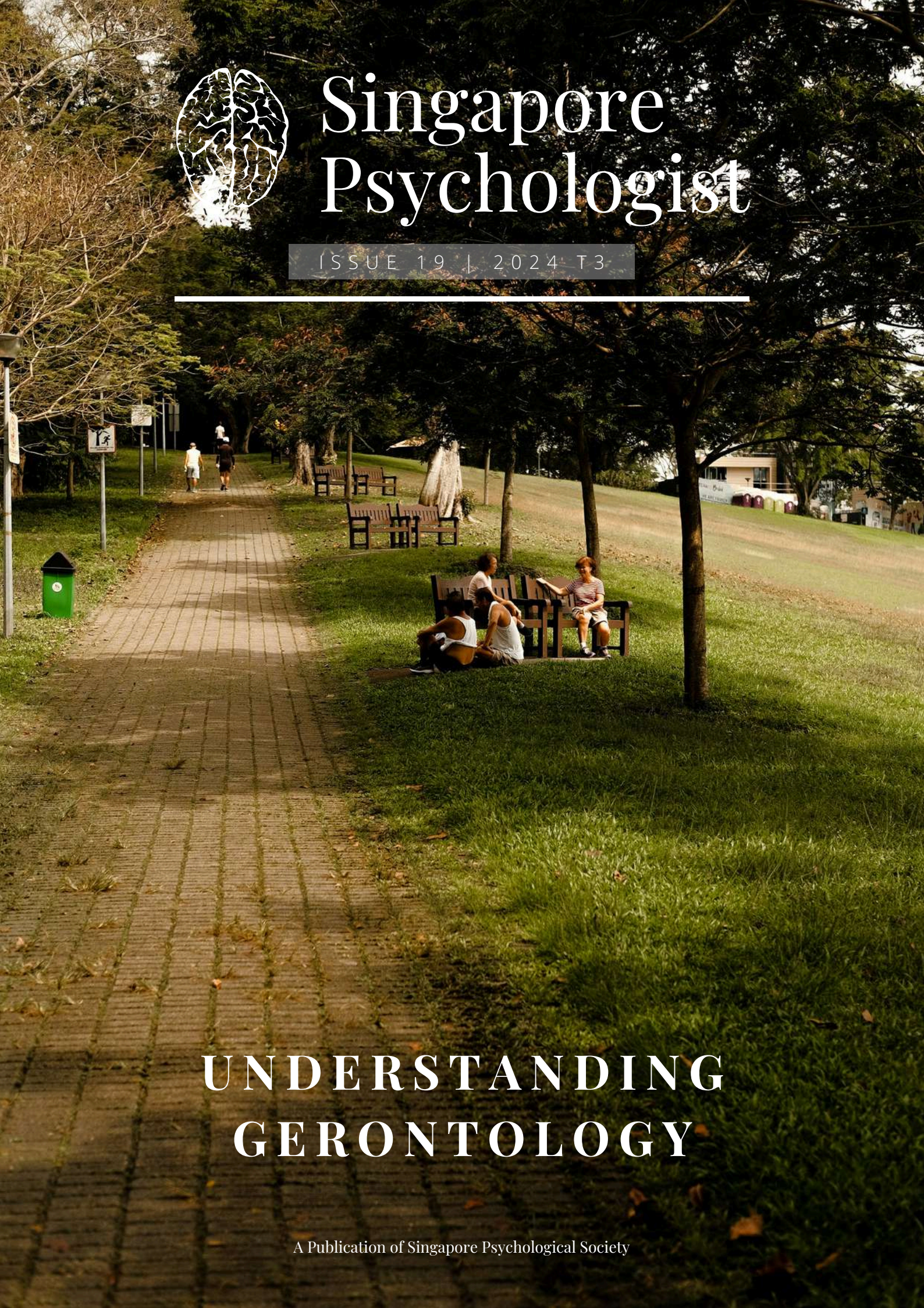


Singapore Psychologist

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UNDERSTANDING GERONTOLOGY

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Vice President's Address

Singapore faces a rapidly ageing population. By 2030, one in four Singaporeans will be 65 or older, a significant increase from one in ten in 2010. Since the launch of the first Action Plan for Successful Ageing in 2015, we have made significant progress in supporting Singaporeans to age well, while staying active. Minister of Health Ong Ye Kung wrote, “With the right policies and support systems, Singapore can harness and celebrate the opportunities that longer and healthier lives bring”.

Yet, with ageing comes profound challenges. Declining health, loneliness, and confronting mortality weigh heavily on seniors, while caregivers face the emotional and psychological toll of loss and anticipatory grief. These realities make it increasingly urgent to deepen our understanding of the psychology of ageing and to also socialise these insights to the general population.

Geropsychologists – psychologists specialising in ageing populations – play a critical role in this effort. They assess cognitive functioning of seniors, support seniors with depression, and provide therapeutic interventions to improve overall wellbeing, to name a few. Their expertise also extends beyond individual care to influence policies and nationwide programmes that can elevate the lives of both seniors and caregivers.

The American Psychological Association (APA) outlined six key priorities for supporting ageing populations:

1. Protecting mental and emotional healthcare for the ageing community.
2. Providing robust funding to promote elder justice and protect against elder abuse.
3. Strengthening family caregiving programmes that recognise and empower caregivers.
4. Advocating for healthy ageing and cognitive health initiatives.
5. Supporting research to combat ageism and its harmful effects.
6. Expanding access to evidence-based mental health treatments for older adults.

In our community of psychologists lies a wealth of knowledge and potential that we can tap on to promote healthy ageing. As psychologist Dr Jameca Cooper reflects, “The unique position of psychologists provides us with the benefit of using psychological knowledge to benefit not just some people in society, but those populations that are routinely ignored”. This sentiment reminds us of the vital role psychologists play in fostering inclusivity and ensuring that everyone, regardless of age, can thrive.

In this issue, we have the privilege of both psychologists and psychology students explore the multifaceted aspects of ageing within Singapore’s context. From caregiving experiences to tackling loneliness and grief, the articles highlight both the challenges and joys of ageing in equal measure. They remind us that addressing the psychological needs of our seniors is not just a psychologist’s professional duty but a societal imperative.

Read on and get psyched!



Mok Kai Chuen
Vice President (Outreach)



Editor's Note

As our population ages, understanding the psychological, social, and biological aspects of ageing has never been more critical. Gerontology is the study of the aged and the ageing process; whether we like it or not, the ageing process begins from the time we are born. The gerontology field is broad and encompasses all aspects of life (physiological, social, psychological, medical, economic, etc.) as they relate to ageing.

In this issue, our writers explore the complexities of ageing, including the confrontation of ageing and approaching mortality, mental health in older adults, cognitive changes, emotional well-being, and the impact of ageing on families and communities. For example, we delve into positive experiences of caregiving for the elderly, and cognitive health or psychological well-being in old age. Social and affective issues such as loneliness and grief prevalence are tackled with sensitivity and are balanced by items emphasizing the importance of nostalgia and mindfulness-based well-being across the lifespan.

Explore this vital topic through the various lenses applied by our writers to gain a deeper understanding of gerontology in the Singaporean context. Our contributors represent diverse perspectives that shed light on how psychology can contribute to a better understanding of and support of our ageing population.

Read on to explore.



Dr Denise Dillon
Editor-in-Chief

Embracing the Journey of Ageing with Presence and Grace

By Mr Merrill D'Cruz



In Singapore's fast-moving world, many elders find themselves at the edge of society's hurried pace, quietly carrying memories of a time when life was slower, and rooted deeply in community and tradition. To understand ageing is to open ourselves fully to the stories of our elders, to see how they have been shaped not only by personal experiences but also by Singapore's transformation from a young nation into a thriving, global city.

As they enter the sacred season of elderhood —the stage of life marked by wisdom, reflection, and the unique ability to mentor and contribute to the well-being of future generations—elders in Singapore carry many memories, feelings, and wisdom, which, when honoured, can reveal a profound depth of human resilience and beauty.

The Impact of Historical Memory on Elderly Singaporeans

Our elders have walked through times of great upheaval and change—colonial rule, wartime survival, and economic blossoming. These memories live within them, woven into their identities like invisible threads connecting them to both joy and sorrow. Research shows that historical trauma and resilience are significant in shaping the emotional well-being of elders. Such "collective memory" impacts mental health and influences how older people perceive their place in society (Korte et al., 2015).

Positively, these experiences can foster resilience, a sense of pride, and a deep understanding of life's complexities, enabling elders to serve as invaluable sources of wisdom and perspective for younger generations. Negatively, unresolved trauma or painful memories may contribute to feelings of loss, alienation, or mental health challenges such as depression and anxiety, particularly if their contributions and stories are overlooked in modern society. Recognizing both aspects allows us to support elders in embracing their experiences as sources of strength while addressing lingering wounds with compassion (Lim & Ng, 2020).

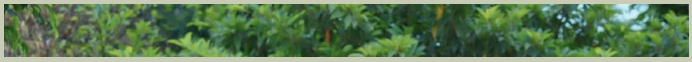
Society often asks our elders to embody resilience by expecting them to remain silent about their struggles and maintain an image of strength, rather than openly addressing their pain or vulnerability. For instance, phrases like “Be strong for the family” or “Don’t dwell on the past” subtly discourage them from sharing difficult experiences. Public narratives often focus on celebrating progress without acknowledging the personal sacrifices and emotional toll borne by individuals during times of upheaval.

For example, an elder who lived through the post-war hardships in Singapore during the 1960s may have endured rebuilding life amidst poverty, food shortages, and political uncertainty. They might have been told to focus on moving forward rather than reflecting on the past, leading them to suppress memories of struggle and survival. Silently carrying the weight of these experiences, they may feel their sacrifices are overlooked or unrecognized.

