Funeral Service Academy

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Working with Elderly Clients

2 CE Hours

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Final Exam – Working with Elderly Clients (2 CE Hours)

1. In reporting data on aging, both the United Nations and many researchers have defined older persons as those aged _____ years or over.
    a. 55 or 60
    b. 60 or 65
    c. 65 or 70
    d. 75 or 80

2. Focused in the high-frequency areas of the spectrum, normal age-related hearing loss particularly impacts the ability to hear and distinguish speech sounds like _____. As a result, speech in general sounds mumbled and unclear.
    a. “br” and “pr”
    b. “m” and “n”
    c. “r” and “w”
    d. “s” and “th”

3. Around _____ of people 65 and older have some form of mild cognitive impairment, which may show itself in symptoms like occasional memory problems or language difficulties.
    a. 15-20%
    b. 25-30%
    c. 35-40%
    d. 45-50%

4. _____: the practice of stereotyping and discriminating against individuals or groups based on their age.
    a. Abandonment
    b. Ageism
    c. Elder abuse
    d. Gerontocracy

5. In a 2010 study examining the relationship between age and job performance, older workers were found to be more likely than younger workers to _____.
    a. Exhibit absenteeism

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b. Exhibit on-the-job substance use
c. Exhibit tardiness
d. Express favorable job attitudes like work motivation

6. Which of the following was NOT identified as a favorable strategy for coping with aging?
a. Accommodation
b. Isolation
c. The search for social support
d. The search for spiritual comfort

7. Examples of “elderspeak,” or speech that might be seen as patronizing an older person, include _____.
a. Higher-pitched voice and an over-caring tone
b. Referring to an older adult as “young man” or “young lady”
c. Substituting “we” for “you,” as in “Don’t we look nice this morning?”
d. All of the above

8. When communicating with older adults with dementia, which tactic can assist with comprehension?
a. Begin sentences with words like “if,” “because,” and “but”
b. Maintain a positive communicative tone
c. Speak as slowly as possible
d. Use a high-pitched, loud voice

9. Generally speaking, role adjustment – the loss of a spouse and its effect on day-to-day living – is most disruptive for _____.
a. Men
b. Women
c. No difference
d. This topic has not been studied

10. This intervention is sometimes called “life review.” It contributes to the maintenance of identity: even though a person may have lost loved ones, the mental representations of these people endure.
a. Personal Death Awareness
b. Relocation
c. Reminiscing
d. Skill Building

Working with Elderly Clients
(2 CE Hours)

Learning Objectives:
Aging and elderly Americans are a major – and growing – part of the population, redefining what it means to be "old" by remaining active and involved longer than previous generations did. This course reviews general considerations pertaining to aging, then applies them to the funeral industry, offering insights and tools for working knowledgeably, compassionately, and ethically with this important group of clients.

By the end of the course, learners should be able to:

- Recall biological, psychological, and sociological aspect of aging
- Recognize and address aging-related coping mechanisms
- Identify communication tactics that facilitate working with the elderly
- Distinguish between types of grief common to the elderly, as well as relevant interventions

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Introduction

"Old age" is a social construct, with meanings that have changed over time and continue to change to this day. Meanings also differ from place to place, as marked inequalities in length of life persist within and between countries. Shorter life expectancy, for example – because it is a sign of harsh living conditions, economic and social disadvantages, and poor control of diseases and environmental hazards – is sometimes associated with an early start to old age.

In reporting data on aging, both the United Nations and many researchers have defined older persons as those aged 60 or 65 years or over. Yet there's an awareness that the proportion of adult life spent beyond age 65 is steadily increasing. Per the UN, "Globally, a person aged 65 years in 2015-2020 could expect to live, on average, an additional 17 years. By 2045-2050, that figure will have increased to 19 years. Between 2015-2020 and 2045-2050, life expectancy at age 65 is projected to increase in all countries (United Nations, 2019)."

In the United States, the number of people living into their 70s and 80s has grown and will continue to grow as we move through the 21st century. According to the U.S. Census Bureau, by the year 2035, there will be 78 million Americans aged 65 or older, as compared with 76.5 million children under the age of 18. By 2050, nearly 84 million Americans will be aged 65 or older.

Despite being a major and growing part of the American population, aging and elderly Americans are often overlooked. In the United States, society tends to glorify youth and associate it with beauty and sexuality. In contrast, many media portrayals of the elderly reflect

negative cultural attitudes toward aging, and the elderly are often associated with grumpiness or hostility. Rarely do these sketches of older people convey the full experiences of many seniors: as employees, partners, parents, or any of the other myriad roles they have in real life.

One major roadblock to society's fuller understanding of aging is that people often avoid thinking about the subject until they reach old age themselves. Therefore, myths and assumptions about the elderly and aging remain common.

This course will replace those myths with facts, setting funeral professionals up to deal compassionately and successfully with their elderly clients. First we'll address general considerations that pertain to aging today, and then look at the funeral industry specifically.

Considerations Associated with Aging

The term "senescence" refers to the aging process, including biological, emotional, intellectual, social, and spiritual changes (Griffiths et al., 2015).

In other word, senescence is not just a solo process! It has biological and psychological dimensions, true, but sociological dimensions as well. This makes for a wide range of characteristics and capabilities among people who are the same age – and yet chronological age is still relied on as the general-purpose measure of age.

How is chronological age relevant? First, it's traditionally used as at least a partial indicator of life stage, health, labor force participation, and income. It also defines generational membership, which provide historical context to individuals' lives. People born in the same year are subject to many of the same events, all of which can influence their collective fortunes and misfortunes at each stage of life: being military service age at the outbreak of a war, for example.

Of particular interest to gerontologists (those who study what it is like to be an older adult in a society and the ways that aging affects members of a society) right now is the aging population of Baby Boomers and its effect on society. Members of this unusually large generation were born between 1946 and 1964, give or take a few years depending on who's doing the research and why, and collectively they are driving much of the dramatic increase in the over-65 population in the United States. They have been the biggest generation in terms of population for years, so as they continue to age, the number of older adults becomes a big portion of the population. According to Hirsch (2017), beginning in 2011, 10,000 Baby Boomers turn 65 every day in the U. S., and this phenomenon will continue until 2030. This has serious implications for society (Griffiths et al., 2015).

To understand why, let's take a look at the ways they've redefined what it means to be young, middle-aged, and now, old.

Coming of age in the 1960s and early 1970s, Baby Boomers were the first group of children and teenagers with their own spending power and therefore their own marketing power. The new focus on the youth market for commodities such as music, fashion, movies, and cars led to a

newly youth-oriented culture, and as a result, this generation resists aging – or at least, they're not interested in doing it the way their grandparents did. Previous generations of people over age 65 were "old." Baby Boomers are in "later life," and have driven the genesis of a wide range of products designed to ward off the effects, or the signs, of aging (Griffiths et al., 2015).

The economic impact of aging Baby Boomers is also an area of concern for many observers. Although overall this generation earned more than previous generations and enjoyed a higher standard of living, they also spent more of their money thank they saved, and retirement planning in particular fell by the wayside. According to a 2013 report, the average Baby Boomer falls about $400,000 short of having saved enough to maintain their lifestyle in retirement. In addition, 71% of Baby Boomers said they plan to work part time in retirement. As members of this generation both work and spend less, the economy will almost certainly be affected. Health care is one area that has already been impacted by this trend, as well as government benefits for the elderly such as Medicare. The Congressional Budget Office's 2008 long-term outlook report shows that Medicare spending is expected to increase from 3% of gross domestic product in 2009 to 8% of the gross domestic product in 2030, and to 15% in 2080 (Griffiths et al., 2015).

