

EDITORIAL

PSYCHOLOGICAL MANIFESTATIONS OF AGING

The aging of the population is a global phenomenon having economic, social, and political repercussions. United Nations Population Fund (UNFPA) (Dec. 1998/Jan. 1999) reports that in most parts of the world more than half males born in 80's will survive beyond 70 years of age and their female counterparts beyond 100 years. Currently one out of every 10 person is above 60 years of age. It seems that there will be 60 million Indians (approx.) of 65 plus in the year 2010 and more than 75 millions by the year 2025, a population as large as that of total population of many countries. Therefore there is the need for an urgent introspection regarding the facilities available to deal especially with geriatric problems.

Increasing longevity has been due to various factors which include better nutrition and sanitation, minimisation of various environmental hazards to health and advances in medicines which effectively controls various acute and chronic ailments (McKeown, 1976). Besides increasing longevity, a decline in birth rate without any reduction in age specific mortality rate automatically leads to an increase in the proportion of age group born before the decline (OPCS, 1989). Many Indian states are experiencing this phenomenon.

From the psychological point of view, in the absence of disease, biological changes are universal and progressive but do not occur at the same pace in all the individuals. The growth of an elderly is described under variety of terms as wisdom, judgement, accumulated knowledge and experience. These terms are difficult to be quantified but by common-sense it appears that those who survive uptill old age have special capacity to adopt. To further understand the psychological problems of the aging, there is

need to appreciate the social situation of these individuals and the available support in terms of financial, medical or social aspect they have. Thus, elderly belonging to upper socio-economic status continue to have the power and hence are looked after better by their younger wards which may not be the case with those belonging to lower socio-economic status.

One of the greatest fear of getting old is the fear of losing power, independence and ability to have ones own choice. However, as elderly population is increasing they by sheer number form a group and the group's impact upon society is getting evident. Older persons can now assume power which they did not have in the past. This fact can influence the general thinking of aged (Gutmann, 1987).

Social status is largely determined by occupational position and employment status, therefore those who retire loose a treasured asset and source of self esteem. Men are more likely to experience this kind of loss than women. This loss has been linked to bereavement (Age Concern, 1974).

The family systems have direct impact on psychology of aged. Joint family system which was quite prevalent till recent past used to absorb the trauma of disabled old persons of the family and provided and looked after social, emotional and financial aspects of elderly quite satisfactory. The present unitary system causes lot of problems to elderly which is due to loneliness, which in turn causes frustration and other psychological problems.

One of the most dreaded area for the dependant elderly person is the vulnerability for exploitation. The types of abuse which they can face can be physical; psychological (threats, harassment etc); exploitation, and medical

J.K. TRIVEDI

(withholding medications etc.). The majority of elderly abused are of 75 years and above (Lal et al., 1999).

Most of the workers have shown that there is a pattern of presentation of diseases peculiar to elderly - immobility, instability, incontinence and intellectual impairment (Isaacs, 1964; Cape, 1978). Most of the studies have shown that multiple medical problems co-exist in the aged. Those aged 65-74 years suffer an average of 4.6 types of chronic conditions of which more than 60% are multiple (Abrams, 1985). For those over 75 years, the mean number of ailments per person was 5.8 and only 10% reported no physical problem. Medical ailments in elderly usually outnumber the psychiatric and emotional problems. Most of the psychiatric problems which effects younger group can effect elderly group also but vulnerability for dementia, depression, sleep disorders and emotional problems due to aging is more in the geriatric population.

Older persons therefore need, special care and love. There is a need for multi disciplinary geriatric units to be set up all over the country so as to manage specific age related problems. Older people are the sum total of past version of themselves and continue to change and gain new prospectives in their life. Their memoirs of past therefore apt to be dynamic rather than static.

J.K. Trivedi

REFERENCES

Abrams, M. (1985) The health of the very

elderly. In : *Recent Advances in Geriatric Medicine*, (Ed.) Isaacs, B., 217-226, Edinburgh Churchill Livingstone.

Age Concern (1974) *The attitudes of the retired and the elderly*. London : Age concern.

Cape, R.D.T. (1978) *Aging : Its complex management*. Hagerstown : Harper and Rowe

Gutmann, D. (1987) *Reclaimed powers towards a new psychology of men and women in later life*. New York : Basic Books.

Isaacs, B. (1964) *Current achievements in geriatrics, morbidity in elderly hospital patients* London : Cassell.

Lal, N., Saluja, B. & Mahendru, S. (1999) Psychiatric and emotional aspects of ageing. *Nepalese Journal of Psychiatry*, Vol. 1, 1, 5-19.

McKeown, T. (1976) *The role of medicine. Dream, mirage or nemesis*. London : Nuffield Provincial Hospitals Trust.

OPCS (1989) *Mortality statistics series, tables 1841-1985* : series DHI No.19. London : HMSO.

United Nations Population Fund (UNFPA) (1998/1999) 1999 : Year of Older Persons, Year of 6 billion. *POPULI, The UNFPA Magazine*, Dec. 1998/Jan. 1999.