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Research Paper

Psychopathology and Psychodynamic Scenario of Aged in Bhopal

Psychology

KEYWORDS : Old age persons, psychodynamics, psychopathology, living pattern, old age homes.

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ABSTRACT

Lifespan perspectives have played a crucial role in shaping our understanding of many forms of psychopathology. Unfortunately, little attention has been given to psychodynamics and psychopathology of aged survives on different living patterns. The purpose of this study is to explore the comparison of older adults survive on different living patterns. Study conducted on 73 senior citizens. Sample divided into three groups- first- which was living with their families, second-which was living alone at own house and third- which was living in old age homes. Clinical analysis questioner (CAQ) was used for assessment of psychodynamics and psychopathology of aged.

Study concluded that living pattern of older adults affect their personality and mental health. The older adults who lived alone have more personality issues where as who lived at old age home have more mental health problems as compared to others. Proper care and support will improve their well-being in the future.

INTRODUCTION

The society is being reshaped by a rising demographic tide. The changing demographic scenario and population projections of India indicate that the growth rate of Indian older adults (aged 60 years and above) is comparatively faster than other regions of the World. Since recent past, due to marked increase in life expectancy, rise in number and proportion of older adults the population of older adults is increasing at a fast pace. In India at present, older adults constitute 7.6% of total population. Within three decades, the number of older adults has more than doubled i.e. from 43 million in 1981 to 92 million in 2011 and is expected to triple in the next four decades i.e., 316 million(Gupta 1997). The life expectancy at birth has also increased from 62.5 years in 2000 to 66.8 years in 2011(Abedin, Samad, 1996). Rapid growth in percentage and proportion of older adults in the country is associated with major consequences and implications in all areas of day-to-day human life, and it will continue to be so. As a result, the aged are likely to suffer with problems related to health and health care, family composition, living arrangements, housing, and migration. Never have so many people lived into the later stages of their lives so healthy mentally and physically.

Elderly people are encountering both physical and psychological distancing in families, they feel isolated and side tracked (Bajpai, 1998). These changes the family level and unhealthy approaches sometimes hurt them and encourage them to relocate themselves in old age homes or day care center. Some times their family members force them to shift to old age homes or day care center but elderly usually prefer to derive a sense of meaning of connectedness to their homes, their neighborhood and their natural environment. For this they are usually ready to make compromises which tax their physical and mental well-being. Depression and emotional shocks are common among them. They develop negative emotion towards themselves due to lack of employment, low income and failing health, the newly added worries and feeling of neglect, loss of importance in the family, feeling of inadequacy loneliness and of being unwanted (Bose, 1990) . Persons who are dependent on physical appearance and youth for their identity are likely to experience loss of self esteem with age (Block, Davidson, Grurnbs, 1981).

AGE-ASSOCIATED PHYSICAL CHANGES:

Normal age-associated changes typically occur gradually over time.

- Hearing impairment in older adults is often mild or moderate, but it is widespread.
- Visual changes include problems with reading speed, seeing in dim light, reading scrolling or other externally paced displays, reading small print, and locating objects visually.
- Reaction time is typically slower among older adults, particularly for more complex tasks.
- The probability of having multiple chronic conditions increases with age. Common comorbidities include arthritis, hypertension, cataracts, heart disease, diabetes, and osteoporosis.
- Despite common physical difficulties, three-fourths of community dwelling people aged 65 to 74 reports their health to be good, very good, or excellent compared with others their age, as do two-thirds of no institutionalized persons 75 years and over.
- The top five causes of death among older adults are heart disease, cancer, cerebrovascular disease, pneumonia and influenza, and chronic obstructive pulmonary disease.

AGE-ASSOCIATED COGINITIVE CHANGES:

Some cognitive abilities decline with age, some may improve, and some show little change. Such changes are highly variable from one person to another, and even vary within a given person for different aspects of cognition. For example, creativity can continue into the ninth decade of life. For those functions that do decline, the change is not severe enough to cause significant impairment in daily occupational or social functioning, as occurs with a dementing disorder such as Alzheimer's disease. Some general findings include:

- Information processing speed declines with age, which may result in a slower learning rate and greater need for repetition of new information.
- Divided attention between two simultaneous tasks shows age-related decline, as does ability to switch attention rapidly between multiple auditory inputs, although ability to switch attention between visual inputs does not change much with age. Overall levels of performance in sustained attention or vigilance tasks appear to reduce with age. Filtering out irrelevant information through selective attention also appears to decline with age.
- Short-term, or primary, memory shows relatively less age-related decline.
- Long-term, or secondary, memory shows more substantial

age changes, although the decline is greater for recall than for recognition, and performance generally benefits from cueing.