In funeral service, for years now, we have been preparing for the Baby Boomers. First, it was a surge of pre-arrangements as the Baby Boomers started contemplating their mortality. Now, we are getting into a period where Baby Boomers have begun and will continue to die, creating an influx in the funeral service industry. Funeral homes, crematories, and cemeteries, as well as all ancillary businesses, will feel the effects of the Baby Boomer generation for years to come.

Biological & Psychological Dimensions of Aging

As we're already seen, the older population is not homogeneous; in fact, it is one of the most diverse groups in society, and what is true for one 65+ year old adult is not necessarily true for others. Likewise, there are a variety of understandings as to what "successful" late adult development is. Still, certain inevitable changes in both the body and the mind are commonly associated with normal aging – although there are a significant individual differences in the onset, course, and severity of these changes – and others frequently appear along with aging-related health problems such as Alzheimer's disease. While all of these changes can contribute to challenges facing older adults, it is important to note that the majority of adapt successfully (Gerontological Society of America, 2012; American Psychological Association, 2021).

Hearing Deficits

Hearing loss is the third most common chronic condition reported by older adults. An estimated 30-35% of people 65-75 years of age have significant hearing impairment; among people 75 years of age or older, the prevalence increases to 40-50%. In general, men are more likely than women to have hearing impairment (Gerontological Society of America, 2012).

Normal age-related hearing loss, also known as presbycusis, tends to stem from the cumulative effects of lifetime exposure to noise. Focused in the high-frequency areas of the spectrum, it particularly impacts the ability to hear and distinguish speech sounds like "s" and "th." As a result, speech in general sounds mumbled and unclear. People with presbycusis also have difficulty hearing other high-pitched sounds, like the nearby chirping of a bird or a ringing

telephone. The loss of high-pitched sounds may make other sounds seem overly loud by contrast (Gerontological Society of America, 2012).

Vision Deficits

Common age-related changes in vision include difficulty reading small print, seeing in dim light, reading displays that scroll at an externally-controlled pace, and locating objects visually. Age-related reductions in peripheral vision can place new limits on social interaction: older adults may not interact with people sitting next to them, for example, because they cannot see them well, if at all. Roughly one out of six Americans 70+ years of age has impaired distance visual acuity, and many have difficulty with glare, brightness, and darkness, which can affect their ability to drive at night. That said, only 15-20% have vision deficits severe enough to reduce their overall ability to drive, and only 5% become unable to read (Gerontological Society of America, 2012).

A substantial majority of adults older than 55 years of age need glasses at least part of the time. Presbyopia, a condition in which the lens of the eye loses its ability to focus, making it difficult to see text or objects up close, is most commonly to blame. People usually begin to experience presbyopia at approximately 45 years of age, noticing that they need to hold reading materials further away than usual to bring the text into focus (Gerontological Society of America, 2012).

Language Comprehension and Production Deficits

Working memory is the brain system that temporarily stores and manipulates the information required to perform complex cognitive tasks like language comprehension. Often, age-related changes in language comprehension can be traced to a gradual, steady decline in working memory, both in terms of capacity and processing speed. The diminished working memory can lead to problems in understanding grammatically complex sentences, which put more strain on processing resources because the listener must keep more information "in mind" in order to understand the whole sentence. Likely as an accommodation to the declining capacity of their working memory, older adults also produce less grammatically complex sentences (Gerontological Society of America, 2012).

Long-term memory itself is generally unimpaired; in other words, older adults tend not to forget general knowledge, vocabulary, or family history. However, they may experience more difficulty with information retrieval, struggling to recall certain types of information, especially people's names: it is very common for older adults to have a "tip of my tongue" experience when trying to recall the name of a famous person, for example. What makes names in particular so challenging? They're relatively isolated concepts, and tend to lack obvious connections to other concepts. Per the Gerontological Society of America, "The word 'farmer' has all sorts of complex connections and associations (barns, cows, the smell of manure) that can help recall; the name 'Mrs. Farmer' lacks similar connections, especially if Mrs. Farmer isn't actually a farmer," (2012).

Language deterioration is commonly associated with dementia, which we'll discuss further in a moment.

Cognitive Impairment

Cognitive changes in older adults are highly variable from one person to another. Around 15-20% of people 65 and older have some form of mild cognitive impairment, which may show itself in symptoms like occasional memory problems or language difficulties (Gerontological Society of America, 2012).

The strongest risk factors for cognitive impairment are increasing age and the presence of a specific gene known as apolipoprotein E (APOE) e4: having at least one APOE e4 gene increases the risk of developing Alzheimer's disease, and two APOE e4 genes makes the risk even higher. Other medical conditions and lifestyle factors linked to an increased risk of cognitive change include diabetes, smoking, high blood pressure, elevated cholesterol, obesity, depression, lack of physical exercise, low education level, and infrequent participation in mentally or socially stimulating activities. On the other side of the coin, actions that may help prevent cognitive impairment include avoiding excessive alcohol use, limiting exposure to air pollution, reducing your risk of head injury, avoiding smoking, managing health conditions such as diabetes, high blood pressure, obesity, and depression, practicing good sleep hygiene and managing sleep disturbances, eating a nutrient-rich diet that has plenty of fruits and vegetables and is low in saturated fats, engaging socially with others, exercising regularly at a moderate

CLINICAL SIDEBAR: A Study of Cognitive Impairment

In a study conducted by Gyawali, Khan, Chaudhury, & Khadka (2020), the prevalence of cognitive impairment among the elderly was 13.04%, and was highest among respondents aged 80 years or more. The incidence of cognitive impairment rose sharply at 90 years, after which it doubled every 5.2 years. While age-related changes in cognition were not uniform across all cognitive domains or all older individuals, the basic cognitive functions affected by age were attention and memory, with the most affected being memory recall at 50%.

Respondents to the study who had no education showed the highest prevalence of cognitive impairment compared to the respondents with some education. This may be related to increased cognitive reserve with increasing level of education; there is also some evidence that mental stimulation can delay the onset of cognitive impairment.

Prevalence of cognitive impairment was higher among respondents who were single. Marriage has protective benefits on cognitive function: the engagement of married individuals in social and cognitive activities is likely to be higher than single individuals, which can protect them from cognitive impairment.

Unemployed respondents also had a higher prevalence of cognitive impairment. Physical activity, mentally demanding work, and higher managerial positions have a positive cognitive influence in later life (whereas lower-ranking occupations actually have a higher risk of cognitive impairment possibly due to exposure to toxic substances, the levels of psychosocial stresses present, and the level of mental stimulation required on the job).

The study showed a higher prevalence of cognitive impairment among respondents who had one or more children.

Contrary to expectation, respondents who had never consumed tobacco had a higher prevalence of cognitive impairment.

to vigorous intensity, wearing a hearing aid if hearing loss is a problem, and stimulating your mind with puzzles, games, and memory training (Mayo Clinic, 2021).

While it often has little impact on daily life, in some instances mild cognitive impairment can develop into dementia (Mayo Clinic, 2021). Dementia is the general term used to describe a decline in mental ability severe enough to interfere with daily life. Approximately 5% of older adults have a dementia diagnosis. Alzheimer's disease is the most common form of dementia, accounting for 60-80% of all cases. The vast majority of the more than 5 million Americans with Alzheimer's disease are 65 years of age or older (Gerontological Society of America, 2012).

Some of the most common signs of a cognitive decline include forgetting appointments and dates, forgetting recent conversations and events, feeling increasingly overwhelmed by making decisions and plans, having a hard time understanding directions or instructions, losing sense of direction, losing the ability to organize tasks, and becoming more impulsive. Some people may also experience depression, irritability and aggression, anxiety, and apathy (Mayo Clinic, 2021).

