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Exploring Emotional Intimacy, Grief, and Family Dynamics in Octogenarians: Implications for Redefining Geriatric Care

Gopi Ayyaswamy[1]*, Palaniyandi Velusamy[2]

[1]*Department of ENT, Head & Neck Surgery, Sree Balaji Medical College and Hospital, Chennai, Tamil Nadu, India*

[2]*Innovation and Incubation Centre for Health Sciences, Sree Balaji Medical College and Hospital, Chennai, Tamil Nadu, India*

***Correspondence to be addressed:** E-mail - gopiayyaswamy@gmail.com

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Abstract *The global population of octogenarians is rising rapidly, posing significant challenges for geriatric care. This study applies a neuropsychosocial perspective, integrating geriatric psychiatry, neurobiology, social psychology, and elder law, to review literature on emotional vitality, grief, sexuality, and boundary concerns in octogenarians. Findings show that companionship, intimacy, and family engagement remain central to well-being but are often disrupted by bereavement, loneliness, and social isolation. Contrary to common assumptions, aging does not eliminate sexual expression. However, this creates a dual reality: in which certain older adults face risks of exploitation, whereas others, especially older men, may transgress relational boundaries. Current care frameworks focus mainly on preventing neglect and abuse, yet inadequately address sexuality and relational well-being. A shift toward holistic geriatric care is needed, emphasizing dignity, emotional vitality, structured grief counseling, intimacy-focused interventions, caregiver training, and family education to reduce psychological distress and improve quality of life among octogenarians.*

Keywords *Emotional Intimacy, Grief, Geriatric Care Reform, Family Dynamics, Octogenarians, Sexuality in Aging.*

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Introduction

Octogenarians, defined as individuals aged 80–89 years, represent one of the most rapidly expanding segments of the global population [1, 2]. Advances in healthcare, nutrition, and disease prevention have significantly extended life expectancy, resulting in demographic shifts with profound clinical and societal implications. While aging in this cohort has traditionally been perceived primarily through the lens of physical decline, many octogenarians continue to lead emotionally fulfilling lives, maintain meaningful social roles, and express ongoing needs for intimacy and connection [3]. A comprehensive understanding of this population therefore requires a multidimensional approach that transcends the biomedical model, incorporating psychological, relational, and ethical dimensions into the care and study of older adults.

Recent advances in vaccination, nutrition, and chronic disease management have been especially influential in shaping the longevity of octogenarians. As a result, the population of individuals aged 80 years and older is expanding rapidly. The United Nations projects that by 2050, this group will exceed 71 million globally, with particularly high growth expected in developing countries such as India and China [4]. Demographic trends further indicate that by 2030, one in six individuals worldwide will be aged 60 years or older. The number of older adults is expected to rise from 1 billion in 2020 to 1.4 billion in 2030, and to 2.1 billion by 2050 [5]. Within this broader demographic, those aged 80 years and above are projected to triple, reaching approximately 426 million by mid-century.

While these demographic changes signify remarkable achievements in global public health, they also present challenges that extend well beyond physical health and disease management. The psychological, emotional, and social dimensions of aging, particularly among octogenarians, remain insufficiently explored and inadequately addressed in clinical practice. Conventional geriatric care frameworks frequently emphasize biomedical concerns such as chronic illness, fall prevention, and cognitive decline [3, 4]. Although these aspects are essential, such an approach risks marginalizing the equally significant emotional and relational aspects of aging, which are critical to overall well-being.

Contrary to prevailing assumptions that intimacy and emotional needs diminish with age, emerging evidence demonstrates that older adults often sustain, and in some cases intensify, their desires for companionship, closeness, affectionate touch, and sexual expression during the ninth and tenth decades of life [6]. These affective needs are not peripheral but central, contributing directly to psychological health, resilience, and life satisfaction. Their neglect may result in loneliness, grief-related morbidity, and relational disconnection.

