

PSYCHOSOCIAL STUDY OF A GROUP OF AGED CHINESE IN SINGAPORE

L P Kok

SYNOPSIS

A psychosocial study of 62 aged men and women in an Old Age Home was carried out. All of them appeared to have memory impairment on testing but none were clinically depressed and all had low scores on scales of Depression and Anxiety. The majority felt they had nothing to look forward to, and all of them looked on death as an event that was expected and accepted.

INTRODUCTION

Aging has been defined as "the decline in function and performance with declining years" (1). Liebermann (2) in an intensive study of over eight hundred elderly people at intervals over a period of 3 years, concluded that at this period of life, in the face of changes and losses, the main task of the aged was the maintenance of the self, and the preservation of one's sense of identity. The losses that have to be dealt with are:

1. actual losses of significant and meaningful people — relatives, friends, colleagues.
2. loss of status, occupation and income through retirement.
3. naturistic loss as described by Liebermann of youth, beauty and physical independence.
4. loss of one's present and past through fading memory.
5. impending loss of oneself through death.

Department of Psychological Medicine
National University of Singapore
Faculty of Medicine
College Road
Singapore 0316

L P Kok, MBBS, DPM, MRCPsych, FRANZCP
Associate Professor

The Chinese concept of the ideal way to arrive at old age is to be blessed with "fu, lu, shou" or good fortune, wealth, status and longevity. The concept of good fortune has the connotation of someone who is in good health, is free of material needs and is surrounded by his children and grandchildren or relatives and looked after by them in old age. Thus, to be sent to a Home for the Aged, would be for a traditional Chinese, a sad way to end one's days.

Some of these aged Chinese are those who do not have families either because they have not married, or their family members have died, or are in another country (eg. China). During the early part of the 20th Century, many southern Chinese men migrated to Singapore, leaving their wives and children behind. Eventually some brought their families over, but others left them behind, sometimes with the intention of returning to China in old age, to spend their twilight years with their families. Should they be unable to return, and had no one to look after them, they would have to go to a Home for the Aged. Of the women, there was a special group who chose to remain single and were members of the 'black and white' sorority group. They worked as domestic help, usually had relatives (siblings, nephews and nieces) in China, and remitted money regularly to these relatives, with the expectation of being looked after by them in old age. Should some circumstance prevent them from returning to China, and they were ill and unable to look after themselves, then they would be forced to enter a Home for the Aged.

Bearing the cultural context in mind, a psychosocial assessment was made of some residents in an Old Folks' Home, to assess mainly whether they were depressed or anxious, or how they looked at their past and future, and also to assess the level of their memory functioning.

METHOD

Sixty-two residents of 6 wards in a Home for the Aged who were able to be interviewed and did not have gross hearing and visual defects were assessed using a semi-structured interview, and Rating Scales for Anxiety, (3) and Depression (4). They were also administered the Wechsler Memory Scales (5) and the Mental Status Questionnaire (6).

RESULTS

Demographic data

The group comprised thirty males and thirty-two females. All were Chinese, with ages ranging from 58 to 97 years. The mean age for males was 75.16 and the mean for females was 76.96. In terms of education, there was a statistically significant difference between males and females, in that most of the males had some education (usually a few years) as compared to the females, most of whom had no education [X^2 (df = 1) = 31.205 $p < .001$]. All of the subjects had been employed previously, except for two women who had only done housework. All were in the lower socio economic group and the commonest occupation of the males was that of odd job labourers and the females that of domestic help.

Physical illness

Sixty-three percent of the males had a physical illness as compared to 84% of the females, reflecting the nature of admission rules for this Home, which

was essentially for the chronic sick.

Feelings about the past and present

More males (60%) than females (40%) considered that their life had been satisfactory. Even though most of them had to work hard, they felt that on the whole life had been manageable, and they did not have severe hardship. The rest however, (and this was more apparent in the females), saw the past as sad and difficult, because of the inability to form family ties, or the dissolution of their families, or the need to work all their lives, till old age or illness caused them to stop. All did not consider that they had good fortune in their life, because they were ending their days in a Home, even though they admitted that their needs were looked after.