Language deterioration, or aphasia, is also frequently associated with dementia. Although, as we've seen, changes in language abilities are not unique to those diagnosed with dementia, research suggests that individuals with dementia diagnosis perform worse on verbal tasks than similar-aged peers without dementia diagnoses (Gross, Fuqua, & Merritt, 2013). Dementia can also lead to physically and/or verbally aggressive behavior (Voyer et al., 2005).

Looking specifically at Alzheimer's disease, onset is often characterized by vague symptoms of memory loss and confusion that worsen gradually. As the disease advances, patients experience disorganized thinking, impaired judgment, trouble expressing themselves, difficulty recognizing familiar people, and disorientation to time, space, and location. Most patients also develop neuropsychiatric (such as seizures, migraines, addictions, etc.) or behavioral symptoms at some point during the course of the disease (Gerontological Society of America, 2012).

Testing is available for factors like memory, language, visual-spatial abilities, and problem-solving ability, which can help to ascertain the level of cognitive decline and aid in diagnosing Alzheimer's disease and dementia. Once an accurate diagnosis is reached, a treatment plan can be created and the progression of the symptoms may be slowed (Mayo Clinic, 2021).

The presence of dementia in general, and/or Alzheimer's disease in particular, can lead to considerable communication challenges, which we'll discuss in more detail later in the course.

Sociological Dimensions of Aging

Just as it impacts people physically and mentally, aging comes with social challenges. On a micro level, individuals must grapple with the gradual loss of independence, while on the macro, the sheer size of the aging population is exerting unprecedented pressures on long-established norms. Households are facing unfamiliar and complex yet critical life choices. Employers face the challenge of adapting to an older workforce. And governments under fiscal stress are grappling with the provision of retirement income and health care, raising new challenges for policy design and delivery and opportunities for the private sector in meeting the resource needs of the older generations (Piggott & Woodland, 2016).

Ageism

Ageism, or the practice of stereotyping and discriminating against individuals or groups based on their age, is an issue brought increasingly to light by the size of the aging population.

History suggests that in early societies, the elderly were respected and revered. Many preindustrial societies observed gerontocracy, a type of social structure wherein the power is held by a society's oldest members. While reverence for and obedience to the elderly is still a part of some cultures, in many modern nations, industrialization has contributed to their diminished social standing. In particular, rapid advancements in technology and media have required new skill sets that older members of the workforce are less likely to have. Today wealth, power, and prestige are also held by those in younger age brackets: in 1980, the average age of corporate executives was 59; by 2008, it had dropped to 54 (Griffiths et al., 2015).

Changes in the status of the elderly happened not only in the workplace but also at home. In agrarian societies, a married couple cared for their aging parents, while the oldest members of the family contributed to the household by doing chores, cooking, and helping with child care. As economics shifted from agrarian to industrial, younger generations moved to cities to work in factories, living apart from their older relatives – a trend which has become increasingly commonplace. The elderly, lacking strength and stamina to work outside the home, began to be seen as an expensive burden (Griffiths et al., 2015).

Stereotypes depicting later life as a time of ill health, loneliness, dependency, and poor physical and mental functioning, while not acceptable, are now widespread. The ageist attitudes and biases based on these stereotypes unfairly reduce elderly people to inferior or limited positions, with repercussions that range from irritating to dangerous. Relating to the elderly in ways that are patronizing can be offensive, but when ageism is reflected in the workplace, in healthcare, and in assisted-living facilities, the effects of discrimination can be more severe. Ageism can make older people fear losing a job, feel dismissed by a doctor, or feel a lack of power and control in their daily living situations (Griffiths et al., 2015).

Elder Mistreatment/Abuse

The mistreatment and abuse of the elderly is a major social problem. Elder abuse occurs when a caretaker intentionally deprives an older person of care or harms the person in his or her charge (Griffiths et al, 2015).

As discussed, given the biology of aging, the elderly sometimes becomes physically frail. This frailty renders them dependent on others for care: assistance with small needs like household tasks, and sometimes assistance with basic functions like eating and toileting. Caregivers may be family members, relatives, friends, health professionals, or employees of senior housing or nursing care. But unlike a child, who also is dependent on another for care, an elder is a more fully-developed – an adult with a lifetime of experience, knowledge, and opinions. This makes the care-providing situation more complex (Griffiths et al, 2015).

The elderly may be subject to many different types of abuse. In a 2009 study on the topic, the researchers identified five major categories of elder abuse: 1) physical abuse, such as hitting or

shaking; 2) sexual abuse, including rape and coerced nudity; 3) psychological or emotional abuse, such as verbal harassment or humiliation; 4) neglect or failure to provide adequate care; and 5) financial abuse or exploitation. The National Center on Elder Abuse, a division of the U.S. Administration on Aging, also identifies abandonment and self-neglect as types of abuse. The table below shows some of the signs and symptoms that the National Center on Elder Abuse encourages people to pay attention to and notice if happening (Griffiths et al., 2015).

Type of Abuse	Signs and Symptoms
Physical abuse	Bruises, untreated wounds, sprains, broken glasses, lab findings of medication overdosage
Sexual abuse	Bruises around breasts or genitals, torn or bloody underclothing, unexplained venereal disease
Emotional/psychological abuse	Being upset or withdrawn, unusual dementia-like behavior (rocking, sucking)
Neglect	Poor hygiene, untreated bed sores, dehydration, soiled bedding
Financial	Sudden changes in banking practices, inclusion of additional names on bank cards, abrupt changes to will
Self-neglect	Untreated medical conditions, unclean living area, lack of medical items like dentures or glasses

(Griffiths et al., 2015)

Two recent U.S. studies found that roughly one in ten elderly people surveyed had suffered at least one form of elder abuse. Some social researchers believe elder abuse is underreported and that the number may be higher. The risk of abuse also increases in people with health issues such as dementia. Older women were found to be victims of verbal abuse more often than their male counterparts (Griffiths et al., 2015).

In another study, which included a sample of 5,777 respondents aged 60 and older, 5.2% of respondents reported financial abuse, 5.1% said they had been neglected, and 4.6% endured emotional abuse. The prevalence of physical and sexual abuse was lower at 1.6% and 0.6% respectively.

Other studies have focused on the caregivers to the elderly in an attempt to discover the causes of elder abuse. Researchers identified factors that increased the likelihood of caregivers perpetrating abuse against those in their care. Those factors include inexperience, having other demands such as jobs (for those who are not professional caregivers), caring for children, living full-time with the dependent elder, and experiencing high stress, isolation, and lack of support (Griffiths et al., 2015).

A history of depression in the caregiver was also found to increase the likelihood of elder abuse. Neglect was more likely when care was provided by paid caregivers. Many of the caregivers who physically abused elders were themselves abused, in many cases, when they were children. Family members with some sort of dependency on the elder in their care were more likely to physically abuse that elder. For example, an adult child caring for an elderly parent, while at the same time depending on some form of income from that parent, is considered more likely to perpetrate physical abuse (Griffiths et al, 2015).

A survey in Florida found that 60.1% of caregivers reported verbal aggression as a style of conflict resolution. Paid caregivers in nursing homes were at a high risk of becoming abusive if they had low job satisfaction, treated the elderly like children, or felt burnt out. Caregivers who tended to be verbally abusive were found to have had less training, lower education, and higher likelihood of depression or other psychiatric disorders. Based on the results of these studies, many housing facilities for seniors have increased their screening procedures for caregiver applicants (Griffiths et al, 2015).