This article seeks to illuminate the emotional and relational dimensions of aging in octogenarians. Drawing on neurobiological, psychosocial, and interpersonal perspectives, it examines mood regulation, intimacy in late life, grief processing, shifting family dynamics, and emotional resilience. In doing so, it highlights critical gaps in current geriatric care models and advocates for integrative, ethically informed approaches. A holistic framework of care must recognize that fundamental human needs for love, connection, and meaning do not diminish with age; rather, they often deepen, requiring sustained clinical, familial, and societal attention.

Neurobiological Basis of Emotional Continuity in Aging

As people age, certain cognitive abilities such as episodic memory, attention, processing speed, and executive function typically decline. However, emotional regulation often

remains stable and may even improve in older adults. This observation is explained by socioemotional selectivity theory, which posits that older individuals prioritize positive and emotionally meaningful experiences, thereby sustaining well-being in later life [7].

The well-being of octogenarians extends beyond medical care, encompassing emotional, psychological, and social dimensions. As illustrated in Figure 1, four interrelated domains, emotional intimacy, grief, family dynamics, and neuropsychosocial resilience, are central to quality of life in later years. Emotional intimacy reflects companionship and romantic or sexual expression. Grief represents the effects of bereavement, loneliness, and adaptation to loss. Family dynamics emphasize shifting caregiving roles and the importance of intergenerational ties. Neuropsychosocial resilience highlights mood regulation and cognitive engagement, both essential for maintaining purpose and adaptability in advanced age.



Figure 1. Key Domains of Octogenarian Well-being for Redefining Elderly Care

From a neurobiological perspective, aging affects several neurotransmitter systems. A decline in dopamine is associated with reduced motivation to seek new experiences, including romantic or sexual ones [8]. Altered serotonin regulation increases vulnerability to depression and anxiety [9]. Additionally, shrinkage of the prefrontal cortex impairs impulse control, sometimes resulting in heightened emotional reactivity or disinhibition [10].

Importantly, brain regions involved in emotional memory, such as the amygdala, remain relatively active compared with those supporting factual recall [11]. Consequently, even when older adults struggle with memory details, emotional bonds and feelings of closeness persist. Thus, despite cognitive decline, the capacity for intimacy, empathy, and meaningful connection often endures. The principal emotional and psychosocial challenges faced by octogenarians are further summarized in Table 1.

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Table 1. Key Psychosocial Domains in Octogenarians and Consequences

Domain	Key Issues in Octogenarians	Consequences if Unaddressed
Emotional Intimacy	Limited companionship, affectionate touch, and sexual expression	Loneliness, depressive symptoms, erosion of self-identity
Grief and Loss	Bereavement of spouse/peers, unresolved or complicated grief	Anxiety, prolonged sadness, cognitive and functional decline
Family Dynamics	Role reversals, emotional distance in nuclear families	Loss of autonomy, humiliation, feelings of invisibility
Caregiver Burden	Stress, fatigue, resentment among caregivers	Emotional withdrawal, diminished quality of care
Cultural & Gender Roles	Disproportionate care burden on daughters; isolation of elderly women	Increased risk of neglect, emotional and social distress

Emotional Intimacy and Sexuality in Older Adults

Sexuality and romantic experiences in older adults are often overlooked, even though they play a crucial role in maintaining identity, self-esteem, emotional resilience, and overall mental health. Research shows that many individuals in their eighties and beyond continue to have sexual thoughts, fantasies, and physical intimacy [12]. For men, sexual desire may persist despite physical challenges such as erectile dysfunction or reduced stamina. In women, sexual interest often shifts from physical aspects to emotional closeness, affectionate touch, and verbal expressions of love [13]. Unfortunately, many older adults face barriers to expressing these needs. They may lack partners, live in environments that restrict privacy, or encounter family members and caregivers who hold ageist beliefs that dismiss their desires.

