

## **Preventive measures of depression resulting from negligence and helplessness among old age persons**

**\*SANJAY KUMAR AND PRITI SHARMA<sup>1</sup>**

Department of Psychology, C.C.S.University, Meerut (U.P.) India

<sup>1</sup>Department of Psychology, R.G. College, Meerut (U.P.) India

### **ABSTRACT**

This paper focuses on the role of negligence and helplessness in causing depression among old age persons and suggesting some preventive measures to it. The data in the form of literature was taken from, books, journals, magazines, internet and realistic observations. Obtained empirical and theoretical literature indicated that the traditional norms and values of Indian society have been declined too much in last few decades leaving old age people lonely, uncared and disrespected. Consequently, they are being forced to take care of their routine needs of their own self or psychologically forced to stay in old age homes. The emotional loss experienced by old age member of the family is being ignored by family and society. Thus, the psycho-physical health and quality of life of elderly people is a big question in the Indian society. The rejected attitude of family members leads in them a feeling of neglect and isolation from the members of their own family (son) and society (relatives or neighborhood). This results in psychological helplessness, depressive thoughts and suicidal ideation as well. Therefore, training and guidance of married couple's is required towards helping old age persons of their family. They can be trained to spend some quality time with their parents and continually consol them that they are always with them in order to give emotional support to them. Moreover, the old age persons also need to learn some self help strategies to maintain their physical and emotional well being.

**Key Words :** Negligence, Helplessness, Depression, Elderly people

### **INTRODUCTION**

Today, the world population aged 60 years and above is about 606 million (10% of the population in 2000 and 901 million, comprising 12 per cent of the global population in 2015 which would projected to rise to 21 per cent by 2050. The population aged 60 or above is growing at a rate of 3.26 per cent per year (United Nations, 2015). Asia has the largest number of world's elderly (53%) followed by Europe (25%) and other continents. As compared to other Asian countries India constituted only 7.4% of total old age population (males 7.1% and females 7.8%) which is about 10 corers in number. The life expectancy at age 60, and

**How to cite this Article:** Kumar, Sanjay and Sharma, Priti (2016). Preventive measures of depression resulting from negligence and helplessness among old age persons. *Internat. J. Appl. Soc. Sci.*, **3** (1 & 2) : 30-38.

the average remaining length of life was found to be about 18 years. Surprisingly in India, 90% of elderly people's children are alive and living with their own children (Bloom *et al.*, 2010) instead 40-60% of the elderly are working in private and unorganized sectors. More interestingly, a large number of adults (20-59 years of age) unemployed/disabled /mentally challenged or problematic are dependent on elderly people in India. Instead, elderly people are suffering from multiple medical and psychological problems affecting their well being and living standard.

Studies revealed that that the life of elderly people are influenced by many psycho-social factors like family type, demographic residency, age, emotional adjustment, frustration tolerance, coping strategies, social adjustment capabilities affecting ones psychological aspects like, mental health, psycho-social integration, emotional well being, mental/physical security and progression of aging at large (Dhillon, 1992). Due to change in family structure and social system, they are compelled to experience isolation, loneliness, economic and social insecurity and consequent feeling of loss further result in depression.

The youngsters as well as adult population do not want to follow the ethics, values and family plans constructed by their parents and ancestors (Gormal, 2003). The emotional bond between parent and their highly aspirated son had liberated to such an extent that son and his wife do not want to tolerate elder parents to stay together in a house. The middle age adults are showing an orientation of irresponsibility and neglect towards their parent in respect of their food, care for medicines and clothing as well as emotional and social support (Maurya and Kumar, 2015). More often it is observed that wealthy son can spend a handsome amount of money on their old parents but they do not take interest in sharing emotional relationship with them by caring, sharing talking about their problems and sharing other family issues (Aruna and her colleges, 2011). The younger generation has developed materialistic attitude, consequently they don't feel connected to their family and older people of family. The illness among elderly people is on progress at this age, they need more help, high psychological satisfaction and self esteem, and good quality of life, but they are not cared that much, consequently feel rejected, helpless, lost and depressed (Dahiya *et al.*, 2011, Iyer, 2003, Bhat, 2001 and Dandekar, 1993).

