

Unspoken Anguish of the Elderly in Bangladesh: Some Observations

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Abstract:

This is a modest attempt to explore the sad experiences of the elderly people which are not usually told to others. The author has tried to trace the sources of their unspoken anguish. Some of their anguish and sad experiences emanate from social deprivation. Still others are related to psycho-physical causes. Attempts have also been made to discuss the coping strategies of the elderly as to how they encounter, face and resolve the sad experiences of life. The author has also urged upon the need for further research on the subject. Studies on the subject may create awareness about the problem and may eventually reduce the amount of anguish our honorable elderly suffer from.

Introduction

People of all ages may have some mental suffering or unhappiness which emanate from different sources. Although many of their problems may be shared with others, yet some of them may not be shared. The elderly people do have some sad experiences. If we come in close contact with the elderly people and may build up proper rapport with them we may learn some of their unhappy experiences of life hidden within themselves. These are seldom shared and rarely told to others. It is a very difficult but not an impossible job to know their sad stories. With the process of aging, the elderly come in contact with different issues of life and gather a lot of pleasant and unpleasant experiences. Indeed we can learn a great deal from their experiences. The purpose of this paper is to trace and record some of the unhappy experiences and mental sufferings of the elderly people of our society. I shall also try to talk about the strategies they follow in coping with the problems they encounter in this second half of their life. Finally, I would like to suggest measures as to how their problems may be addressed.

I consider it an imperative job of the day. Because of the development of health technology and health consciousness life expectancy has increased significantly and it is likely to increase further. Most, if not all, like to live long with sound body and mind. Despite the fact that measures are there to slow down the process of ageing, ageing is a must. In that sense the issue ageing is not only a subject for the elderly but the issue is also for the future version of our today's young people.¹ It (old age) is waiting for many of us. Therefore, we need to address the issue (the issue of sad experience and mental suffering) and create an atmosphere

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so that we, in our old age, can reduce the degree of unhappiness. And here, lies the rationale and justification of my paper.

It is often, if not always, asked about the methodology of academic exercise. As a member of this society I have been participating in many avenues of life as an observer. I have been working with the elderly people for a long time. Moreover, I talked to cross-sections of people about the issue. Finally, I have used my proposed technique of generating data which I named 'technique of audience participation'.² The paper was presented in a seminar organized by the Centre for Advanced Research in Social Science, University of Dhaka in March 2008. 42 members of the audience filled up a short questionnaire. Some of the ideas and observations of these participants were quite useful and I have incorporated them in my paper.

The concept 'unspoken anguish' means the painful and unhappy experiences, the mental sufferings, which are not usually told to others. These 'others' are not usually distant relatives, rather they may be people around and near. Some of their sad stories might be shared with people having similar experience or close friends or may even be shared with unknown persons. Some people may get pleasure in sharing their unhappy experiences with unknown people to whom identity may not be required. Here, I am concerned with the unspoken anguish of the elderly. The elderly people are hardly free to talk about their unhappy experiences. They maintain silence and often keep their mouth shut. In most cases keeping shut is one of their coping strategies. Unspoken anguish should have proper ventilation. Otherwise, it may cause serious illness among the elderly.

Most elderly people are considered dependent on others and some of these 'others' may not, or may fail to take care of the elderly in a proper way and therefore, the elderly become dissatisfied with them and may develop agony and anguish. But as they are dependent, they cannot but keep shut.

Sources and Nature of Anguish:

Some of the sources of anguish emanate from ageism³ and social deprivation. Some of the sources of unhappy experience of the elderly may be found in meeting their basic needs of life. Many elderly people cannot eat hard food because of the loss of teeth. They need soft food, some may even need liquid food. The elderly people may get frustrated if they look at the menu of a restaurant or at dinner party arranged in wedding reception or in other occasions. Some elderly people may have diabetes and they can hardly enjoy the food in these occasions. The elderly people, because of their shyness, values and also because of their age (!) cannot speak for themselves, nor they can say that the host

should have arranged some alternative menu for the elderly. Usually, our culture does not expect them to be vocal and urge upon the host to prepare food suitable for them particularly in these occasions. Not all families can serve them specially cooked food in day-to-day life.

The elderly member also knows which piece of fish or meat is better or best. Who gets the best piece? Do elderly people talk about this discrimination? The distributor or the food-server requires to know this and he or she needs to consider that the elderly people may also like the best piece. The traditional Japanese cook their food according to the taste and choice of the elderly. If the guests bring any food item as a token of gift, the elderly are satisfied with that.⁴ Taste and power of smell may decline after 50. Therefore, special care is needed to cook for the elderly so that they can enjoy the food, one of the basic needs of life.⁵

The elderly also require special shop for themselves like the baby food shops. They may also look for their special item of food.