Poverty

For many people in the United States, growing older once meant living with less income. A generation ago, the nation's oldest populations had the highest risk of living in poverty: in 1960, almost 35% of the elderly existed on poverty-level incomes. At the start of the twenty-first century, however, the older population was putting an end to the trend. Among people aged 65 years and older, the poverty rate fell from 30% in 1967 to 9.7% in 2008, well below the national average of 13.2%, according to the U.S. Census Bureau. (It should be noted that the subsequent recession, which severely reduced the retirement savings of many while taxing public support systems, did impact these gains: according to the Kaiser Commission on Medicaid and the Uninsured, the national poverty rate among the elderly had risen to 14% by 2010 (Griffiths et al., 2015).)

Several factors drove this shift. For decades, a greater number of women joined the workforce; thus, more married couples earned double incomes during their working years and saved more money for their retirement. Concurrently, private employers and governments began offering better retirement programs. By 1990, senior citizens reported earning 36% more income on average than they did in 1980. According to the U. S. Census Bureau, that statistic was five times the rate of increase for people under age 35. In addition, many people were gaining access to better healthcare, while at the same time new trends encouraged people to live more healthful lifestyles by placing an emphasis on exercise and nutrition. There was also greater access to information about the health risks of behaviors such as cigarette smoking, alcohol consumption, and drug use. Because they were healthier, many older people continued to work past the typical retirement age, which provided more opportunity to save for retirement (Griffiths et al., 2015).

Aging in the Workplace

According to the U.S. Department of Labor's Bureau of Labor Statistics, older Americans are working longer and spending more time on the job than their peers did in previous years. In 2000, approximately 12.8% of 65+ years of age Americans (roughly 4 million individuals) reported they were working. In 2016, 9 million individuals 65+ years of age reported being employed full-time or part-time. And not only are more older Americans working, but more are working full-time. In 2012, the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion reported an increasingly widened gap: 77% of workers aged 55+ years held full-time employment while 23% held part-time jobs. Although working during their retirement years remains a largely male phenomenon, the percentage of older women working has grown over time (White, Burns, & Conlon, 2018).

So why are people working longer? Finances can be a big factor. Since 1998, the qualifying age to receive full Social Security retirement benefits has increased, and is now 67 years old for those born after 1960. As a result, the average age of the workforce has slowly risen. On top of that, today's employer-sponsored benefits packages place more financial responsibility on workers. Other factors affecting the makeup of the working population are the general economic climate in the United States, fertility, the cost of living, international migration, and the need for additional health insurance coverage beyond Medicare (White, Burns, & Conlon, 2018).

On a more personal level, things like family dynamics and unexpected circumstances can force some seniors to remain in the workplace, while investment in their career and a continued desire to contribute may be the deciding factors for others. Others may remain on the job simply because they can: advances in health care and technology allow some older employees to work longer. On a related note, research increasingly indicates a positive relationship between working longer and enhanced cognitive function, so some people may keep working out of a desire to remain cognitively healthy (White, Burns, & Conlon, 2018)!

Ageism, discussed above, remains a problem in the workplace, despite the fact that older workers are not less healthy, educated, skillful, or productive than younger workers.

Science also backs the value of older employees in the workplace. In a 2010 study examining the relationship between age and job performance, four specific counterproductive workplace behaviors were identified: aggression, on-the-job substance use, tardiness, and absenteeism. Older workers were found to be less likely to exhibit any of these behaviors. They also expressed more favorable job attitudes than younger workers, reporting higher levels of work motivation and job involvement (White, Burns, & Conlon, 2018).

LEGAL SIDEBAR: The Age Discrimination in Employment Act (ADEA)

The Age Discrimination in Employment Act (ADEA) is one attempt to protect older workers. Passed by the U.S. Congress and signed by President Lyndon B. Johnson in 1967, this labor law applies to employers with 20 or more employees, and prohibits employment discrimination against anyone 40 years of age and older.

Specifically, the ADEA "…stipulates that employers are not allowed to hire, terminate, promote, or decide an employee's compensation based on age. The law also forbids discrimination in other aspects of employment (e.g., wages, job assignments, layoffs, training, and fringe benefits)."

More recent additions to the ADEA prevent the forced retirement of tenured employees like professors, and prohibit employers from denying benefits to older employees (White, Burns, & Conlon, 2018).

Far from being detrimental to the workplace, long-term workers are a valuable source of human capital, especially in regard to experience and education. Because they have generally been on the job for a long time and have insight gained through longevity, aging workers are valuable resources. Likewise, employee engagement appears to increase with age: as a group, aging

workers were more satisfied, loyal, reliable, and committed. In addition, older employees reported higher emotional well-being and possess effective cognitive strategies to regulate their feelings; those qualities translated well for businesses that needed individuals who excelled at customer service. Another benefit older workers offer to businesses is their own flexibility, as many relish the freedom of unconventional hours and are willing to work part-time. Finally, in many instances, health care coverage is not essential for these part-time, retirement-age workers who are eligible for Medicare (White, Burns, & Conlon, 2018).

Increasingly, organizations are learning to both keep their competitive edge and broaden their social role by creating opportunities for the development, performance, and retention of older workers. Realizing the value of older workers has been translated into a successful hiring strategy at several large American companies. H&R Block, for example, hires former certified public accountants and tax specialists, and Home Depot hires older contractors and specialty tradespeople, building an accumulated base of expertise. Proven human resources strategies include fewer days with longer hours, seasonal work based on ebb and flow, flextime, telecommuting options, job sharing, temporary assignments, reduced hours, and phased retirement that is tapered rather than abrupt (White, Burns, & Conlon, 2018).

Practically, what this means is that today, in many of America's workplaces, five generations of individuals are working together – and while generational characteristics don't apply across the board, they do at least provide broad outlines of both the challenges and opportunities this situation creates:

Generation	Characteristics
World War II (1925-1945) (also called Traditionalist)	Postwar era, Great Depression, Segregation Jackie Robinson and Henry Ford Dust Bowl affected rural farmers Atomic bomb was built Women entered the workforce in mass Workers prefer structure and are loyal
Baby Boomers (1946-1964)	Spike in birth rate, Vietnam War Space program and first nuclear power plant Civil Rights movement, Disneyland Elvis Presley, Dick Clark, & Motown Cuban missile crisis, portable electronics Workers are critical and exhibit a sense of entitlement
Generation X (1965-1976)	Cold War, Woodstock and counter culture Sexual revolution, AIDS identified Bob Dylan and Michael Jackson Energy crisis worldwide, Reaganomics, Entrepreneurship, and flexibility prominent Seeking work-life balance
Millennials (1977-1997)	9/11 attacks, Department of Homeland Security, Internet, and globalization, MTV North America Free Trade Agreement Tech savvy employees able to multitask Committed to friends, family, and hobbies at the expense of face time at work
Generation *Z* (after 1997)	Uses technology as a professional and social tool to facilitate connections Exhibit shorter attention span Desire guidance and insight Global threat of terrorism, Great Recession Hispanics are fastest growing group in America

(White, Burns, & Conlon, 2018)

The unprecedented level of age diversity in America's workplaces has implications related to training, worker motivation, use of technology, recruitment, leadership styles, communication approaches, and teamwork. The workplace is about human interaction and community. Creating a supportive workplace culture involves understanding the generational composition of the workforce, facilitating regular discussions about contemporary issues, and developing programs and policies broad enough to address the needs of all workers. Examples of such interventions include family leave policies that appeal to both younger and older workers and mentoring programs that encourage positive interactions (White, Burns, Conlon, 2018).

Obviously, there are many benefits to older Americans remaining active members of the workforce. It's important, however, to also be aware of potential risks, including the effects of age-related health issues and cognitive changes on job performance and worker safety.