It is important to broaden the understanding of sexuality in late life to include non-sexual forms of intimacy such as memory-based fantasies, emotional connection, handholding, and shared laughter. These forms of intimacy help maintain a sense of self and emotional stability even as physical abilities decline. Additionally, commonly prescribed medications, including antidepressants such as Selective Serotonin Reuptake Inhibitors, antihypertensives such as beta blockers, and many antipsychotics, it can reduce sexual desire and performance [6, 9]. Healthcare providers must therefore carefully balance treatment goals with the preservation of quality of life. Clinicians should routinely assess emotional and sexual health, encourage open discussions, and promote environments that respect older adults' need for intimacy. Training caregivers to respond respectfully, ensuring privacy, and challenging negative stereotypes are essential steps toward more compassionate and comprehensive geriatric care.

Mood Disorders, Grief, and Emotional Challenges

Elderly people face multiple emotional challenges related to declining health, the loss of loved ones, loneliness, cognitive changes, and reflections on life and mortality. Major depressive disorder in later life often presents differently than in younger adults. Rather than persistent sadness alone, symptoms may include somatic complaints such as generalized aches, slowed thinking, or fatigue, which are often misattributed to normal aging rather than recognized as indicators of depression [3, 14]. Anxiety, restlessness, and irritability may also accompany grief or worsen difficulties in coping.

Bereavement is particularly common in octogenarians, and while grief is a natural process, it can sometimes become complicated. Complicated grief is characterized by persistent yearning,

emotional numbness, and functional impairment, and should not be considered a normal or inevitable feature of aging [15]. Social isolation adds to this vulnerability. Evidence indicates that social disconnection significantly increases mortality risk in older adults, comparable to the risks of smoking or obesity [16]. Remembering past loved ones may provide comfort but can also evoke sadness, illustrating the dual nature of memory in the emotional lives of the elderly.

Several therapeutic approaches have demonstrated benefits in managing emotional difficulties in late life. Life-review therapy and group storytelling help older adults find meaning in past experiences [17]. Reminiscence therapy and validation therapy have been shown to reduce symptoms of depression and anxiety, even among individuals with cognitive decline [5, 12]. Creative therapies such as music and art provide valuable outlets for emotional expression and help reinforce a sense of purpose, identity, and vitality in advanced age [18].

New Relationships and Romantic Attachment in Late Life

Even in their eighth decade, many older adults continue to seek emotional closeness, companionship, and meaningful romantic bonds. In residential care settings or community environments, it is not uncommon for septuagenarians and Octogenarians to form new relationships. These connections often bring renewed purpose, enhanced self-worth, and significantly reduced feelings of loneliness [19]. With the demands of earlier life such as employment and parenting behind them, many elders embrace emotional openness, vulnerability, and intimacy with maturity shaped by life experience.

Attachment theory continues to be relevant in this age group. Individuals with secure attachment histories tend to form fulfilling late-life partnerships, while those with insecure or avoidant patterns may face challenges with trust or emotional closeness [20]. Unfortunately, societal and familial reactions to these new relationships can be dismissive or even hostile. Ageist assumptions often frame late-life romance as inappropriate or irrational, leading to unnecessary interference by family members or institutional caregivers. Healthcare professionals must adopt a respectful, supportive approach. By recognizing and supporting relationships with empathy and appropriate boundaries, clinicians can help ensure that the emotional lives of elders are treated with dignity and care.

Family Systems, Emotional Shifts and Role Transitions

Family continues to be one of the most powerful social institutions throughout a person's life. For those in their eighties, the role of family becomes even more central, often forming the core of emotional support, day-to-day care, and a continued sense of identity [15]. Yet, the structure and dynamics of family life have changed dramatically in recent decades, often leading to emotional distance, physical separation, and unfamiliar role reversals within families.

As societies modernize and urbanize, the traditional model of multi-generational households known as Joint Families, prevalent especially in countries like India is rapidly disappearing. With younger family members moving away for work or education, and with the growing emphasis on nuclear family systems, many elderly individuals are left behind, both physically and emotionally [21]. Conversations with children may be limited to necessary updates or financial matters, lacking the warmth and depth that once defined family interactions [14]. As a result, many older adults report feeling invisible or burdensome, a silent grief that goes unspoken but deeply felt. This estrangement is not just social; it has profound psychological consequences.

