
UNIT 3 PSYCHO-SOCIAL ASPECTS OF AGEING

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3.0 OBJECTIVES

After reading this unit, you should be able to:

- enumerate the psychological changes in perception, attitude and behaviour of an individual as he/she grows older;
- identify and explain the psychological issues of older adults that have significant effect on their physical health;
- describe the psycho-social challenges in the later years of life
- discuss the impact of people's attitudes and beliefs on psycho-social life of aged people

3.1 INTRODUCTION

Did you know?

The in the entire World number of people aged 60 years or older will rise from 900 million to 2 billion between 2015 to 2050? It may be an increase of 12% to 22% of the global population.

Ageing is a later stage of developmental processes of human beings. This particular stage of life, unlike others, has grave issues and challenges. It is also difficult to generalise the issues as the characteristics of the ageing population are most heterogeneous and varied in terms of physical health, psychological well-being and social development. Along with biological changes in this stage people go through several positive and negative changes that may define their psychological well-being as well as relationship with others.

The psychological aspects of well-being such as perception, attitudes, beliefs, level of self-efficacy, sense of self-worth and self-actualization of reality define the resilience, coping mechanisms, state of happiness and satisfaction levels of an individual. Some older adults, being psychologically fortified, may be like warriors. They fight the problems of life, and win battles. However, others with negative attitude run away from the battle field, accept their defeat and live a frustrated life.

People in society are involved in a continuous process of give and take either at the individual level or group level. Several dynamics of interpersonal relationships, conflict resolution, communication, motivation, leadership, conformity and cohesion work at the plane of psycho-social interaction. These decide the effectiveness of an older adult in the society. Effectiveness in terms of problem-solving and decision-making influence the overall well-being of an individual and enhance the level of self-efficacy which is extremely important in old age.

This unit will help you in understanding the psycho-social aspects of ageing that influence the health of older adults in physical, social, psychological, emotional and spiritual domains. This unit may help you in developing a holistic picture of aged people in the society. That may further help with the diagnosis and treatment of their ailments.

3.2 CONCEPT OF LIFE CYCLE

In your profession, you will come across people of all age groups. It is obvious that the types of problem a new born shows are different from that of a child, an adolescent, an adult, a middle aged or an older person. These are several stages of life. Each stage has its own problems and pleasures, challenges and

responsibilities. At every age, the needs of people differ. You need to respond to your patients not only in terms of their problems but also in terms of the age category they belong to. This requires some understanding of changes that take place in the mental and social life of people as they grow older. Age is the most common social category we use to classify people. In every society, there are certain expectations about how people of certain age should behave. These are the social 'norms' that govern our behaviour. Have you not heard remarks such as "he/she is too young to marry"; or "this dress is not for your age". One may be too old to have a child, too young to be widowed, too old to work, or too young to be sick and dying! Such comments make it clear that there are certain "social clocks" that govern our behaviour apart from our biological clock. We usually associate change and development with childhood. Most of us think that once a person becomes an adult, there will not be any change in personality. This is not true. We keep growing and changing even in adult years. Biological and social factors interact with age to mark developmental milestones. Human life is viewed as a cycle with stages marked by certain characteristics.

Life is not a straight line from birth to death. Growth and expansion dominate first half of life. Need for achievement, power, creativity and self-actualization push a person's behaviour. These may change with age, either because they have been relatively satisfied (e.g. need for success or sex) or because the person moves into a new social position (becoming a mother, going through the biological process of ageing or becoming president of a company). With advancing age there is a shift from active and direct gratification of needs to more indirect and vicarious satisfaction. Terms such as 'life course', 'life span', 'life stage' are ways to describe our progress through life. This is how biological time is divided into socially relevant units. Human life cycle may be characterized by a "curve of expansion and contraction". In the second half of life, our perceptions change. In middle age when individuals begin to be affected by illness, death of loved ones or loss of job, anxiety and a feeling of threat may dominate the mind. A more useful analogy is to think of lifeline as a journey with a number of interesting junctions along the way. In the first five years, the child grows physically and mentally at a fast rate. During adolescence, there are several physiological and psychological changes. During adulthood, many changes take place in a person's life—such as marriage, parenthood, finding a job and so on. In middle age, working people retire and women experience menopause. In later years, one becomes a grandparent and also learns to cope with own disabilities. And, death is the final point in an individual's lifeline. Thus at every stage there are changes and new experiences.

3.3 PSYCHOSOCIAL THEORIES OF AGEING

Theories help in organizing information systematically and explain phenomena meaningfully. There are three major theories that explain the psychosocial aspects of ageing in older adults.

1. **Disengagement theory** developed by Elaine Cumming and Warren Earl Henry (1961) views ageing as a process of mutual withdrawal between the elder and society. It takes place in anticipation of death. Some older people decrease their activity levels and interact less frequently. They become more preoccupied with their inner lives. At the same time, they become

relatively free from the responsibilities of work place and family. The result is viewed as somewhat acceptable for both sides as elders may be granted a life of tranquillity and once, they disengage, their deaths may be less disruptive to society. However, not everyone disengages. It may not always be their preference. Rather it may be due to a failure of the social world to provide opportunities for engagement.

2. **Activity theory** proposed by Robert J. Havighurst in 1961 sees a positive correlation between keeping active and ageing well. It proposes that elderly people stay happiest when they are active and maintain social interactions. He states that satisfaction in old age depends on active maintenance of personal relationships and endeavours. Purposeful activities and interactions promote self-esteem improve overall satisfaction with life, even at the older age.
3. **The Continuity Theory** Neugarten (1964) states that personality remains the same and the behaviours become more predictable as people age. Older adults continue the same behaviour, activities and relationships as they had in their previous years. Personality and behaviour pattern developed during a life time determine the degree of engagement and activity in older adulthood. Personality is a critical factor in determining the relationship between role and life satisfaction.

These theories are useful for the purpose of understanding the behaviour of older adults holistically.

Check Your Progress 1

1) Why should we know about life cycle?

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2) What is the major difference between first and second half of the life cycle?

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3) When, do you think, people wish to disengage from their lives – fully or even partially?

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3.4 PERSONALITY CHANGE IN MIDLIFE AND OLD AGE

It is a common observation that individuals change in important ways during the adult years. At the same time they also remain relatively consistent as they age. If you meet your old high school friends, one may be a successful doctor like you, other may be a housewife, another a lawyer or another may be a business man. Yet you still see in them the traces of a serious boy or a carefree girl of your school days. It is puzzling how persons change over time and yet appear same.

Personality refers to the fairly stable characteristics of a person. Each one of us has unique set of traits, style of behaving that sets us apart from others. Existence of relatively stable personalities help social interactions. Imagine the chaos in life if each morning we woke up with a new personality.

How different are old from the young? Are the differences due to age per se or due to other reasons? Studies show that motivations of old and young differ. This may bring about a change in activities. Not all old people lose their intelligence and competence. There are differences in the learning ability of different age groups. Old people may have difficulty doing tasks that involve speed. But this may be compensated by life experience and wisdom.

On psychological traits, young and old may differ. This is due to differences in 'cohort' membership. Cohorts are groups of people born at a particular period of time e.g. pre- independence born, children born during economic depression or during war years.

Our personal beliefs and concerns change as we age. But on the whole, personality seems fairly stable over time. However, there is a tendency for increased inner orientation with age. Changes in behaviour happen due to our taking up new roles, giving up old ones. Social norms suggest that we behave according to our age. The inner core, traits of personality do not change drastically.

