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FROM THE FIELD: Dealing With Geriatric Shame

PAULA SEEFELDT, LMSW • IRENE ZOLA

As coordinators of a volunteer-based eldercare "village" in New York City, we have observed real-life manifestations of an array of shame that is particular to elders—and sometimes, sadly, with tragic consequences. At least one of our older patients was too ashamed to reach out. Shame, coupled with its consequences of concealment, isolation, and health challenges, began a downward spiral that led to the suicide of one nonagenarian.

Aside from the ordinary kinds of shame people may feel—for example, the shame of needing to borrow the rent or mortgage money—we have witnessed a special geriatric shame in its manifold forms when it comes to growing old in today's culture. Geriatric shame, we propose, is the result of specific feelings: shame at appearing old, shame at needing help, shame at feeling useless or purposeless, shame at being lonely, and perhaps shame at one's failures at living. To this group, other shames can be added—for example, when a middle-class individual must, in old age, live very frugally because of reduced income, or when someone can no longer clean his or her apartment and is ashamed of his or her home.

These observations have informed our work with seniors— and transformed it. We, in our leadership roles of Morningside Village, aim to decrease shame, avoid causing additional shame, and help elderly community members enjoy the benefits of age in their own homes wherever possible.

THE ROOTS OF SHAME: OUR WANT FOR INCLUSION

Not only Maslow (1962) but the majority of psychological theorists stress the strong need we all have for connection, for at least some degree of closeness with one another. The digital world of social networking today confirms this strong desire we have, with people texting the day and night away as a means to communicate with family, loved ones, friends, and would-be friends. Children provide us with endless examples of their want for closeness, grasping the hand that will take them safely across the street. Teens and young adults consistently, across cultures, strive to be accepted into a group of friends, colleagues, and neighbors through dress, style, language, and activities. Even into our twenties, we often continue to ask the question, "Where do I fit in?"

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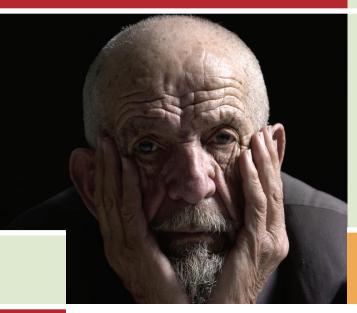
National Association of Social Workers Specialty Practice Sections

750 First Street NE, Suite 800 Washington, DC 20002-4241

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When we are excluded from the group, when we are rejected or ostracized, we can feel the pain of shame; to conceal it, we may slither quietly away into the darkest corner. There are endless books and songs written about the "ugly duckling" characters who are originally socially ostracized and later emerge as the most beautiful, the most wanted, the most esteemed of the group. So, for younger folks, there is always hope that, if not now, some day inclusion and admiration will be theirs. But what about the 89-year-old?

For older adults, the greeting from the shopkeeper on the corner or the receptionist at the doctor's office can count for a lot in terms of feeling a sense of belonging. But what if they can no longer even travel as far as the shop or the podiatrist's office?

They may become ashamed because they did not have the wherewithal to develop lifelong associations? For being left out? We believe that too many elders find themselves mired in shame, and that shame is sometimes at the root of a complex web of emotions that include loneliness, depression, anxiety, and confusion.

But how do we know what older people feel, particularly when it comes to shame, a feeling that often we conceal from others? Although no one can be sure of exactly what goes on in the mind of another person, we surmise—after having worked intimately with a large cadre of 150 elders over a six-year period—that shame at being alone can be observed in people's expressions and behaviors. We at LiLY (Lifeforce in Later Years), through our Morningside Village

volunteer-based eldercare project, located in a 17-by-3-block catchment zone in Manhattan, have observed expressions and behaviors that reveal shame among older seniors when they are unable to meet the standards for acceptability set by the community at large—so important for inclusion and belonging.

