Visual materials aimed at the elderly to promote healthy aging

Materiales visuales dirigidos al adulto mayor para promover un envejecimiento saludable

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Abstract:

Due to the few intervention proposals aimed at older adults to improve emotional regulation skills, and the little study of the subject in this population, it is intended to provide materials with strategies that allow a comprehensive understanding, from the aging processes, physical changes and psychological of this stage, until an understanding of the positive impact of negative emotions. Through these materials it is intended to also reach the primary caregiver, providing knowledge to generate a better treatment and understanding of the changes and their respective behavior in the elderly. The results of the exploratory phase review of these materials show their usefulness in promoting active health, as well as the need to improve the presentation format.

Keywords:

Healthy aging, emotional regulation, coping strategies, negative emotions

Resumen:

Debido a las escasas propuestas de intervención orientadas a adultos mayores para mejorar las competencias de regulación emocional, y al poco estudio del tema en esta población, se pretenden proporcionar materiales con estrategias que permitan un entendimiento integral, desde los procesos de envejecimiento, cambios físicos y psicológicos de esta etapa, hasta un entendimiento del impacto positivo de las emociones negativas. A través de estos materiales se pretende llegar también, al cuidador primario, aportando conocimientos para generar un mejor trato y comprensión de los cambios y su respectivo comportamiento en el adulto mayor. Los resultados de la revisión en fase exploratoria de estos materiales evidencian la utilidad de los mismos en la promoción de la salud activa, así como la necesidad de mejorar el formato de presentación.

Palabras Clave:

Envejecimiento saludable, regulación emocional, estrategias de afrontamiento, emociones negativas

INTRODUCTION

According to the National Institute of the Elderly (2019), the process that begins the birth and ends with death is known as aging. This process is influenced by biological, psychological, and social aspects. In this way, all people, regardless of age, are in the process of aging.

Aging is a natural and universal process that all people experience as part of their development, and that ends at the end of life. Its study is increasingly relevant due to the increase in the number of people over 65 years old in our current society; which gives both health authorities and the elderly the possibility of preventing, alleviating, and/or delaying the conditions of this age (González & de la Fuente, 2014). Moving from one stage of life to another, getting older and reaching old age, involves important physical, social and psychological changes that impact the person who experiences them. On many occasions, these changes can cause an emotional imbalance as part of a process of acceptance of a new lifestyle, which allows them to adapt to the inevitable changes involved in getting older and creating environments that maximize the chances of staying physically and functionally, psychologically and socially healthy.

As indicated by the World Health Organization (Ramos, 2016), these conditions can favor active aging and promote in older adults their right to independence, participation, dignity, care, and self-realization, as established by the United Nations principles on the rights of older adults. Being so, this active aging implies taking actions that contribute to personal well-being and quality of life, understood as the perception that the individual has about his position in life within the cultural context and the value system in which he lives, as well as regarding his goals, expectations, norms, and concerns (World Health Organization, 1994).

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So then, as part of the quality of life, it is necessary to take care of the emotional field of older adults, seeking the regulation of their emotions, in terms of the psychological changes in aging, due to the presence of feelings of insecurity, increased rigidity to accept the technological and social changes, changes in social relationships and low self-esteem (Aniorte, 2003).

Emotional intelligence contributes to a valuable and confident person, on a personal level and with the people around him, to reach an emotionally healthy older adulthood synonymous with active and successful aging (Vázquez, 2018).

Taking into account that emotion is a mood disturbance intense and fleeting that is accompanied by some commotion somatic, Thompson (1994; as cited in Garrido-Rojas, 2006) defines emotion regulation as "the process of initiating, maintaining, modular, or changing the occurrence, intensity, or duration of affective states and internal physiological processes, with the aim of reaching a goal" (p. 499).

That is why reviewing these regulatory processes in older adulthood becomes necessary.

A study reveals that older adults interpret daily life events as less stressful or negative than young adults; in conflicts in social interactions, they use strategies focused on emotion as a way to maintain well-being and achieve constructive coping (Birditt, Fingerman, & Almeida, 2005).