Behaviour in a normal old person is more consistent and predictable than in a younger one. Certain personality processes become stabilized. Adults also build a network of social relationship around themselves. This provides emotional support and maintains them in many subtle ways. The content of personality (personal style, traits, self-identity) remain fairly stable.

There would be differences in behaviour because of events that take place in people's lives. Parenthood, occupational changes, change in family life and physical health will obviously make difference to how people feel and think. So we end up making a self-contradictory statement that personality remains stable as well as changeful across age.

Different Perspectives of Process of Ageing



Illustration by JR Bee, Verywell

Fig. 3.1: Psychological perspectives of personality

The Fig 3.1 outlines the four perspectives namely trait, psychoanalytic, humanistic and social cognitive and the role played by these understanding the trajectories of personality. Let us now understand the relation between personality types and the health. The traits such as agreeableness, conscientiousness and openness increase with age and neuroticism decreases even when gender and education are controlled variables. Therefore, changes in personality are associated with self-rated health and physical health. Dieting, life-events, exercise, self-efficacy, stress influence the health parameters of older adults. Similarly, “Type A” personality is well correlated with heart diseases and ‘Type C’ personality with cancer.

Check Your progress 2

1) What is the effect of age on a person’s personality?

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2) Why do old people appear different from young?

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3) What are the various approaches of personality that help understanding the behaviour of older adults?

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3.5 PSYCHOLOGICAL ISSUES IN OLD AGE

Gerontologists are interested more in the process of ageing rather than problems of ageing. It is not easy to pinpoint the changes that ageing brings about. Because, people grow in a particular socio-cultural milieu. Age change refers to biological, psychological and social maturation due to age. Age differences refers to differences among people of different ages at a given period of time. Cohort differences refers to differences among people born during a given interval (cohorts). Age difference may result from genuine age changes as well as from life experiences of people.

What is 'normal' for old age? There may not be a typical pattern of change in old age. We assume that there may be a gradual and progressive decline in physiological variables. Mild age-related physiological decline may not have much impact on behaviour of people. There is a tendency to compensate for such losses. Usually, illness or pathological ageing brings about changes in personality and behaviour.

We notice difference in ourselves because our priorities and problems differ with age. Adult and middle years are closely involved with the world of work, marriage, children and social relations. As we grow older, there are greater leadership and administrative responsibilities. Gradually with retirement and grand parenthood, there is more leisure and also a need to redirect energies.

Some of the psychological concerns that have been widely studied are discussed in the following sub-sections.

3.5.1 Life satisfaction

Life satisfaction (LS) is a well-researched aspect of psychosocial gerontology. The general question that comes to the mind of everyone who is working in the field of ageing is how to promote life satisfaction among aged because this is the ultimate thing everyone wants from the life at the end. But before that it is important to understand what is life satisfaction? Along with it we also need to investigate does older people are less satisfied with life than young people.

Let's begin with understanding Life satisfaction. LS constitutes the cognitive dimension of subjective well-being (SWB) and refers to individuals' global evaluation of their own lives. It is assumed to be relatively stable because it is assumed to be highly heritable. High level of LS comprises of high levels of positive affect e.g., happiness, pleasure, joy and lack of negative affect e.g., anger and depression. Usually, it is assumed that due to decline in physical and cognitive state and social losses, it is reasonably difficult to maintain SWB.

Life satisfaction is a subjective experience of an individual that may vary from person to person. Let's understand what determines the life satisfaction in later years of life? There are several views on what determines the LS in later years of life. Researchers have offered various possible explanations as to why ageing-related losses do not appear to be accompanied by a reduction in SWB (i.e., positive affect and LS). The selective optimization with compensation theory states that older adults maximize the positive (e.g., gains) and minimize the negative (e.g., losses) affects by selection, optimization, and compensations, successful ageing entails selective investment in goals and environments and

drawing on accumulated expertise to optimize performance in selected domains to compensate for inevitable limitations. In old age, when losses are frequent, it might be of particular importance to maintain growth-related goals for promoting well-being, rather than focusing essentially on losses.

The hedonic treadmill theory postulates that people have well-being set points to which they inevitably return following adverse life events. According to this theory, the long-term stability in SWB can be accounted for by personality and genetic predispositions rather than by life circumstances.

The socioemotional selectivity theory postulates that greater emotional saliency will motivate people to regulate their emotions to maintain high levels of SWB. Thus, becoming aware that time is limited, older people direct their efforts toward maintaining emotional well-being and engaging in successful emotion regulation strategies largely than younger adults.

There are some factors studied in several research studies that are correlated with LS. Some studies shows that LS in old age is health and health security. Some people in late seventies may enjoy robust or fairly sound physique and some may become frail or develop morbid conditions in early sixties that may influence their level of life satisfaction. LS also markedly influence by the age, gender, education level, marital status, living arrangement and socioeconomic status. Ageing in combination with low level of education, and low level of socio-economic status develops lots of psycho-social insecurities, henceforth effect the life satisfaction. The role of gender should also be considered and studied while understanding the LS among aged population. In Indian patriarchal society large number of elderly women are illiterate and economically dependent on others for survival. Along with this due to age difference at the time of marriage in male and female couple women face widowhood more than men. Therefore, elderly women in general report lower life satisfaction when compared to men.

Marital satisfaction is also a predictor of life satisfaction in old age. Marital relationship is a primary source of social involvement, companionship, feeling of fulfilment in old age. Marital happiness is not something to be taken for granted. A progressive 'disenchantment' with marriage is reported in middle ages. An improvement in marital quality after parental responsibilities are over is also reported. In marital happiness too, there are sex differences. Women in general report more stress as well as happiness in marriage. In the elderly, marital happiness is closely related to morale. When old couples have a happy marriage, it becomes the centre of their lives.

Older people living in secure environments and having higher educational and economical levels enjoy life better. Good family ties make for life satisfaction at any stage of life, more so in old age. Life satisfaction is inversely proportional to loneliness and social isolation. Therefore, older couples living with their children and grandchildren respectfully feel more satisfied than those living alone or in old age homes.

3.5.2 Social support

Old age is bounded with many physical, emotional, psychological and social challenges. As per the socioemotional selectivity theory with increasing age

people become more selective in choosing emotionally meaningful goals and activities. They know that sooner or later their physical dependency will increase and mobility would be restricted. Children too may leave for other places or may not be with them all the time. The people we are surrounded with are important for emotional, psychological, physical and spiritual health. We need people around us for every occasion of joy or grief, old age which is known as time of losses social support is significantly important.

Social support is defined as an exchange of resources between at least two individuals in which either one perceives it as something intended to enhance the well-being of the recipient. It can be understood with help of two different constructs: structural versus functional and perceived versus received. Structural social support refers to how an individual connects or associates himself with others. It can be assessed in terms of size of social network, network composition, frequency of contact with those in one's network and, multiplexity of the relationships between the individual and other members. Marital status, living arrangement, size of networks, sources of social support and frequency of social support are the components of structural social support.