However, when their family or community creates a compassionate space—perhaps during a gathering or through a storytelling initiative—they may feel encouraged to share their memories. For instance, a grandparent might open up during a family dinner about how they supported younger siblings during food shortages or contributed to the community during those uncertain times. This act of sharing not only offers them emotional relief but also helps younger generations appreciate their resilience and gain a deeper understanding of their heritage, strengthening intergenerational bonds and mutual respect.

Reflective Practice: Invite an elder to share a story of their youth or a memory from a different time in Singapore. Ask them how they feel these memories live in them today, and let them know that every feeling—whether joy or grief—is welcome here. Each memory has something to teach about the fullness of life.







The Role of Family and Community as Roots of Connection

In elderhood, many individuals find renewed purpose by contributing to their communities, sharing their wisdom, and engaging with others meaningfully. Community involvement can be a powerful source of emotional and psychological well-being for elders, fostering a sense of belonging and continued relevance. Research has shown that social and community engagement among elders is linked to better mental health, greater life satisfaction, and lower rates of loneliness and depression (Chen et al., 2019).

In Singapore's communal society, opportunities for elders to participate in community programs or mentor younger generations can offer a profound sense of purpose and joy. By giving back, elders enrich their lives and serve as cultural anchors, passing on values, experiences, and wisdom to future generations. Community engagement helps them experience a more profound sense of self-worth and helps balance their autonomy with a connection to their roots and society.

Reflective Practice: Encourage elders to explore roles within their community that allow them to share their knowledge and skills. Ask questions like, "What contributions do you feel drawn to make in your community?" or "How would you like to support or mentor the younger generation?" This reflection can illuminate ways for them to feel purposeful and integrated within the broader society.

Honouring the "Shadow" of Aging

As time passes, elders may encounter parts of themselves they have not met before—fears of feeling left behind in a changing world and of being irrelevant or dependent. These are natural feelings like clouds passing through the sky. Research on ageing suggests that addressing fears about dependency and mortality can improve well-being and reduce anxiety among elderly individuals (Pinquart & Sörensen, 2001).

Reflective Practice: Offer gentle encouragement for elders to express these hidden parts through creativity—perhaps drawing, journaling, or even simple conversation. Ask them what concerns or hopes arise when they think of the future. In giving form to these fears and dreams, our elders can begin to find peace with what lies ahead.





A Journey of Meaning and Spiritual Inquiry

In the later years, many find themselves drawn naturally to questions that reach beyond the self: What has my life been about? What do I leave behind? Studies on spirituality and ageing have shown that elders who engage in spiritual or existential reflection report a higher quality of life, finding comfort and purpose in the meaning they ascribe to their experiences (Levin, 2001).

Reflective Practice: Ask questions that open the door to these reflections. "What meaning has your life brought to the world?" or "What brings you peace in this moment?" These questions are like gentle offerings, inviting them to explore their answers without rush or pressure.

A Holistic and Compassionate Approach to Elderhood

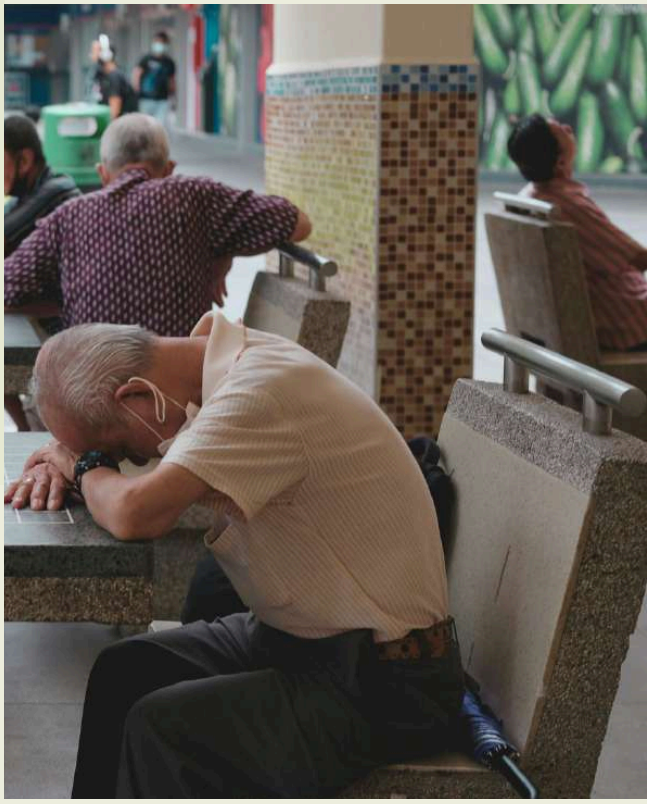
Honouring our elders means being present with them entirely, lovingly, and without judgment. As Singapore's elderly journey through the stages of ageing, let us welcome them into a compassionate space where all their stories, emotions, and dreams are received with open hearts. In this way, we offer a gift of understanding and support, knowing that their well-being is woven into the fabric of a more connected and compassionate society. With this process, we are all simply "walking each other home."



Geropsychology in Action: Addressing the Mental Health and Well-Being Needs of Singapore's Ageing Population

By Dr Wayne Freeman Chong





As Singapore's ageing population grows—with over 16% now aged 65 and older—the need for mental health support tailored to older adults becomes increasingly urgent (Singapore Department of Statistics, 2022). Ageing brings unique psychological challenges, from adapting to cognitive changes to dealing with social isolation. The field of geropsychology applies psychological insights to address these issues, helping older adults and their families navigate the complexities of ageing with dignity and resilience (American Psychological Association, n.d.; Chong & Gu, 2021). Notably, many families face dual caregiving responsibilities, supporting both children and elderly parents—a phenomenon known as the "sandwich generation" (Miller, 1981). Geropsychology's holistic approach supports both seniors and caregivers, enhancing quality of life across generations and fostering healthier ageing within the community.



The Mental Health of Older Adults and Caregivers

As Singapore's population ages, the psychological needs of older adults and their caregivers become increasingly complex. This demographic shift brings heightened rates of depression, anxiety, and cognitive decline, particularly among those with limited social support and access to healthcare resources (Subramaniam et al., 2016). Depression, now affecting about 4.4% of seniors aged 60 and above in Singapore, highlights the importance of targeted mental health services (Institute of Mental Health [IMH], 2024). Additionally, the National Council of Social Service (n.d.) notes that isolation among older adults exacerbates mental health issues, impacting not only seniors but also the "sandwich generation" caregivers who balance support for children and aging parents.

Beyond traditional mental health issues, cognitive impairments such as dementia present further challenges. Dementia and other neurocognitive disorders affect up to 8.8% of seniors, contributing to a high demand for long-term caregiving and placing emotional and financial strain on families. Studies like Kontos et al. (2018) reveal that stigma (e.g., stereotypes, prejudice, discriminatory practices) surrounding dementia worsens these burdens, often leading to caregiver isolation and stress. Additionally, sleep disturbances, prevalent in early dementia, can exacerbate cognitive and psychological symptoms, emphasizing the need for supportive interventions targeting sleep quality alongside mental health in older adults (Wong & Lovier, 2023).

Geropsychology for Older Adults and Caregivers

Geropsychology offers therapeutic frameworks, such as cognitive-behavioural therapy and reminiscence therapy, tailored to address individual mental health and emotional resilience needs. Geropsychologists are uniquely equipped to perform holistic psychosocial assessments of both patients and caregivers, utilizing tools like the Geriatric Depression Scale (Yesavage et al., 1983) and the Zarit Burden Interview (Bédard et al., 2001) to identify emotional and practical caregiving challenges. Community-based programs that incorporate cognitive-behavioural techniques focused on adaptive skills and emotional resilience have proven effective in reducing caregiver stress and improving patient outcomes, as highlighted in recent work by Subramaniam and Mehta (2024).



My research (Chong et al., 2021) found that caregiver burden, depression and health status significantly influence the use of formal long-term care services. For instance, stroke rehabilitation users at three months post-stroke, only when their caregivers were not distressed at three months post-stroke, and not when their caregivers were distressed. Here, caregiver distress was conceptualised as a combination of burden, depression, health status, quality of care relationship with patient and social support.

Geropsychologists, trained to empathise with aging and related issues, can provide psychoemotional support, education, training, and other interventions through a variety of therapeutic frameworks. Relational approaches, as described by Kontos et al. (2018), play a critical role in geropsychology by reducing stigma surrounding dementia, fostering greater dignity and satisfaction for patients, and building supportive care practices. Through these individually-focused approaches, geropsychology enhances the quality of life for seniors and strengthens caregivers' ability to provide sustained, compassionate care.

The Mental Well-Being of Older Adults and Caregivers

Older adults in Singapore face significant workplace challenges affecting their mental health, particularly due to stereotypes portraying them as less adaptable or productive (Thang, 2011). Such biases have led to age discrimination and job stress, both of which are linked to increased depressive symptoms among older workers (Visaria et al., 2019). Stereotype embodiment—the internalization of these biases—can diminish self-confidence, prompt premature retirement, and increase financial strain (Levy, 2009). Social networks, especially friends-based connections, help mitigate the mental health impacts of age discrimination, providing essential support for well-being.

Caregiving responsibilities for the “sandwich generation” also add considerable socioeconomic strain, as these individuals balance work and family obligations. Primary informal caregivers dedicate an average of 33 hours per week to caregiving. Together with other caregivers, they contribute an estimated SGD 1.28 billion annually in unpaid labour—roughly three times Singapore’s national healthcare budget (Azman et al., 2024). This substantial financial and emotional burden can impact caregivers' mental well-being and family dynamics.



Geropsychology for the Population

Geropsychology offers essential insights for developing policies that address the broad challenges faced by Singapore's aging population and their caregivers. For older adults, geropsychology-informed policies can counteract workplace discrimination and ageism, (Thang, 2011; Levy, 2009). By promoting measures such as age-inclusive work environments and flexible employment options, geropsychologists advocate for older adults to stay engaged in meaningful work, which reinforces their social inclusion, self-worth, and mental well-being.