According to the theory of selectivity social-emotional proposed by Carstensen and Charles (2007), where they claim that the age and awareness of the vital time are bounded, the motivational goals go out of focus on the acquisition of information to focus on finding meaning to the emotions and engage in activities that produce satisfaction and well-being. These changes have an impact on the ability to distinguish emotions and understand each one of them with greater richness and complexity, contemplating different perspectives at the same time without causing discomfort.

Other studies, referred to in Lombardo (2015) reported that older adults avoid situations emotionally difficultly in case of an unavoidable decrease in their impact through cognitive restructuring or resolution of problems are adaptive; in consequence, older adults will increasingly use secondary control strategies, such as emotional regulation, aimed at changing the self, in order to adapt to a given situation, instead of using primary control strategies that change the situation itself.

Therefore, the present study focused on developing digital materials aimed at older adults in such a way that they have information that allows them to regulate their emotions, know the concepts, strengths, and virtues that help them to be better achieve active aging, and understand how they can regulate emotions such as sadness and anger.

The clinical use of this type of materials has been highly recommended according to González, Torres, and Olmedo (2017), who is a study came to the conclusion that the health professional impacts new areas of work by using technologies for clinical practice, and there is greater effectiveness in the application of workshops, courses, etc. Also, reaching more people. It was also considered that given the relevance of the clinical use of these materials, it was considered important to share them with their primary caregivers, as they are the people responsible for their care and, at a given time, resort to this information to share it with the elderly.

Thus, the proposal of 10 visual materials was developed (see descriptive letter of the materials in Table 1, in the annex section) to promote active aging with the elderly. These were elaborated according to the Gross (1998) model for emotional regulation: situational selection, situational modification, attention manipulation, cognitive reassessment, and response modulation.

This model proposes that emotional regulation can be studied depending on the place in which the regulation strategy is inserted within the emotion generation process (Gross, 1998). The process of emotional generation, according to this author, can be divided into several phases: Situation > Attention > Interpretation > Response. For each of the phases, a group of emotional regulation strategies can be established. In general, emotion regulation strategies can be divided into two large groups: the regulation focused on the antecedents of emotion, and the regulation focused on the emotional response; as well as the one proposed by Werner and Gross (2010) for emotional regulation effective: Allow the experience of events, acknowledge the emotion, control of the situation, emotion and consequence and hierarchy.

In the same way, the coping strategies proposed by Lazarus and Folkman (1984) were considered, which are: those centered on the problem and those centered on emotion.

The first is oriented towards the problem; in this, the problem is defined and formulated, alternative solutions are generated, and decisions are made and put into practice, in addition to verifying the selected solution. The second focuses on emotions, focuses on the description and identification of real events objectively, identifies the thoughts generated from that event, and describes the emotional responses and behaviors that follow that interpretation of the real event, which replace thoughts.

Also, based on the aging process considered by Aniorte (2003), materials were created that explain the physical changes that occur in the body, as well as some psychological and social changes.

Therefore, the present study had two objectives:

1. To explore at the pilot level the response of older adults and some caregivers to ten materials designed in virtual mode to promote active aging.

2. To explore the opinion of experts in psychology who had experience and knowledge regarding the elderly about the materials developed for this population.

METHOD

Research Design

Transactional non-experimental design with descriptive scope, since the materials were only submitted to review by the elderly and experts at a single moment.

Taking part

The study consisted of three samples with a total of 13 participants: 1) 8 older adults from the State of Hidalgo, with an age range of between 60 to 77 years of age, with an M=70 years, DS=3.59; 2) 2 caregivers and 3) three psychology experts, two full-time research professors and one teacher per subject, who were chosen due to their clinical experience, psychotherapeutic work with older adults and in prevention programs, to serve as judges for the review of the materials.

Older adults were selected by non-probabilistic convenience and snowball sampling.

Inclusion criteria were considered to have 60 years or more to be considered older adults, according to a Public Body Decentralized of the Institute of Security and Social Services of State Workers called PENSIONISSSTE (2017); also, the availability of a caregiver, or someone to support in case you have hearing impairments or visual to review the materials designed, in the case of not having a support person, to have the basic knowledge to use a cellular phone, a computer, or electronic device for display of the materials.

The sample of experts was selected based on the following inclusion criteria, those who had knowledge in psychology or gerontology and experience in working with older adults. The sampling was non-probabilistic voluntary participation.