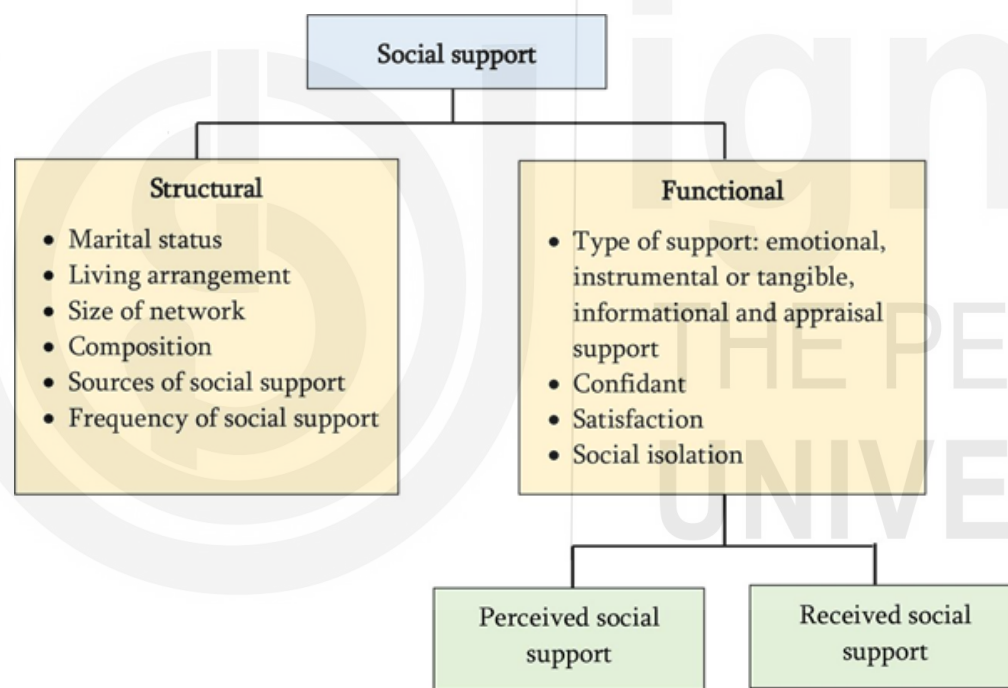


Fig 3.2: Conceptual framework of social support adapted from Cobbs (1976), Berkman et al and Schwarzbach et al.

(Schwarzbach M, Luppá M, Forstmeier S, et al. . Social relations and depression in late life-a systematic review. *Int J Geriatr Psychiatry* 2014;29:1–21. 10.1002/gps.3971

Cobb S. Social support as a moderator of life stress. *Psychosom Med* 1976;38:300–14. 10.1097/00006842-197609000-00003

Berkman LF, Glass T. Social integration, social networks, social support, and health. *Soc Epidemiol* 2000;1:137–73.)

However, functional social support is the exchange of emotional, instrumental or tangible, informational and appraisal support. It is the qualitative aspect of social support which creates the actual social support system. It enhances the confidence, level of satisfaction and reduced feeling of isolation among individuals. Functional construct of social support is further divided in perceived and received social support. Perceived social support refers to a person's potential access to social support i.e., from where (e.g., son, daughter, friends,

relatives, society, government, non-governmental agencies etc), when (just on time/ delayed) and how much (just expression of concern, first-aid, efforts for the permanent solution of the problem) social support they receive from others while received social support is what a person has received or has been utilising from the social network such as filling of monthly utility bills, availability of someone to take elderly person for medical check-ups, buy medicines, groceries, fruits, support for maintenance works at home, food as per their requirement. If the status of ADL and mobility is poor, then this support comprises of talking to them and doing things that involve constant share and care.

Lack of social support has the potential to let an older adult feel isolated, depressed, worthless and full of guilt. At the same time, the presence of social support can enhance the level of self-efficacy, confidence, satisfaction and happiness among older people. In an era of migration and virtual social networking older adults are struggling to have someone around them. In urban areas where newspapers report crime against older adults, older adults living alone, can't trust people easily. Increasing sense of insecurity, poor adaptation of technology, heavy traffic on roads has weakened the traditional social support system of older adults. Earlier they used to sit at chaupals, in front of their houses and meet everyone and observe passers-by. The young children of neighbourhood would also willingly support them in instrumental activities of daily living. There used to be a sense of belongingness in the villages, where they call and treat the residents of their village as dada, tau, chacha, mausi, bua and amma etc. The construct of uncle and aunty is foreign to our country. In modern set up of urban society lack of social support is the big issue behind the poor health and well-being of older adults. Therefore, mental health professional must identify the possible sources of social support in the life of older adults and try to develop meaningful contacts, promote reciprocity in assistance wherever possible. Intergenerational family therapy could be used to reinforce abilities of older adults to give as well as to receive care, knowledge and experience to next generation. Community based long term care system can also be developed to support older adults' need of activities of daily living (ADL) and instrumental activities of daily living (IADL).

3.5.3 Loneliness:

Loneliness is an important psycho-social aspect of ageing population. It is a feeling of being alone which is primarily due to lack of interaction with related others and loved ones. But there are several other factors too present in the society such as loss of job, status, power position, spouse, friends, virtual socialization, architecture of houses, lack of social security etc. promote loneliness in later years of life and which we are going to discuss here in brief.

Old age is already a period of losses such as loss of job, status, power position, health, spouse, loss of friends and separation from related others etc. It is not easy to bear the burden of these losses all alone. There is a need of emotional and social support to accept the losses and move ahead in life. The psycho-social status of older people also diminishes at the family front because of reduced participation in decision-making. The low status in family and society often leads aged people to feel worthless and unwanted. To deal with their loneliness,

a popular strategy among older adults is to join some religious or spiritual group. However, for many of them and especially those who are suffering from chronic diseases, illnesses or disability, it is difficult to get socially active.

In the modern era loneliness is increasing across all age groups, rather than physical interactions even young people are socializing on virtual social sites through their laptops or smart phones, the feeling of isolation among older adults has increased many folds. Older adults who are incapable of using social media for interaction with others, realise the deficiency of education, technological skills and sometime lack of affordability to buy the gadgets that may increase their social interaction with others.

Architecture of dwellings is also an important factor in promoting loneliness not only among older adults but in everyone. The vertical architecture where horizontal big houses are replaced by vertical multi-story buildings with lifts has minimized human to human interaction and maximized human -technology interface. Joint families have been replaced by nuclear families and houses with big courtyard & verandas are no more available for frequent interaction in small 2BHK or 3 BHK flats.



Fig. 3.3: Loneliness an outcome of aging

Social security is another big factor responsible for loneliness among older adults. In the modern structure where one neighbour doesn't know the another one living in adjacent flat older people prefer to keep themselves inside their home for safety and security reasons. Nowadays the trend of older adults living separately from children has intensified the situation negatively. Older couples living together are often cheated, robbed or murdered by known or house helps. Such news develop fear and restrict usual interaction with others in the society and ultimately result in the feeling of loneliness.

Loneliness and isolation can have detrimental effects on health and psychological well-being. The older adult suffering from loneliness most of the time do not

admit it in front of others. This is so because as per their cultural training, old age is the time of reflection of their own deeds (Karmas) that is why they associate their loneliness with their own past Karmas. The feelings of guilt and shame are strongly associated with feelings of loneliness. They are likely result into brooding and depression.

Body and Mind do not work in isolation. One effects the other in both positive and negative manner. However, many adults counteract loneliness by having active social lives, living in retirement communities, or participating in positive hobbies. Staying active and involved in life counteracts loneliness and helps increase feelings of self-esteem and self-worth.