- Most aspects of language ability are well-preserved, such as the use of language sounds, meaningful combination of words, and verbal comprehension; and some aspects may continue to improve with age, such as vocabulary. However, word-finding, or naming, ability and rapid word list generation show declines with age.
- A variety of tasks shows age-related visuospatial decline, including three-dimensional construction and drawing.
- Abstraction and mental flexibility also show some decline with age.
- An accumulation of practical expertise, or wisdom, may continue toward the very end of life.

MENTAL HEALTH OF OLDER ADULTS:

Older adults may evidence a broad array of psychological issues and disorders, including almost all the problems that affect younger adults. Older adults may suffer recurrences of psychological disorders they experienced when younger, or they may have new problems due either to the developmental stresses of late life or neuropathology. Older adults often have multiple problems. For example, an individual may have a mental disorder such as major depression and a substance abuse or personality disorder. Medical problems are more common in older adults, and psychological symptoms and syndromes are often co morbid with physical illness. In addition, the classic presentation of disease is sometimes not evident, but rather the symptoms present in a nonspecific manner (e.g., refusal to eat, falling). Further, older adults often receive one or more medications for medical problems, and difficulties may arise due to drug-drug interactions or side effects of medications. Understanding comorbidity of mental and medical disorders is a central task in assessing and treating psychological problems in older adults.

RESEARCH DESIGN

Sample:-

1. 60 + year old persons who exist in present conditions at least past 3year and more.
2. Middle class and higher middle class economical background.
3. Mix gender senior citizens.

Sample size:-

1. Total sample size 73.
2. Group 1- 22
3. Group 2- 18
4. Group 3- 33

Groups:-

1. Group 1- senior citizens residing with their families.
2. Group 2- senior citizens residing at their own house but without family.
3. Group 3- senior citizens residing in old age homes.

Tool:-

Clinical Analysis Questionnaire- Samual E. Krug- Indian adaptation by SD Kapoor & RN Singh(1999)

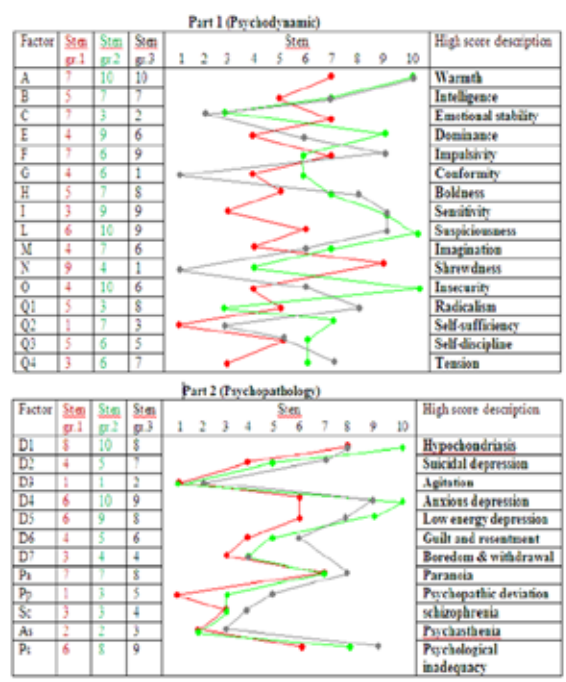
STATISTICAL ANALYSIS

Part 1

Normal Personality Traits	Group 1 (with family)		Group 2 (alone own house)		Group 3 (old age home)	
	Mean	SD	Mean	SD	Mean	SD
A: warmth	10	1.41421	14	1.68034	15	1.28659
B: intelligence	6	2.15824	6.5	1.42457	5.5	1.64167
C: Emotional stability	14	1.95180	8	1.81497	6	1.54110
E: dominance	6	1.41421	14	1.37199	9	1.22474
F: impulsivity	11	1.63299	10	1.32842	14	1.62019
G: conformity	9	1.71825	13	2.00000	4	1.96850
H: boldness	7	1.41421	11	.97014	13	1.34629
I: sensitivity	5	1.57359	14	1.60880	13	1.06066
L: suspiciousness	10	1.41421	15	1.13759	13	1.73205
M: imagination	7	1.57084	12	1.53393	10	1.90394
N: shrewdness	12	1.44749	5	.84017	1.6	1.11294
O: insecurity	4	1.41421	15	1.02899	8	1.36931
Q: Radicalism	8	1.38013	3	1.37199	12	1.74892
Q2: Self- sufficiency	2	1.30931	9.6	1.61387	4	1.78536
Q3: Self-discipline	8	1.41421	11	1.37199	9	1.45774
Q4: Tension	3	2.18218	9	1.53393	10	2.38485