CONDITIONS OF AGING: DECREASED CAPACITY, LOSS OF INDEPENDENCE, LOSS OF LOVED ONES TO DEATH AND ILLNESS, AND LONENESS

Let us look at a few instances where a special kind of shame, geriatric shame, plays too large a part in the lives of our elders: shame at just plain "being old" and "appearing old" in a youth-oriented culture, shame at "needing help" in a culture that promotes self-sufficiency and independence, shame at being

"unproductive" in a world where the consumer and the producer are all who count. Then there is the shame that one can have toward the end of a life thought wrongly lived. All of these can add up to a person feeling excluded—and even shame in this feeling of exclusion.

In days gone by, when families were nearby to continually validate the elder, provide a sense of inclusion, and offer them esteem, elders were not so much in the predicament we find them in today. Simply having a family is not always a guarantee of regular support and validation.

So, looking at the various forms of shame, it must be noted that these are not completely distinct categories. They can overlap, but they are themes we have observed, and they guide how we, as a community, work with

aging, along with the types of care needed for older adults, and affect

elders and structure the activities at Morningside Village in order to support our seniors, who are both our neighbors and our friends.

Shame of Having No Role in Society or a Feeling of Uselessness/Loss of Identity

What happens when someone retires or is too frail to pursue favorite activities on a regular basis? It can be challenging to find meaning and purpose, to feel needed, and to not feel that one is a burden to others. While the culture tells us that our years of retirement are our "golden years," older seniors often talk to us about missing their jobs or speak longingly about what their lives were like when they were actively engaged in work on a daily basis. Some express their sadness, and sometimes—in a culture that asks us to be productive and contributing the sense of loss can be coupled with shame.

This seemed to be the case with Mr. Mueller*, who at 85 years old was let go from his paid job assisting an immigration lawyer whose office was within walking distance of home. He did receive a pension, and that, together with his Social Security check, allowed him to remain in his apartment, though he did take in a roommate. But, in order to keep up appearances, each day he would don his white shirt, tie, and jacket, and off he would go to work—but, he confided, he was now a volunteer to his former boss, without pay and with low-level tasks, such as opening the mail. He asked us not to reveal his situation to others. He wondered what people would think of him "lounging about the neighborhood" all day. If he stayed at home, he explained, his tenant might think poorly of him. Going to work, he

confided, made him feel that he was still "somebody."

Shame at Needing Help

Petite and frail at age 92, Mrs. Brown* was approached by a volunteer in the street with a friendly hello. She smiled and easily exchanged names and engaged in conversation, putting down the two plastic grocery bags she carried in each hand, four in all. When asked if she would like a little help with carrying the bags, Mrs. Brown wagged her index finger in front of the volunteer's face, professing, "I don't need help! I don't need help!" She said goodbye, stood up straight and off she went at a fast clip. In another case, an elderly woman living in poverty rifled through her purse trying to find enough coins to pay the volunteer for the gift of chicken soup he'd brought to her on one of the coldest days of winter. When he refused, her face became rigid as she loudly professed, "Please, I want to pay you. I am not a beggar!"

And, there are multiple stories about older adults who avoid using canes or walkers in the street for fear of being seen as dependent and needy. They are ashamed of public opinion. And they can feel shame even when they are by themselves, avoiding the walker, a symbol of dependency, even in the privacy of their homes.

Shame at Loneness

We know some elders who have grown children or other relatives, but the relationships are troubled. It is extremely shameful to an elder person to have family who choose not to visit or assist them. An elder will sometimes cover for family members and spend holidays alone, even with invitations for a visit, because they are ashamed to show that they

have been "left." Others may not have had children or may have outlived them. Perhaps some are ashamed of the lives they've lived, which caused them to end up without anyone close by. That seemed to be the case with 97-year-old Mrs. Sanchez,* who under pressure finally confessed: "The truth is, I don't know anyone who could be my health proxy." Her eyes filled with tears.