Please remember the fact that the number of elderly people are increasing and the number of young people are likely to decline gradually. Because, if you look at the demographic transition you will at once agree that the industrial societies are having low birth rate and low death rate resulting the increase of elderly people. So, a good number of customers will be from this age group (the aged). Our society wants the elderly people not to wear bright and colorful dress. The elderly hardly go to shops to buy their own cloth. The shop keepers want to know the age of the people who will wear the dress. As if, color is fixed for the elderly and they are therefore, in a way, expected not to buy and wear bright and attractive dress. Here, the choice of the elderly is often neglected, and the elderly is expected to be satisfied with whatever dress is bought for them. the elderly have no choice but to accept it. The traditional Japanese family provides the most elderly member with the best of the beds (called futon) in the best of the rooms of the house.⁶ In our society a very few of the elderly can have the best rooms.

Elderly parents and grandparents can very well compare their beds or rooms. But they hardly raise the question about the quality of the beds they are provided with. Poor families cannot afford to give a good house or a good bed for their elderly members. Indeed, many poor elderly people sleep just on the earthen floor of a house.

Many elderly people suffer from chronic disease like diabetes, hypertension, arthritis etc. Most of them are seldom aware of these. A good number of them think that these are normal and consider them as part of their later life. I have heard an old man saying old age was a kind of disease. However, some of the elderly do

understand that these diseases are manageable if not curable. Do they get adequate attention and support from those upon whom they are dependent? Do they get equal access to proper treatment?

We have some experts, in pediatrics and have inadequate number of children hospitals. We do need more children hospitals. At the same time, we do need experts in geriatrics and geriatric hospitals for the elderly patients.

We have no geriatric hospital so far. Not all of our elderly people talk about the need of specialized hospital and care centre for them. It remains untold and unventilated.

Education and socialization is a life-long process. Rights to information and education are also essential for the elderly. Many elderly people want to know events and things around them. An elderly suffering from a particular disease will be happy to know that a new and effective medicine has been discovered, or old person may be happy to know that the government has allocated more money for the welfare of the aged people. But many of the elderly (whether literate or not) may not be able to read dailies nor they can watch television news. They need to be informed of these developments, which matter to them very much. While some may feel happy to keep elderly up-to-date in providing necessary information, some may not do it. Instead, they may even be annoyed with the questions and queries the elderly raise.

বুড়ো মানুষ কেবল বকর বকর করে, প্যাচাল পাড়ে। These comments can hardly be liked by the elderly. Some elderly may groan with terms but their thoughts, queries and grievances remain unspoken and unattended. While we were young we raised hundreds of questions, and our parents did answer all or most of them. They hardly felt tired responding to our queries. We should not keep them in dark. If we provide them necessary information and keep them up-to date we will need not call them old fashioned or obsolete. This will help reduce the generation gap, social and intellectual distance. The UN principles for the elderly people have urged upon the right to information.⁷ Like people of other age groups the elderly need and expect company. They want people to talk and share with. While there are people who give them company yet we will see situations, where they are neither given time nor attention. In such situations the elderly feel bad, helpless, loneliness and neglected.

I believe that one of the basic needs of life is recreation. The elderly do need to participate in recreational activities. They also like to visit zoos, museums and other places of interest. Some would like going to picnic. Not all families take their senior members to such places. They are left behind in their houses.

Having company of friends, relatives, kinsmen and other philanthropic people, is an instinctive, and I would say a basic need of life. One of the common problems of the elderly is loneliness. They feel very bad when they don't get people to talk and share with. In this case the urban elderly are more lonely than their rural counterparts. For unlike urban culture, rural society is more kin-based and they are not usually formal like those of urban society.

The elderly people feel more reflected and useless when they are not consulted before we take decision about some important family issues such as a marriage, migrations (or shifting from one place to another) buying or selling of valuable property etc.

Some of the sources of anguish are associated with usual physical change. One of the aging effects of the elderly is the decline of vision. Some many even get blind and indeed there are a good number of elderly people who are blind. They (blind elderly) become bound to limit their social connection and their world becomes too limited. A blind person need constant care and guidance. They need helper to walk, take medicine and have other necessary things. They feel shocked and neglected if they are not taken care of.