3.5.4 Inability to adapt technology

In the world of technology, it is very important to keep oneself updated with daily upgradations in technology. The era when everything is online and all the interaction with everyone outside is based on the technology, the life for older adults has become more difficult than it was earlier. Younger generation is more technology friendly because from the beginning they are using it however, older adults who are not used to technology find it difficult to cope with those who are even not half of their age. They feel ashamed of admitting that they don't know how to write messages, download apps or to forward post, write mail, pay monthly bills, buy tickets, browse the status of their loan or file complaints etc. And these are only a few examples showing the story of their struggle with technology in the era of digitalization. Many older adults are illiterate or may have language barrier in writing and reading. Technical comfortability poses a serious threat to the dignity and self-esteem of older adults. It obstructs the daily activities and instrumental activities of daily living as well as of other areas of psychological fitness. It puts a question mark on their personal growth and probable success avenues of older adults.

3.5.5 Geriatric Depression and suicidal ideation

Worldwide depression is one of the most common mental disorders experienced by older adults (Fig 3.5) It is not only prevalent disorder, it is also a pervasive problem of increased dependency and disability. Geriatric depression is a mental and emotional disorder affecting older adults. Feelings of sadness and occasional "blue" moods are normal. However, lasting depression is not a typical part of ageing. Depression is associated with suicide ideation. Loss/gain of appetite and sleep, lesser interaction with others, self-blaming or self-harming attitude, loss of interest in work and hobbies, constant feeling of fatigue or generalized pain in the body, feeling of worthlessness, sadness, fatigue, loss of energy, trouble concentrating, loss of memory or forgetfulness are common symptoms of depression.

Depression is likely to be major cause of disease burden in the future. Among elderly people, chronic diseases, restricted mobility, bereavement, abuse, loneliness, loss of status and diminished income are major risk factors responsible for depression among older adults. Along with these, increased morbidity, decreased performance in physical, cognitive and social functioning and high self-neglect are contributors to depression.

Did you know?

- Studies by the Centres for Disease Control and Prevention (CDC) Trusted Source estimate that 7 million American adults over the age of 65 experience depression each year. The CDC also reports that adults over the age of 65 made up 16 percent of all suicide deaths in 2004.

- About 322 million people affected with depression worldwide. Depression is the single largest contributor to global disability (7.5%, 2015) and a major contributor to suicides (~800,000 annually).

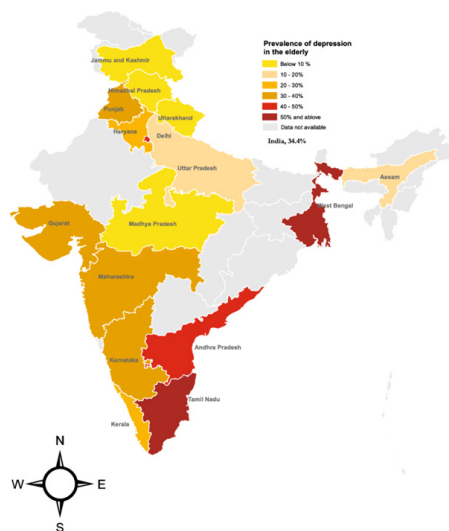


Fig. 3.5: Estimated prevalence of depression among elderly persons in States of India, 1997–2016. Map was created by authors using ArcGIS 10.5 (ESRI, RedLands, USA)

(Reference- Pilania, M., Yadav, V., Bairwa, M. et al. Prevalence of depression among the elderly (60 years and above) population in India, 1997–2016: a systematic review and meta-analysis. BMC Public Health 19, 832 (2019). <https://doi.org/10.1186/s12889-019-7136-z>)

The depressive state of mind increases the risk of suicide in older adults. Unfortunately, ageism and various stereotypes related to age in our society delay the process of seeking professional help at the initial stages of depression. The cases of severe depression accompanied with many comorbidities of patient and non-cooperative attitude of family and friends increases the challenge of successful coping with depression and suicide ideation.

Timely check on the mental health of elderly family member along with support from family friends and relatives is very helpful in coping with depression. Other preventive measures such as pharmacotherapy, cognitive behaviour therapy, family therapy and role-play significantly reduce geriatric depressive symptoms.

3.5.6 Adjustment and well-being

You may have wondered why some old people seem content and complacent even in the face of health problems. Some old people appear cross and bad tempered all the time. Even among cognitively impaired, some are easy to manage, while some are impossible to take care of. This is because people adjust to the stresses and problems of life in different ways.

Healthy adult development consists of the following:

- 1) *Having good contact with reality and being in touch with self and the environment.*
- 2) *Developing mastery of physical, intellectual, social and emotional competencies.*
- 3) *Acquiring Self-direction, to have an identity, be free from undue social pressure, and to tolerate stress.*
- 4) *Attaining personal growth and self-actualization, developing one's potentials and move toward self-fulfilment.*

Different Perspectives of Process of Ageing

Adjustment is the outcome of our efforts to deal with stress and meet our needs. An adjusted person is capable of satisfying his or her needs. At the same time, he/she is able to keep a harmonious relationship with others in the environment. Adjustment is influenced by heredity as well as environment. Frustrations, conflicts, stress and unhappy events in life affect our capacity to adjust. At every age, we have to actively make adjustments to changing situations. This is true even with old age. People who were well adjusted continue to be so in old age.

As JER Tolkien says: " The old that is strong does not wither: Deep roots are not reached by the frost". Old people need to adjust to their declining health. This affects the ability of self direction and their competence. A significant concern of older people is not that they are growing old. Their real worry is that they may lose their memory, intelligence and become dependent on others. Adjustment decreases with age. But as said earlier, there is continuity in personality. People who were well adjusted earlier continue to do so in later. Well-adjusted people are better in health, have more social contacts, and satisfied with life. Loneliness, boredom, absence of social activity leads to poor adjustment.

Check Your Progress 3

1. What makes old people lonely?

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2. Define adjustment in old age?

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3.5.7 Psychological well-being

Psychological well-being (PWB) is the subjective sense of overall satisfaction. It is an indicator of positive mental health. It represents the person's evaluations of life as a whole, including the self. It consists of cognitive, and affective evaluations. PWB is multi-dimensional. It has a component of positive affect such as happiness and satisfaction. It also involves absence of negative mood and depressed feelings. Psychological well-being is often used as synonym with subjective well-being, happiness, life satisfaction, quality of life etc. PWB is a basic requisite to cope with distress. There are several views by prominent psychologists and researchers working in the field of mental health.

Deci & Ryan (2008) defined psychological well-being as a combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (the eudaimonic perspective).

Carol Ryff also developed a six factors theory that describes factors which contribute to wards psychological well-being (Fig 3.6) The factors are:

1. Positive relations with others
2. Environmental mastery
3. Autonomy
4. Purpose in life,
5. Personal growth
6. Self-acceptance

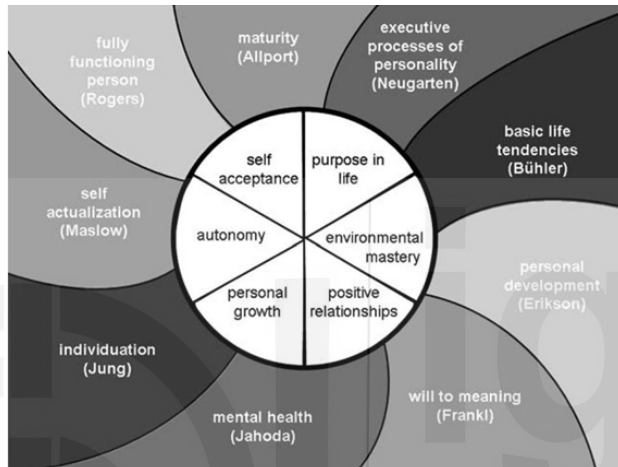


Fig. 3.6: Carl Ryff's Six factor model of Psychological well-being

(Reference: Ryff, C. D. (2014a). Self-realisation and meaning making in the face of adversity: A eudaimonic approach to human resilience. *Journal of Psychology in Africa*, 24(1), 1-12.