Instruments

Two questionnaires were developed ex-professor for the purposes of this research. One was aimed at older adults and caregivers, and another was aimed at the experts who served as judges. Both were uploaded in Google forms by the authors of this article for their application. The visual materials were integrated into these.

1. Questionnaire addressed to the elderly. It contains 14 questions, with which it was sought to investigate each of the topics addressed in the ten designed materials about the knowledge and understanding of the topics, their importance in aging, and the design of the materials in terms of their usefulness, extension in time, distribution of information and whether or not they were attractive. In the case of materials that had a musical background, the relevance of the same was included in the corresponding form. Within the questionnaire, an option was generated for them to make suggestions for improvement. These questions were included in separate Google forms for each designed material to be reviewed.

In the first section of all the forms, informed consent was placed; in the second section, data such as age, gender, activity currently carried out, place of residence, and with whom the elderly person lives were requested.

2. Questionnaire for expert judges. It is formed by an average of 12 questions each form through which we explored: 1) the clarity and relevance of the content of the topic to present to the older adult, as well as the understanding of the subject as it was presented, and 2) the relevance of the designed material, in terms of the usefulness of the older adult, the presentation format, color, font size, language used, and the characters. For materials that contained musical background, whether it was convenient to include it or not and whether the volume was appropriate, such as the type of music included.

A form was prepared with the same questions for each material designed. In the first section of all forms are placed a short presentation of the materials designed, also filed a brief informed consent and were asked to data such as organization in which he works, a position at this institution, school level, experience in work with older adults; in section 3, was the topic and the link to display the form for older adults and the expert could qualify. An option was included in the questionnaire for them to make suggestions for improvement.
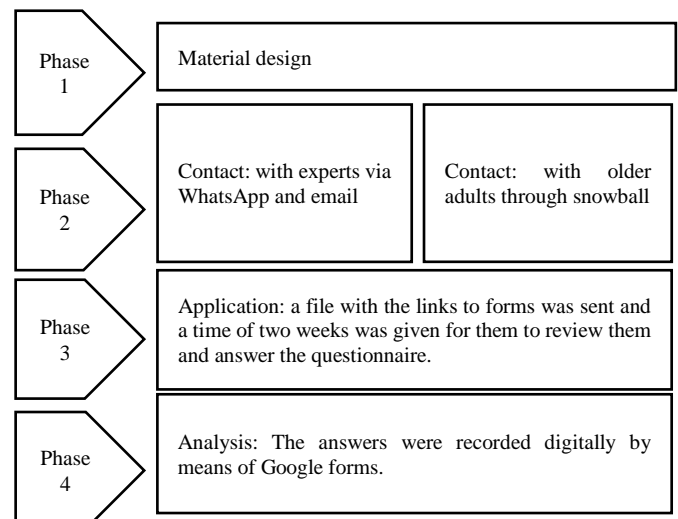
Procedure

Figure 1. Procedure phases

Ethical aspects of research

The present study was carried out following the provisions of the psychologist's code of ethics and the Helsinki declaration on research. The participant was informed of the informed consent, subsequently requesting its acceptance or rejection. Likewise, it was informed about the protection of personal data and the use for research purposes.

RESULT

The results report the descriptive data for each material designed and participating sample, as well as the way in which the total sample was distributed.

Results of the sample distribution

Figure 1 shows the distribution of the total participants in the study. As can be seen, there were a total of 13 participants, of which 62% (8) were older adults, 15% (2) were caregivers and

23% (3) were expert judges in psychology (2 with a doctoral degree and 1 with a master's degree).

Figure 1. Total participants

Results of the review of the materials by older adults and their caregivers.

Regarding the knowledge that the participants had about the topics addressed before reviewing the designed materials, of topic 1, 75% knew the topic and 25% did not know it; topic 2 a 16% had heard the term but didn't know what it was, the 50% if you knew him, and 33% did not; the continuation of the theme 2, theme 3: healthy aging (physical health), then item 3: healthy aging (mental health), item 4: cartoon guilt, theme 5: cartoon anger, topic 6: cartoon fear and theme 7: cartoon sadness, 100% knew of the issues; and theme 3: healthy aging 33.3% I had heard the term but didn't know what it was and 66.7% if he knew of the subject (see Table 1).