Geropsychology also informs policies that integrate mental health and socioeconomic support for caregivers. For instance, instead of merely supporting caregivers,, I proposed having financial compensation for them (Chong, 2020). I also highlighted the importance of developing and easing into an integrated care model that serves both the caregiver and the patient as a dyad, rather than focusing primarily on the patient's needs. Geropsychology also highlights the importance of psychoeducational programs, which provide caregivers with stress management and self-care training, helping to reduce isolation and enhance resilience.

Additionally, perspectives from critical gerontology, such as those discussed by Chong and Gu (2022), advocate for policies that consider social and economic diversity within the elderly population. These perspectives champion policies that consider the diversity within the elderly population, accounting for variables such as income disparity, housing, and healthcare access. Integrating such perspectives can foster an inclusive approach to ageing policy that benefits both caregivers and older adults.

Conclusion

Geropsychology's holistic approach is essential for addressing the complex mental health and well-being needs of Singapore's aging population and their caregivers. As this demographic continues to grow, the challenges faced by older adults—from workplace discrimination to cognitive decline—require a proactive response that considers both individual and societal factors. Geropsychology aids older adults in ageing with dignity by delivering focused mental health services, fostering resilience through therapeutic methods, and promoting inclusive policies that fortify essential family and community support networks for caregivers.

Prolonged Grief Prevalence and Neural Underpinning Among Older Adults

By Ms See Jia Ching (Christabel)

Grief is a natural emotional response to loss and bereavement, and it involves cognitive, behavioral and physical reactions (Hardy et al., 2002). Grief also varies in intensity and duration. The majority of the bereaved recover from their grief and readjust to life without the deceased. However, there are a portion of the bereaved who continue to grieve for a prolonged period which results in debilitating effects on their health, sleep quality, psychological well-being and quality of life (Stroebe et al., 2007). This type of grief was previously termed as complicated grief (Prigerson et al., 2009), and shares overlapping symptoms similar to depression, anxiety and post-traumatic stress disorder (Boelen et al., 2010). However, in the recent Diagnostic and Statistical Manual of Mental Disorders 5, Text Revision (DSM-5-TR: American Psychiatric Association, 2022), complicated grief was included as a distinctive diagnosis called Prolonged Grief Disorder (PGD).



DSM-5-TR Prolonged Grief Disorder criteria

A. Event and time criteria

The death, at least 12 months ago, of a person who was close to the bereaved (for children and adolescents, at least 6 months ago)



B. Separation distress

Since the death, the development of a persistent grief response characterized by one or both of the following symptoms, which have been present most days to a clinically significant degree. In addition, the symptom(s) have occurred nearly every day for at least the last month:

1. Intense yearning/longing for the deceased person.
2. Preoccupation with thoughts or memories of the deceased person (in children and adolescents, preoccupation may focus on the circumstances of the death)

C. Cognitive, emotional and behavioural symptoms

Since the death, at least three of the following symptoms have been present most days to a clinically significant degree. In addition, the symptoms have occurred nearly every day for at least the last month:

1. Identity disruption (e.g. feeling that a part of oneself has died) since the death
2. Marked sense of disbelief about the death
3. Avoidance of reminders that the person is dead (in children and adolescents, may be characterized by efforts to avoid reminders)
4. Intense emotional pain (e.g. anger, bitterness, sorrow) related to the death
5. Difficulty reintegrating into one's relationships and activities after the death (e.g. problems engaging with friends, pursuing interests or planning for the future)
6. Emotional numbness (absence or marked reduction of emotional experience) as a result of the death
7. Feeling that life is meaningless as a result of the death
8. Intense loneliness as a result of the death



D. Functional impairment criterion

The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.



E. Cultural criterion

The duration and severity of the bereavement reaction clearly exceeds expected social, cultural or religious norms for the individual's culture and context.



F. Relation to other mental disorders

The symptoms are not better explained by major depressive disorder, posttraumatic stress disorder or another mental disorder, or attributable to the physiological effects of a substance (e.g. medication, alcohol) or another medical condition.

Note: From "Prolonged grief disorder in ICD-11 and DSM-5-TR: Challenges and controversies." by Eisma, M. C. (2023), Australian & New Zealand Journal of Psychiatry, 57(7), 944-951.

Even though death and dying is inevitable, there is little research done on the prevalence of PGD in the general adult population. Lundorff et al. (2017) estimated a PGD prevalence in approximately 10% of bereaved adults. The prevalence of PGD among older persons (aged 65 years and older) was mostly unknown. However, PGD's impact on older persons is of significant concern as they are more likely to have experienced multiple losses, a reduction in social networks, and potential vulnerability to physical and mental health challenges such as negative health outcomes, functional impairment and increased suicidality (Szanto et al., 1997; Das, 2013). Shear et al. (2014) and Ghesquierre et al. (2013) estimated gendered differences whereby 20-40% of women and 13% of men have experienced the death of a spouse, or bereavement in other forms related to close relationships.



Besides viewing grief as an emotional response to death, there is a neural underpinning to grief too. The main characteristic of PGD is an intense yearning and longing for the deceased, and neuroimaging studies have reflected supporting evidence that PGD activates and disrupts key neural reward signaling regions such as the anterior cingulate cortex (ACC), posterior cingulate cortex (PCC), prefrontal cortex (PFC), nucleus accumbens (NAc), insula, and amygdala (Silva et al., 2014). When the bereaved is unable to emotionally regulate the loss of their attachment figure, this persistent disruption or maladaptive activation in the neural reward system causes them to experience intense chronic despair (LeRoy et al., 2019).

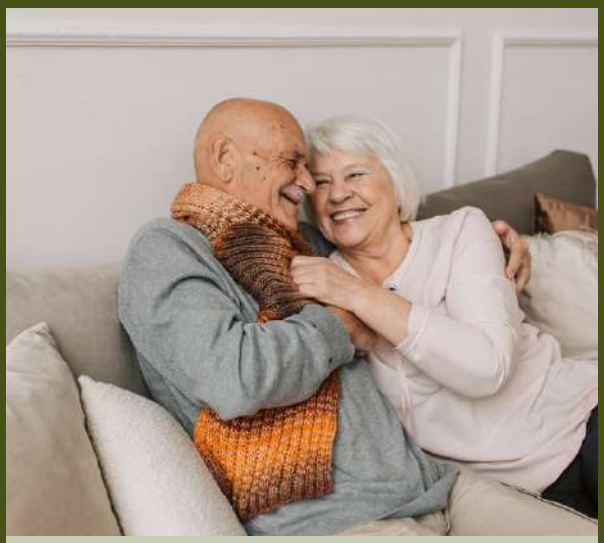
This occurrence is deeply rooted in our attachment neurobiology as well, whereby neurochemicals such as oxytocin are released during neural encoding of attachment bonds.

Fueled by oxytocin, when the bereaved continues to yearn for the deceased without updating their preexisting neural attachment encoding with a permanent absence, it makes acceptance of death challenging and eventually leads to the development of PGD (Buchheim et al., 2017).

Studies have also found that PGD impacts cognitive functioning and is a risk factor for cognitive decline in middle-aged and older persons. Bereaved individuals tend to perform worse in cognitive tasks —specifically poorer executive functioning, information processing, attention and memory performance as compared to individuals with a major depressive disorder diagnosis or individuals experiencing "normal grief" (Ward et al., 2008). Age related factors and facing multiple losses within a short period of time may also increase the vulnerability to PGD.



Understanding the prevalence and neural basis of PGD among older persons has important implications for therapeutic approaches. Interventions that target reward system responses to loss-related memories while strengthening emotional regulation capabilities can be effective in managing PGD. Interpersonal psychotherapy, narrative reconstruction, and complicated grief treatment are some therapeutic approaches that have shown symptom improvements among individuals experiencing PGD.



To better support older persons experiencing PGD:

1. Social Support: Engaging older persons regularly in social interactions or creating opportunities to develop new social bonds may help them process their grief and feel less isolated by the loss.
2. Cultural, gender and age-specific needs: Being considerate and understanding of the bereaved cultural, gender and age specific needs may help minimize ill-informed recommendations.
3. Regular Follow-up: Ongoing monitoring and support are essential to address any emerging challenges (could be daily tasks, paperwork, healthcare needs, etc.).

Losing our loved ones can be a painful experience. However, with the help of our support system and grief-trained professionals, we can navigate and adjust to loss in a healthy and adaptive manner while remembering our love for the deceased.

Alone in Old Age: Loneliness or Preference for Solitude?

By Tay Kay Chai Peter



Loneliness is the poverty of self; Solitude is richness of self
May Sarton, American poet and novelist

Being alone, especially in late adulthood, is gradually becoming a stigma. Today, being alone is portrayed as synonymous with social isolation and loneliness, with research reporting negative health associations. The media frequently warns us of the dangers of living out your old age alone. For instance, the ABC News Australia discussed the issue of solitary deaths in Japan, where older residents die alone and remain undiscovered for prolonged periods (Oaten & Saiki, 2024). Similarly, the three-part CNA series *Dead Alone in Singapore* featured the issue of lonely deaths in Singapore, speaking to those at risk of dying alone and those who bear witness to lonely deaths, including medical and social services. The World Health Organisation (2021) highlighted that social isolation and loneliness are public health and policy concerns and researchers have found dire health consequences ranging from frailty to early mortality among older adults who are socially isolated or lonely (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015; Lyu, Siu, Xu, Osman, & Zhong, 2024; Mehrabi & Béland, 2020). While we recognise that social isolation and loneliness present substantial health and psychological risks, it is also important to understand that *aloneness* is nuanced and varied and, in some cases, relates to positive wellbeing. This article sheds light on this side of the coin to help us gain a more holistic understanding about the diversity of human solitary-social nature, the associating impacts on our mind and body, and how we can manage the adversity of aloneness while supporting positive solitude.