Emotional isolation in older adults has been linked with depression, anxiety, learned helplessness, and even suicidal thoughts [18, 20]. Unfortunately, age-related emotional struggles are often dismissed or misattributed to normal aging, leading to underdiagnosis and neglect.

Adding to this emotional burden is the experience of role reversal. The transition from caregiver to care recipient can be destabilizing. Adult children, now responsible for managing the finances, health decisions, and housing arrangements of their aging parents, may unintentionally strip them of autonomy. Although these actions are often rooted in concern and love, they can make older adults feel infantilized or powerless [8, 19]. Elders who were once decision-makers and providers may now feel as though their preferences and experiences are no longer valued.

Clinical interviews and case reports describe the psychological toll this reversal takes. Feelings of humiliation and loss of identity are commonly expressed when older adults are excluded from discussions that directly impact their lives, particularly around end-of-life care, mobility, or privacy [16, 20]. To address these issues, healthcare providers and caregivers must adopt a more inclusive and respectful approach. Even elderly patients with mild cognitive decline should be offered the opportunity to participate in decisions regarding their care. Tools like the Aid to Capacity Evaluation (ACE) can help assess decision-making capacity while preserving dignity and autonomy [12, 17]. Respectful communication, shared decision-making, and emotional sensitivity are not just ethical practices, they are essential to supporting the mental health and dignity of our elders in their final chapters of life.

Emotional Labor and Caregiver Burnout in Geriatric Care

While the basic needs of octogenarians are increasingly recognized in geriatric medicine, less attention is paid to the emotional and psychological toll on their caregivers, most often adult children. Providing long-term care, particularly in the absence of institutional support, can be challenging. The cumulative weight of this responsibility, though motivated by love, frequently results in significant emotional fatigue and health deterioration in caregivers. Research consistently shows that caregivers of aging parents experience elevated levels of depression, anxiety, and chronic physical illnesses compared with non-caregivers [11,20]. This burden is compounded when caregiving responsibilities coincide with employment or child-rearing duties. In many families, stress manifests subtly through emotional distancing, irritability, or even resentment, gradually eroding the quality of caregiver-elder interactions.

In such situations, caregiving may become more transactional than relational. Activities like giving medications, coordinating hospital visits, or managing finances can replace meaningful emotional exchanges. Many octogenarians describe this shift with sadness, feeling more like “projects” or “duties” than valued family members [8, 21]. This depersonalization fosters loneliness and declines in emotional well-being and mental health. However, interventions can restore balance. Evidence supports the use of family therapy, respite care services, and caregiver support groups to reduce stress and improve both caregiver functioning and elder quality of life [6]. These therapeutic avenues provide families space to express grief, renegotiate roles, and rediscover emotional reciprocity, promoting well-being for both caregivers and older adults.

The Grandparent & Grandchild Relationship

Interestingly, one of the most emotionally nourishing relationships for octogenarians often comes from their grandchildren. Unlike the more duty-bound or sometimes strained relationship with adult children, grandchildren frequently approach elders with curiosity, admiration, and emotional openness. These interactions, rich in storytelling and shared affection, provide a sense of meaning and continuity to older adults [4, 12]. Psychologically, this relationship supports what Erik Erikson described as the task of "generativity," the desire in older adulthood to contribute to future generations and leave a legacy [22]. Passing down values, wisdom, and family history helps elders feel seen and significant. Studies indicate that intergenerational programs, such as student visits to elder homes or collaborative digital storytelling, enhance both elder self-esteem and youth empathy [11, 22]. These initiatives should be actively integrated into geriatric care as therapeutic tools rather than mere recreational add-ons.

Complex Influences of Culture and Gender in Caregiving

Cultural norms significantly shape caregiving patterns. In many Asian, African, and Mediterranean societies, the expectation that children care for aging parents is deeply rooted [12]. When migration, career demands, or financial constraints prevent this ideal, feelings of guilt, shame, and emotional tension can emerge on both sides, complicating caregiving relationships and often leaving little space for open dialogue. Gender roles further influence eldercare. Daughters are statistically more likely to become primary caregivers, while elderly women are more likely to be widowed and live alone in later life [20]. This gender imbalance highlights the need for gender-sensitive policies, including targeted support for caregiving daughters and outreach programs for socially isolated elderly women.