As we're already discussed, cognitive changes are a normal part of aging and typically have little impact on daily life. In certain circumstances, though, job performance can be affected: we'll consider processing speed, memory, visuoconstructive tasks, language, and attention (Correia, Barroso, & Nieto, 2018).

Decreased cognitive processing speed in old age is currently a widely accepted finding, usually linked to working memory deficit. Since many tasks at most jobs are time sensitive, incorporating deadlines and due dates, processing speed can have an impact on work-related activities. Likewise, memory loss is a consideration: many studies have been conducted between aging and memory in the last 50 years, and the term *age associated memory impairment* (AAMI) has emerged to describe memory impairment associated to the normal physiological aging process and not related to an age-related disease (Correia, Barroso, & Nieto, 2018). Through much research, it appears that older adults show difficulties when carrying out certain tasks, such as memory encoding and retrieval, while their performance in other tasks is comparable to that of young individuals. On the job, this age-induced memory impairment can cause some problems with performance; however, depending on the work involved, it might not be a large hinderance for many older adults, Additionally, the effects may be mitigated by providing older adults with multiple memory-encoding strategies (Correia, Barroso, & Nieto, 2018).

While not widespread, age-related changes in visuoperceptive, visuospatial, and visuconstructive skills can affect the work life of an aging individual. Visuospatial functions allow a person to establish relationships or judgements about elements based on spatial features such as their position, orientation, and movement, and are impaired in normal aging. Visuoperceptive skills, which are simpler and more passive, are based on the discrimination of specific visual features such as shape, color, brightness, etc., and do not appear to be significantly affected by age. Performance in visuoconstructive tasks, which requires a proper coordination and integration of visuoperceptive and visuospatial abilities with motor and manipulative skills, such as copy drawings, building block designs, etc., is poorer in older adults. That said, performance in visuoconstructive tasks also depends on other variables such as speed of processing, sensory deficits, and familiarity, and often can be impacted by providing instruction. Regardless, deficiencies in these areas have the potential to affect the work environment for older adults,

especially if combined with other issues like processing speed and memory loss (Correia, Barroso, & Nieto, 2018).

Linguistic functions are typically well-preserved in aging; however, access to the language needed, as we discussed earlier, can be impaired. Language comprehension, specifically, in normal aging has been gaining more attention recently, with a special focus placed on the effects of other age-related sensory deficits. There is strong evidence supporting the notion that decline in visual acuity affects the linguistic performance of older adults – in other words, they can't comprehend what they can't see. When scaffolding is put in place to compensate for loss of visual acuity, older adults' performance in language comprehension tasks closely mirrors that of other age groups (Correia, Barroso, & Nieto, 2018).

Finally, inconsistencies in the processes related to attention can pose problems for the elderly in the workplace. What we think of as a single thing – "paying attention" – is actually made up of multiple processes. One such process establishes and sustains a vigilant or alert state, another handles the selection of relevant information from sensory input, and a third monitors attentional resources and resolves conflict among responses. In aging, the alert state remains accessible, as does the capacity to find relevant information; the process that begins to decline is conflict resolution. In a workplace environment, this may manifest as being easily distractible, since the ability to screen out irrelevant input is impaired. It can also impact working memory, as retrieving relevant memories is complicated by difficulty with inhibiting irrelevant ones (Correia, Barroso, & Nieto, 2018).

Looking at overall safety and wellness, older employees in the work environment present two concerns which should be considered: chronic health conditions and risk of on-the-job injuries.

More than ⅔ of Medicare beneficiaries – or 21.4 million people – have two or more chronic health conditions. The most common are hypertension at 58%, hyperlipidemia at 45%, heart disease at 31%, arthritis at 29%, diabetes at 28%, heart failure at 16%, chronic kidney disease at 15%, depression at 14%, chronic obstructive pulmonary disease at 12%, Alzheimer's disease at 11%, atrial fibrillation, cancer, and osteoporosis at 8% respectively, asthma at 5%, and stroke at 4%. Diabetes management is the costliest: ⅓ of Medicare spending is directed at diabetes (White, Burns, & Conlon, 2018).

The prevalence of these health conditions in older adults has safety implications. While some safety risks reflect exposures to unsafe work or employment conditions, of course, others arise from age-related physical changes. Age-related changes in cardiovascular and musculoskeletal systems (including bone density), for example, impact dexterity, reaction to stress, and strength. These physical changes, combined with job demands, are associated with risk of injuries. A mismatch between physical ability and job demand is associated with a higher risk of occupational injury. If the job has demands that the worker cannot physically meet, unsafe practices and poor health outcomes can result (White, Burns, & Conlon, 2018).

Type of occupation is the strongest predictor of occupational injuries. According to the U.S. Bureau of Labor Statistics, Current Population Survey, Census of Fatal Occupational Injuries from 2016, occupations that have the highest number of injuries and days away from work

include tractor-trailer truck drivers, freight movers, manufacturing workers, retail workers, police officers, firefighters, janitors, teacher assistants, and correctional officers (White, Burns, & Conlon, 2018).

In general, older workers are less at risk for injury than younger workers, but their injuries are likely to be more severe and require more recovery time. Falls from the same or greater heights are more prominent across all occupations for workers aged 65 and over and are more likely to result in a fracture or fatality. Injuries overall are also more likely to be fatal. Workers aged 65 and over have the highest fatal injury rate of all: 9.4 per 100,000 full-time workers compared with the all-ages worker rate of 3.4 per 100,000, according to the U.S. Bureau of Labor Statistics Current Population Survey (White, Burns, & Conlon, 2018).

Coping with Aging

Although people generally enjoy a longer life expectancy nowadays, the aging process can be a painful fact to come to terms with. As we've seen, the elderly are coping with both physical and cognitive changes, while at the same time navigating the ins and outs of social changes – some of which are entirely different than the ones their elders experienced – and all of which can have quite an emotional effect. In addition, these changes are ultimately uncontrollable, which can make coping with them even more stressful.

Skinner et. al. (2003) proposed a set of "coping families" – in other words, categories that classify how people cope with stress – and their related components. These include:

Coping Families	**Components**
Problem solving	Developing strategy; instrumental action; planning
Seeking information	Reading; observation; asking others
Inability to help oneself	Confusion; cognitive interference; cognitive exhaustion
Escape	Cognitive avoidance; behavioral avoidance; denial; illusory thinking
Self confidence	Emotional regulation; behavioral regulation; emotional expression; emotional approach
Seeking social support	Search for contact; search for comfort; instrumental help; spiritual support
Delegation	Seeks for maladaptive help; complaining; regret; feeling sorry for oneself
Isolation	Withdrawal from social life; concealment; avoiding other people
Accommodation	Distraction; cognitive restructuring; minimization; acceptance
Negotiation	Bargaining; persuasion; setting priorities
Submission	Rumination; rigid perseverance; intrusive thoughts
Opposition	Blame the other; projection; aggression

A review of coping strategies used by the elderly to deal with aging and death incorporated these coping families, as well as their components, and identified the most commonly used. The favorable strategies were negotiation, acceptance, accommodation, the search for social support,

the search for spiritual comfort, and living in the moment; while the unfavorable strategies were anticipated mourning, a desire to die, isolation, and submission (Ribeiro et al., 2017).