Delineating Loneliness and Preference for Solitude

Many life circumstances lead people to spend their final days alone. Circumstances can include singlehood, estrangement, friends and loved ones dying, illnesses, mobility issues; and, for some people, it is a personal choice. In such circumstances, do people become socially isolated, seek new connections, deepen their remaining relationships or spend more time on their interests? Do they feel lonely or at peace in their solitude?

The notion of aloneness can be defined through several domains. The **physical domain** refers to living arrangements such as someone occupying a one-person household by themself. Arrangements can be situation specific, such as a marathoner training alone or an artist focusing on her sculpture; or occupation specific, such as someone working by themself at a lighthouse. The **social domain** may involve complete isolation from other people exemplified by a hermit who is totally disconnected from loved ones, friends and the community. However, social isolation can be relation specific such as in the case of an influencer who has many online followers but does not have any friends or familial connections. Aloneness in the **psychological domain** relates to feelings which can be either negative or positive. An example of negative aloneness could be a female technician who feels lonely because she is ostracised or neglected by her male colleagues. In contrast, an example of positive aloneness might be represented by someone meditating and feeling a sense of equanimity, or a lone hiker connecting with nature and experiencing tranquillity. The **existential domain** includes a deep-seated feeling of disconnection from the world or a sense of meaninglessness, which could manifest spiritually in terms of a lack of connection to a higher power like God, or without religious or spiritual purpose.

Aloneness can be further explicated through cross-domain interactions. For instance, not everyone who is living alone or unmarried experiences loneliness and someone who is living with their loved ones may nevertheless feel lonely. Aloneness may also possess different meanings for different individuals. For most of us, occasional “me” time is beneficial for us to mentally recharge. For people with introversion traits, more opportunities for solitude may be essential for their wellbeing. The varied ways in which aloneness pervades necessitates researchers and healthcare professionals to define aloneness clearly to accurately identify associating health outcomes and develop inclusive programmes which are relevant to different subgroups in the population.



In our laboratory at the Health and Social Sciences Cluster at the Singapore Institute of Technology, we conducted a nationwide survey on older adults to understand whether the sociodemographic profiles differ between those who prefer solitude from those who experience loneliness, and whether a preference for solitude and loneliness are associated with one’s well-being. Based on data from 203 older Singaporeans, we found that those who were divorced or never married have a greater preference for solitude compared to those who are married, but only those who were divorced felt lonelier. In addition, older adults who lived alone have a greater preference for solitude but were not lonelier compared to those living with someone else. This suggests that loneliness and solitude might be distinct and associated with different life choices or situations.



Solitude Benefits

Philosophers like Aristotle and the Renaissance poet-philosopher Petrarch have praised solitude for its ability to rehabilitate the soul, correct morals, renew affections, and purge faults. Some psychologists like Buchholz and Winnicott consider solitude a basic human need just as important as relationships and view the ability to be alone as a sign of healthy emotional development, allowing individuals to reconnect with themselves, assimilate ideas, and generate identity and meaning.

At our lab, we found that although a preference for solitude and loneliness were associated with emotional experiences such as positive and negative emotions, only loneliness was associated with physical health implications such as having more medical conditions and poorer daily functioning. In addition, while loneliness was associated with greater anxiety or depressive experiences, solitude was not. In general, it appears that loneliness is related to negative health outcomes, but solitude is not. In fact, solitude may have beneficial effects on our health. Other research suggests that solitude may enhance well-being among older adults. In particular, those with positive motivations for solitude displayed greater levels of both hedonic and eudaimonic well-being, including higher psychological richness (Smith, Thomas, & Azmitia, 2023), and fewer somatic symptoms and depressive moods (Wallimann, Peleg, & Pauly, 2024).



Ways to Support Solitude and Reduce Loneliness

There are several existing strategies that Singapore has adopted to enhance social connectedness including befriending, outreach such as conducted by the Silver Generation Office, ad hoc festive social activities in the community, and community gardening. This corresponds to the WHO (2021) identified interventions and strategies at the individual (e.g., befriending, psychoeducation), community (e.g., improving infrastructure, volunteering), and societal level (e.g., laws and policies to address ageism and digital divide).



In light of our research findings and emerging insights on solitude, policies and programming that support beneficial aspects of solitude may advance our preventive health and mental health vision. Community services could offer beneficial solitary activities alongside their usual social programmes. It is essential to consider which types of solitary activities are beneficial. Activities which facilitate productivity, creativity and the "flow" experience align with the notion of positive solitude. This will require a person-centred approach because everyone has their personal interests. For some, it may involve arts and craft such as scrapbooking, while for others it may involve physical activity such as trekking alone at a nature reserve. Programmes for the masses may include silent retreats and reflective journaling

.

Society can also contribute to beneficial solitude by providing appropriate infrastructure and spaces. For instance, given that nature plays a vital role in creating opportunities for solitude that could lead to relaxation, renewal, stress relief, and reflection (Samangooei, Saull, & Weinstein, 2023), it is essential to include sufficient greenery, spacious walkways and cycling paths, Zen corners, meditation pods, sensory deprivation chambers, or creative sheds. With increasing technological and computing literacy among the emerging older population, solitary activities in the digital format such as guided mindfulness meditation that enable productivity and creativity in place of mindless scrolling may also be beneficial.





Paradoxically, solitude provides a reprieve from less favourable social experiences such as interpersonal conflicts and over-stimulation, leading to more positive and richer interpersonal relationships overall (Birditt, Manalel, Sommers, Luong, & Fingerman, 2019; Klineberg, 2014). In conjunction, the time people spend on social activities may have declining marginal utility in the sense that the benefits in terms of subjective wellbeing from participating in social activities increases up to a limit then begins to decrease (Kushlev, Heintzelman, Oishi, & Diener, 2018). Thus, a good balance of social activities alongside beneficial solitary activities will likely benefit a larger group of older persons.

For some people, reaping the benefits of solitude boils down to changing one's mindset. Simply learning about the benefits of solitude or destigmatising loneliness leads to increased positive emotional arousal such as relaxation and reduced negative emotional arousal like anxiety (Rodriguez, Pratt, Bellet, & McNally, 2023). Psychoeducation and public health come hand in hand and are especially relevant in today's sociocultural climate where the ills of loneliness and social isolation are in the limelight. Sharing the benefits of solitude and how to achieve positive solitude through mainstream media and social media coverage, public talks and health campaigns are avenues to correct erroneous beliefs associated with aloneness.

A caveat is that solitary activities should facilitate healthful and mentally stimulating activities and not serve as potentials for social isolation. Thus, a healthy dose would be one of a balanced combination of solitude and social engagement which is aligned to one's personality and lifestyle.



Conclusion

It is worth reiterating that social isolation and loneliness can be detrimental to physical and mental health. However, not everyone who is alone is socially isolated or feels lonely and not everyone who is socially connected experiences happiness and good health. In redefining our understanding of solitude and social connectedness, we acknowledge that the path to wellbeing is multifaceted and personal. By embracing both solitude and social interactions in a balanced manner, tailored to individual preferences and needs, we can foster healthier, more fulfilling lives. It is imperative to cultivate sociocultural environments that support positive solitude while simultaneously combating the adverse effects of loneliness, ensuring that every individual can find their unique harmony between social engagement and meaningful solitude.

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Harnessing Positive Experiences of Caregiving for Older Adults

By Mr Lew Yuen Foong Henry

Who are Familial Caregivers of Older Adults

With an aging population, familial caregivers for older adults are expected to increase in Singapore (Shim et al., 2021). Familial caregivers for older adults are individuals who provide unpaid and informal care to their family members (Greaves et al., 2016). Although daughters who are single in Singapore make up a substantive portion of caregivers, caregiving is an activity that individuals may be involved in at some point of their life, regardless of gender, marital, and employment status (Chang et al., 2018; Fernández-Puerta et al., 2022). Knowing about the experiences of caregiving can inform us to provide better care for older adults.

Impact of Caregiving

Caregiving steadily adds on to the existing responsibilities in caregivers' lives (Basnyat & Chang, 2021). In Singapore, caregivers spend 55 hours weekly and up to 8 hours daily on caregiving, despite also receiving help from foreign domestic workers (Tan et al., 2021; Yuan et al., 2021). Caregivers may not be directly involved in caring for the older adult all the time, but they are still very much involved in caregiving related tasks like coordinating medical appointments, decision making, and supervising foreign domestic workers. The demands of caregiving contribute to caregivers experiencing stress, burnt out, and sleep disturbances (Basnyat & Chang, 2021; Carvalho & Neri, 2018). Some caregivers may experience poorer physical health (Adelman et al., 2014), anxiety, and depression (Price et al., 2020).

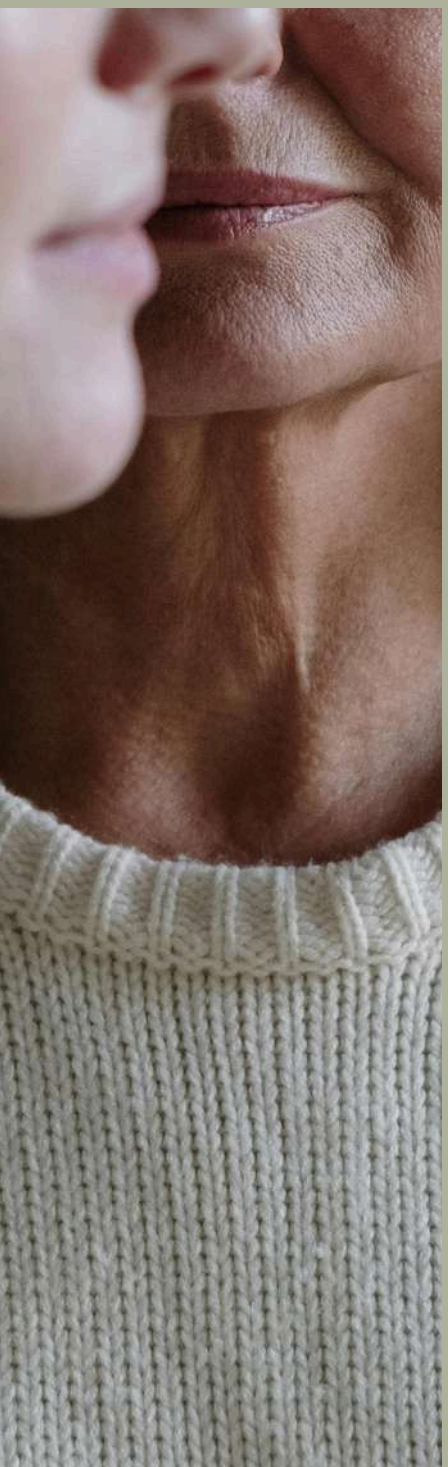


Learning from Positive Experiences of Caregiving

Caregiving is not all doom and gloom. Caregivers do have joy and fulfilment from caregiving (van den Kieboom et al., 2020). Positive experiences of caregiving inform us about how caregivers have coped and adapted (Dias et al., 2015).