#### **Indian society and present scenario :**

In ancient Indian society and till not before 4 or 5 decades ago in Indian society, the old age parents were the asset as the respect, power and social security to the family. They used to be the informal support systems for family in the form of home security, caretaker of youngsters and guided to hopeless members of family and society. Not only this, the society and social organization used to take care of them by giving a respectful role of decision makers for the social development. These practices were naturally used and implanted in the young population during the process of their socialization. But nowadays joint families have broken to nuclear families; the collective needs have reduced to individual or nuclear family needs and left the elderly members of the family lonely, rejected and less important. In the present scenario, the middle age adults love to take care of their own children but not their old age parents that much (Tyne, 2009). But the process of urbanization, industrialization and globalization have collapse the pattern of traditional values or norms of our society. The

nuclearization of joint families and migration of youth to urban areas for jobs have contributed to a 'crisis in carrying' for the elderly people in Indian society (Prakash, 2005 and Vijay Kumar, 1999). They are forced to undergo atrocious social upshots like generation gap, lack of communication, occupational demands, poor interpersonal relationships and individualism leading to mental frustration, feeling of disrespect and decline of authority and sometimes even exploitation or abuse for elderly persons with in the family. Being a collectivist's society in nature, we protect our children till their late adult life in respect of economic, personal and social security. As a result children need to morally abide to take care of their parents sincerely, till the end of life.

### **Depression :**

According to DSM IV Depression is a problem which is characterized by feeling of sadness, despair, low self esteem and withdrawal from social context, worthlessness, impaired ability to think concentrate and suicide ideation. The major cognitive symptoms like disorientation of memory, destruct ability to concentrate and insomnia are prominent as associated problems among elderly people (DSM IV, 1994). The causes of depression are multiple which includes social, personal, psychological and emotional factors but contemporary model's of depression revealed that aggression turning inward (Sigmund Freud), feeling of loss of affectional bond (Bowly, 1999), loss of self esteem due to disrespect and rejection, and negative thinking towards life as well as learned helplessness are some of the important psychological causes. Besides it, depression may be the result of family history of depression or genetically influenced (Heun *et al.*, 2001, Kendler *et al.*, 2005). The factors like personality disorder; modeling and neurobiological disturbances also cause depression in old age subjects (Brodaty *et al.*, 2001, Jansson *et al.*, 2003).

The empirical studies indicated that old age subjects feel more affiliative and nurturing like adolescents as compared to middle age adult (Ahammer and Baltes, 1972), but there needs are not taken care by the care takers in the family. In so many cases among almost all social and economic classes can be seen that the elderly population is experiencing helpless, despaired, insecure and psychologically poor. The increasing age and poor health of elderly people made them to struggle with psycho-social changes more abruptly resulted due to the phenomenon of modernization, materialistic life style and high aspiration (Harinaran, 2012). This result in vulnerability to experience emotionally disturbed and suffer from syndromes like adjustment disorder, depression disorder and failure of coping but they are unobserved in the nuclear families (Hymel and swearer, 2011).

### **Negligence and depression :**

According to Oxford Dictionary, negligence refers to failure of taking proper care in doing something or it also refers to failing to do something that a reasonable person would do in a certain situation which can cause harm to another person or it is conducting the standard of behavior established by law for the protection of others unreasonable risk of harm. As far as relationship of negligence with elderly persons is concerned, we know that in the fast pace of present life style, the old age members of the family are the most uncared emotionally. Their subjective needs are ignored knowingly or unknowingly by their sons or daughter in-

laws of present families (Doescher, 2012). As a result elderly people experience psychological negligence and rejection further results in depression due to feeling of loss of personal expectations, feeling of hopeless, rejection, and carelessness about food, clothing, and medicines. Due to progression of age, they face multiple physical and psychological problems affecting their well being and living standard at large. They also suffer from chronic diseases but the expenses are very high, consequently such elderly people are felt as burden to their family and gradually rejected by their own family members. This type of rejection and carelessness cause a feeling of loss of their existence and emotional well being as well which further experienced as feeling of loneliness, irritability, loss of energy, loss of self esteem and feeling of suicidal ideation (Sinha and Mishra, 2009).

#### *Helplessness and depression :*

The literal meaning of helplessness is a feeling of being unable to manage independently. The condition of helplessness occurs when person perceive absence of control over the outcome of the situation for long time and person behave helplessly even when there are opportunities of gaining desired outcomes but person keep on experience unpleasant situations without opposing it (Carlson, 2010). The learned helplessness theory revealed that it may cause clinical depression and related mental health problems at any age (Saligman, 1975). It was suggested that due to feeling of learned helplessness the person may develop pessimistic explanatory style and this way of subjective explanation lead to weak immune system and increased vulnerability to psychophysical diseases (Bennedd and Elliott, 2005 and Cox *et al.*, 2012). According to Mohanty (1989) old age people may experience mental problem like poor thinking, impairment of memory, insomnia, sensitivity to stress and psychological frustration due to feeling of helplessness for long time. Not only this, the people living in such conditions also show behavioral traits like rigidity, inflexibly of acceptance for new changes, negative self image and poor self concept (Ram Murti and Jamura, 1984-1993) which is not only the result of increasing age, instead they are the result of carelessness, rejection, neglect and psychological helplessness further cause poor mental health and depressive symptoms. Therefore, there is a need of intervention for family and society to train them in order to help them to learn to pay proper attention towards elderly people in order to prevent them from poor mental health and diseases like depression.

