
Preface

Active ageing

The contemporary understanding of active ageing developed from a shift in research focus from questions of old age to questions of ageing. Thereby, human development is conceptualized as a life-long process, a dynamic and continuous interplay of age-connected and age-independent developmental factors, which people explicitly conceived of as agents of their own development. Taking a primarily individual perspective, active ageing can be understood as a preventive concept. With continuous engagement in personally meaningful relationships and contexts, and the systematic use of chances and opportunities, physical, psychological, and social losses and deficits can be prevented, or at least substantially delayed. Referring to more recent definitions of productivity—i.e. intellectual, emotional, and motivational expressions of productivity in higher age groups—it is further argued that even when suffering severe physical losses and loss of independence, people still have the option to use their capabilities to be productive for others or for society as a whole.

Potentials and vulnerability

A comprehensive understanding of old age must consider potentials and vulnerabilities, aspirations, possibilities, and the limits of self-design and world-design, i.e. how ageing persons participate in society and take responsibility for themselves and others, not only in the so-called third, but also in the fourth age. This book elucidates how, even in very old age, shared responsibility, particularly in the form of intergenerational engagement, is both a potential for society and an important individual motivation, and how important it is to do so from a local, regional, and transcultural perspective—in this case, with respect to South Asia. Even if in old age, physical (and in part also cognitive) vulnerability is increasingly obvious, this must not lead to the assumption that older people can no longer contribute to the development of human capital and to our cultural heritage. The passing on of collective and personal knowledge, an instrumental and emotional commitment to subsequent—primarily to young—generations, a readiness to speak with subsequent generations about topics of central significance for life in old age, including about very concrete hopes and fears with a view to one's personal future as well as with a view to the future of mankind, are contributions to the development of human capital and cultural heritage. A readiness to allow younger people to participate

in the personal management and handling of chronic illnesses, pain, and a need for help and support can be perceived as a contribution of this kind.

Caring

Accompanying and caring for older people should always include the perspective of psychological growth and not only be viewed from a perspective of psychological burden. Therefore, we should not commit the error of understanding the care provided to men and women exclusively as a burden. Because the care provided does not rarely go hand in hand with processes of emotional and intellectual growth—even if there are times in which carers very clearly sense the limits of their capacity and of their actions. However, it should also be considered that these kinds of growth processes are linked to internal as well as external conditions. The dimensions of emotional well-being identified by the US-psychologist Carol Ryff (self-acceptance, personal growth, purpose in life, positive relationships with others, effectively managing demands and opportunities posed or offered by the environment, autonomy) provide insights regarding in which direction the search for these internal conditions should go. At the same time, some of these dimensions can be understood as pointing towards external conditions which must exist in order that potential growth becomes actual growth: carers rely on emotionally fulfilling social relationships in which they also experience practical support; they rely on environmental conditions supportive of integration and participation under which there is a greater possibility of the experience of being able to “master” the situation establishing itself; in the end, they depend on the person for whom they are caring being able and prepared not to overtax the carer either emotionally or physically. And yet we should not overlook the fact that accompanying and caring for frail people can go hand in hand with a large number of burdens. It is not only or primarily about talking about different varieties of burden, rather the objective is also to highlight possible ways in which these burdens can be eased, how to be able to deal with and better manage these.

Caring communities

The commitment by wider society is considered alongside the commitment by care professionals, doctors, and social workers. Intense discussions are already taking place concerning to what extent we can succeed in understanding care not only as a task of the family—supported by professional care—but also (and perhaps even primarily) as a task of the neighbourhood, acquaintances, active members of society—equally supported by professional care. The term “caring community” can illustrate that the family feels supported, valued, and recognized by people from outside of the family.

At the same time, it is not possible to look at the caring community, which is an amalgam of family, neighbours, acquaintances, and active members of society, without including providers of professional care (itself often supported by the family doctor). Rather, professional care brings in the required professional expertise in the provision of care and support. Against this background, caring communities must be seen as an element of a “new care policy”, which also and not least recognizes the risks posed by the economisation of care and raises awareness of individual and collective responsibilities and possible ways of delivering the care required.

In order that a caring community of this kind can actually constitute itself in sufficient numbers, there is a need to create a platform for civic engagement, i.e. a virtual or even actual citizens’ centre that organizes and delivers civic engagement. Here it is important that voluntary engagement by members of society for families with a member in need of care is integrated into an existing care structure generally stemming from cooperation between a family member and an outpatient service (this would be a part of the care management). Furthermore, support by a family doctor is also important. It must be ensured that this caring community is tailored as far as possible to the needs of the family member requiring care and of the relatives providing care (this would be part of the case management).

This book comes at precisely the right time—seen from a social and political perspective, because caring for seriously ill people is one of the pre-eminent issues on both the national and the international agenda. Demographic change is linked with a change in family structures, significantly increased mobility of the middle generation (which overwhelmingly takes on the main responsibility for care), an increasing discussion on how to combine family and professional care and, not least, also with a significant increase in the number of people aged seventy-five, eighty, and older. These developments are playing a significant role in current (and surely also in future) international political discourse on securing care provision. The care of seriously ill people, in particular those with dementia, is no longer a “minor” or “middling” political issue, rather it is a “major” political issue—and will remain so over the coming decades. This book contributes to a dynamic concept of cultural flow with respect to ageing and old age. It is a highly successful attempt to understand the demands placed on older people, but also to substantially extend the creative mental, emotional, and cultural handling of these challenges from a South Asian perspective.

Heidelberg, February 15, 2020,
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