Enhanced Relationships with the Older Adult

Despite experiencing intense emotions of frustrations and helplessness when they have differences with the older adult, caregivers often forge closer relationships with the older adult (Zarzycki & Morrison, 2020). Moreover, when caregivers successfully perform a challenging caregiving task (e.g., assisting the older adult to shower), the sense of satisfaction that they had overcome something difficult together with the older adult draws them closer together (Pysklywec et al., 2020). Recognition from the older adult, be it overt (e.g., expression of gratitude) or subtle (e.g., signs of comfort), also strengthens the bond with caregivers (Pysklywec et al., 2020).

Learning Points

Break down caregiving tasks into:

- Manageable parts for successful execution (e.g., refilling the pill box every few days instead of every day).
- Comprehensible segments for the older adult (e.g., communicating in clear and concise language)
- Execute caregiving tasks based on past success (e.g., assisting with showering in the afternoon when the older adult is more cooperative than in the evenings based on past experiences)
- Focus on subtle recognition by the older adult (e.g., signs of comfort and relief)

Purpose in Life

Deriving meaning from caregiving helps caregivers manage feelings of being stuck and isolated (Pysklywec et al., 2020). Caregivers can gain a sense of purpose when they view caregiving as reciprocity to the care and love that the older adult had provided for them (Pysklywec et al., 2020). Additionally, drawing on personal, religious or cultural values can help caregivers maintain a positive outlook. Some caregivers view caregiving as part of filial piety, while some view it as a trial in life that helps to cultivate spirituality (Devi et al., 2020)

Learning Points

- Connect caregiving with fulfilling your personal values (e.g., sense of responsibility as a value is fulfilled by helping to coordinate a medical appointment)
- Make reference to your values when you feel lost (e.g., when the older adult is not agreeable, the value of care and empathy can guide you to listen and attend. instead of insisting on the “right way”)
- In situations when you feel stuck or have a conflict of values (e.g., filial piety to take care of the older adult vs. self-care), use a win-win approach to fulfil both values as best you can—they might not be mutually exclusive (e.g., arranging for respite care so that you can take a break).

Personal Growth

When caregivers learn new skills and knowledge about helping the older adult, they gain a sense of self-efficacy that helps them cope with anxiety, panic, and the uncertainties of caregiving (Yuan et al., 2023). Caregivers have also become more self-aware of self-care and how they have grown and overcome challenges. They recognise their strengths like resilience and patience (Tulloch et al., 2022).

Learning Points

- Find out information related to caregiving so that you can take action and problem solve, instead of focusing on your anxiety.
- Join caregiving workshops and talks, support groups or online forums to learn about caregiving.
- Pause and recognise how you have grown through caregiving.



Support and Connections

Connecting with others not only provides caregivers with information and support, it also offers them a chance to affirm themselves through supporting others and sharing in their experiences and knowledge (Devi et al. 2020). Caregivers have also shared that the healthcare team taking care of the older adult provides them much support (Yuan et al, 2023). Negotiating and sharing caregiver tasks with other family members have also deepened relationships (Yuan et al, 2020).

Learning Points

- Connect with other caregivers. You have more than what you think you can offer; your experiences alone are valuable learning for others.
- Reach out to the healthcare team of your older adult; they are there to help you as well.



The Caregiving Journey

Caregivers go through different phases in their caregiving journey (Kokorelias et al., 2020). When the older adult is first diagnosed with a condition, caregivers experience a phase of uncertainty and strain as they try to comprehend and manage the situation. Thereafter, caregivers go through a phase of adjustment to the new roles and responsibilities. When new symptoms emerge or when conditions of the older adult worsen, caregivers would once again move through these phases.

Caregiving can be a challenging journey involving cyclic or repeated moving between the phases. Positive experiences of caregiving can be harnessed to enhance coping, growth, and fulfillment. Positive experiences can also be harnessed to develop an even deeper bond with others and the older adult being cared for.

Understanding Gerontology

By Ms Leah Selakovic

In recent years it has become evident that Singapore is facing an ageing population. Relative to other countries, Singapore has a fast growing elderly population as a result of advances in medical technology and a higher standard of living, in addition to lower birth rates. For instance, in 2021 Singapore had one of the highest life expectancies in the world, but at the same time also reported a significantly low fertility rate of 1.15 children per woman (Hirschmann, 2023). Furthermore, it is estimated that by 2035 a third of Singaporeans will be aged 65 and older, with a median age of 53.4 by 2050—a notable increase from the median age of 39.7 recorded in 2015 (Hirschmann, 2023). As the proportion of elderly increases in Singapore, so too will the number of people who struggle to deal with the multitude of challenges that come with ageing.

A common struggle faced by older adults is that of mental health. Depression, anxiety, and loneliness are frequently cited issues faced by older adults that can be exacerbated by factors such as social isolation, chronic illness, and the loss of loved ones. However, these issues can be addressed through the development of comprehensive support systems, such as mental health services and community outreach programs that work to encourage social connections.



To better understand mental health and other struggles faced by older adults, we can turn to the field of gerontology, which refers to the study of ageing and the specific challenges faced by older adults.

With regard to Singapore, it involves studying the demographic shifts as a result of an ageing population and working to address the resulting social, economic, and healthcare needs of older adults. Research in the field of gerontology typically focuses on working to develop policies and programmes that serve to encourage active ageing and improve quality of life for the elderly.

Since gerontology involves studying the ageing process and the challenges faced by seniors, it often makes use of longitudinal and cross-sectional studies. Longitudinal studies track changes in individuals over time, while cross-sectional studies compare different age groups at a single point in time. Gerontology also makes use of other qualitative research methods such as individual interviews and focus groups to gain deeper insight into the individual experiences and needs of older adults.

Gerontology is becoming increasingly important with the trend of higher life expectancy, which leads to an increased necessity for mental health services and support systems for older adults. Thus, working to understand the cognitive changes and factors affecting the well-being of the elderly can help improve quality of life and work to reduce the negative stigma that may come with ageing. Furthermore, studying the impact that an ageing population can have on families and communities can aid in informing policies to create more inclusive and supportive environments for the elderly.





One significant cognitive challenge that can affect elderly populations is a decline in memory function, which can be exacerbated by health conditions such as Alzheimer's disease. Alzheimer's and other forms of dementia can result in the decreased production of the neurotransmitter acetylcholine, which helps cells communicate with each other, thus impairing the cells' ability to send signals, causing the potential memory loss. It is estimated that 1 in 10 people aged 60 and above in Singapore have dementia (Alzheimer's Disease Association, 2019). Dementia, in addition to other cognitive challenges, such as a decline in problem solving skills, impairs cognitive abilities which provides a challenge for older adults as severe impairment can hinder daily functioning and individual independence, thus making them potentially reliant on caregivers.

However, research advancements in the field of gerontology have focused on trying to counter this through extending the healthy lifespan of individuals. For instance, scientists have made progress in identifying genetic markers linked to longevity, in addition to developing treatments that target age-related diseases. Furthermore, research has also suggested that certain lifestyle factors such as diet and exercise can work to promote healthy aging. These lifestyle factors, in tandem with social engagement through community programmes, can help to encourage physical and mental stimulation that works to help maintain overall well-being, and help mitigate some of the potential negative psychological impacts that can come with ageing.

For example, a commonly cited psychological impact of ageing is that of loneliness and social isolation. As people age it may become more difficult for them to go out and socialize as much as they may have in the past, therefore it is important to ensure older adults have a strong support system, whether that be family and friends, or the wider community at large. It can also be beneficial to engage in other social activities such as a group hobby or exercise.

In addition to the cognitive and psychosocial impacts of age, there are also the physical characteristics of ageing, which may vary from person to person. These can include a potential decrease in muscle mass and bone density, in turn leading to reduced strength and increased risk of fractures, potentially leading to older adults refraining from exercise. Additionally, the skin begins to lose its elasticity, as a result of a lack of collagen, and becomes more prone to wrinkles and sagging. These changes are the result of the decrease in the production of hormones such as testosterone and estrogen, which are essential for maintaining muscle mass and bone density.

Despite all of this, it has been observed that older adults often develop a remarkable emotional resilience, which enables them to handle stress and adversity more effectively than younger individuals. This resilience comes as a result of their increased life experience that comes with age. Additionally, they tend to prioritize meaningful relationships and activities, which further strengthens their emotional well-being.



As mentioned previously, due to potential cognitive or physical impairments, older adults may become reliant on caregivers for support as they may struggle to live independently, thus caregivers play a crucial role in the well-being of the elderly. By themselves caregivers can provide both emotional and physical support for older adults; however, psychology can offer caregivers tools and techniques to help manage stress and prevent burnout, ensuring they can provide the best care possible.

Furthermore, psychological training can enhance caregivers' empathy and communication skills, making their interactions with the elderly more effective and compassionate. The importance of psychological training for caregivers cannot be overstated. It equips them with the necessary skills to handle the emotional and mental health challenges they may encounter while caring for the elderly. This training also enables caregivers to better understand and respond to the unique needs and behaviors of older adults, fostering a more supportive and nurturing environment.

