Diversity in Health and Care 2010;7:163–4

Guest editorial

On Twittering in later life

Paula McGee PhD RN RNT MA BA Cert Ed
Editor, *Diversity in Health and Care*; Professor of Nursing, Faculty of Health, Birmingham City University, Perry Barr, Birmingham, UK

Social networking sites have, by and large, passed me by. I have never had much time to devote to Facebook or to following people on Twitter. Keeping up with the people I meet face to face is difficult enough, so I never felt any desire to indulge until last year, when my daughter rather excitedly told me that it was Ivy Bean's birthday and I was hooked. Ivy Bean was 103 that day. She lived in a nursing home in her native Bradford, England, where, using a computer provided by social services, she began networking on Facebook at the age of 102, but acquired so many friends that she found it easier to transfer to Twitter. Not only was she the oldest person there, but she also managed to amass over 56 000 followers. By all accounts she was a very kind lady with a pleasant disposition. According to Pat Wright, the home's manager, 'you could not dislike Ivy', who was always cheerful and had a good sense of humour (www.bbc.co.uk/news). The computer provided access to the world in a new way; her tweets told everyone about her day-to-day life in the home, and she in turn was interested in everyone else. She became something of a celebrity, counting famous people among her followers. She died on 28 July this year, aged 104, and is sadly missed. It seemed that every newspaper or news programme in the UK reported her death, and there appeared to be a genuine sense of mourning for her.

Ivy's story raises a number of issues about later life. To be old often means having to cope with multiple, serious health difficulties and a body that is gradually wearing out. It can bring a loss of mental faculties, social isolation and loneliness. Ivy Bean showed us that there are other possibilities, so long as we are willing to try something new. In this lies one of the greatest challenges of later life. In early life our minds are focused on the question '*Why?*' *Why is the sky blue? Why is it raining on my birthday? Why have I got to stop playing*? Gradually this shifts to '*What if*?' *What will happen if I mix egg yolk and olive oil?* Beyond this our focus becomes much more cautious (De Bono, 2004). We can see, or think we can see, consequences, and these are usually negative. We are living longer than our ancestors and we cannot afford to let this thinking dominate our lives. Ivy Bean could have taken the view that she was too old to learn to use a computer, thereby denying herself the pleasures that it brought her. Instead, she embraced the opportunities that were offered, from which both she and many others benefited. In her example we see that extreme old age can still bring new experiences and be fulfilling.

This brings us close to a second issue concerning what it means to be old. In a world in which youth is exalted and in which we are encouraged to postpone any sign of ageing for as long as possible, older people find themselves patronised at every turn. Although everything I read about Ivy was positive and respectful, lurking in the background was the potential for remarks such as *'Ooh, a silver surfer!'*, *'Isn't she marvellous – for her age!'* or *'A sweet old dear!'* The Centenarian website (www.thecentenarian.co.uk/meetsomeastoundingcentenarians) has a whole list of such gushing (e.g. '*102 and still plays golf!*'). Implicit in all of this is the lack of value attached to old age, and the infantilising of older people as *sweet* and *dears* rather than as people like the rest of us. They have likes and dislikes, just as we do, and they have days when they are grumpy and fed up. Moreover, not everyone who is old is particularly nice or pleasant. Old age shakes the plaster out of the cracks in our personalities. Habits and behaviours that were perhaps held in check by the necessity to earn a living or rear children are exposed alongside our more positive traits. What this means is that not all old people are nice, kind or sweet all of the time. Some of them can be downright unpleasant and difficult all of the time. Old age will not make us nice if we weren't nice to start with, so if we hope to be looked after well, we had better start practising now.