Clinical and Policy Recommendations

To improve emotional outcomes for both older adults and caregivers, the following strategies are recommended:

1. **Comprehensive Psychosocial Assessments:** Map family relationships, role dynamics, and emotional needs.
2. **Caregiver Education Programs:** Go beyond physical care to include grief counseling, emotional communication, and autonomy support.
3. **Institutional Support Structures:** Provide respite care, intergenerational engagement programs, and community-based elder-care networks.
4. **Legal Protections:** Safeguard older adults' rights in decision-making, financial independence, and protection from emotional neglect.
5. **Cultural Competency Training:** Equip healthcare providers to navigate generational and cultural expectations around aging and care.

Ultimately, caregiving in late life is not merely a duty; it is about preserving dignity, love, and the humanity of those who once gave us everything.

An Under-Recognized Dimension of Geriatric Care & Sexual Boundary Violations

While geriatric care has largely focused on protecting elderly individuals from neglect and abuse, a sensitive yet critical concern remains underexplored: the perpetration of sexual boundary violations by older adults, particularly men aged 70 and above [19]. The prevailing societal belief that aging diminishes sexual interest or capacity often masks a troubling reality that some older men remain sexually active and, in rare but significant cases, become involved in acts of molestation, harassment, or assault.

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Contrary to assumptions of complete sexual disengagement in old age, reports and legal data indicate that a small proportion of elderly men have committed sexual offenses. These acts frequently involve victims within their social or domestic environment, such as domestic workers, dependent relatives, or minors under their care [23]. Though detailed age-segregated crime statistics are scarce, the National Crime Records Bureau (NCRB) documents multiple instances of elderly perpetrators charged under POCSO (Protection of Children from Sexual Offences Act) and Section 376 of the Indian Penal Code. In many of these cases, the accused are widowed, emotionally isolated, or suffering from untreated psychological conditions. Motivation may include unresolved grief, unacknowledged sexual frustration, or even early-stage cognitive decline affecting impulse control [16, 20]. These offences are often enabled by power asymmetries within the household, cultural silence around elderly sexuality, and a general reluctance to perceive older men as potential offenders.

HelpAge India, while traditionally focused on elder abuse, has begun acknowledging this complex issue of intergenerational power and misdirected desire. Their 2022 report points out how emotional neglect, loneliness, bereavement, and lack of spousal intimacy can drive inappropriate behavior when not addressed through structured support. In many cultural settings, especially in South Asia, discussions about sexuality in older adults are taboo, leading to silence, shame, and inadequate intervention [9, 24]. Moreover, neurological and psychiatric conditions such as frontotemporal dementia, Parkinson's-related syndromes, and certain prefrontal lobe disorders have been linked to inappropriate sexual conduct due to reduced impulse regulation [14, 23]. Unfortunately, these are often overlooked or misattributed to "normal aging," leaving caregivers and healthcare professionals unprepared to intervene.

Preventing Harm and Promoting Dignity: A Multi-level Response

To address this growing concern, a multi-pronged intervention strategy is an essential one that neither demonizes elderly individuals nor dismisses the emotional and psychological needs underlying their actions, including

1. Sexual Health Counseling should be integrated into routine geriatric care, especially in psychiatry and family medicine clinics. This can offer safe spaces to discuss unmet emotional and physical needs.
2. Elder Care Homes must provide gender-sensitive education and structured interactions to prevent inappropriate behavior, especially in residents with a history of emotional deprivation or mental illness.
3. Routine Psychosocial Screening should assess not only cognitive decline but also behaviors related to sexual disinhibition, boundary violations, and relational ethics.
4. Public Awareness Campaigns, led by institutions like NIMHANS, medical associations, and organizations such as HelpAge India, should work to normalize discussions around elder sexuality, emphasizing respect, safety, and dignity for all.
5. Caregivers and Legal Guardians must be sensitized to monitor at-risk dependents living with elderly men especially in unsupervised or semi-supervised home environments. Training in boundary awareness and emotional support can be crucial.