Research indicates that social support plays a crucial role in maintaining mental health among the elderly. Seniors who maintain strong social connections are less likely to suffer from loneliness and depression. Moreover, having a reliable support network can boost self-esteem and enhance overall well-being, making the ageing process more manageable and fulfilling.

Interventions to strengthen social connections among the elderly can include community programs that encourage group activities, such as book clubs, exercise classes, and hobby groups. Technology-based solutions like virtual meetups and social media training can also help seniors stay connected with family and friends. Additionally, intergenerational programs that pair older adults with younger volunteers can foster meaningful relationships and mutual support.

Mental health professionals are also crucial in working with seniors, to care for them by providing counseling and therapy to address the unique emotional and psychological needs of the elderly, that regular caregivers may be unable to provide. Mental health professionals can also offer psychological training and support to caregivers and community program facilitators, to ensure that the care provided is effective and sensitive to the psychological challenges faced by older adults.

Mental health support for the elderly is essential due to the unique psychological challenges that come with ageing. Psychological support can help to mitigate the impact of factors like chronic illnesses, grief, loneliness and other factors that could lead to anxiety and depression. Through tailored mental health support and intervention, professionals can work to improve the quality of life for older adults, helping them to maintain independence and a sense of purpose. For instance, in a recent study by Gaggioli et al. (2014), elderly participants who engaged in a structured group therapy program reported significant reductions in depressive symptoms and improved overall well-being. Another success story comes from Kotwal et al. (2021), who ran a study on a senior community center that implemented a peer support network, resulting in increased social interactions and a marked decrease in feelings of isolation among its members. These examples highlight the positive impact that well-designed mental health interventions can have on the lives of older adults.



Psychological interventions such as cognitive-behavioral therapy can help elderly individuals manage depression and anxiety. Additionally, memory training programs and cognitive stimulation activities can improve cognitive function and delay the onset of dementia. Social support groups also provide emotional support and help combat loneliness and social isolation.

Another successful case study comes from Wong et al. (2024), and it involved the implementation of a community-based program that uses wearable technology to monitor seniors' health and activity levels, leading to improved health outcomes and reduced hospital admissions. Another notable initiative is the development of a smart home system, allowing seniors to live independently while ensuring their safety through real-time monitoring and alerts. These projects have demonstrated the potential of technology to significantly enhance the lives of older adults in Singapore.

However, future challenges remain as the population continues to age. One potential significant issue is ensuring equitable access to these technological advancements across different socio-economic groups. Additionally, there is a pressing need to address the shortage of geriatric specialists and caregivers to meet the increasing demand for elderly care services. Despite this, there are a multitude of steps that older adults and caregivers can take at present to improve the well-being of older adults.

Cognitive Health for Older Adults: The Role of Psychologists

By Ms Kua Zhong Jie Zaylea

Cognitive health encompasses the ability to learn, remember, and reason effectively. It is crucial for functional independence as one ages, including whether an individual can live dependently, manage their finances, drive safely, and adhere to medication regimes. With ageing, gradual declines in some cognitive functioning are anticipated, such as slower processing speed, reduced working memory, and challenges with multitasking. However, factors including genetics, lifestyle, and health conditions (e.g., diabetes, depression, stroke) can accelerate cognitive decline, potentially leading to neurocognitive disorders such as Mild Cognitive Impairment (MCI) and Dementia.

The Well-being of the Singapore Elderly study (WISE), an epidemiological survey conducted by the Institute of Mental Health, found a 10% prevalence of dementia among adults aged 60 years and above, with older age (75 years and above), no formal education, retired status, and a history of stroke having higher risk of developing dementia (Subramaniam et al., 2015). This poses considerable concerns given Singapore's rapidly ageing population where 1 in 4 individuals is projected to be over 65 years of age by 2030. To prepare for this significant demographic shift, the Ministerial Committee on Ageing in Singapore had redefined its Action plan for Successful Ageing in 2023 to incorporate current physical and mental health needs of older adults (Ministry of Health, 2023). Among the key targets is dementia management, which reflect the national stance and commitment to prevent the onset of cognitive impairment, as well as to enhance care for those living with dementia and their caregivers. This article thus advocates the role that psychologists can contribute to promoting cognitive health by highlighting how psychologists can contribute to promoting cognitive health and preventing cognitive decline by addressing three salient areas: managing mid-life and late-life depression; enhancing subjective perceptions of ageing; and increasing cognitive reserve.

Managing Geriatric Depression

The 2024 update of the landmark Lancet Commission on Dementia prevention, intervention, and care revealed that nearly half of global dementia prevalence could be prevented with the elimination of 14 modifiable risk factors, among which depression accounted for 3% of total modifiable risks (Livingston et al., 2024). Yet, geriatric depression is often underrecognised due to reluctance among older adults to seek treatment as well as the presence of confounding comorbid conditions that lead to misdiagnosis (Faisal-Cury et al., 2022). In old age, major depression tends to co-occur with physical disorders and frailty, MCI, social determinants of health including major role transitions, bereavement, social isolation, exposure to polypharmacy, and heightened risk for suicide (Reynolds et al., 2022). If left untreated, major depressive disorder and depressive symptoms can lead to reduced adherence to prescribed treatments, failure to engage in healthy life choices, thereby contributing to poorer health and heightened risk for dementia.



A pattern of chronically elevated and increasing depressive symptomatology may be an independent risk factor for dementia, highlighting the need for repeated depression assessments to identify high-risk groups for monitoring of cognitive decline (Kua, 2024). Brief behavioural or learning-based psychotherapies (e.g. cognitive behaviour therapy, interpersonal therapy, problem-solving therapy and behavioural activation) has been shown to bring about an estimated 20% reduction in the incidence of major depressive disorders among adults and older adults over 1-2 years, compared with care as usual or waitlisted controls. Psychologists working with older adults can adopt such learning-based psychotherapeutic approaches and address depression-related deficits in cognitive control that impairs older adults' decision-making and problem-solving that lead to feelings of hopelessness and entrapment (Reynolds et al., 2022).

Enhancing Positive Perceptions of Ageing





Subjective ageing refers to individuals' perceptions and attributions of their own age and process of ageing. Positive self-perceptions of ageing have been associated with better physical health and self-reported mental health, quality of life, and increased survival (Velaithan et al., 2023). It is also an integral component of successful ageing where the adoption of a positive attitude towards the future and the ability to adapt and cope with extenuating circumstances were seen by older adults as being more important to their sense of well-being than the absence of diseases and physical disability (Depp & Jeste, 2006). Neuroscience research has also indicated strong evidence for neuroplasticity (e.g. development of new synapses, dendrites, blood vessels) in older adults who are physically, cognitively, and socially active, suggesting a neurobiological basis for successful ageing, in spite of age-associated neurodegeneration (Reynolds et al., 2022).

To enhance older adults' self-perceptions of ageing, psychologists can seek to target the following areas: manage subjective stress through mindfulness-based stress reduction interventions (Hazlett-Stevens et al., 2019); explore meaning of life post-retirement; nurture social relationships through evaluation of social networks (Bentley et al., 2022); and support development of positive psychological traits including wisdom and resilience to adapt to the processes of ageing (MacLeod et al., 2016).





Cognitive Interventions

Multi-modal interventions such as the Finnish Geriatric Intervention Study to Prevent Cognitive impairment and Disability (FINGER) has demonstrated effectiveness in improving longitudinal cognition, even among individuals with genetic susceptibility to Alzheimer's disease (Ngandu et al., 2015). A primary component of such multi-domain interventions is cognitive training. Computerised cognitive training, which involves guided repetitive practice of standardised tasks designed to target specific cognitive processes, have been shown to be effective in improving the global cognition, attention, working memory, and learning of cognitively healthy older adults as well as those with MCI (Hill et al., 2017).

Due to variations in individual cognitive ageing processes and the specific cognitive needs of older adults (e.g. post-stroke, Parkinson's disease, and traumatic brain injuries), psychologists can play a role in designing personalised cognitive interventions that target specific cognitive strengths and weaknesses following neuropsychological assessments. For older adults who show signs of subjective cognitive complaints or objective cognitive impairment, frequent engagement in cognitively stimulating activities should be encouraged. Psychologists can work with older adults to teach compensatory strategies for cognitive deficits or develop cognitive exercises such as those found in "Boost Your Brain – Cognitive Exercises for Brain Health"*.



* Zaylea Kua is the author of "Boost your Brain – Cognitive Exercises for Brain Health", a 12-week program featuring a diverse array of cognitive activities that target memory, attention and executive function: https://www.amazon.sg/Boost-Your-Brain-Cognitive-Exercises/dp/9811899398

Ageing Gracefully: How Mindfulness Enhances Well-being for Seniors

By Dr Sunita Rai



Imagine a psychologist, Dr Lee, meeting with a 70-year-old client, Mr Tan, who has recently lost his spouse of 40 years. Since the loss, Mr Tan has become withdrawn, overwhelmed by grief, and now struggles with severe insomnia. He feels disconnected from his family, burdened by guilt, and believes his life lacks purpose. His sleep deprivation is affecting his memory, leading to confusion and frustration, which further deepens his isolation. As a psychologist, Dr Lee faces the challenge of helping Mr Tan navigate grief while addressing cognitive decline and emotional withdrawal.

This story of Mr Tan is one many psychologists encounter as the global population ages. Seniors face a unique set of challenges, including cognitive decline, emotional volatility, and physical limitations. Yet, in the face of these obstacles, mindfulness is emerging as a powerful tool for enhancing well-being in older adults. Rooted in ancient practices, secular mindfulness not only improves cognitive abilities, but also nurtures emotional resilience and fosters a sense of purpose. For seniors, mindfulness offers more than just coping mechanisms—it creates a transformative flourishing in life's later stages.