Attitude about the future

All, with the exception of 2 males and 2 females, felt that they had nothing to look forward to, and had no special plans or hopes about the future. All said they lived a day by day existence and took each day as it came. There was neither hope nor active despair in them. A few of them felt they had a sad past and a bleak future because they had reached the end of their lives surrounded by strangers, without anyone to care for them. Even though physically they were looked after, were free from hunger, and had a roof over their head and nurses to care for them, they yearned to have a family to whom they would have bonds of kinship and affection. They felt they were in the midst of strangers who did not care for them in a personal way.

Attitude to death

All the residents, except one, looked on death as an event that was expected and accepted. Some even looked forward to it because they saw their existence as being meaningless and that they were just marking their days awaiting the final event of their lives. To them the sooner they died, the better it would be, because the wait was tedious. This impatience for death was not associated with suicidal thoughts or clinical depression. They had no wish to do something violent to themselves, but just wished for a natural end to their lives. This contrasted with Pitt's (1) observation that the elderly patients he saw were not any more prepared for death than younger patients, and they avoided the subject.

Friendships

Only 33% of the males, and 18% of the females had formed any friendships in the Home. The rest just existed for themselves, talking occasionally to their neighbours and the staff. The death of other residents did not bother them, and they neither mourned nor regretted the passing of others. They were also not reminded of their eventual fate. This was consistent with the narrowing of interests and egocentricity in the old age, and also with the lack of ties they had with other residents.

Activity

More males (26.6%) than females (12.5%) took part in daily activities which included reading newspapers and watching the television. The rest were involved with their daily routine of bathing and cleaning

themselves, their toilet and their meals. Though all the dormitories were equipped with a television set, some did not bother to watch, because of disinterest, strain on the eyesight or because they could not comprehend the language.

Depression and anxiety

None of the 62 residents were clinically depressed or anxious. Although the Hamilton Rating Scale (HRS) for Depression (4) is usually used on populations who are already diagnosed as suffering from this condition, Schwab (7) used the Depression Scale to assess depression in medical patients and quoted Hamilton, who commented that it was "obviously possible to use the scale to record any deviation from a hypothetical or ideal norm."

The range of the HRS (Depression) was 0-24 for females (mean 8.2 SD 7.98) and 0-30 for males (mean = 4.8, SD = 6.48). The difference between the sexes did not reach statistical significance. The doubled

scoring method as suggested by Hamilton was used, as there was only one rater. Using Schwab's cutting score of 43, none were found to be depressed. Other studies (8, 9) using psychiatric patients have found mean scores of 25.8 to 42.9.

The range of the HRS (Anxiety) for females was 0-10 (mean = 3.88, SD = 2.87) and 0-8 for males (mean = 2.40, SD = 2.62). Females were significantly more anxious than males ($t = 3.56, p < .001, 2$ tailed). Black (10) in a study of outpatients with anxiety states, found a mean of 13.9 and 14.1 in 2 groups of patients, and Davidson (11) found a mean score of 12 and 7 in 2 groups of outpatients.

Wechsler Memory Scale

Scores on the Memory Quotient ranged from 48-91 for females (mean = 59.65, SD = 6.27) and 52-99 for males (mean = 66.9, SD = 13.93) $t = 7.4, p < .001, 2$ tailed). These scores were significantly lower than Cauthen's (12) norms for the different age groups.

TABLE 1
SCORES ON THE WECHSLER MEMORY SCALES OF SUBJECT AND WESTERN NORMS

Age range	Item	Subjects (N ₁)		Cauthen's Norms (N ₂)		t (2 tailed)	Significance P
		Mean	SD	Mean	SD		
		N = 8		N = 8			
60-69	Information	2.37	1.21	5.2	0.7	5.79	<.001
	Orientation	3.50	1.41	4.4	0.7	1.78	Not sig.
	Mental control	2.31	2.58	5.0	1.7	3.65	<.01
	Logical memory	4.31	4.75	7.3	3.3	2.98	<.01
	Visual reproduction	1.43	1.30	5.2	3.0	7.00	<.001
	Associate learning	3.87	4.12	10.9	4.3	7.00	<.001
	Total raw score	25.25	15.86	47.9	11.3	12.30	<.001
		N = 30		N = 18			
70-79	Information	2.96	1.44	5.2	1.0	7.13	<.001
	Orientation	3.16	1.69	4.6	0.5	16.40	<.001
	Mental control	2.15	2.71	5.6	2.0	7.71	<.001
	Logical memory	4.16	3.99	6.9	2.3	5.46	<.001
	Visual reproduction	1.48	2.14	4.8	2.4	7.42	<.001
	Associate learning	3.14	4.02	11.9	3.4	115.40	<.001
	Total raw score	22.65	12.25	36.1	8.6	14.16	<.001
		N = 20		N = 22			
80-89	Information	2.45	1.56	5.0	0.9	7.36	<.001
	Orientation	2.75	1.60	4.5	0.4	5.59	<.001
	Mental control	1.20	2.47	6.7	1.3	13.09	<.001
	Logical memory	1.87	2.42	7.0	2.8	10.32	<.001
	Visual reproduction	0.45	1.24	4.7	2.3	12.87	<.001
	Associate learning	0.50	1.35	11.5	2.7	25.90	<.001
	Total raw score	14.00	7.05	50.0	6.6	45.00	<.001