We all understand the importance of all these six factors in our life but how to attain them for good psychological well-being is an important issue and concern for mental health professionals.

Indian discourse of psychological well-being comes from the Vedic and the non-Vedic tradition of India. Psychological well-being has been embedded in life style of every citizen. In Indian system the true meaning of life and the ultimate sense of well-being are manifestations of the same transcendental state of awareness, which human beings are capable of accessing. To be established in such a state also means that one is free from the repeated cycles of birth and death humans are said to undergo. Such an understanding of human existence and human potentiality has resulted in a qualitatively distinct perspective on life, meaning, and well-being in India. In Indian context older adults whose life philosophy is based on such broader meaning of life found it bit challenging to live with their traditional values and adjust with others in today's, fast and competitive World where material gains are valued more over spiritual gains.

Looking at the psycho-social aspect of aged people, forgiveness, optimistic expectations, positive thoughts helps older adults to cope with stress for their well-being. On the contrary, unfulfilling obligations, unsatisfying relationships with others, physical, economic and psychological dependency distort the psychological well-being of older adults and lead to frustrations and dissatisfaction and sadness.

Did you know?

- Mental and neurological disorders among older adults account for 6.6% of the total disability (DALYs) for this age group.
- Approximately 15% of adults aged 60 and over suffer from a mental disorder.

3.5.8 Cognitive Changes

Changes in intellectual processes with ageing is a matter of serious concern for every one of us. Every society seems to have terms to represent the confused old person. Old age is Dotage ! Sixties is described as the age of poor memory, concentration and, sometimes, disorientation.

Would an intelligence person continue to be so in old age depends on many factors. People differ markedly in their intelligence level. A highly intelligent person may show little decline. Less able persons may decline faster. Other factors that influence intelligence are education, social class, occupation, health and nearness to death. People who are suffering from diseases and have suffered psychosocial losses show a drop in intelligence.

If senility occurs then all individual differences disappear. Then it is not age, but disease that makes a difference to ability. Memory declines, creativity becomes non existent and intelligence drops drastically. But this is pathological ageing. This need not be the pattern in normal ageing.

When normal people are studied over the life span, certain findings emerge. Adult intelligence seems stable in the average range. There is a clause added to this optimistic view of stability of intelligence. There is decline some specific functions after age 60. Declines in cognitive mechanics like memory, attention and speed may be modest till 70 years. Some even show a pattern of selective growth of abilities in old age. The benefit of experience and practice of known skills improve intellectual functioning. People also have reserve capacity that helps them acquire new skills. There may be age-related limits to this reserve.

In normal people, it has been noted that IQ test performance declines on test that measure speed and activity. Verbal abilities show more stability. Usually declines are not found before age 50 or 60. Physical health and psycho-social stress adversely affect intelligence. When a person is closer to death, a sharp drop in IQ is noticed. This is called "terminal drop."

Research over several decades point to this conclusion. A typical elderly person is likely to be somewhat "slow" at intellectual tasks. He/she may be somewhat impaired at mastering new problems. But they are likely to be relatively unimpaired in many aspects of ordinary intellectual functioning. Accumulated experience and knowledge often compensate for the slowness in activity.

Did you know?

It is estimated that the number of people living with dementia worldwide are 44 million, and this was predicted to double by 2030.

The mechanism behind memory loss with advancing age is not yet well known. Health factors appear important. Even a mild degree of vascular disease has been found to be related to decline in memory ability. Since age is associated with such diseases.

Psychosocial Changes Old people have trouble in remembering events from past if they have not been recalled frequently. You find them mixing up dates and names because of this. They may go to grocery shop and not remember what they want to purchase. This is because they have more trouble storing the information. But if a cue is given, then they will remember e.g. if they see the item they wanted displayed in the shop, recall will be easier. Biological Process of ageing Learning new things may become more difficult. There is a common saying that 'one cannot teach an old dog new tricks.' This is not exactly true.

Learning difficulty in older people seem to be due to slowness of performance. Self-pacing allow person to select the speed at which to respond), older people learn better. Rehearsing a skill helps learning better. Retraining and continuing education in middle and older years help persons learn better.

What has to be remembered is that not all people experience memory impairment in old age. But with advancing age memory problems become more common. Most older people show some decline in intellectual functioning especially in performance aspects. This is not normally found before age 50 or 60.

Serious impairment in memory, comprehension and judgement are signs of dementia. As Arie (1985) states, old people with failing brains have three main needs:

- 1) Security because their capacity to function physically far outstrips their capacity to adapt to change.
- 2) Stimulation because dementia, especially when accompanied by sensory privation, makes the world a frightening and lonely place
- 3) Patience because old people are slow, but time and again they astonish one by their capacity to get there in the end.!

Check Your Progress 4

- 1) Which psycho-social factors are responsible for loneliness among older adults in society?

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- 2) Define social support? Describe various constructs of Social support?

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- 3) Define Geriatric depression? What are the symptoms and causes of depression in older adults?

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- 4) Define Psychological well-being. Why psychological well-being is important in later years of life?

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5) What are the major cognitive changes with age?

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3.6 SOCIAL CHANGES IN OLD AGE

The world around an ageing person keeps changing. The social context keeps altering. Retirement, widow/erhood, physical illness, dependency and institutionalization are some of the major role changes that accompany later life. Relationships also change over the life course. Young adulthood tends to be characterized by low level of involvement with others. In middle age, activities with nuclear and extended kin increase. In late middle age, participation in voluntary association reach a peak. In old age, mobility declines. Family and neighbourhood become more central. So, age (or to be precise, stage in life) affect both number and type of social network

3.6.1 Bereavement/Widowhood

One crucial transition in older years is widowhood. It leaves the survivor confused, lonely and depressed. It is a possible event in the life cycle of every person who stays married. Widowhood affects the mental and physical health of people adversely.

Loss of spouse may be more damaging to the well-being of women. Widows face not only emotional problem but social, economic and cultural problems. Widows have been identified as a special group with specific needs that are often protracted beyond the initial period of crisis.

As per census department, India’s population in 2011 was 121 crore and of this 4.6% or 5.6 crore are widowed with women outnumbering men in a big way. The gap at the time of marriage between the male and female, greater life expectancy, low cultural support to remarriage of widowed females are the major reasons for high rate of female widows as compared to widowhood among males older adults. Widowhood increases the older women’s vulnerability to abuse and suppression because of its correlation with illiteracy, financial & emotional dependency and lesser participation in decision making and minor significance in formal work force. In the absence of welfare schemes many of them are abandoned in Vrindavan where they must live off charity while they wait to die.

Losing a spouse is distressing to both men and women. But in most cultures the status of women lowers drastically after widowhood. They are considered inauspicious and have restrictions on participation in social events. In the 21st century also, we live with taboos around remarriage of widowed women. There is silent transfer of cultural values which give high status to women who sacrifice their dreams and desires for family and children. This process promotes submissiveness among women and to some extent, is responsible for the frail mental and physical health of women in society.

Did you know?
The estimated number of widowed persons worldwide in 2020 is approximately 350 million, with the large majority, approximately 80 percent, being widowed women. While globally about one out of every 15 people in the marital ages are widowed, country rates vary enormously across a broad range.