The elderly people may also lose hearing power. If the problem is serious they may fail to hear people around and this may cause misunderstanding. People with serious hearing problem may think that people around them are often critic of him/her and this may create misunderstanding which eventually may cause paranoia among the elderly.⁸ If we talk to them slowly, a bit loudly and clearly they can easily understand. Sometimes we may need to repeat to make them hear. If we fail to do these, make hurry and become annoyed with their repeated questions, they feel helpless and neglected. Sorrows and miseries develop in their mind.

The older people may need help in shopping, handling finance, cooking food, preparing meal and taking medicine. If the members of their family do not extend their cooperation in these situations they feel utterly helpless, and even useless.

Anguish knows no bounds when the expected care givers do not attend the sick and disabled elderly in toileting, bathing, dressing, eating, getting in and out of bed.

Many elderly people of America prefer to live near but not with their children. They look for intimacy at a distance.⁹ But most of the elderly people of our rural society still expect their children live with them or they expect to live with their adult children. They give priority on emotional attachment. More over, they prefer to have care from their children. According to an American proverb a son is a son

till he gets a wife, and a daughter is a daughter all her life.¹⁰ This proverb carries a source of anguish. It suggests, that while daughters take care of their parents sons cannot or do not so after their marriage.

Wrinkles on the skin is an aging effect. With the process of aging the fat and elasticity of the skin reduces. The skin turns dry. Although it causes no serious health hazard, it might have some psycho-social adverse effect upon the elderly person. However, the dry skin requires special care. They need cotton-cloth. Use of soap should be limited. For it will enhance drying the skin. Their skin needs oil, lotion or vaseline. So, the caregivers must be aware and should take care of the elderly properly. Anguish may find way if they are not cared and attended.

Retirement from job causes painful experiences and mental suffering for many elderly people. Unlike retirees of USA, our retirees do suffer both physically and mentally. It is primarily due to the sudden decline of income. For, one of the significant consequences of retirement is the reduction of income which makes the concerned people mentally weak. Retirees who are not satisfied in their conjugal life suffer a lot following retirement. Because after retirement the retiree husband and wife get much time to stay at home which leads to frequent confrontation with each other and it remains unspoken. On the other hand, if the retiree is a widow or widower he/she feels more lonely. Life may become monotonous.¹¹ Widowhood has some more psycho-social implications about which I shall talk later. Retirement reduces income which in its turn reduces power and privileges at family and societal level. Gradually, this may retard a person in the decision making process. One of our studies suggests that it is true to many elderly people in our society. Such situations are quite painful to the retired elderly people.¹²

I do believe that the members of the family who are thankful and considerate to their retired elderly, can hardly take decision without consulting them (their elderly).

Given the fact that our society has a tremendous problem of unemployment we have to follow the principle of mandatory retirement. But those who are still capable of doing work (after retirement) may be given other alternative work. The UN principle for older persons suggests that the elderly should have the right to work.¹³

Widowhood may occur to any young, middle aged or elderly people. We are concerned with the problem of widowhood among the latter category.

Anguish may generate from widowhood in later life. Loneliness and its resultant consequences exert an adverse effect on mind. Loneliness due to widowhood creates two types of isolation. One is emotional isolation. This results from an anxiety and severe feeling of missing ones' husband or wife. For an elder person, there is no alternative social relation or environment that can remove this emotional crisis. Another isolations is called social isolation. This isolation results from the gradual reduction of social interaction following widowhood. Research suggests that such isolation may create boredom, aimlessness and marginality.

It may be too difficult or almost impossible to remove the feeling of emotional isolation. However, social isolation may be reduced through the creation of new social tie and communication.¹⁴ But this is not an easy way for the elderly widows or widowers. It is painful when they remember the memories of their deceased husband or wife and it may be more painful when they take meal alone. In many urban social occasions only husband and wife are invited. For these occasions are usually meant for couple. In such cases widow or widower does not feel comfortable in participating the occasions.

One of the important sources of anguish is the frequent disagreement with the children and other members of family. Elderly people feel too bad if their children, adult or young, frequently embark on debate and disagreement with them. Erosion of values is also an important source of mental unhappiness among the elderly. Generation gap may be one of the courses of such disagreement. Many people say that there is generation gap in societies but not in their own family.¹⁵ Such comments indicate that the unhappy experiences remain untold.

The older parents also feel very bad when their adult children quarrel among themselves and start living and eating separately. In such cases, the sons who are economically more sound leave the parental house and start living independently. Thus they leave their parents who are forced to take care of their young and minor children who are either poor or non-earning member of family. Thus the older persons miss their adult children who are more capable.