Depression may be a hallmark of the use of unfavorable strategies – but it can be harder to identify in the elderly, who often show different symptoms than younger people. For example, a depressed older adult may not seem sad, instead appearing tired or irritable. Likewise, they may repeatedly express frustration with a lack of motivation, low energy, or physical problems; this last, in particular, may be masking the presence of depression. Per HelpGuide.org (2020), a list of behaviors that may signal depression in the elderly includes:

- Sadness or feelings of despair
- Unexplained or aggravated aches and pains
- Loss of interest in socializing or hobbies
- Weight loss or loss of appetite
- Feelings of hopelessness or helplessness
- Lack of motivation and energy
- Sleep disturbances (difficulty falling asleep or staying asleep, oversleeping, or daytime sleepiness)
- Loss of self-worth (worries about being a burden, feelings of worthlessness or self-loathing)
- Slowed movement or speech
- Increased use of alcohol or other drugs
- Fixation on death; thoughts of suicide
- Memory problems
- Neglecting personal care (skipping meals, forgetting meds, neglecting personal hygiene)

On the other hand, there are tangible steps that can be taken in support of positive strategies, including safeguarding both physical and mental health via attention to a healthy diet, physical exercise, and mental activity, as well as regular visits to the physician. In addition, taking action to create and maintain a positive outlook can work wonders. Suggestions from Aging.com (2021), a resource for seniors and their families, include:

- Join a support group. Interacting with individuals who have gone through your experience helps you feel less alone. Talking about issues and facing them is also a powerful way to work through them.
- Spend time with at least one person a day. This could be a neighbor or a family friend. Physical interactions are much more enriching than a text, and this helps ward off feelings of loneliness and depression.
- Visit a museum, go to a concert, or explore a park – you now have time to do all the fun stuff you could not do when you were busier at work.
- Travel to a place you have always wanted to go. It doesn't have to be expensive; it could even be somewhere in your town that you always wanted to visit.
- Indulge in a new hobby like golf, biking, or baking – or pay attention to an old one.
- Learn a new language, a sport, or a musical instrument.
- Meditate and take care of your spiritual needs – this will lead to a more relaxed life.

- Become a volunteer. This is a great way to meet people who share the same interests as you do. Also, helping others with their problems enables you to forget your own and be grateful for your life.
- Write a memoir. Reflect on the lessons, struggles, and victories of your life and share them with the world.

The Funeral Profession and the Elderly Population

Working with the elderly population at the funeral home is not as new a phenomenon as it may be for other parts of our society. Funeral professionals are generally very well-versed in working with older adults; in fact, this is the primary population arranging funerals. It is also the primary population thinking about pre-arrangements.

In speaking with funeral professionals, I found that they all tend to enjoy working with older adults, and immensely respect these individuals. The elderly population generally know exactly what they want and expect, they are usually very respectful to the funeral home staff, and they are most likely aware of what they have to spend and are responsible about paying for services rendered.

A 34-year veteran of the profession spoke about several aspects of working with older adults, particularly as opposed to younger populations. She noted that older adults have the perspective of a long life, and often like to reminisce on their experiences, or those of their lost loved one. This is particularly the case when making pre-arrangements: at these times, older adults are more likely to share their stories. Once a death occurs, especially of a spouse or partner, the grief is often so raw and deeply felt that it lessens the urge to communicate (we'll return to the topic of grief in a moment).

Despite this overall sense of positivity, just like in any industry, interactions between older adults and funeral professionals will be influenced by the expectations and stereotypes that each party brings to the meeting. It has been said that younger professionals tend to be more condescending and have less patience when interacting with older adults. It has also been suggested that they may try to take more of an authoritarian role, providing less information or failing to address important details. On the other side, older adults may view younger professionals as not respecting them or their life experiences, not listening to what they have to say, and seeming cocky. And of course, communication between older adults and funeral professionals is further hindered by the normal aging process, owing to age-related problems we're already discussed like sensory loss, decline in memory, slower processing of information, and other issues. Communication could also be affected by the psychosocial adjustments to aging, like the loss of identity, lessening of power and influence over one's life, retirement from work, and separation from family and friends (Gerontological Society of America, 2012).

Breakdown in communication can cause major issues with all things involved in funeral planning, and in the grieving process as well. The following recommendations for communicating with older adults can help avoid this pitfall, including general tips for improving interactions with older adults, tips for improving face-to-face communication with older adults,

tips for optimizing interactions between funeral professionals and older adults, and tips for communicating with older adults with dementia (Gerontological Society of America, 2012).

In navigating any communication, funeral professionals should keep funeral service ethics in mind, but this can be of particular concern with the elderly. Examples of older adults being taken advantage of in phone schemes, at long term care facilities, and even just out running errands, abound, so it's vital that funeral professionals avoid adding to the list!

The best tip for improving interactions with older adults is to recognize that there is a tendency to stereotype members of this population – and then conduct your own assessment of each individual you work with. Recognize, and be prepared to make allowances for, any age-related issues that exist for each client, rather than simply assuming all will be present.

In all communications, avoid speech that might be seen as patronizing an older person, sometimes referred to as "elderspeak." Examples include:

- Short, simplified sentences with limited, simple vocabulary
- Slower speech
- Higher-pitched voice and an over-caring tone
- Substituting "we" for "you," as in "Don't we look nice this morning?"
- Describing the person as "cute" or "adorable"
- Addressing a senior with endearments like "honey," "sweetie," or "dearie" instead of by name
- Referring to an older adult as "young man" or "young lady"

Often, people who speak in this manner are trying to be kind! But to the recipient, elderspeak can feel belittling at best, and at worst can cause actual harm. Gerontologists tell us that seniors who are subjected to elderspeak often internalize the negative messages and begin to doubt their own competence. Their self-esteem, and even their longevity, can be affected (Senior Planning Services, 2019).

During face-to-face communications, monitor and control your non-verbal behavior. Body language can be very telling, and while anyone can pick up on these cues, a population that may be hard of hearing tends to notice body language more. Be sure your body language suggests that you are open and engaged by avoiding behaviors like crossing your arms, turning your body away from the person speaking, and looking at your watch, phone, or the clock. Instead, utilize positive body language like making eye contact, leaning in toward the person speaking, and nodding your head or tilting it to one side. Little things like these can make a world of difference.

If you suspect that an older adult has a hearing impairment, you can adapt your speech patterns to help compensate: increase the volume of your speech slightly, speak a little more slowly, and focus on delivering information as clearly as possible. This can feel confusingly like elderspeak, but it doesn't have to be. When adjusting your volume, the key is to speak a *little* louder, while avoiding shouting, which raises the pitch of the voice and makes it harder to understand. When adjusting your speed, again, the key is to speak a *little* slower, which almost always improves

your enunciation. And stressing clarity as you share information doesn't mean you need to over-simplify; rather, think about "chunking." This technique places important pieces of information in separate sentences, instead of delivering it all in one long, potentially confusing sentence.

Other communication tips include minimizing background noise, facing older adults when you speak with them, speaking with your lips at the same level as theirs, and using visual aids such as pictures and diagrams to help clarify and reinforce comprehension of key points. Use direct, concrete, actionable language, and verify comprehension by asking open-ended questions and genuinely listening when they answer. Humor can also be used, but with caution: generational and cultural differences may impact how humor lands (Gerontological Society of America, 2012).

Go into each interaction with a good attitude: you're there to help. Be kind and patient; express understanding and compassion. Ask questions about an older adult's life, as well as the life of their lost loved one. Customize your interactions with them and the service for their loved one by seeking information about their cultural beliefs and values pertaining to death. Likewise, listen to their stories and listen to the stories about their lost loved one. Talking about their lives and the life they shared with their lost loved one is a big part in their grieving process. It also allows them to think back to happier times, and it allows you to understand more about what they want for a tribute to their loved one. This will help make the funeral or memorial service more personalized and meaningful (Gerontological Society of America, 2012).