3.6.2 Retirement

Retirement is a major turning point in old age because it puts an end to occupation life of the person (Table 3.1). This event has several implications. Retirement reduces the income of the person. It also suddenly removes the person from work force. Able bodied and healthy people may not be willing to give up working. But they are forced out of active work life.

Adjustment to retirement goes through several stages. The 'initial' phase is characterized by involvement in a variety of self-selected activities. In the second stage, reality of poor economic and health status, and lack of meaningful activities lead to a feeling of disenchantment. This is followed by a 'orientation' phase. People make realistic plans and develop alternatives. If they are successful, then a period of 'stability' follows. The final 'termination' phase involves coping with illness or declining resources with age.

One major problem for retired people is time structuring. Suddenly people have plenty of time Psychosocial Changes on hand and nothing meaningful to do. Life expectancy is increasing now. Hence, people live for many years after they retire from work. Many people miss the social status, privileges and power they used to enjoy while working.

Family relationships also pose problems sometimes. Men who had been too busy to devote attention to their families often feel strange when forced to spend all the time at home. Some sort of preparation is thus required for retirement. Having hobbies, cultivating interests, planning for post-retirement life are essential.

Table 3.1: The losses and gains from retirement

“Losses” after Retirement	“Gains” after Retirement
<ul style="list-style-type: none"> • Stable regular income • freedom in spending money • status based career identity • sense of belonging to the organization • opportunities to socialize with colleagues • fixed daily routine and working hours • personal space for work • direct involvement in social welfare activities and opportunities to acquire new skills and growth prospects • self-esteem, self-worth and confidence from one’s contribution to the society 	<ul style="list-style-type: none"> • more opportunity for flexibility in daily living without limitation official working hours • freedom from work related stress • flexibility in terms of time • more of family time • high opportunity to be with old friends and make new acquaintance • united with seniors, retirees or voluntary organizations • more leisure time (both active and passive), opportunity for healthy and active life style • freedom to move beyond working place • more opportunities for life-long learning in terms of fulfilment of hobbies and passions • greater freedom to do the things preferred

Age weakens the body but increases experience and wisdom. Retirement from work in many western countries is the choice of the person. Older adults have

to decide whether they find themselves in a sound mental and physical condition then they can continue working because their knowledge is considered as assets. However, in countries where employment is an issue for even younger generation, retirement gives opportunity to young people at the cost of older adults (irrespective of their functional status). Older adults after retirement psychologically accept and consider themselves as old and good for nothing. Few years after the retirement, they keep themselves motivated and pace with daily routine but after that they start feeling lethargic, and worthless. Several research evidences show the sharp decline in the physical, cognitive, emotional and psychological health of older adults after retirement. The result of a study done by National Bureau of Economic research in 2006 says that complete retirement leads to a 5-16 percent increase in difficulties associated with mobility and daily activities, a 5-6 percent increase in illness conditions, and 6-9 percent decline in mental health, over an average post-retirement period of six years.

Therefore, keeping in view the huge size of older adults (due to reach approximately 150 million by 2050) is a need of post-retirement schemes that engage older adults in socially and economically productive activities.

3.6.2 Loss of social status

Old age in modern societies is often associated with loss of social status. In traditional societies aged were better adjusted as compared to the present times. They enjoyed power and prestige in family and community. They had decision-making responsibilities. Still in many rural areas older adults are enjoying their high status in society as compared to the situation in urban areas where they are just available as guards in the absence of family members. Because their traditional methods of living life and working doesn't go with the technology-based life style. That is why they are considered as burden.

Older people were considered wiser, They were the repository of skills and knowledge that a community needed. When to sow, when to reap, when to rotate crop, e.g. were the type of information needed for survival of agrarian society. But modern society no longer depends on the accumulated wisdom of older persons. Migration of the young, changes in family, urbanization, technological changes are the other reasons for loss of status of the older people.

3.6.3 Ageism

Ageism is a term coined by Robert Butler. It is a prejudice and discrimination levelled by one age group against another. Chronologically age may be used as a basis for discriminatory practices. Negative attitude towards older people is becoming more common.

There is considerable research on ageism in the west. Young people are said to consider old people as rigid and old fashioned. Some resent the money spent on older people and call the aged as "greedy geezers". Planning agencies may consider them as passive receptors of public largesse.

Older adults have to comply to the perception of society at the cost of their wishes and desires. Clothes of bright colour, going out for movies, coming late for parties, having intimate relationships, latest hair style, desire for food of their choice, applying make-up (quotes like 'budhi ghodi lal lagam' 'app kya

karoge paison ka', Oho apko movie dekhne jana hai' 'apni umar to dekho', 'inhe to kuch yaad hi nahi rahta', 'inse kya poochna, inhe to kuch pata hi nahi ai' are few famous anecdotes in the society) are just few examples of the stereotypes related to age known as ageism are present in our society. Where at every step before doing anything, older adults have to think whether it goes with their age or not.

Younger people portray the strong boring, responsible and sacrificing image of older adults in society, who should only think about God and get involved only in religious activities. Older people in order to avoid criticism further add up to their struggle complying with the age-related stereotypes of society. But in the entire process they give up all their desires and dreams stay peacefully.

The term generation gap is also used frequently. Generation gap consists of differing values, attitudes, and life styles between young and old people. The reason for such differences may be many. It may be because, old and young are at two different stages of life cycle. Their preoccupations and concerns are different. Another reason may be historical factors. Old people grew up in a totally different environment. Young are living in a drastically different time.

Some argue that generation gap is inevitable. The conflicts may be more when rapid social change is taking place. Our concern here is to what extent such differences affect the well-being of the older people. Involving different generations in diverse activity is necessary to bridge the gap. Biological Process of We need to be sensitive to issues like agism and generation gap. We ourselves may hold such ageing attitudes. But, we may not be aware of them. How many times have we dismissed what an older person is saying with comments like "this old man repeats his usual puran"? Healers have to learn to respect the need for self-expression and self-esteem of the older patients.

3.6.4 Changes in family and living arrangement

Earlier, joint families were more common. This provided shelter to people during illness, disability, old age and during crisis. Migration rates were also low, families were stable at one place and traditional care system was maintained. The older patriarch had a position of power and prestige. Close community ties also ensured that older people were provided care and support. With urbanization, families tend to get smaller. Young people who migrate to cities often leave their elders behind in villages. Sometimes because the aged cannot adjust to urban life or sometimes because living space is not enough to accommodate the aged. Even in urban areas older people live alone because the young prefer to live separately. Widowhood also affects living arrangements. There is a trend for urban widows to live alone. Where a person lives makes a difference to quality of life. Older people who live alone are more vulnerable. Because, they will not get help quickly in emergency. The amount, duration and quality of care they get also will be affected. Loneliness and depression may also set in when an ageing older person is forced to live alone. In India, living with the family of a married son was the most favoured option. Living with a married daughter's family is not so culturally approved. Old age homes are not yet popular. Children who allow their parents to live in old age homes are criticized by kith and kin. In recent years, several institutions are coming up for affluent elderly. There are housing schemes which provide for medical, recreational and safety needs

Did you know?

The Census 2011 covered households comprising of senior citizen members. The data released was thus:

- Of the 25 crore people living in India, 31.3% have at least one elderly person in the household.
- 1/3rd of the rural households has a senior citizen. 28 lakh of them are women above the age of 60 living alone. 1.2 crores senior citizens live in a household where there isn't anyone below the age of 60 living with them in rural India.
- Urban areas see comparatively lesser number of senior citizens in households, at 29%. 8.2 lakh women live alone in urban areas that are above 60 years and above. 37 lakh senior citizens live without anyone younger than 60 living with them in urban areas.

of the elderly. Group housing, sheltered housing, integrated housing schemes are other options. Living alone becomes difficult as age advances and disability sets in. In modern societies there is also increasing crime against elderly living alone. Training of domestic servants, paraprofessional in geriatric care may help easing the problems of older disabled people.