Some young parents do not like their elderly parents and grandparents to talk and meet with their young children. They think that if their children interact with their grandparents they (children) will remain backward with old-fashioned ideas and will fail to be modern. Sometimes elderly members are discouraged to meet the new gusts of a family and they are not usually introduced to the new guests. Thus the elderly are often avoided this or that way. These behavior and attitudes towards elderly people are also some sources of the their anguish which can hardly be told to others. Indeed, such attitudes and behavior jeopardize the ties of family and this

eventually create a cultural lag and generation gap in society. This is also a clear threatening to our values, tradition, heritage and culture.

One of the reasons of untold anguish of the elderly is the failure of having a good spouse for their daughter (Sometimes sons) in time. Specially the poor parents are more scared in this regard. Because they always need to give joutuk (dowry) to their son-in laws which is often a burden on them.

Coping Strategy:

The elderly people, rich or poor, male or female require to cope with the unhappy situations. Coping strategies range from an 'expectation to die', to giving gift to the one upon whom they are dependent.

Some strategies are common to both rich and poor elderly. Being totally helpless and almost uncared a feeling of their uselessness develops. Some of them become অভিমানী (sensitive, haughty) and may lead elderly to expect and early death. Some of the elderly may tear and roar with anguish. Some are found to ventilate their anguish through singing songs like-spiritual songs, murshidi, devotional folk songs and songs of gone days. Some elderly give more time to say special prayer or listening to sermons.

They are often seen visiting nearby markets and shops. Some may be found taking tea and gossiping with others, known or unknown. They seem to be more free with unknown people. For they hardly want to know the identity and whereabouts of the elderly.

Some elderly are fortunate to have company of their adult children, who, as care givers, give patient hearing to them. In this case, the adult daughter are more cooperative if their husbands and in-laws are generous. The female elderly seem to be more accommodative and they can easily share their feelings with their adult daughter or other elderly people around.

Some elderly try to forget their sufferings by visiting friends, relatives and neighbors. Others are seen to read books and newspapers. Still others are found to share their feeling with people of their own age.

One of my informants reports that the elderly people hardly cope. In fact they are to have patience. They have nothing to do. They are to tolerate. "প্রবীণরা কোপ করেন না, তাদেরকে ধৈর্য ধারণ করতে হয়, করার তো কিছুই নাই। সব কিছু সহ্য করতে হয়।" Another informant says that many elderly conceal and suppress their anguish and agony.

Many elderly people are poor. Some of these poor elderly are found to live on alms and occasional financial assistance from kins, affines and neighbours. Some

even leave the house, roam around, live here and there. Streets, railway station, bus depots and launch terminals become their shelters.

Many poor elderly do understand that their adult children cannot feed them due to poverty. They cannot give them dress or shelters. The poor elderly also understand this. The capable children neither take care of their elderly nor they give them time for a patient hearing. In this case, the poor elderly are a bit more fortunate. Although the poor adult children cannot feed their parents but they give more time and help in other ways. For example, they help their older parents in taking bath, eating food, going to bed. The rich elderly are often taken care of by the servants. The servants become their real care givers. This becomes an irony of fate, anguish remains untold.

The poor elderly know their children's limitations and therefore they do not blame their children. Society also understands it. On the other hand, if the adult children are economically capable but do not take care of their elderly parents society as well the elderly parents blame their children. These elderly suffer a lot.

There are many elderly people who are economically capable but physically unable to take care of themselves. They need people to be properly taken care of. They live with their children who are either too busy or do not give time to their elderly. In such case, the elderly follow some strategies to cope with the situation. Here, some elderly try to do some light work for the family. They take care of the children, tell them story, guard the crops, house and other property. After all these are their property, and it is their own family. This sense of ethics, and morality is quite strong among them. Some of these elderly give their grand-children gifts. Even some offer gifts to son's wives, daughter's husbands, as and when situation demands. It is quite known to many of us that elderly who do not have off-spring make an oral contact with near or remote kin or neighbor who will care of them till their death. In exchange, some of their property is given to those who promise to take care. Sometimes the parents live with their young children and the elderly parents give them more property for being taken care of.

Some elderly irrespective of sex, class or place of residence are found to live with their kins or affined by rotation. They stay some days with daughters, some days with sons, some days with brothers or sisters, and some days live alone. Again, they live with daughters. The purpose of this rotation is to give less pressure on their children and other kins. These elderly do not want to remain as a permanent burden on them.

What Should We Do Then?

Once we know the causes of untold anguish of the elderly it becomes easier to suggest measures to minimize the problems. Attempts can be made to remove the causes of the anguish and unhappiness of the elderly. The elderly people require to have food and dress according to their taste, choice and need. They should also be provided with hygienic food and shelter. Right to information and health care should be made available to them. Recreational facilities should also be made available to them. They should not be victim of discriminatory attitude and behavior at any level. Since, elderly are more prone to health hazard, they need special facilities of formal and informal health care. We should ensure this by all means.