Table 1
Frequencies and percentages of knowledge of the subject

Topic	I didn't know it was	Yes %	No %
Topic 1. CPE	0	75	25
Topic 2. ¿What is ER?	16.7	50	33.3

Topic	I didn't know it was	Yes %	No %
Topic 2 Continuation ERE and coping	0	100	0
Topic 3. ES	33.3	66.7	0
Topic 3. ES: SF	0	100	0
Topic 3. ES: SM	0	100	0
Topic 4. HC	0	100	0
Topic 5. HE	0	100	0
Topic 6.HM	0	100	0
Topic 7. HT	0	100	0

Note: own elaboration. CPE: Changes due to aging, RE: Emotional regulation, ERE: Emotional regulation strategies, ES: Healthy aging, SF: Physical health, SM: Mental health, HC: Guilt cartoon, HE: anger cartoon, HM: Fear cartoon, HT: Sadness Cartoon.

As for how the materials helped the understanding of the topics, the results show in relation to topic 1, that 9.1% did not help, 9% helped little and 81.8% helped a lot; of topic 2, 33.3% helped little and 66.6% helped a lot; the materials of the continuation of topic 2, topic 3: healthy aging, continuation topic 3: physical health, and continuation topic 3: mental health did not have an answer to this question, however, regarding topic 4: guilt cartoon, topic 5: anger cartoon, topic 6: fear cartoon and topic 7: sadness cartoon, 100% answered that the materials helped them to understand the topic a lot (see Table 2).

Table 2
Frequencies and percentages of the understanding of the subject

Topic	Nothing %	Little %	Much %
Topic 1. CPE	9.1	9	81.8
Topic 2. ¿What is RE?	0	33.3	66.7
Topic 4. HC	0	0	100
Topic 5. HE	0	0	100
Topic 6. HM	0	0	100
Topic 7. HT	0	0	100

Note: own elaboration. CPE: Changes due to aging, RE: Emotional regulation, HC: Guilt cartoon, HE: anger cartoon, HM: fear cartoon, HT: Sadness Cartoon.

In relation to the utility of the materials to understand the topic, the results showed that in the case of subject 1, a 90.9% if you consider them to be useful and a 9.1% did not; for the theme 2, theme 3: healthy aging, continued topic 3: physical health and continuation chapter 3: mental health 100% answered yes were useful; while, in the continuation of item 2 (50% yes and 50% said no; topic 4: cartoon guilt and topic 6: cartoon fear of the 100% answered no; of topic 5: anger cartoon and topic 7: sadness cartoon, 50% answered yes while the other 50% answered that it was not useful (see Table 3).

Table 3
Frequencies and percentages of the usefulness of the materials to know and understand the topics

Topic	Yes %	No %
Tema 1. CPE	90.9	9.1
Topic 2. ¿What is RE?	100	0
Topic 2 continued.ERE and coping	50	50
Topic 3. ES	100	0
Topic 3. ES: SF	100	0
Topic 3. ES: SM	100	0
Topic 4. HC	0	100
Topic 5. HE	50	50
Topic 6. HM	0	100

Topic	Yes %	No %
Topic 7. HT	50	50

Note: own elaboration. CPE: Changes due to aging, RE: Emotional regulation, ERE: Emotional regulation strategies, ES: Healthy aging, SF: Physical health, SM: Mental health, HC: Guilt cartoon, HE: anger cartoon, HM: Fear cartoon, HT: Sadness Cartoon.

The opinion about the volume of the background music of videos designed was that regarding the topic 1 to 10% I think was high, the 40% I think it was low and the 50% that was perfect; the continuation of the theme 2, 50% responded that it was high and the 50% that was perfect; topic 3: healthy aging 33.3% I think that it was high and 66.7%, which was perfect; with respect to the continuation of the theme 3: physical health, then item 3: mental health, theme 5: cartoon anger, topic 6: cartoon fear and theme 7: cartoon sadness, 100% responded that the volume was perfect; from topic 4: cartoon fault 50% answered that the volume was low and the other 50% that it was perfect (see Table 4).