Shame at Reduced Income

We see shame with seniors who have reduced their food intake and who have withdrawn from activities they once enjoyed but can no longer afford. We know a woman who was too ashamed to allow the Meals on Wheels van to pull up in front of her building, lest neighbors would become aware of her poverty. Her solution was to live on canned beans. Poverty is painful, and applying for public assistance can feel shameful for those who in earlier times may have felt pity or even disdain for those who needed it. They do not always let us know what is happening until an eviction notice is taped to their doors or another urgent situation comes up. Keeping up appearances can be very important, and that gets harder over time, taking a physical, mental, and emotional toll.

IN MORNINGSIDE VILLAGE, HOW DO WE ADDRESS SHAME?

Every situation is slightly different, but what our seniors share is a desire to maintain their independence as much as possible while enjoying social connections. We use a version of the "Village" model but with modifications:

 Although we often receive referrals from neighbors, from those we already help, from social work departments at hospitals, or from nursing homes, we sometimes slowly

- get to know elders through meeting them on the street and engaging them in informal conversation. After a time, we may exchange phone numbers and include them in one of our community activities, like a film group.
- We do not charge a membership fee.
- We don't place a limit on the number of services we can provide.
- Our seniors are, on average, 10 or more years older than those in a typical "Village," where the average age is 74; thus, needs for help can be greater and mobility more limited. So, the kinds of social opportunities offered are specialized. Our "Village" in a metropolis provides elders with volunteers who are neighbors and who become friends, without formal barriers in terms of how much a volunteer wants to do for and with the elder.
- Events and gatherings for elders—like film screenings, bereavement groups, a reading club, and a cardplaying group—are held not in public spaces but in the homes of older adults and volunteers. We also meet in local cafes for tea, as any group of friends might, and the elders get to know one another and an array of volunteers; in some cases, there is a fine line between the volunteer and elder.
- We are sensitive to shame and find creative ways to assist. For example, for those with memory or mobility issues, getting to our events can be challenging. A volunteer will call a senior before a lecture or film and say, "I am walking over at noon. Should we go together?" Rather than being identified as someone in

- need, the elder is simply one of two neighbors going "together" to an event.
- We carefully match volunteers with elders. To help Mrs. Russo, * who was new to the community and who said she didn't want "a stranger visiting," we matched her with Joan, one of our volunteers who lives in the same apartment building. Joan was introduced by Mrs. Russo's son informally, as "a neighbor." Both women are Italian-American Catholics, When Mrs. Russo, who was used to going to Mass, asked about the local church, Joan offered to take her. And, so the friendship was born. We also interviewed Mrs. Russo for our
- newsletter about her remarkable work experience. The article resonated with people, and she now has minor fame in our community for her unique career. Even now, after her dementia diagnosis, Mrs. Russo is still invited to local activities, and her patient new "neighbors" visit and enjoy the respite and the cup of tea they take with her
- We minimize "need" as we
 do intake with a new elder.
 When we first meet a new
 senior, it is a very relaxed
 visit, sometimes in the person's
 home, sometimes in a coffee
 shop or at a social gathering.
 It is a gentle approach, and
 we do not bring a laptop, a

clipboard, or a list of questions. We mostly just listen, try to find out what they need, and then offer some ideas. Once in a while, we make a small note on an unobtrusive pad. Once we leave, we write up whatever necessary information we remember and enter it into a computer spreadsheet.

We have found that our model is an effective, low-cost approach that can dramatically reduce isolation and shame in our elder neighbors while building community and creating intergenerational connections that are often absent in our modern world.

*Names are changed to ensure anonymity.

Paula Seefeldt, LMSW, is the director of Morningside Village, a division of LifeForce in Later Years (LiLY), in New York. She can be reached at PaulaSeefeldt@l-i-l-y.org.

Irene Zola is founder and executive director of LiLY in Morningside Heights, Manhattan. For her work, Zola was a CNN Hero in 2010 and received AARP's 2012 Inspire Award. She can be contacted at IreneZola@l-i-l-y.org.

REFERENCE

Toward a Psychology of Being NY: Van Nostrand, 1962.



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