Inevitably, old age brings with it some degree of dependence (physical, financial, emotional or social) on others. Dependence makes us vulnerable to the predations of others. Ivy was very lucky, but many others are not. Elder abuse is 'a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person' (Elder Abuse, 1993). It is essentially a violation of trust through physical, psychological, financial or sexual activity, or though neglect. It is more likely to take

place in the daytime, at home or in some other private setting, than other forms of crime, and the perpetrators are usually known to the victims (Bachman and Melroy, 2008). Risk factors include social isolation due to loss of friends and/or family in later life (House of Commons Health Committee, 2004). Changing patterns of family life are particularly important here, even in cultures in which old age has not traditionally been regarded as a problem. New economic and social pressures on younger family members can mean that they have to move away to earn a living, stretching their coping capacities to breaking point so that they are no longer able to provide care for elderly parents (World Health Organization, 2002). A history of mental health problems, poor family relationships, family violence and poor standards in institutions (hospitals or care homes) are also contributing factors. Systems of land tenure and inheritance rights can lay the groundwork for abuse, particularly of women, in societies in which their status is markedly inferior to that of men. Thus older women 'are at special risk of being abandoned when they are widowed, and of having their property seized' (World Health Organization, 2002, p. 17).

It is difficult to know just how much elder abuse is going on. It takes place in private and may not be reported because the victims fear reprisals, lack the opportunity to seek help or are not taken seriously when they do (House of Commons Health Committee, 2004). The accurate recognition of abuse is not always easy. Bruising could genuinely be due to an accident. Memory impairment and drug- or alcohol-related reactions may cause misunderstandings and embarrassment. I once went to attend to an older patient, in a ward full of visitors, only for him to say, in what seemed like a very loud voice, 'Don't hit me again nurse, will you?'

What is clear is that, in societies as diverse as Japan (Kasuga, 2004; Obara, 2010), India (www.helpageindia.org), the UK (www.elderabuse.org) and the USA (Bachman and Melroy, 2008), the incidence of elder abuse is rising. Carers and professionals must therefore be alert to the possibility when they encounter injuries or sudden behavioural changes that cannot be satisfactorily explained. Other forms of abuse may be more difficult to detect, but the disappearance of money, and pressure to sign documents, should also raise concerns.

Above all else we need to learn from our experience with children. Through them we have realised the need to listen and to believe what they tell us about abuse rather than dismissing what they say as fantasy or, in older people, confusion, because we do not wish to face up to some unpalatable truths. We also need to ensure that those who take on the task of caring for older people, whether informally or professionally, are adequately supported and provided with regular breaks. Caring is hard, demanding work and, while not condoning such behaviour, it is easy to appreciate that patience can be worn so thin that an individual snaps altogether. Education is an essential part of this support. Abuse may not always be deliberate, but can be born out of frustration and ignorance about the effects of old age, the trajectory of particular illnesses, or both. Well-meaning but ill-informed intentions can make situations far worse than is necessary (Obara, 2010).

Violence pervades daily life both in reality and in what we consider to be entertainment. It has long been taken for granted as part of being human. Violence ruins lives and places a serious burden on the economy of every country. Elder abuse is a form of violence. It thrives on secrecy, fear and the powerlessness of its victims. Facing up to it is an important first step in ensuring that older people are treated with respect and are able to lead dignified, fulfilled lives – as Ivy Bean did.

REFERENCES

Bachman R and Melroy M (2008) The epidemiology of violence against the elderly: implications for primary and secondary prevention. *Journal of Contemporary Criminal Justice* 2:186–97.

De Bono E (2004) *Six Thinking Hats*. London: Penguin.

Elder Abuse (1993) www.elderabuse.org

House of Commons Health Committee (2004) *Elder Abuse. Report of Second Session. Volume 1*. www.publications.parliament.uk

Kasuga K (2004) Changing family patterns and elder abuse issues in Japan. *Geriatrics and Gerontology International* 4:226–8.

Obara S (2010) Abuse of elderly up, said often unintended. *The Japan Times*. www.japantimes.co.jp

World Health Organization (2002) *World Report on Violence and Health: summary*. Geneva: World Health Organization.