Table 4

Frequencies and percentages with respect to the volume of the musical background in the videos presented

Topic	High %	Low%	No music%	Good %
Topic 1. CPE	10	40	0	50
Topic 2 continued. ERE and coping	50	0	0	50
Topic 3. ES	33.3	0	0	66.7
Topic 3. ES: SF	0	0	0	100
Topic 3. ES: SM	0	0	0	100
Topic 4. HC	0	50	0	50
Topic 5. HE	0	0	0	100
Topic 6. HM	0	0	0	100
Topic 7. HT	0	0	0	100

Note: own elaboration. CPE: Changes due to aging, RE: Emotional regulation, ERE: Emotional regulation strategies, ES: Healthy aging, SF: Physical health, SM: Mental health, HC: Guilt cartoon, HE: anger cartoon, HM: Fear cartoon, HT: Sadness Cartoon.

The answers regarding the distribution of information on the materials showed that the 18.20% considered in chapter 1 there is a lot of information in some parts and 81.8% answered that she was well-distributed; theme 2, theme 3: healthy aging, topic 3: physical health, topic 3: mental health, issue 4: cartoon guilt and theme 7: cartoon sadness a 100% I think that was well distributed information; in the continuation of the theme 2 50% he replied that in some parts it was a lot and the other 50% that was well-distributed,; in topic 5: anger cartoon and topic 6: fear cartoon, 50% answered that in some parts it was little and the other 50% that it was well distributed (see Table 5).

Table 5

Frequencies and percentages on the distribution of information

Topic	Lot %	Little %	Well distributed%
Computer graphics			
Topic 2. ¿What is RE and EA?	0	0	100
Videos			
Topic 1. CPE	18.2	0	81.8
Topic 2 continued.ERE and coping	50	0	50
Topic 3. ES	0	0	100
Topic 3. ES: SF	0	0	100
Topic 3. ES: SM	0	0	100
Cartoon			
Topic 4. HC	0	0	100
Topic 5. HE	0	50	50
Topic 6. HM	0	50	50
Topic 7. HT	0	0	100

Note: own elaboration. CPE: Changes due to aging, RE: Emotional regulation, ERE: Emotional regulation strategies, ES: Healthy aging, SF: Physical health, SM: Mental health, HC: Guilt cartoon, HE: anger cartoon, HM: Fear cartoon, HT: Sadness Cartoon.

In terms of the time that it takes to transition from one information to another in each material, 45.5% felt that the time in which information was presented was fast and 54.5% that could be read with a good time the information; in the continuation of item 2 100% responded that it was going fast, topic 3: healthy aging 33.3% consider that it was going fast and 66.7%, which was fine; next theme 3: health physics 100% I think that went well; regarding the continuation theme 3: mental health, theme 4: guilt cartoon, theme 5: anger cartoon, theme 6: fear cartoon and theme 7: sadness cartoon, 50% considered that it was going fast while the other 50% that the time was adequate (see Table 6).

Table 6

Frequencies and percentages with respect to the time in which the information lasts

Topic	Fast %	Normal %	Slow %
Topic 1. CPE	45.5	54.5	0
Topic 2 continued. Video ERE and EA	100	0	0
Topic 3. ES	33.3	66.7	0
Topic 3. ES: SF	0	100	0
Topic 3. ES: SM	50	50	0
Topic 4. HC	50	50	0
Topic 5. HE	50	50	0
Topic 6. HM	50	50	0

Topic	Fast %	Normal %	Slow %
Topic 7. HT	50	50	0

Note: own elaboration. CPE: Changes due to aging, RE: Emotional regulation, ERE: Emotional regulation strategies, ES: Healthy aging, SF: Physical health, SM: Mental health, HC: Guilt cartoon, HE: anger cartoon, HM: Fear cartoon, HT: Sadness Cartoon

Table 7 shows the suggestions for improvement issued by older adults and their caregivers in each of the designed materials they reviewed. Table 8, includes the proposals issued by the expert judges.