3.6.5 Elder abuse

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 is the upcoming challenge in the society which is the outcome of the negative attitude towards older adults. Their low socio-economic status, physical and emotional dependency, changing value system, increased burden of physical and mental health treatment has posed threat to dignified living of older adults in the society. They are vulnerable to several kinds of abuse such as financial, verbal, physical, emotional or psychological and sexual abuse, self-neglect and abandonment. Regardless of types, elder abuse can have devastating consequences, including great emotional suffering, serious physical injuries and even death.

The country which was known for the high status of elderly family members is facing the issue of increasing elder abuse in society, especially in Tier 1 and Tier 2 cities. The Government of India has passed the Maintenance of Parents Act in 2007, then amended in 2013 and 2018. As per the act the sons have a legal obligation towards taking care of their parents. In 2013, the parents could complain against them and the sons could be held legally for not supporting their parents. In the amendment of 2018, daughters and sons-in-law were also held responsible for supporting their parents.

The Parents and Senior Citizens Act of 2007 is a bill that makes it a legal obligation for children and legal guardians to provide maintenance to older adults. It permits state governments to start and maintain old age homes in each district. Senior citizens can apply for a monthly allowance from their children, in case they are not able to support themselves. The children or heirs could be punished for not providing maintenance to older adults. The punishment could be paying a fine of Rs.5000 or three months in prison or both.

There is a strong need of awareness programs to bring out those who are silently accepting the abuse and are fearful in reporting the cases of abuses and maltreatment. The older adults should have confidence in the government and the system that the reporting of abuse will not increase their sufferings. Along with it a strong system is required for the rehabilitation of victims of elder abuse.

<p>Check Your Progress 5</p> <p>1. What are the factors responsible for the poor mental health of older females in India?</p> <p>.....</p> <p>.....</p> <p>.....</p>

2. What is the impact of widowhood on well-being of a person?

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3. What is ageism?

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4. What are the stages of adjustment to retirement?

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5. Define elder abuse and its types?

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3.7 PSYCHOLOGICAL CHANGES IN THE LATER STAGES OF LIFE

Old age inevitably brings in the awareness that life is finite. Even when one is in good health, death of friends and relatives will be a constant reminder that death is always around us. Many people avoid discussing about it. Sometimes, this avoidance of thinking about death extends to avoiding aged and terminally ill people.

Everyone knows that we are living for the finite time that begin with birth and ends with death. In a normal course of development infancy, childhood, adulthood, old age and dying are the stage of life that everyone go through. Though no one is certain about his/her age in life but people expect that they will cross the usual life expectancy period. Before the actual death people start thinking about it more with the increase in their age. As the age grow old people think more about the death and all their future plans are based on it. The perception and attitude towards death is different for different people. People who are happy and satisfied with achievement in life accept the reality of death more peacefully as compare to those who lived frustrated, discontented life and are full of agony. Some older adults become extremely anxious, irritated and depressed. Anxiety is associated with fear of getting separated from family, friends, all the materials acquired by the person in life time. The different psychological mechanisms work on the death of spouse or closed one in old age. Few people develop resilience and accept the fact the other person has to go, they tend to cope with distress better than non-resilient people.

Many old people, in normal circumstances, work out the meaning of death for themselves. Those who are entering a hospital or institution often feel more anxiety and disruption. Though older people may talk about death, it does not become a major psychological issue till the last few years of life. There are cultural differences in how death is viewed.

A. Life Review Process and Reminiscence

Another psychological process that is triggered by closeness to death is life review. Life review is a naturally occurring mental process. Old people realize approaching dissolution and death. They no longer feel invulnerable. Death is not something that happens to others. Such realization leads to life review. This process consists of reminiscence. One starts thinking about oneself. Reconsidering previous experience, examining the meaning of events take place. The past is examined in an effort to sense the consistency between the 'past me' and the 'present me'. Looking back on one's life leads to a psychological reorganization. It is needed to overcome the despair and develop a sense of integrity.

B. Psychological Changes Nearer to Death

The study of psychological aspects of dying process became popular in the 70s. Nearness to death seems to bring about changes in a person. Psychological functions change more drastically when a person is closer to death than by age alone. A decline in various measures of cognitive functions, emotional complexity and introspection are noticed in people who are about to die. Studies show that people's self ratings are much more accurate than physician's ratings. Older people were found to have a better picture of their health. This could serve as a 'medical alert' to focus physician's attention to possible health problems that may have been over looked. There seems to be a psychosomatic interaction in which bodily decline and progression toward death affect psychological processes.

C. Acceptance and Preparation for Death

In Indian tradition, the Asrama Dharma expected people to accept death gracefully. It was the natural end to one life time. Since the soul was immortal, there was no need to fear death. The body, like a worn out garment would be shed off in due time. Medical schools train physicians to preserve life and maintain health. In a sense, death is a medical failure. Kubler-Ross says, the anxiety about death is aided by our highly developed technology that attempts to find a "solution" to every "problem". In an attempt to preserve life, patient may be turned into a "thing" in which something has "gone wrong". This may rob a person to come to terms with the dying process. Biological Process of ageing Perhaps people in medical profession as well as clergy and family members should be given opportunity to work through their own feelings about dying patients. Understanding their own attitudes toward death will facilitate working with a dying person. People who know they are dying experience several emotions. Acceptance may neither be easy nor immediate. Kubler-Ross studied dying patients and identified certain characteristics. Knowing this helps

us understand people who are having a serious or terminal illness. The responses are : denial and isolation, anger, bargaining, depression, and acceptance. One may experience these one after the other. They may occur simultaneously also.

Check Your Progress 6

What are the different stages in accepting death?

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3.8 LET US SUM UP

In this unit we have run through various psychological and social aspects of ageing. Theoretical explanations of ageing brought out the significance of changes across life span in human being with increase in age. The changes in personality during midlife and old age have been discussed to develop the understanding of the process of change. Psycho-social well-being along with physical health are important aspects of ageing that altogether decide the index of happiness, life satisfaction, vulnerability towards physical ailments, resilience and coping from distress. Gender, socio-economic strata, education, living arrangement, marital status influence the psycho-social aspects of ageing.

The psychological issues such as life-satisfaction, social support, loneliness, inability to adapt technology, adjustment and well-being, depression and suicide ideation, cognitive changes that hamper the psychological well-being of older adults have been discussed in details. Along with it the measures to improve the psychological well-being and coping with distress are also described in brief.

In the next section theories of social changes with ageing are enumerated to give a brief idea about theoretical foundation of social change during old age.

In another section of social changes in old age an attempt has been made to provide an overview of the social challenges faced by older adults in terms of widowhood, retirement, loss of social status, ageism & generation gap, changes in family structure and living arrangement and elder abuse.

At the end psychological issues faced by older adults in later years of their life such as life review and reminiscence, changes nearer to death, acceptance and preparation for death have been discussed. The experience of different emotions when they realized the inevitability of death are also discussed.

The purpose of the entire chapter is to sensitize health care professionals towards the psychosocial issues of older adults. This chapter may help them in developing understanding of all the challenges older adults are going through that may further open up the scope for interventions, cure and healing.