Correlation between Wechsler Memory Scale and other variables

Since education was highly correlated with the male sex, a crosstabulation of item scores and sex, controlling for education, was done, using the partial gamma.

From the Table 2 it can be seen that the male sex was significantly correlated with scores on information, orientation and visual recall, controlling for education.

To assess the effects of education on item scores, another partial gamma was calculated, this time, controlling for sex.

From Table 3 it can be seen that education was not significantly related to item scores except for mental control.

An interesting finding was the negative correlation between education and information and orientation, though not to a significant degree. Perhaps it could

have resulted from the greater interest in those who were not educated in their surroundings and new events. The correlation between education and age was calculated but the point biserial correlation for both males and females did not reach significant levels.

Mental Status Questionnaire

The residents were also given the Mental Status Questionnaire of 10 items as developed by Kahn (6). See table 4.

Correlation with MQ

Males	0.55	($p < 0.01$)
Females	0.56	($p < 0.01$)

Of the four who were classified in the gross dementia section, one was unable to perform any item on the Wechsler Scale, but the others were able to obtain a few points on one item each viz. visual reproduction, logical memory, and digit span.

TABLE 2
CORRELATION BETWEEN ITEM SCORES AND SEX,
CONTROLLING FOR EDUCATION

Item Score	Partial Gamma	Significance
1 Information	-0.39	<0.01
2 Orientation	-0.44	<0.01
3 Mental control	-0.06	N.S.
4 Logical memory	0.20	N.S.
5 Digit	-0.06	N.S.
6 Visual reproduction	-0.36	<0.01
7 Paired associate	0.10	N.S.
8 Memory quotient	.00	N.S.

TABLE 3
PARTIAL CORRELATION BETWEEN ITEM SCORES AND
EDUCATION, CONTROLLING FOR SEX

Item Score	Partial Gamma	Significance
1 Information	-0.10	N.S.
2 Orientation	-0.13	< N.S.
3 Mental control	0.31	<0.05
4 Logical memory	0.13	N.S.
5 Digit	0.21	N.S.
6 Visual reproduction	0.10	N.S.
7 Paired associate	0.13	N.S.
8 Memory quotient	0.09	N.S.

TABLE 4
SCORES ON MENTAL STATUS QUESTIONNAIRE

Dementing level	Error score	Male	Female	Total
Normal	0-2	12	5	17 (27.8%)
Moderate dementia	3-8	16	24	40 (65.5%)
Gross dementia	9 & above	1	3	4 (6.5%)

DISCUSSION

The Wechsler Memory Scale is a useful instrument for detecting special memory defects in individuals and has verbal and performance components to it. Other tests that assess memory impairment have used some items similar to those found in the Wechsler Memory Scale eg. the simplified Paired Associate Test, (13) tests of orientation and memory, (14) and recall of ten words instead of a passage (15). Although Wechsler felt that the subtests relating to information and orientation did not have high discriminating power, Kahn's Mental Status Questionnaire included many of the items in the 2 subtests. The tests scores obtained by the subjects on both tests seemed to indicate that the majority had some memory impairment. In the interpretation of test scores, one has to be cautious. As Harris (15) said, results on word recall, for example, could be influenced by many factors including cultural background, the intelligence of the patients, mood and motivation. Added to this was the narrowing of interests and social isolation of many of the residents. The factor of 'losing face' was also important and some were not cooperative because they appeared to be ashamed of doing badly on non familiar tasks. Many of the women too did not have an education, and to them "holding a pencil" was a novel and somewhat threatening situation. However visual reproduction was not correlated with education.

