POSITIVE MENTAL HEALTH AND OLD AGE

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“Our survival depends on the healing power of love, intimacy, and relationships. Physically. Emotionally. Spiritually. As individuals. As communities. As a country. As a culture. Perhaps even as a species” (Omish, 1998). Old age is the closing period in the life span. It is a period when people ‘move away’ from previous, more desirable periods or times of “usefulness”. As people move away from the earlier periods of their lives, they often look back on them, usually regretfully, and tend to live in their present, ignoring the future as much as possible (Haas & Kappan, 1976).

According to a survey it has been estimated that there are 416 million old people (aged 60 years and above) around the globe and by 2020 worlds 11.9% of the population will be over 60 years including India where 7.5% of the total population is above 60 years (Suresh, 2002). Havighurst (1961) has divided elderly people in to two general categories on the basis of their attitude towards retirement; ‘transformers’ and ‘maintenance’. Transformers are willing and able to change their life style by reducing their activities by choice and by creating for themselves new and enjoyable life styles. This they do by dropping old roles and undertaking new.

They develop hobbies and become active in community affairs. This category of elderly people feel less stress than maintainers who hold on to work by perusing part time assignments after retirement and by supplementing this work with other activities to fill their time. This attitude is characterised by little or no interest in work per se but in the pay cheque.

In the Indian context, tendency towards aging is more spiritualistic than materialistic, as this later period of life has been described as Vanaprastha Ashrama, in the ancient literature. Elder people become more religious. A positive attitude towards economic security, friends and religion makes an individual less rigid and more adjustable. With changing time globalisation, easy connectivity to the outside world, electronic gazettes etc. has helped to change the attitude towards work and retirement in both male and female population. The so called “identity crisis” after retirement no longer bothers them.

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Vaillant (2003) while explaining four tasks of Erikson’s model of Adult Development added two more in it ‘Career Consolidation’ and ‘Keeper of the Meaning’. He pointed out that association of mental health and maturity can also be explained by the evolution of emotional and social intelligence over time. Erikson conceptualised such development as a ‘widening social radius’. Therefore maintaining positive mental health during old age is not a hard task because they have benefit of years of experience, of adjustment in relationships and mature coping to deal with their losses. Vaillant further explained the developmental task of ‘keeper of the meaning as between ages 35 and 55, our need for achievement declines and our need for community and affiliation increases’ (Franz, 1994). Depending on the opportunities that the society makes available, generativity can mean serving as a consultant, guide, mentor, or coach to young adults in the larger society. Generativity reflects the capacity to give the self—finally completed through mastery of the first three tasks of adult development—away. Its mastery is strongly correlated with subsequent mental health in old age (Vaillant, 2002). For in old age there are inevitable losses, and these may overwhelm us if we have not continued to grow beyond our immediate family. The focus of a keeper of the meaning is with conservation and preservation of the collective products of mankind—the culture in which one lives and its institutions—rather than with just the development of its children. Clearly, caretakers and grandparents are not mentally healthier than caregivers and parents. The distinction is only that grandparents are usually better at the tasks of keeper of the meaning than are 30-year-olds.

Old age is marked by physical, psychological, and social changes, adjustments and readjustments. The conditions that give rise to hazards in vocational life, family life, and health are usually beyond the individual’s control at the same time adjustments in these areas are very important for the satisfaction and happiness in old age]. The elderly frequently suffer from a variety of chronic ailments (Roy, 1986), death of friends or a spouse (Rabasca, 1999), and social isolation to varying degrees (Delisle, 1988). Old age often brings a ‘realignment’ of public and private selves (Larson, 1990). Retirement and old age also brings a diminution in a person’s role, within and outside of the family (Rosow, 1976). It involves role changes, change in interests and values and change in the whole pattern of individual’s life. Role reversal or dependency on grown up children, financial or emotional also causes stress as financial dependency is a bitter pill for most parents to swallow. They are unable or unwilling to relinquish their role of authority over their children. Adjustment is positively related to a favourable attitude among the retired elderly where as dispositional rigidity had a negative relationship with adjustment. (Sharma and Karunanidhi, 1996)

Loneliness is another major component that affects the mental health at this stage of life. Old age and loneliness are linked in the stereotyped picture of old people and is one of the most widespread myths about this age group (Tornstam, 1994). Old age usually referred as disruption of communication behaviours hypothesising that the elderly would exhibit more problematic social skills further resulting in psychosocial problems that their counterparts. Psychosocial problems include dysphoria, and lower self esteem (Segrin, 1994). Groups at risk are women and men who live alone, lower socio economic status group, people who live on their own but receive limited support from institutions (Kocken & Klaus-Meijs, 1993), increase in functional disability, emotional
distress/ depression, lack of financial resources, unsafe housing (Rizzo, Mizrahi & Kirkland, 2005). In a study, Paplau and Perlman (1992), observed that,

1. Loneliness is a result of deficiencies in a person’s social relations.
2. It is a subjective feeling, not synonymous with isolation. It is possible to feel lonely together with many people or to be alone without feeling lonely.
3. The feeling is negative and unpleasant.

However, Larson (1990) and Vander Voort (1999) asserted that it is the quality rather than the quantity of one’s social involvement which is more important. Although the elderly may spend less time interacting with others, their relationships may be more fulfilling and nurturing. Research suggests that psychotherapy can reduce not only psychopathology but also other physical complaints (Klausner & Alexopoulos, 1999). Keeping this in mind, it is important to develop cost effective psychological and psychosocial interventions. The penultimate life task is to become a keeper of the meaning. Like grandparenthood, this task involves passing on the traditions of the past to the future. Generatively and its virtue, requires taking care of one person rather than another. Finally, in the old age it is common to feel that some life exists after death and that one is part of something greater than one’s community. Thus, the last life task is integrity, the task of achieving some sense of peace and unity with respect to one’s own life. One’s social radius may expand to embrace the whole world. Erikson described integrity as an experience that conveys some world order and spiritual sense. “It is the acceptance of one’s one and only life cycle and of the people who have become significant to it as something that had to be and that, by necessity, permitted of no substitutions” (Erikson, 1950).

At last it can be concluded that as Weil (1997) asserted that the human species are highly social and communal animals that are meant to live in families, tribes, and communities, and when we lack those connections we suffer. Family system is the most important part of life. Hurlock (1980) has described 3 A’s of happiness: Acceptance, Affection and Achievement; the first two are purely related to home. Accepting old age as a transition to a new phase of life where one has fulfilled his/her responsibilities and duties, and is now free to fulfill other ambitions, like spending leisure time, reading books which were kept aside only because of lack of time, gardening etc. There are few inevitable facts of life, like, children will leave home in search of their own identity and to make their own family, friends and dear ones will be lost one by one, physical health will decline and so on, but the void should not be there because every developmental stage of life has its own well defined responsibilities and duties and the emptiness is filled with the thought that we lived our life fully with big and small achievements, and happiness.

REFERENCES