Part 2

Clinical Factors	Group 1 (with family)		Group 2 (alone own house)		Group 3 (old age home)	
	Mean	SD	Mean	SD	Mean	SD
D1: Hypochondriasis	10	2.54484	16	.59409	12.5	1.22783
D2: Suicidal depression	0	.00000	3	1.08465	6	2.37171
D3: Agitation	2	1.57359	3	1.84710	7	1.45774
D4: Anxious depression	7	1.77281	16	.59409	14	1.22474
D5: Low energy depression	10	2.07020	21	.68599	15	1.65831
D6: Guilt and resentment	2	1.60357	5	2.74398	7	1.71391
D7: Boredom & withdrawal	0	.00000	1	1.02899	1	1.67705
Pa: Paranoia	8.7	1.75070	9	2.30089	11	1.87083
Pp: Psychopathic deviation	5	2.87849	9.5	1.29479	13	2.98957
Sc: schizophrenia	0	.00000	0	.00000	1	1.67705
As: Psychasthenia	0	.00000	0.5	.51450	1.5	.50752
Ps: Psychological inadequacy	6	1.51186	11	1.13759	17	.75000



DISCUSSION

Psychodynamics and psychopathology recognized as an important mental health issue, predicting, among other things, low quality of life among older adults. There are very little studies from least developed countries about the personality traits and

psychopathology among the elderly. The primary purpose of the present study was to examine the prevalence of psychopathology and different personality traits in older adults of different living pattern.

A total of 73 old aged were included in the study by consent to participate in the study. The participants were divided into three groups namely: Group1 (old adults live with family) Group2 (older adults live alone at own house) and Group3 (older adults live in old age home). A majority of the older adults were above the age of 60 years. In Group 1, males were 54% and females were 46%, in Group2, males were 56% and Females were 44% and in Group3 males were 45% and females were 55%.

The older adults of Group1 who lived with their family were high in factor C: emotional stability and factor N: shrewdness indicated that they are more satisfied with their lives and more polite, diplomatic and have ability to handle their problems. The older adults of Group2 who lived alone at their own houses having more personality issues. They scored high on factor B: intelligence, factor E: dominance, factor G: conformity, factor I: sensitivity, factor L: suspiciousness, factor M: imagination, factor O: insecurity, factor Q2: self-sufficiency and factor Q3:self-discipline showed that they have above average intelligence and more assertive, aggressive and competitive. They tend to be more persistent, respectful of authority and tender minded. They get easily jealous, critical, unconventional and more guilty, worried. They prefer to be alone and have strong control over their emotional life and behavior as compared to the other aged. The older adults of Group3 who were the inhabitants of old age home are high on factor A: warmth, factor F: impulsivity, factor H: boldness, factor Q: radicalism and factor Q4: tension. They are more warmhearted, enthusiastic, lively and energetic. They tend to be analytic, liberal but easily get irritated. Personality issues were found to be very common among older adults live alone in their own house as compared to others.

In Clinical analysis, the older adults of Group1 who lived with their family scored less that showed that they are mentally healthy as compared to other groups. The older adults of Group2 who lived alone at their own houses scored high on factor D1: Hypocondriasis, factor D4: Anxious depression, D5: low energy depression and Factor D7: Boredom and withdrawal. They were depressed, anxious, confused and preoccupied with bodily symptoms. They reported frequent feelings of useless, sadness and gloom. The older adults of Group3 who lived at old age home scored high as compared to other groups on Factor D2: suicidal depression, factor D3: agitation, factor D6: guilt and resentment, factor Pa: paranoia, factor Pp: psychopathic deviation, factor Sc: schizophrenia, factor As: psychasthenia and Factor Ps: Psychological inadequacy. They are centers around the thought of depression, self destruction, death wish and feelings of guilt. The recent study by Sethi *et al.* (2013) also found elderly subjects living in Old age home are more affected in terms of depression as compared to community dwell- ing elder subjects

They are troubled by the Suspicion, jealousy with respect to others and less inhibited by physical danger. They see themselves as being of less importance to others and have little self control.

CONCLUSION

This study indicates that living pattern of older adults affect their personality and mental health. The older adults who lived alone have more personality issues and who lived at old age home have more mental health problems as compared to others. Proper care and support will improve their well-being in the future. Further researches also needed to identify risk factors of increasing mental health and personality issues among the elderly.

There were certain limitations in the study:

1. The sample size was restricted to few elderly persons. Hence in future, a similar study needs to be conducted on a larger section of the elderly population.
2. For avoiding gender differences, both male and female included in the sample.
3. Self-report inventory was used for determining the psychodynamics and psychopathology in the elderly persons

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