Taking the above into consideration, the Kahn's test, which was short and simple was probably a better test than the Wechsler. But even for this scale one had to be careful of special conditions that could influence the score, as noted by Kahn. This group of patients could appear to be disoriented, for example, because they might not be interested in noting the day, month and year, as days were similar and revolved around similar activities with no definite events to mark particular days.

Although all the subjects did not have high scores for depression or anxiety, and were not clinically suffering from these 2 conditions, it was noteworthy that so many of them appeared to have nothing much to wish for or look forward to except death. This would seem to be very much related to the Chinese concept of 'Fu' — good fortune. Liebermann & Tobin, (2) in their work on aged residents found that a sense of hope was associated with future functioning and adaptation. Those with lower levels of hope were associated with a greater chance of deterioration or death. 'Hope' was defined by them as "a series of interactions between a person and the environment" and had 3 dimensions viz.:

1. temporal — extension into the past and future.
2. density — the degree to which the future was perceived as filled with events.
3. extratemporal — the locus of control for one's life being under one's own control or the control of outside forces.

As this group appeared to be mainly without hope, as measured by Liebermann's dimensions, the prediction would be that they would not adapt well and probably die earlier than a similar group with hope. Earlier work done by Cannon in 1942, showed that deaths occurred if an individual was extremely passive. Further work in this area would clarify this.

CONCLUSION

Although the findings of this work appear to give a gloomy picture of some residents in an Old Folks Home in Singapore, it must be borne in mind that this type of aged, with 'forgotten dreams and unfulfilled endeavour' (17) is a vanishing breed. With better education, more interests and activities, and better finances, the future type of residents of Aged Homes would probably be very different from these. Also there appears to be a changing concept of what life should be like in old age, and the present generation of Singaporeans may not necessarily feel that they should be with their children, and their children should look after them when they are old. This would then lead to greater acceptance of Old Age Homes.

REFERENCES

1. Pitt B. *Psychogeriatrics*. Churchill Livingstone, 1981.
2. Liebermann MA, Tobin SS. *The experience of old age*. Basic Books Inc Publishers, New York 1983.
3. Hamilton M: Assessment of anxiety states by rating. *British Journal of Medical Psychology* 1959; 32: 50-5.
4. Hamilton H: A rating scale for depression. *J Neurol Neurosurg Psychiat* 1960; 23: 56-62.
5. Wechsler D. *A standardized memory scale for clinical use*. The Psychological Corporation, New York, N.Y. 10017, 1945.
6. Kahn RL, Goldforb AJ, Pollack M, Peck A: Brief objective measures for the determination of mental status in the aged. *Am J Psychiat* 1960; 117:326.
7. Schwab JJ, Bealow MR, Clemmous RS, Hoyer CE: Hamilton Rating Scale of Depression in medical in-patients. *Br J Psychiat* 1967; 113: 83-8.
8. Le Gassicke J, Boyd W, Macpherson F: "A controlled outpatient evaluation with fencampamin." *Br J Psychiat* 1964; 110: 267-9.
9. Rose JT, Leaky MR, Martin ICA, Westhead TT: "A comparison of nortriptyline and amitriptyline in depression." *Br J Psychiat*. 1965; 111: 1101-3.
10. Black AA: Factors predisposing to a Placebo Response in new outpatients with Anxiety States. *Br J Psychiat* 1966; 112: 557-67.
11. Davidson K: Evaluation of a new tranquillizer, benzquinandi, by a sequential method. *Br J Psychiat* 1963; 109: 539-43.
12. Cauthen NR: Extension of the Wechsler Memory Scale Norms to older age group. *J Clin Psychol* 1977; 33 (1): 208-11.
13. Isaacs B, Walkey FA: "A simplified Paired Associate test for Elderly Hospital Patients." *Br J Psychiat* 1964; 110: 80-3.
14. Hodkinson HH: *Mental impairment in the elderly*. J Royal College Physicians London 1973; 7: 305-17.
15. Harris SJ, Davidson JM: Recall of a 10 word list in the Assessment of Dementia in the Elderly. *Br J Psychiat* 1982; 141: 524-7.
16. Cannon WB: "Voodoo Death". *American Anthropologist* 1942; 44: 169-81.
17. Wheatley D: "Psychopharmacology of Old Age". Oxford Univ. Press, Oxford, New York, Toronto 1982.