Avoid treating them like they are somehow "less than," but demonstrate your respect for them: include older adults in the conversation or the arrangements, even if their children or other individuals are present. Avoid ageist assumptions when providing information or making recommendations about plans or services. Always provide all important information in writing if possible, so they have something to refer to later. Help internet-savvy older adults find reputable sources of online support during their grieving process (Gerontological Society of America, 2012).

You may realize, over the course of your interactions, that the older adult might not be able to make decisions, due to extreme grief, dementia, or for any other reason. In these instances above all, it is important to avoid any suggestion of manipulation or control – even if that means you need to come up with a reason to delay the arrangement. Ideally, any decision-making will involve another party, such as a family member, who can support the older adult in making decisions about either their own funeral in a pre-arrangement conference, or the funeral of a loved one.

When communicating with older adults with dementia, several things can assist with comprehension. Maintain a positive communicative tone: the ability to process tone is retained in dementia, and often cues behaviors in response. A softer, more patient voice can reduce agitation, while a high-pitched, loud voice can increase it. Avoid speaking slowly: this makes you harder to understand, because they have to hold onto each word in a sentence in memory for a longer time before comprehending the completed sentence. Instead, focus on your enunciation. Another way to assist with memory is to make sentences as straightforward as possible: use "and" to join two thoughts, rather than beginning one with words like "if," "because," "but," or

similar. “You can choose pictures and we'll make a slideshow,” works better than “If you want us to make a slideshow, you'll need to choose pictures.” Frame any questions you ask with your conversational goal in mind. Are you trying to gather information? Use close-ended choice questions or yes/no questions: “Do you want music at the service?” is yes/no; “Do you want to ride in your daughter’s car or in the limo?” is a close-ended choice. Finally, when you see a lack of comprehension, repeat and/or paraphrase the information you want to convey: repetition reinforces memory, and paraphrasing can help clarify originally-confusing details (Gerontological Society of America, 2012).

Be aware that some older adults with dementia may have outbursts of verbal and/or physical aggression. While you should not take these behaviors personally, they do usually occur for a reason, and can be reduced if that reason is found and addressed. Common causes include physical discomfort (such as hunger, thirst, pain), environmental factors (such as loud noises, physical clutter, time of day), and poor communication (which we’ve addressed above) (Alzheimer's Association, 2021).

Grief and the Elderly

Given the overall increase in the population of older adults, there is a corresponding increase in the number of elderly people who have experienced bereavement, primarily the loss of a spouse. Widowhood eventually affects three out of four women, and affects men as well at a lower percentage. Although the mourning process is certainly shaped by such traditional mediators as who the person was, the nature of the attachment, how the person died, concurrent stresses, etc., there are several unique features of grief in the elderly that should be noted (Worden, 2009).

Working with a Newly Widowed Spouse

There’s no one-size-fits-all response to a spouse’s death. A newly widowed spouse might arrive at the funeral home completely devastated at losing their best friend, their life partner: in this case, they are experiencing acute, raw grief. Another has already been grieving losing their spouse for an extended period due to a terminal illness: in this case, they experienced anticipatory grief, and/or their grieving process began at the time of the diagnosis, as their spouse began to decline, etc. These two circumstances can result in two completely different funeral conferences.

Sometimes, a new widow or widower wants to share all the things that made their spouse so special; however, sometimes it is hard to even speak, let alone make major decisions. Speaking of decisions, sometimes the person who died is the person who made all the big decisions, while the newly widowed spouse has never had to do so before. Maybe their spouse was the one who handled all of the finances, filled the car with gas, and just took care of everything. The surviving spouse is probably thinking about the major changes coming in their life, and possibly fearful of these changes. They may be headed toward a more complicated grief.

It is important for the funeral profession to recognize how the newly widowed spouse is handling the situation, and in turn handle the funeral arrangement conference and interactions with the newly widowed spouse accordingly.

Interdependence

Many elderly widows and widowers were married for an extended period of time, which leads to deep attachments and to the entrenchment of family roles. There is interdependence in any marriage; however, in these lengthy marriages, it is possible that the level of interdependence was higher and has become ingrained. The extent that the bereaved were highly dependent on their spouses for certain roles or activities may make for a more difficult adjustment after the loss. Some things that might be noticeable when making funeral arrangements with a newly widowed individual include difficulty with managing finances, driving, and, as noted above, simply making decisions in general. The person that died may have also been the one who helped the bereaved person handle crises, and the newly widowed individual may frequently find themselves turning to someone who is not there (Worden, 2009).

Role Adjustment

The loss of a spouse and its effect on day-to-day living may be disruptive, and more so for elderly men than for women. Many men face new roles, particularly homemaking, and may need help adjusting to those roles. When a woman loses her husband, there often is not the same level of disruption in terms of her ability to keep house and her self-reliance as a homemaker. There are certain counseling interventions such as skill building that can be useful in work with the elderly bereaved, especially men (Worden, 2009).

Multiple Losses

With age, the number of deaths of friends and family members that a person experiences increases, and the losses become more frequent as well. Concurrent with the loss of friends, relatives, and family members are other losses the aging person may experience. These can include the loss of occupation; loss of environment; loss of family constellations; loss of physical vigor, including physical disabilities; the diminishing of one's senses; and for some, the loss of cerebral functioning. All these changes, added to losses through death, need to be grieved. But the ability a person has to grieve may be lessened as a result of many losses in an abbreviated time period (Worden, 2009).

Personal Death Awareness

Experiencing loss of contemporaries such as a spouse, friends, or siblings may heighten one's personal death awareness. This increase in the awareness of personal mortality can lead to existential anxiety. A counselor may be needed to discuss the bereaved's personal sense of mortality and explore the extent to which this death awareness might be troublesome (Worden, 2009).

Loneliness

After bereavement, many elderly people live alone: a study by Lopata (1996) showed that younger widows and widowers were more likely to move after the loss, whereas older ones were more likely to remain in the home they lived in at the time of the death. Regardless, living alone can lead to intense feelings of loneliness, which may be particularly acute if the bereaved continues to live in the physical surroundings shared with the spouse. Van Baarsen, Van Dujin, Smit, Snijders, and Knipscheer (2001) make the distinction between social loneliness (the absence of a wider social network) and emotional loneliness (the absence of an intimate relationship), the latter being the most enduring among the elderly. There is some evidence that those who had more harmonious marriages experience the most emotional loneliness upon

bereavement (Grimby, 1993). Depending on the type and depth of the loneliness experienced, some may require additional care (Worden, 2009).

Possible Interventions

In any discussion of the bereaved elderly, it is important to keep in mind that research has shown that stresses experienced by this population may be stronger prior to the death than afterward. This is particularly the case when one has been primary caretaker of an ill spouse. If this is true, then one might want to consider possible interventions early, and not wait until after the death has occurred (Worden, 2009).

It is also important not to assume that all elderly bereaved are in need of counseling; many, in fact, demonstrate strong resilience. Those coping well tend to have more self-confidence, optimism, self-efficacy, and self-esteem than those who cope less well, in addition to better overall health. With the elderly, as with other age groups, it is important to keep in mind that there is no universal experience of grief and no universal way of dealing with it. Remember, no two people are alike, so no two people will grieve the same (Worden, 2009).

Support Groups

Support groups for the bereaved can offer important human contact to those who are experiencing high levels of social loneliness. Support groups may be useful at any age, but can be particularly important for elderly individuals, whose network of support is often diminished and whose isolation is often pronounced. In one study, Lund, Dimond, and Juretich (1985) discovered that both elderly men and women would be willing to participate in support groups: those whose main confidant was less available than previously, those with more depression and less life satisfaction, and those who perceived that they were not coping well were most eager to participate. There was also more willingness among those between the ages of 50-69 to participate in groups than among those of more advanced age. Interestingly, *perception* of the presence of support, both before and after the death, may be more important than objectively measured social network characteristics in assessments of support satisfaction (Worden, 2009).

