

A Study on the Psychological Well Being of the Old Age Parents



Social Science

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ABSTRACT

According to the White House Conference on Aging, mental illness is the leading threat to independence and quality of life in older adults. The prevalence of mental illness among nursing home residents has consistently been found to be high. Two-thirds of residents were found to have diagnosable mental disorders and one-fourth suffer from depression. However, some individuals appear to be at greater risk for developing depression and/or anxiety in later adulthood. Wilson found that childhood adversity was associated with less adaptive psychosocial functioning in old age. In particular, emotional neglect and parental intimidation during childhood had the highest associations with less adaptive emotional functioning in later life. As individuals age increases, chronic illnesses increase significantly. The researcher has made a humble attempt to study the well being of elderly in puttalam district srilanka.

A STUDY ON THE PSYCHOLOGICAL WELL BEING OF THE OLD AGE PARENTS"

According to the Cleveland Clinic (2003), chronic illness may affect a person's mobility and independence, and effect the way a person lives, see him or her- self and/or relates others. There are often dramatic changes in psychological and social functioning. A certain amount of sadness is normal, but at times, chronic disease may result in depression, anxiety, anger, sleep disorders and/or substance abuse. Multiple changes occur in the aging brain, leading to age-related emotional disorders. A growing body of recent evidence suggests that the cortical deltaopoid receptor system plays a critical role in anxiety and depressive-like behaviours. Found that the aging process promotes astrogliosis or an abnormal increase of atrocities in the cingulated cortex, leading to emotional disorders. Found that older adults appear to be at greater risk for major depression biologically as a result of vascular changes. Yet, older adults may be protected psychologically due to factors such as socio-emotional selectivity and 36 %. Psychological Problems in the Elderly wisdom and be protected from social risks compared to younger adults. The risk of getting depression is 10-25% for older women and 5-12% for older men, but it is much higher for older adults with chronic diseases. The rate of depression for those with multiple sclerosis and Parkinson's disease was found to be 40%, while the rate of depression was even higher for those with coronary heart disease, who have had a heart attack. Forty to sixty-five percent of these individuals experience depression. Found that patients with chronic low back pain had a prevalence of major depression three to four times greater than the normal population. In particular, chronic illnesses and aging have been associated with an increase in depressive symptoms and depressive disorders.

Found that both stable disability status and transitions in disability status were significantly related to change in depressive symptoms. Studied the aetiology of depressive mood in older adults and found that depression was often associated with handicaps. In particular, the loss of hope and morale, as well as memory loss and reduction of physical activity were highly correlated with depression, discovered that greater physical activity was protective for both prevalent depression and incident depression. In another study, reported that increased depression might be among the consequences associated with driving reduction or Cessation. Increased depression for former drivers was substantially higher in men than in women. Research has also shown that each person is affected differently by disease and disability. Reported that there were age differences in older adult's perceptions of health and depressive symptoms.

Individuals with advanced old age were less affected by disability in comparison to the younger group of elderly. In addition, the authors found that regardless of age, the effects of disease

and disability were mediated through subjective health perceptions. Psychosocial factors, especially depression, seem to impact the development and/or the progression of a number of chronic diseases such as diabetes mellitus frequently, patients as well as their families overlook the symptoms of depression, assuming that the depression is normal but temporary for an individual coping with a serious, chronic disease. In addition, symptoms of depression are often masked by other medical conditions, which results in treatment of the symptoms but not the underlying cause of the depression. For example, some chronic illnesses such as Parkinson's disease and MS have both a biological and an environmental component to the depression, which only serves to further complicate the diagnosis and subsequent treatment. In one study of Puerto Rican elderly, the findings indicated that social stressors and inadequate support substantially increased the risk of depression. Those with the lowest income, more recent migration and poor subjective health were significantly more likely to be depressed. In addition, those who saw few relatives each month, those with family and/or financial problems and those caring for grandchildren also had significantly higher rates of depression. Depression also exacerbates the impact of chronic illness. Studies have shown an association between depression and mortality resulting from cardiovascular disease reported that depressive symptomatology conferred an increased risk for CHD in men and for mortality in men and women. Found an association between depression and ischemic heart disease. However, researchers in Psychological Problems in the Elderly 37 Holland related that there was no evidence to support the hypothesis that depressed older persons with vascular disease have a distinct depressive symptom profile.

Studies showing individual differences in the rate of change in personality traits are plentiful Even though it is fairly clear that some people change more than others, it is far less clear why some individuals remain stable and others change. Studies have examined the impact of the environment, genetic makeup and how proactive one is in changing. Studies have also been conducted to assess the relationship between personality and mortality. assessed personality from childhood and found that greater impulsiveness was associated with earlier death and that conscientiousness was related to better health outcomes. Found that this relationship between conscientiousness and longer life held for older adults as well. Changes in personality accompany forms of slow-moving but debilitating neurological disorders, including Alzheimer's disease and mini strokes. A number of researchers, Small and Small, have attributed "terminal decline" to neurological problems and) has indicated that this may also be related to personality.