As India's elderly population is projected to exceed 180 million by 2030 [21], rising urban isolation, living without spouses, and dependence on domestic care create complex emotional landscapes. Addressing sexuality in old age openly and responsibly is vital to prevent covert forms of abuse and ensure a dignified aging process for all.

Clinical, Ethical and Therapeutic Integration

To provide truly comprehensive care for older adults, the healthcare system must broaden its approach beyond mere disease management. A holistic geriatric framework should integrate emotional, relational, and sexual dimensions of aging domains that are often overlooked yet central to quality of life in late adulthood [12, 25]. Clinicians need to be encouraged and trained to engage in sensitive conversations about intimate histories, unresolved grief, spousal loss, and unspoken emotional needs. Recognizing sexuality as a natural and continuing aspect of aging is fundamental to this shift.

Ethically, such care must strike a delicate balance between respecting an elder's autonomy and ensuring their protection. Consent frameworks should be sophisticated enough to address fluctuating cognitive capacity while preserving dignity and avoiding infantilization [5, 26]. Therapeutically, a multimodal approach is essential. Narrative therapy, life-review interventions, creative arts modalities, and tailored cognitive-behavioral therapy (CBT) can support emotional expression, process loneliness, and reduce frustration. Furthermore, psychological screening should be integrated into routine geriatric assessments, identifying early signs of behavioral disturbances and potentially mitigating the overuse of pharmacological treatments. Table 2 summarizes key clinical and policy recommendations for holistic elder care.

Table 2. Clinical and Policy Recommendations for Holistic Elder Care

Intervention Area	**Recommended Strategy**
Psychosocial Assessments	Include emotional needs, grief mapping, family role analysis
Caregiver Support	Training in emotional communication, respite services, support groups
Legal Protection	Safeguards for autonomy, financial independence, and against neglect
Institutional Care	Intergenerational programs, privacy for intimacy, inclusive family education
Clinical Practice	Routine screening for depression, anxiety, and sexual health needs
Cultural Sensitivity	Gender-sensitive eldercare policies and culturally aware interventions

Ultimately, the sensitive issue of sexual boundary violations by elderly individuals underscores the need for a compassionate, evidence-based model of care. By addressing the full spectrum of emotional and sexual realities in older adults without stigma, the healthcare system can foster environments that uphold both safety and dignity, for elders and those around them.

Conclusion

This review underscores that octogenarians often demonstrate remarkable emotional vitality, retaining capacities for intimacy, grief, resilience, and meaning-making even amid age-related physiological decline. Yet, unaddressed psychosocial stressors, bereavement, loneliness, and shifting family roles, heighten risks of depression, anxiety, cognitive decline, and mortality. A paradigm shift in geriatric care is imperative: one that elevates emotional well-being alongside physical health through integrative, age-sensitive, and ethically grounded approaches. Contrary to misconceptions of disengagement, later life often brings profound affective richness and heightened sensitivity, with emotional resilience emerging as a critical determinant of independence and quality of life. Normalizing open discourse on intimacy, grief, and emotional expression, while integrating psychosocial support into clinical practice, is essential. Dignity, connection, and psychological fulfillment are enduring human rights that must guide truly comprehensive, compassionate geriatric care.

Competing Interest

The authors declare no conflicts of interest relevant to this article.

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Ethics Approval

This article is a narrative review based exclusively on previously published literature. It does not involve human participants, animals, patient data, or identifiable personal information. Therefore, ethical approval from an Institutional Ethics Committee was not required.

Author Contributions

All authors contributed substantially to the study, read and approved the final manuscript, and agree to be accountable for all aspects of the work. G.A.: Conceptualization, investigation, literature review, data interpretation, and manuscript drafting. P.V.: Conceptualization, methodology, supervision, manuscript review, and editing.

Data Availability

All relevant data supporting the findings of this study are included within the article.

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