The Role of Mindfulness in Supporting Seniors

Mindfulness-based interventions (MBIs) are gaining recognition for their ability to support the emotional, psychological, and cognitive health of ageing populations. Research shows that MBIs can address challenges such as cognitive decline, stress, depression, and sleep disorders, all common in older adults.

A recent study by Foo et al. (2024) evaluated the effectiveness of a modified mindfulness program —Mindfulness for Senior Wellbeing (MSW)—aimed at enhancing the psychosocial well-being and cognitive functioning of older adults in Singapore. This 5-week program, rooted in Mindfulness-Based Wellbeing Enhancement (MBWE), showed promising results in improving mindfulness, sleep quality, and certain cognitive functions such as working memory and cognitive flexibility. Although some areas, like overall flourishing, showed non-significant improvements, participants reported fewer financial worries, highlighting mindfulness's capacity to reduce anxiety.

Mindfulness plays a crucial role in the ageing process, as demonstrated by the compelling evidence outlined below:

Mindfulness and Cognitive Functioning



Ageing often brings cognitive decline, including memory issues, attention deficits, and difficulties with executive function. MBIs have shown great potential in mitigating these changes. Gard et al. (2014) found that meditation can slow age-related cognitive decline by improving attention and working memory. Similarly, Whitfield et al. (2022) conducted a meta-analysis which demonstrated that MBIs enhance certain cognitive functions, particularly in executive function and working memory. Regular mindfulness practice helps older adults manage age-related changes like sleep disturbances and cognitive decline by promoting relaxation and reducing rumination (Foo et al., 2024). Furthermore, mindfulness facilitates self-transcendence, allowing individuals to shift from self-centered perspectives to a broader sense of interconnectedness, contributing to spiritual and mental well-being.

Emotional Well-being Through Mindfulness



Emotional regulation often weakens with age, making older adults more vulnerable to anxiety, depression, and stress. MBIs provide tools for seniors to manage their emotions more effectively. Fiocco and Mallya (2014) emphasised that higher mindfulness levels are associated with lower depressive symptoms, better quality of life, and improved executive functions such as set-shifting. Brown et al. (2007) also found that mindfulness fosters well-being and reduces negative functioning which are critical during late-life transitions.



Improved Sleep Quality

Sleep disturbances, commonly linked to anxiety and depression in older adults, can significantly affect quality of life. Black et al. (2015) demonstrated that a mindfulness meditation group showed significantly greater improvements in sleep quality, insomnia symptoms, depression, and fatigue compared to the sleep hygiene education group. Another study by Chen et al. (2020) found that MBIs reduced insomnia symptoms and contributed to better sleep hygiene among older adults thus improving their mental health.



Enhancing Physical Health

Mindfulness also positively affects physical health by managing chronic conditions common in older populations. Chételat et al. (2018) found that MBIs, through stress reduction and emotional regulation, may improve cognition, brain structure, and overall well-being. A study by Lindsay et al. (2022) also suggests that mindfulness training may enhance immune response in lonely older adults, potentially reducing their risk of infection and promoting better health as they age.



Self-Transcendence and Purpose

In later life, many seniors seek deeper meaning and purpose. Mindfulness fosters self-transcendence, a mental state wherein one's boundaries become more fluid, and enhances spiritual well-being and prosocial behaviour. Hanley et al. (2020) found that MBIs encouraged self-transcendent states by encouraging individuals to decenter, or detach, from their internal thoughts and sensations. Additionally, Pandya (2021) found that meditation practices significantly helped reduce loneliness while enhancing well-being, life satisfaction, and contentment in retired older adults.



Combatting Loneliness

Loneliness, a pressing issue for many seniors, can lead to emotional decline. Mindfulness practices encourage self-compassion and emotional resilience, which help alleviate loneliness. Mindfulness can also help mitigate death anxiety by improving emotional and cognitive responses in the elderly, particularly through addressing loneliness, boosting spiritual intelligence, and promoting general health (Salmani & Zoghi, 2022). Moreover, MBIs significantly reduced loneliness, especially in populations without pre-existing mental health conditions (Teoh et al., 2021).

Mindfulness for Senior Wellbeing (MSW) Program in Singapore

The Mindfulness for Senior Wellbeing (MSW) program, an adaptation of the Mindfulness-Based Wellbeing Enhancement (MBWE), is specifically tailored to address the unique challenges of ageing. Research by Foo et al. (2024) examining Singapore elderly demonstrated how MSW supports cognitive function, emotional regulation, and overall well-being in older adults.

Psychosocial Wellbeing Improvements

- Mindfulness Levels: Participants showed significant improvements in mindfulness, measured by the Mindful Attention Awareness Scale (MAAS), after the program.
- Sleep Quality: There was a marked improvement in sleep quality, with participants experiencing better rest and reduced rumination due to the relaxation and stress-management aspects of mindfulness.
- Reduction in Financial Worries: A notable improvement in financial and material stability concerns was observed, likely due to mindfulness alleviating stress related to financial issues.





Cognitive Function Enhancements

- Memory Improvements: The program led to significant enhancements in short-term memory (measured by Digit Span Forward) and episodic memory (measured by Logical Memory tests).
- Cognitive Flexibility: Participants demonstrated improved cognitive flexibility and task-switching abilities, as measured by the Trail Making Test B, suggesting mindfulness positively impacts executive functions.

Self-Transcendence and Flourishing

- Self-Transcendence: While the increase in self-transcendence was marginally significant, participants exhibited a greater ability to focus on broader perspectives beyond themselves.
- Flourishing: Though there were positive trends in life satisfaction, meaning, and purpose, these changes did not reach statistical significance.



By incorporating mindfulness techniques such as body scans, mindful breathing, and loving-kindness meditation, the program helped seniors build emotional resilience, reduce cognitive decline, and enhance their overall quality of life. Research by Foo et al. (2024) supports the role of MSW in improving cognitive function, emotional regulation, and psychosocial well-being, making it a valuable tool for the aging population.

Five Practical Tips for Psychologists from the MSW

1. Encourage Consistency: Regular mindfulness practice, even in short sessions, can help seniors maintain cognitive and emotional benefits.
2. Create a Supportive Environment: Group mindfulness sessions provide a sense of community, reducing feelings of loneliness and isolation.
3. Incorporate Light Movement: Simple activities like mindful walking or mindful stretching can engage seniors in physical activity while practicing mindfulness.
4. Be Patient with Learning Curves: Older adults may need more time to grasp mindfulness concepts. Providing encouragement and flexibility can enhance their experience.
5. Use Simple Practices: Practices like mindful breathing, loving kindness meditation, gratitude, mindful walking, and body scans are accessible and effective for managing anxiety and stress.



Closing Reflections

Mindfulness offers a holistic and empowering approach to ageing with resilience and grace. Mindfulness for seniors promises to be an effective solution to meet the evolving needs of older adults. Whether it's helping individuals like Mr Tan rediscover a sense of purpose after personal loss or enhancing cognitive and emotional health, mindfulness-based interventions (MBIs) are vital tools in addressing the multifaceted challenges of ageing. As research into mindfulness continues to grow, so does its undeniable impact on improving the quality of life for seniors, making it a cornerstone of healthy ageing strategies.

Nostalgia – An Important Emotion As We Age

By Mr Zeb Lim

Nostalgia can benefit our mental health by affirming social belonging, alleviating loneliness, and enhancing our sense of meaning (Novotney, 2023). While nostalgia was only briefly mentioned in Pixar's animation *Inside Out 2* (Mann, 2024), which focussed on the other emotions of anxiety, ennui, embarrassment, and envy, nevertheless, nostalgia is an important emotion that merits more attention, especially among the elderly. What is nostalgia? Hepper, Ritchie, Sedikides, and Wildschut (2012) explain nostalgia as a complex emotion that involves thinking of past experiences and experiencing a mix of positive and negative feelings arising from recalling them. Nostalgia can be triggered by familiar smells and sounds or by talking about one's past. As we age, the opportunity to create new positive memories may diminish. Hence, there is a greater need to draw on past positive memories and nostalgia to increase our positive emotions in the here and now.

In the movie *The Notebook* (Cassavetes, 2004), the character, Allie, suffers from dementia. Through retelling of old letters, Allie recalls her memories with her first love, Noah, which helps to connect the past back to the present. This helps both Allie and Noah to reconnect, albeit briefly, in the here and now, through shared past experiences. While nostalgia can be a fleeting emotion, it can represent an essential emotion for those who wish to reconnect with their loved ones who live with dementia. It is also good to remember past positive memories with our loved ones, to arouse desires to create more new opportunities for positive memories in the present.





In Pixar's animation *Up* (Docter & Peterson, 2009), nostalgia evokes negative emotion when the character, 78-year-old Carl Fredricksen, an old widower, tries to manifest a dream that he had with his wife, Ellie. When we are unable to make our dreams come true, we can get depressed. However, life is about living in the present moment and the future, not about staying stuck in the past. In Ellie's scrapbook, there is a quote: "Thanks for the adventure—now go have a new one!" The character, Carl, creates new memories through suitable nudges from Russell, a boy scout in the movie. Slowly, Carl learns to fall in love with creating new memories. It is a poignant reminder that while it is essential to reminisce about one's old memories, creating new memories in our lives is equally important. Similarly, while we want to respect one's recollection of our elderly client's memories, we would be remiss in keeping our elderly clients in their past and not helping them build new memories in the here and now.



Nostalgia can help us to recall, revive, and remember our strong resilient self, that was able to overcome past challenges. These stories can serve as an inspiration for our family members, or even strangers, to get through the challenges in life. Singapore's Housing Development Board (HDB), has a quarterly communication publication, titled "*Life Storeys*," that shares human stories in the neighbourhood (HDB, n.d.). As this publication already has sections catering to seniors, readers of Singapore Psychologist might like to suggest having a section on seniors who had interesting contributions to Singapore's development over time. Psychologists can play an important advocacy role, in advocating for the seniors to have a space to continue contributing, via their life stories, in an existing platform (*Life Storeys*), that is already open to the target audience.