Members of the concerned families, friends, relatives and voluntary organizations should give them time to share their anguish and agony. They should be given importance and should have the right in decision making process at the family and societal level. They should have some control over valued resources like property, money etc. Elderly allowance should be enough and should reach all the needy elderly.

The elderly who are still able to work should be given chance to that. The UN principles for the elderly recognizes their right to earn.

Counseling and guidance may be necessary at the community level. Legal support may also be extended to them. Voluntary organizations and different NGOs can work for the benefit of the elderly. Media can play a very powerful role in this regard. Family, society and state should work together in a coordinated way to build up a **caring society** where the elderly can feel their later part of life more meaningful and rewarding.

Conclusion:

It is difficult but not an impossible job to unearth the unspoken anguish of our elderly people. I have tried to unveil some of the sources of their untold sad stories. Some are related to social deprivation while others are associated with psycho-physical causes. Some of the coping strategies have also been identified. I have also suggested some remedies to the problems. Further research might discover many more unpleasant and unhappy experiences of the elderly people to whom we owe very much. Once we know their untold miseries and sorrows we may work on them. Since we all are aging we might have similar experience in our old age. Therefore, we should record the unspoken anguish of the elderly and try to minimize those. Efforts in this area, I believe, will not totally fail. On the

contrary, the probability of it's success is high. It is because of the fact that we are not only talking about the anguish of the present day elderly people we are also talking about our own future. And we will have reason & to expect a better future for ourselves. There is nothing wrong in expecting a meaningful life in old age and, therefore, we can very well agree to put our efforts to this direction.

Notes & References

1. See Decker, David L. (1980) **Social Gerontology: An Introduction to the Dynamics of Aging**. Boston: Little Brown & Co.
2. I would like to suggest a new technique of data generation which I have called "the technique of audience participation." This technique can be applied only in a situation where the researcher presents his/her paper in a seminar, workshop or in a conference. The researcher will prepare a very short questionnaire just on the main issue or theme of the paper. The purpose is to add more information and insights to the paper being presented. Thus, the researcher can learn the attitude, opinion, responses and feedback of the paper. The questionnaire will be circulated among the members of the audience in the seminar at the time of presentation. Usually the interested people remain present in the seminar and listen to the paper attentively. So their response is more relevant and important. While listening to the paper they may develop many questions, opinion, and suggestions. In fact, many of us go on recording or taking notes on the issue of a paper. But due to time constraint all points of the notes may not be raised after the presentation (when the floor is open). Again not all members are interested to talk in the audience. In this situation they can easily write down their opinions and responses in the questionnaire and give them to the paper presenter then and there. The researcher can consider these opinion and responses and may easily incorporate them before the paper is submitted for publication. I have used this technique in finalizing the paper for publication. I am thankful to all those who gave me their responses in the seminar.
3. Ageism refers to negative attitude to and discriminatory behavior against people just because they are old.
4. For more information, see Harris, O.K. (1990) **Sociology of Aging**. New York, Harper and Row.
5. See Ward, R.A. (1984) **The Aging Experience: An Introduction to Social Gerontology**. New York. Harper & Row.
6. Harris, DK, 1990.
7. In 1991 the General Assembly UNO has adopted the "United Nations Principles for Older Persons" There are 18 principles in this resolution, See Resolution 46/91 of the UNO.

8. For detail please see Cox, Harold (1984) **Later life: The Realities of Aging**. New Jersey: Prentice Hall Inc. Hendricks, J. et al (1986) **Aging in Mass Society: Myths and Realities**. Boston: Little Brown & Co.
9. Harris (1990).
10. Ibid, (1900).
11. Ibid, (1990).
12. রহমান, মুহাম্মদ হাবিবুর ও পারভীন, ফাতেমা রেজিনা (১৯৯৯) “অবসর গ্রহণ ও পেনশনঃ প্রেক্ষিত বাংলাদেশ” প্রবন্ধাবলী ৪র্থ খণ্ড জুন ১৯৯৯ উচ্চতর সামাজিক বিজ্ঞান গবেষণা কেন্দ্র, ঢাকা বিশ্ববিদ্যালয়।
13. The UNO General Assembly, Resolution 46/91.
14. Ward, R. A. (1984
15. Ragan Pauline K. (1979) **Aging Parents**. University of Southern California: The Ethel Percy Andrus Gerontology Centre.