3.9 GLOSSARY

- Life satisfaction** : Life satisfaction is an endorsement of or positive attitude toward one's life overall.
- Satisfaction** : It refers to the perceived fulfilment of expectations or standards
- Social support** : Social support is the perception and actuality that one is cared for, has assistance available from other people, and most popularly, that one is part of a supportive social network.
- Personality** : refers to individual differences in characteristic patterns of thinking, feeling and behaving.
- Loneliness** : affective and cognitive discomfort or uneasiness from being or perceiving oneself to be alone or otherwise solitary.
- Depression** : Depression, in psychology, a mood or emotional state that is marked by feelings of low self-worth or guilt and a reduced ability to enjoy life. A person who is depressed usually experiences several of the following symptoms: feelings of sadness, hopelessness, or pessimism; lowered self-esteem and heightened self-depreciation; a decrease or loss of ability to take pleasure in ordinary activities; reduced energy and vitality; slowness of thought or action; loss of appetite; and disturbed sleep or insomnia.
- Adjustment** : adjustment refers to the behavioural process of balancing conflicting needs, or needs challenged by obstacles in the environment.
- Well-being** : Well-being, also known as wellness, prudential value or quality of life, refers to what is intrinsically valuable relative to someone. So, the well-being of a person is what is ultimately good for this person, what is in the self-interest of this person.
- Psychological Well Being** : Psychological well-being refers to inter- and intraindividual levels of positive functioning that can include one's relatedness with others and self-referent attitudes that include one's sense of mastery and personal growth.
- Subjective well-being** : reflects dimensions of affect judgments of life satisfaction.

Ageism	:	Ageism is manifested in the way we think, feel and act towards age and ageing. It is directed towards people of any age group and can be both positive and negative.	Psycho-Social Aspects of Ageing
Elder abuse	:	"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."	

3.10 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- 1) We must know about life cycle to understand the differences in behaviour, during different stages of life. We must also learn to be sensitive to impact of life stage on people.
- 2) In general, the first half of life is dominated by growth and expansion. Second half is characterized by contraction and more indirect satisfaction of needs.
- 3) Some older people decrease their activity levels and interact less frequently. They become more preoccupied with their inner lives. At the same time, they become relatively free from the responsibilities of work place and family. The result is viewed as somewhat acceptable for both sides as elders may be granted a life of tranquillity and once, they disengage, their deaths may be less disruptive to society. However, not everyone disengages. It may not always be their preference. Rather it may be due to a failure of the social world to provide opportunities for engagement.

Check Your Progress 2

- 1) Personality get stabilized in adulthood. Consistency in personality is more common than drastic changes.
- 2) Older people appear different from young because they play different roles. Social norms expect us to behave according to our age. Priorities and concerns of aged differ from young. So old people behave differently.
- 3) There are four major approaches of personality that can help in understanding the behaviour of older adults named as Psychoanalytic approach, Humanistic approach, trait approach and social cognitive approach. The Psychoanalytic approach highlights the importance of childhood experiences, repressed needs and desires in the development of personality. Humanistic approach view personality from the point of inner values, determinations and interests of the individual that motivate his behaviour in a certain direction. It is the free will and desire for growth that keeps people motivated to behave in certain manner. However, Trait approach describes the personality of an individual from the traits acquired by birth and in life time that decide the behaviour patterns of an individual. The social cognitive approach on the other hand give weightage to the socialization process that helps people

in framing their behaviour around what is desirable and non-desirable in the society. People always weigh their decision in terms of profits and losses and then take decision. These are various perspectives each one give different angle to understand personality.

Check Your Progress 3

1. Loneliness in old age may be due to poor health. Poor sight and lack of mobility reduces social network. Loss of spouse, migration of children also causes loneliness.
2. Adjustment is the process of satisfying ones needs while maintaining appropriate relationship with others and the environment. Well-being is the sense of overall satisfaction and absence of negative feelings.

Check Your Progress 4

1. Loneliness is an important psycho-social aspect of ageing population. It is a feeling of being alone which is primarily due to lack of interaction with related others and loved ones. But there are several other factors too present in the society such as loss of job, status, power position, spouse, friends, virtual socialization, architecture of houses, lack of social security etc. promote loneliness in later years of life and which we are going to discuss here in brief.
2. Social support is defined as an exchange of resources between at least two individuals in which either one perceives it as something intended to enhance the well-being of the recipient. It can be understood with help of two different constructs: structural versus functional and perceived versus received. Structural social support refers to how an individual connects or associates himself with others. It can be assessed in terms of size of social network, network composition, frequency of contact with those in one's network and, multiplexity of the relationships between the individual and other members. Marital status, living arrangement, size of networks, sources of social support and frequency of social support are the components of structural social support.
3. Geriatric depression is a mental and emotional disorder affecting older adults. Feelings of sadness and occasional "blue" moods are normal. However, lasting depression is not a typical part of ageing. Depression is associated with suicide ideation. Loss/ gain of appetite and sleep, lesser interaction with others, self-blaming or self-harming attitude, loss of interest in work and hobbies, constant feeling of fatigue or generalized pain in the body, feeling of worthlessness, sadness, fatigue, loss of energy, trouble concentrating, loss of memory or forgetfulness are common symptoms of depression.

Depression is likely to be major cause of disease burden in the future. Among elderly people, chronic diseases, restricted mobility, bereavement, abuse, loneliness, loss of status and diminished income are major risk factors responsible for depression among older adults. Along with these, increased morbidity, decreased performance in physical, cognitive and social functioning and high self-neglect are contributors to depression.

4. Psychological well-being (PWB) is the subjective sense of overall satisfaction. It is an indicator of positive mental health. It represents the person's evaluations of life as a whole, including the self. It consists of cognitive, and affective evaluations. PWB is multi-dimensional. It has a component of positive affect such as happiness and satisfaction. It also involves absence of negative mood and depressed feelings.

Psychological well-being as a combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (the eudaimonic perspective). Looking at the psycho-social aspect of aged people, forgiveness, optimistic expectations, positive thoughts help older adults to cope with stress for their well-being. On the contrary, unfulfilling obligations, unsatisfying relationships with others, physical, economic and psychological dependency distort the psychological well-being of older adults and lead to frustrations and dissatisfaction and sadness.

Check Your Progress 5

1. There are many psycho-socio-cultural factors responsible for the poor mental health of older females in India. Illiteracy, early marriage, taboos of remarriage, financial dependency, lesser participation in formal work force, exploitation in informal work sets ups and constant suppression of desires in a patriarch society majorly responsible for the poor mental health of older women.
2. Widowhood may lower resistance and make people more prone to illness. Sense of hopelessness and depression affect mental health.
3. It is a prejudice toward old people. It is discriminating against people because they are aged.
4. Adjustment to retirement goes through several stages. The 'initial' phase is characterized by involvement in a variety of self-selected activities. In the second stage, reality of poor economic and health status, and lack of meaningful activities lead to a feeling of disenchantment. This is followed by a '~orientation' phase. People make realistic plans and develop alternatives. If they are successful, then a period of 'stability' follows. The final 'termination' phase involves coping with illness or declining resources with age.
5. 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." There are several types of elder abuse named as financial, verbal, physical, emotional or psychological and sexual abuse, self-neglect and abandonment that effect the mental and physical health of older adults and need committed interventions from the state.

Check Your Progress 6

- 1) The different stages in effecting death are: denial, anger, bargaining, depression and acceptance.

3.11 REFERENCES AND FURTHER READINGS

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