Methods and Materials

The design used for the study was descriptive research design. The researcher described different variables related to the psy-

chological well being of the aged population residing in puttalam district srilanka.

Universe: The universe of the study is puttalam district old age parents.

Sample size: Sample size of the study is 60

Sampling method: Simple Random sampling used for the study. Under Simple Random Sampling Lottery Method were used to obtain the Random Sample.

DATA COLLECTION

The researcher used both primary and secondary for data collection. The data were collected from the respondents using interview method.

TOOL OF DATA COLLECTION.

- The researcher used standardized schedule for data collection. The author of the schedule is Masse, poulin, lamben Belair, battaglmi 1998.

Contents of the schedule are

- The questions from 1 to 12 depicts the personal profile of the respondents
- The questions from 13 to 16 depicts the self esteem factors
- The questions from 17 to 19 depicts the mentally balance factors
- The questions 20 & 21 depicts the socio ability factors
- The questions from 22 to 27 depicts the self and event factors
- The questions from 28 to 31 depicts the happiness factors

There were totally 31 questions with five point scaling.

- For data collection the researcher used group interview method which is one of the primary methods of data collection. An interview schedule is used as the tool for data collection

FINDINGS, SUGGESTIONS AND CONCLUSION FINDINGS

1. Personal details of the old age parents.

- The mean age of the old age parents was 75%
- Among the old age parents 62% were females.
- 40% of the old age parents are unmarried.
- Only 4% of the respondents are divorcee
- 80% of the respondents had no own house,
- 86 % had no bank savings
- 78 % had no own land.
- Among the respondents 14% were illiterate and only 4% were having High School and above education.
- 60% of the respondents were not employed even during their productive age.
- 6% were employed in organized private sector.
- 60 % of the respondents had no male children.
- 30% of the respondents had two or more male children.
- 60% of the respondent's spouse died.

2. Factors of psychological well being of the old age home parents

SELF ESTEEM

- 72% of the respondents had frequently self confidence
- 60% of the respondents had frequently felt that others loved me and appreciated.
- 60% of the respondents had frequently felt satisfied with able to accomplish, I felt proud of myself.
- 66% of the respondents had frequently felt useful.

MENTALY BLANCE

- 60% of the respondents had frequently felt emotionally balanced.
- 64% of the respondents had frequently true to myself, being natural at all times.
- 82% of the respondents had frequently life was well balanced between my family, personal and society.

SOCIO ABILITY

- 50% of the respondents had some times smiled easily.
- 50% of the respondents had sometimes a good sense of humour, easily making my friends laugh.

SELF AND EVENT

- 58% of the respondents had frequently able to concentrate and listen to my inmates in the society.
- 60% of the respondents had sometimes got along well with everyone around me.
- 52% of the respondents had frequently able to face difficult situation in a positive way.
- 64% of the respondents had frequently able to clearly sort thing with complicated situations.
- 64% of the respondents had frequently able to find answers to my problems without trouble.
- 56% of the respondents had rarely quite calm.

HAPPINESS

- 56% of the respondents had frequently impression of really enjoying and living life to the fullest.
- 60% of the respondents had sometimes good at peace with myself.
- 58% of the respondents had frequently life exciting and wanted to enjoy every moment of it.
- 56% of the respondents had almost always morale was good.

3. The level of psychological well being of the respondents

66% of the respondents agrees that they psychological well being of old age parents.

4. The self - esteem level of the respondents

68% of the respondents agree that they low level of the self esteem

5. The mentally balanced level of the respondents

58% of the respondents agree that they low level of the mentally balanced of the old age parents.

6. The socio - ability level of respondents

52% of the respondents have low level of the socio - ability of old age parents

7. The self and event level of the respondents

52% of the respondents have low level of the self and event of old age parents

8. The happiness level of the respondents

54% of the respondents have high level of the Happiness of old age parents

CONCLUSION

The findings of the study lead to the following conclusion. 80% of the respondents had no own house, 86 % had no bank savings and 78 % had no own land. 60% of the respondents were not employed in their past life previous. So according to the finding we can observe that they may unplanned about their old age period. So need more awareness about old age planning. Should improve communication levels among old age parents and their families.

REFERENCE

- Richard A Posner. Aging and old age, Hill Edition, 1983 | Alan J Sinclair, Diabets in Old age home, New York edition, 1976 | The world book Encyclopedia, volume 1 | Elizabeth B Hyrlock, Developmental Psychology, Tata Mc Graw. 1981 | Birren J E, The psychology of Again, Englewood Cliffs, N.J. Prentice - Hall 1964 | Barnes, R.F MA (1981). DSM- 3, journal of Gerontology, 36(1), 20-27 | Tabott, Jone A. Text book of psychiatry, The American Psychiatric Press