Touch

Another useful intervention is touch. Many men and women – but particularly men – who've been married for a long time and then lose their spouse have a strong need to be touched. Without their spouse, they may find it difficult to get this need met. A counselor who is comfortable with physical contact can include touching in working with the elderly bereaved. However, any time touch is used therapeutically, the funeral professional must be clear as to its suitability and must also attend to whether or not the person is willing or ready to be touched (Worden, 2009).

Reminiscing

Another intervention technique is reminiscing, sometimes called life review. It is a naturally occurring process that brings the person to a progressive return to consciousness of past experiences and, in particular, to the resurgence of unresolved conflicts. Reminiscing contributes to the maintenance of identity: even though a person may have lost loved ones, the mental representations of these people endure. Likewise, through the process of reminiscing, the past can be reworked (Worden, 2009).

In recent years, we have recognized the importance of continuing bonds with the deceased through internal representations of them. Elderly individuals never truly lose the deceased, since so much of what the deceased represented is internalized and significant in the present. It is generally assumed that reminiscing serves an adaptational function for the aging person and that it is not a sign of intellectual decline. Already common among the elderly, it is a process that can be stimulated therapeutically. The funeral professional can play a part in facilitating this process by simply letting the bereaved reminisce: this can have a salutary effect, particularly with conjugal bereavement (Worden, 2009).

Relocation

Sometimes the elderly may need to relocate after a loss. Moving from their home is a major decision, and something that may or may not be on their mind when the meeting with the funeral professional. Nevertheless, it is good to note that when it comes time for aftercare, or any follow-up on the service, the survivor may be at a new address (Worden, 2009).

The decision to move, of course, depends on the ability of the person to take care of himself or herself. However, one should never underestimate the importance of a home, which may represent a whole scrapbook of meanings for the older person. Moving from this home may reduce a person's sense of self as well as dilute the tie with the deceased, whereas staying may give a sense of personal control and offer an arena in which they can recall the cherished past. There is anecdotal evidence to support the contention that elderly people who are forced to move out of their homes after losing a spouse may be a higher risk for mortality (Worden, 2009).

Skill Building

It is possible for some of the bereaved elderly to become too dependent on their adult children. Though grieving, these people have the capacity to develop new skills and, in doing so, can benefit from the sense of self-esteem that comes through mastery. However, time for adjustment may be required. Both grieving and relearning take time, so a period of dependency on others may be required to help elderly individuals through this period of transition (Worden, 2009).

One bereaved elderly woman called her adult children constantly and wanted them to come to her home to fix things, such as the furnace, even when these repairs were needed in the middle of the night. The children were happy to do this for a while, but it became clear to them that their mother needed to learn to call the electrician and to take care of those things that, prior to the death, her husband would have handled. She was very resistant to the suggestion and felt her children were rejecting her. However, reason finally prevailed, and when she did learn how to handle some of these day-to-day activities, she felt good that she had developed the skills (Worden, 2009).

Family vs. Individual Needs

There are two points that should be emphasized when discussing family vs. the elderly individual's needs.

First, it is important to recognize that not everyone in a family will be working on the same tasks of mourning at the same time. Individual family members will process tasks at their own rate and

in their own way. For example, it may be that bereavement in the elderly takes a long time, and to some extent, it may not have an end point. This could be described as a "timeless attachment" to the deceased. Some elderly, particularly the oldest of the elderly, may be at a stage in their lives at which is best for them to consolidate their memories and draw on them for sustenance throughout their remaining years. Families need to be encouraged not to rush a person through the grief experience (Worden, 2009).

An important second point is that individual members of a family will sometimes be reluctant to reach out for help with their grief or to go to a counseling session to assist in the grief of their elderly family member. But even when met with resistance, it is important that the entire family try to be involved with the grief process of their elderly family member. This is a good way for the counselor to see how the family interacts as a unit. If the counselor can assess the feelings of all of the family members, the probability is greater that the grief counseling will be effective and that equilibrium will be restored to the family unit (Worden, 2009).

Also, while most of the focus in this discussion of elderly bereavement has been on spousal loss, other family deaths are also frequently experienced. Among these are the deaths of siblings and the deaths of grandchildren. In the latter case, bereavement support is often focused on the bereaved parents to the exclusion of the grandparents' grief (Worden, 2009).

The Elderly and the COVID-19 Pandemic

Before concluding, it's essential to consider the effect of current events on the overall health, and the grieving processes, of the older population.

During the COVID-19 pandemic, certain medical conditions increase the risk of contracting a severe case and/or death, as well as advanced age. According to the Centers for Disease Control (2020), 8 of 10 COVID-19 deaths reported in the United States have been in adults 65 years of age and older. Once vaccines were approved for emergency use authorization in the U.S., adults aged 65 years and older were the first to be included among those offered the vaccine. The specific age groups varied from state to state, but every state gave priority to the elderly.

Older adults experienced disproportionately greater adverse effects from the pandemic in addition to the potential for severe cases and the highest mortality rate. They have also had to deal with isolation, and the threat that it might affect their mental health or exacerbate existing mental health conditions. Given limited contact with family, friends, and even caregivers, many warned of high rates of anxiety, depression, and stress-related mental health disorders among this group. However, older adults as a group may be more resilient to these issues than younger populations: n studies conducted by the Centers for Disease Control and other researchers, adults aged 65 years of age and older indicated much lower percentages of anxiety disorder, depressive disorder, and trauma- or stress-related disorders than participants surveyed aged 18-24 years, and of those surveyed aged 45- 64 (Vahia, Jeste, & Reynolds, 2020).

The pandemic has placed many restrictions on funeral homes regarding funerals, arrangements, and removals, among other things. Despite their relative stability otherwise, these restrictions have been especially hard for the elderly population, many of whom lost family and friends during lockdown.

Funeral professionals also were presented with multiple challenges, not only having to learn the technology involved in making arrangements and hosting ceremonies online, but having to adjust to working with grieving families virtually. Yet in a way, the COVID-19 pandemic has expanded the funeral profession. What once was very rare or seeming insurmountably difficult, like live streaming funeral or memorial services, became common occurrences – giving the elderly access to services, and to the formal grieving process, that would otherwise have been denied them due to COVID-19.

Conclusion

The aging population is a sizable percentage of our overall population, and that percentage continues to grow. Today's elderly continue to contribute to society in ways that they typically did not in the past, as older people all over the world continue to work and stay active longer than ever before.

As funeral professionals, it is important to understand this group of people, and to demonstrate that understanding in your dealings with them – whether as a colleague at the funeral home, or as a grieving family member you are working with. Support, communication, and respect go a long way in helping this important population continue to thrive.

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COURSE EVALUATION

We'd love your feedback!

Evaluations can be submitted by mail or email (contact information above).

Learner Name: _____

Course Name: _____

	Low				High	
Orientation was thorough and clear	1	2	3	4	5	
Course objectives were clearly stated	1	2	3	4	5	
Content was organized	1	2	3	4	5	
Content was what I expected	1	2	3	4	5	
Program met my needs	1	2	3	4	5	
Satisfied with my learning experience	1	2	3	4	5	
Satisfied with customer service, if applicable	1	2	3	4	5	n/a

What suggestions do you have to improve this program, if any?

_____

_____

What educational needs do you currently have?

_____

_____

What other courses or topics are of interest to you?

_____

_____

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