feeling chords to the next activities.

However inspite of having some common responses, each of the activities has different sequel. Such that in the activity of sharing happy moments was that the participants listen attentively to sharing's of other participant's happy moments. At that time of sharing happy moments exercise it was observed that they were happy and felt proud of things they had accomplished in their life. It was shown by their glittery eyes and constant smile on their face when they share their happy moments. For instance, one stark observation was that a participant did not share anything related to his life rather he said that "he is happy because he had taken his lunch". Then all the participants began to give their opinions, a delightful opinion consist of a remark that his answer was best, and everybody gets happy when they think upon that they get at least a good meal and they laugh together happily. In that activity all the participants support other members while sharing their story, they began to open up about their feelings and testify that they felt good about the exercise which makes them feel light and so they like to have it at regular basis.

Another distinguishable reflection is on the activity of catharsis. Major observations during catharsis were unveiling of their frustrations, raging emotions, ready to share their episodes right away, talk with hands and loud voice. When one starts, others join the conversations which has demonstrated their degree of furiousness and later on commented that they feel little relieve from the tensions, burdens and sadness after sharing as well as by seeing other attendants facing similar situations at hospital. Another unique exhibition of expressions was one of the participants end up only with crying when she heard listening to other people's story by remember her own life's incidents and feeling of sadness in lieu of exposing outrage by sharing. That participant's facial expressions reveal as if she had digested everything and find no point of sharing anything from her side. Despite the persuasions by MSSOs and trainees to share something the participant refused it. That also reflects a picture of differences in the personality types among people. Some participant speaks more and doesn't know where to stop, whereas the other one speaks very less. By considering the verbal positive feedbacks that had received from the participants directly implies goals for the intervention was successful.

Akin to the observations that had made at sharing happy moments, in gratitude giving exercise at beginning the participants look dull, perplex and look boring. Even if they listen to instructions carefully and follow the whole exercises and activities they did not express and open up their

feelings easily. But nevertheless they partake it, carry through till it cap off. Aside from thanking varied numbers of people they had encounter and deserve to give gratitude one of the participant cried and most participants perceive to be emotional during their sharing. But after they had listen to other participants sharing, their facial expressions got change from a state of remorseful to gladness and joyful. At the end of the session MSSOs and trainees could see smiles and consoles one another. Participants opine to encourage the activity often so they could recall such moments periodically and ease their mind. Moreover they express on their positive experiences and fondness of the activities.

### **Discussion:**

This study assessed the efficacy of simple exercises for geriatric mental health care for the reduction of stress, depression, and anxiety which implicitly or explicitly related to degradation of mental health functioning among the old aged group. The significance of physical exercises especially in the old age groups has been discussed in a numerous study. It has also pointed out its connection in the form of leisure and recreation is required for their overall health wellness. Such that a study done by Bhawana Singh and U.V Kiran sorted out several recreational and leisure activities including those of walking, bird watching, photography, gardening, indoor sports, yoga and tai-chi are held as effective mechanism for active living at older age conditions (Singh & Kiran, 2014). More than this finding the results over physical exercises that had used in the social work intervention has also clearly signified its benefits in actuality. Activeness that had been developed after physical exercise set the pace for mental health exercises.

Aging and mental health dyad might have lasted from several years back but turning the dyad noumenon into a pathological emblematic object in the world of health care system perhaps could be a disposition of varied elements that have arose over the years in several fields of human advancement. Amidst all other possibilities globalization constantly forms the prima facie has resulted from humongous scientific researches that have carried out in this field (Bhugra & Mastrogianni, 2004). For instance, according to researches on globalization and ageing; a study reveals that aging rapidly has histrionic effects in almost all the continents such that several fundamental areas could suffer from resultant effects especially in labour force is the most challenging thing for global economic crises but not a burden if taken care ahead (Powell & Khan, 2013). However when we glance back from the other way round changing family structures, reduction in interpersonal relationships between the youth and adult population due to

rural-urban migration in search of employment has been a target that inherently links with globalization (Dobriansky & Suzman, 2007). By parochializing the dyad into lower interpersonal relation of living of the older population and present day globalized world, the resultant impacts on shape of old age mental health has stressed out by Om Prakash and Prerna Kukreti's examination of geriatric mental health in India. Their study have highlighted the large negligence that have been taking place from different levels of stakeholders who are suppose to give well connection in contemporary society (Prakash & Kukreti, 2013). In response to this situation sharing happy moments is a paradigmatic ways which could incorporate in the group activities of elder care in hospitals. And the deliberate outcome from the social work intervention buttresses the evidence of its benefits and helping in reducing their emotional pains for a while. Such orientation towards sharing happy moments as another temporal deliverer shots more than just mind calmness technique rather it works efficiently in tuning a fine interpersonal relationships (Reis, et al., 2010).

Similarly in cases of gratitude giving and mindfulness meditation, positive responses from the participants over its benefits and their personal experiences indicates a plausibility of applying it for mental health treatment of aging population. Studies which have found it effective on its applications additionally reveal that training in the practice of mindfulness meditation in the context of anxiety redundant generic stress has provided as significant tools for long term non-pharmacological care and even could replace it as substitute for conventional medical treatments of anxiety disorders (Miller, Fletcher, & Kabat-Zinn, 1995). In parallel to mindfulness meditation gratitude giving exercise are found as medicine and a survival kit for many health care organization practices. Moreover the use of gratitude giving exercises is unique for its groundbreaking effectiveness on social and emotional well-being. A study on the assessment of gratitude exercise by Greater Good Science Center of University of California Berkeley accentuated several uses for helping patients diagnosed with acute coronary disease, psychiatric problems, life stress burn outs and many others. The study further illuminates how gratitude supports the overall health clock by linking itself with physical, social and psychological environment (Lyubormirsky & Emmons, 2007).

After all the activities associated with this social intervention found effective inspite of several limitations found in the examination of study methods. Findings from a variety experimental

studies and reviews led to sum up the idea of effectiveness performed by these activities on the target group of adult old aged patients in hospital.

### **Conclusion:**

To conclude that poor mental health conditions of elderly people in the contemporary scenario worsen further. From the feedbacks that received from the participants regarding the activities that had conducted in the geriatric department in a hospital setting has led to a hope that such activities need to be further experimented more for providing better care to the older people. Moreover it opens up a horizon for medical social workers to inculcate these activities in their practices, and the study also requires for more exploration in order to make it more operative in field of other health care practices. In a country like India where old age population has been increasing people need alertness on this issue so that India could achieve a successful active aging that will eventually contribute to the larger development of this country as older population shares large number in the total population percentage. Thus happiness, accumulation of quality relationship, clear and positive perspective, upholding quality sleeping hours increases physical health as well as cardiovascular health which will eventually direct to the by reduction of stressful thoughts, increase in commitment, willpower, longevity, acceptance of reality and improving mental health which is one of most important requirement at old age for active aging.

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