Table 7

Proposals from older adults and caregivers to the materials designed

Topic	Suggestion for improvement
Topic 1: CPE	Time
	Font size
	Speed
	Inclusion
Topic 2: Infographic What is RE and AES?	Change colors
	Exemplify
	RE activities
Item 3: IS	Improve information and
Continued item 3: ES (FS)	integrate family members
Tema 4: HC	
Tema 5: HT	Font size
Tema 6: HM	Amount of information
Tema 7: HE	Narrating the video

Note: own elaboration. CPE: Changes due to aging, RE: Emotional regulation, ERE: Emotional regulation strategies, ES: Healthy aging, SF: Physical health, SM: Mental health, HC: Guilt cartoon, HE: anger cartoon, HM: Fear cartoon, HT: Sadness Cartoon.

Table 8

Proposals made to the material by the expert judges..

Topic	Suggestion for improvement
Tema 1: CPE	Amount of information
	Musical background
	Narrating the video
	Design and spelling
	Invitation to access the other links
Topic 2: Infographic What is RE and AES?	Take care of the language
Topic 4: HC	Punctual description
	Specific examples
	Distribution of information
	Caring for language
	Speed
	Font size

Note: own elaboration, CPE: Changes due to aging, RE: Emotional regulation, EA: Coping Strategies, HC: Guilt cartoon.

DISCUSSION AND CONCLUSION

The results were similar to those found by Carstensen and Charles (2007) who considered that older adults had the ability to distinguish emotions and understand each of them with greater richness and complexity, contemplating different perspectives at the same time without discomfort.

There is a match between the knowledge and the understanding of the techniques known and used by older adults in situations emotionally difficult, as those addressed by Lombardo (2015), which described that older adults avoid situations emotionally difficult, in case of unavoidable decrease their impact through cognitive restructuring or resolution of problems adaptive; consequently, older adults will increasingly use secondary control strategies, such as emotional regulation, aimed at modifying the self, in order to adapt to a given situation, instead of using primary control strategies that change the situation itself (Lombardo, 2015). In the study that led to this conclusion, I try to explore the relationships between characteristics of the social support network and emotional regulation and identify the links that are most frequently associated with emotions of joy, sadness and anger in older people.

The older adults who participated had basic knowledge of using technology, they did not have severe sensory limitations, which allowed them to answer the forms without complications.

Most of the materials designed for dissemination by means of technological resources in this study, have shown that they can be useful in the understanding of the topics targeted to different populations, it is difficult to have a fast response of the participants, however if you get; there is that to consider the proposals of improvement for these materials, suggested by the older adults and the expert judges, among which are: to increase or decrease the volume, better distribute the information, enlarge the letter, increase the time in which information is displayed, etc These changes will make a big difference to achieve better understanding and fluency of the subject.

As suggested by Ramos, German, Ferrer, Gonzalez Prieto and Rich (2017) the use of new information technologies and communication (Ict) offers the psychology of the possibility of developing effective service, responsible and ethical, that respond to the needs of the population at the level of professional quality, and in terms of coverage, resolutividad and opportunity. Telepsychology, cybertherapy or online intervention as it has been called, refers to the contact or communication between a therapist and a patient or group of patients, using technology as a communication modality.

The application of ICTs to psychology represents an advance and introduces a series of benefits to psychological therapy in a safe intervention context, which facilitates intervention to people who would otherwise have difficult access to treatment (Garcia-Olcina, Rivera-Riquelme, Cantó-Díez, Tomás-Berenguer, Bustamante, & Piqueras, 2017).

It can be said that the use of technology is an excellent tool to use in the field of psychology to bring information to people

that you can serve for psychoeducation in the case of promotion and prevention of mental health (Ledezma & Terriquez, 2016). One of the contributions that this study provides to the intervention with the elderly is the approach to issues that seek to promote active aging, taking care of mental health through easily accessible and distributed materials that can be consulted by themselves at any time they wish. Although it is important not to saturate them with so much information at once.

In the case of this study, the 10 designed materials were sent at the same time to the elderly and their caregivers, as well as to the judges, and although they were given a two-week period so that they could consult them and answer the questionnaires, not all of them were reviewed by them as could be observed in the results.

Therefore, an aspect to be considered in the design of these materials are the characteristics of the age of the people to whom they are directed so that they can be useful materials from the design itself. The participation of experts in the review of these materials contributes to the improvement of them, before their dissemination to the community. It is very important that the health professional develops this type of resources taking into consideration both the target audience and the expertise of professionals so that they are valid and reliable clinical use materials.

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