Writing can be a therapeutic exercise that can be appealing for introverts (writing alone), extroverts (writing in a group), or ambiverts (either writing alone or in a group) (Toder, 2024). Through a guided writing method such as the *Guided Autobiography*, which was created by James Birren, the gerontologist who created the program, participants can recall, organize, and write on topics from their life events and experiences to elicit past memories and emotions (Toder, 2024).

For those who are unable or unmotivated to write, taking a leaf of inspiration from the movie, *50 First Dates* (Segal, 2004), we can create a video to record the interesting memories and stories that we had. Here, we can engage the younger generation, the grandchildren, to curate and compile their grandparents' life stories, into a family video album, that the family can use as a keepsake for the future as well. This can be an opportunity for the younger and older generation to bond over time. On TikTok, for example, some TikTokers have creatively involved their grandparents as part of their regular short video offerings. For example, Singaporean Josiah Leong showcases his 90-year-old grandmother Wan Soo Moi in his TikTok videos, which enables her to share her insights on mental health, relationship red flags, and ageing, topics that cut across age groups (Zulaiha, 2022).

In conclusion, nostalgia is as valid an emotion as any other emotion. While we may at times think of recalling the past as a negative thing, we can also shape our recall of the past, to elicit positive memories that can be used to supplement the limited positive emotions we may have in the here and now. Through guided use of recall of past memories, we can document valuable insights and wisdom from our ageing population, before it is too late.









Life's Next Adventure: Embracing the Process of Aging

By Ms Poh Mei Hui (Eleanor)

As we press on in this journey of life, time passes by us relentlessly and silently, each season rolling seamlessly into the next while ushering in new changes. Change is the heartbeat of existence—with each passing year, our experiences shift, our relationships evolve, and we lose and gain new friends. In this unceasing march of time, our bodies also age and we experience many changes on different levels. Physiologically, our bodies become weaker and fragile, and our cognitive functions slow down. Our social circle narrows as we value deeper connections and become more selective with our friendships. There can be emotional challenges as well. With the gradual loss of our loved ones through natural ageing and circumstances, we also start to feel more grief. We might also grapple with increased feelings of loneliness and a sense of diminished purpose as we retire from work.

The Fear of Getting Older

When we think about getting older, we often greet our ageing not with joy and excitement but rather with anxiety, fear and dread. It is no surprise considering society's main fixation on youth (Fang & Chomery, 2024; Martin, 2022; Winterbottom, 2014), glorifying it as a time of vitality, beauty and possibilities. This is evident through our cultural norms, media portrayals and consumerist lifestyles, where anti-ageing products are often advertised on social media (Ferraro, 2023), young models and celebrities are idolised while elderly figures are underrepresented (Signorelli, 2001), and there is a prevalence of plastic surgery cosmetic procedures to maintain youthful physical features (Musa, 2024).

The prejudice we have towards elderly people has also led to “ageism” (Burnes et al., 2019), referring to the prejudice and discrimination that we have towards other people based on their age. When this happens in the workplace for older people, they may face unfair work practices, such as hiring preferences for younger job candidates, and limited opportunities for professional development and advancement (Batinovic et al., 2023).

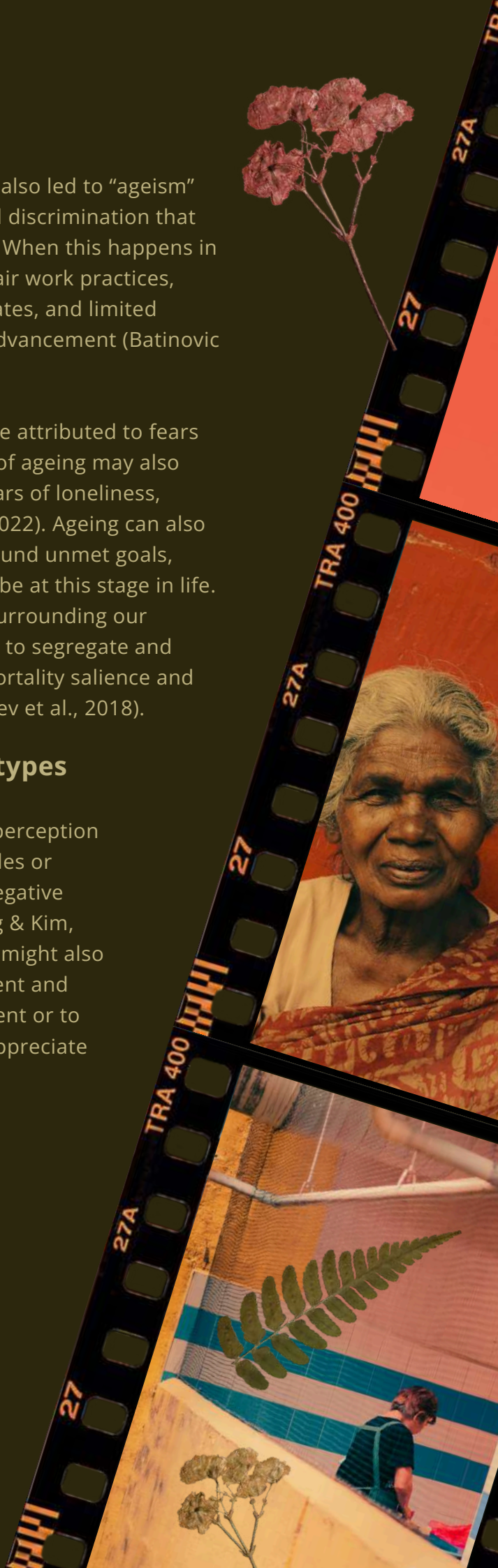
Why are we so afraid of getting older? This could be attributed to fears of the unknown (Lynch, 2000). Moreover, the fear of ageing may also invoke a crippling fear of death as well as other fears of loneliness, insignificance, and poor health (Rupprecht et al., 2022). Ageing can also trigger anxiety and other insecurities revolving around unmet goals, milestones and expectations of where one should be at this stage in life. According to terror management theory, anxiety surrounding our mortality and perceived insignificance may lead us to segregate and distance ourselves from older people to reduce mortality salience and avoid reminders of our own inevitable mortality (Lev et al., 2018).

Impact of Internalising Ageist Stereotypes

However, when we have an entrenched, negative perception of ourselves, and internalise those negative attitudes or stereotypes of ageism, they can put us at risk of negative mental health outcomes, such as depression (Kang & Kim, 2022). Being unable to accept ourselves as we age might also cause us to miss out on living in the present moment and enjoying what we can do. By wishing to look different or to be a younger version of ourselves, we can fail to appreciate all the good things in our lives right now.

Changing Our Perceptions of Aging

The good news is, we do not always have to view ageing in a gloomy, negative way. Ageing is one of the few certainties in life, but how we approach it can transform the way we live out our remaining years. Embracing the process of ageing is not solely about feeling better—it’s about recognising that we have something meaningful to contribute at every stage of life.



1 Practise self-acceptance

Accepting ourselves for who we are is the antidote to unnecessary comparisons to others or to our younger selves. It is the recognition that this current stage of life, similar to all others, has its own beauty and significance. It helps us be gentle with ourselves when things are not as smooth-sailing as they used to be, and to relinquish any unrealistic expectation that we must always be young and youthful. Instead of clinging to our past selves or beating ourselves up for not having achieved our goals, self-acceptance encourages us to value who we are *presently*—a wiser, richer version of ourselves shaped by years of experience.

Most importantly, self-acceptance empowers us to age on our own terms. Rather than pursuing unattainable ideals or grieving our past, we can focus on living fully in the present and appreciating the gifts and blessings in our lives. Instead of trying to fit into the mold of what people your age should do, make choices that are authentic and fulfilling to you. Going back to school in your fifties? Colouring your graying hair that bold shade of red? It is ultimately your choice to make.

2 Focus on what you can control

Ageing is inevitable. Rather than ruminating about the past or worrying about the future, look at what you can still do and make the most of it. For example, you may not be able to prevent every medical illness or injury, but you can focus on eating healthily, exercising well, staying connected with your loved ones and managing stress.

3 Practise gratitude

Practising gratitude helps us to focus and appreciate the positive things and blessings in our lives. Gratitude is a muscle you can train: the more you exercise it, the stronger it gets. Luckily, there are many ways you can practise gratitude. For instance, you could start a gratitude journal and write down 3 things that you are grateful for at the end of each day. Alternatively, you could also take some time out to contemplate and reminisce about the people, places and life experiences that have made you happy over the years.

4 Engage in learning opportunities

Curiosity and thirst for knowledge have no age limits. As we age, keeping the brain active via learning can help to improve cognitive health. It can also help ward off age-related memory decline and diseases like dementia. By stimulating and challenging our brains with new information and skills, we can improve neural plasticity, sharpening our minds and problem-solving skills. Learning a new hobby or language are fantastic examples to stay mentally active. Learning also offers a renewed sense of purpose by allowing us to set and achieve personal goals and discover new passions. It gives us a reason to wake up excited to face new challenges and experiences. The sense of achievement we get from learning also builds self-confidence and personal fulfillment.

5 Define your own path

You do not have to succumb to what people think life should be like at your age or what people have done in the generation before you. The possibilities are endless. Challenge any doubts or limiting beliefs you may have about what you "should" or "shouldn't" be doing at your age, and focus on what gives you meaning and makes you feel fulfilled, and let that guide your decisions. Feel like pursuing a PhD at your ripe old age? Or are you thinking of scaling Mount Everest? What about starting a farm in your retirement? Do it! Defining your own path means breaking free of your self-imposed limiting beliefs and societal expectations, and creating your own version of what it means to live well.

Your choice to make

As we get older, we can worry about what we no longer have, or we can choose consciously to explore the opportunities that lie waiting for us and tread the road less traveled.



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