#### **Preventive measures of negligence and helplessness :**

Considering above discussion about causes of depression and psychological problems of elderly people, it can be said that carelessness and negligence of caretakers is one of the causes of depression in elderly people. The elderly people has reduced connections with their family members results in an inability to actively participate with family members, further results in depression and other types of several psycho-physical problems and the safer are elderly people (Singh and Misra, 2009). Here are some measures for preventing elderly people from, loneliness, depression, feeling of helplessness and other mental health problems:

#### **Helping strategies for family members :**

##### ***Spending quality time:***

The old people in our families don't require money and many hours of your day but they

need love, care and respect. The simple way to help old age parents to fight with mental distress like depression, loneliness and anxiety need family members to spare some quality time with them in their room, at walking, at breakfast, lunch and dinner and so on. It will enhance their feeling of loneliness and fear of loss, anxiety (Coleman, 2015)

***Talk to them:***

Elderly people feel deprived when family members don't communicate with them for anything. No matter how busy we are, but we should not forget to take out some time for our old parents to talk about their food, clothing, medicine, likes and dislikes and so on. Our visit to their rooms and taking about their needs let them to feel cared and loving (Pinola, 2015).

***Consolation and emotional support:***

It is a simple social phenomenon to give relief to someone at the times of disappointment. Elderly people are often observed to be disappointed due to their poor health and vitality. If they are not feeling well, they need consolation that they will get well soon and their family is with him/her would help them to feel mentally secure about ones life, consequently enhance positive cognitive functioning (Glymour *et al.*, 2008)

***Emotional support:***

The family members should interact with old age people to express care and devotion towards them. The family members need to try to make them happy and cheerful. While discussion happiest movements of their life should be recalled to bring feeling of glad and joy. Allow elderly member to express their feelings and make them feel that they are important to the family also help them in self help emotional regulation (Carstensen *et al.*, 2003, Charles, Reynolds and Gatz, 2001).

***Self help strategies for elders :***

Self-help strategies are some methods of to use in order to get rid of emergent stress and also help reduce the risk of other diseases like depression at old age. For this elderly people need to involve in regular exercise, planning about economic security at old age, seeking social support from family and friends, contacting counselor at need, maintaining interests, participation in leisure activities and participation in social activities and practicing cognitive restructuring for negative circumstances to prevent oneself from irrational thought and mental problems (Garnefski and Kraaij, 2006).

***Healthy diet and prescribed medication on time:***

This often observed that due to loss of vitality and immunity elderly people have mental and physical health problems. Thus, they need to take many kinds of medicines at a time. The risks associate with taking multiple medications is too much. For that they need to take prescribed medications on time with the help of some family members or some instrument aid like alarm/mobile application and healthy diet on time would help them reducing symptoms without any other risk (Tiemeier, 2003 and Willett, 2002).

***Psychological counseling:***

This is very beneficial in relieving symptoms of depression and other mental health problems. Counseling would facilitate them to train oneself about strategies of coping with routine stress caused by loneliness and negative life experiences as well as control suicidal thoughts too (Abell, 2011).

***Participation in leisure activities:***

This is true that with the progression of age the elderly people has lesser friends, spend limited time with others, and involve less in creative activities. The involvement in leisure activities like joining parties, park groups, social work, religious or spiritual involvement etc. can also help them to cope up with their routine stresses (Christopher, 2013, Lang and Baltes, 1997, Cornwell, 2011 and Leyden, 2003).

***Cognitive behavior therapy:***

The Cognitive Behavioral Therapy is a very popular technique to modify faulty behaviour and cognition with the help of an expert called psychologist. He/she helps to improve rational and positive thinking in depressed person. This technique was found to be very effective in reducing symptoms of depression. Simultaneously, the health care tips are better recovery for depression. (Gould *et al.*, 2012).

***Music therapy:***

Listening to interesting and devotional songs also helps in treating elderly depression and hopelessness. It activates the endorphins to cause feeling of happiness and wellbeing (Nauert, 2011).

***Yoga and meditation:***

Many research and studies show that yoga and meditation can help increase flexibility, age and inner relaxation. It has a high correlation with psychological wellbeing and good health in elderly people (Welukar, 2012).

**Conclusion :**

So from the above discussion it can be concluded that so many psychophysical needs of elderly people are cared due to negligence by family members and subjective helplessness of old age person in the family includes son, daughter, daughter-in-law, grandson and granddaughter. The modern generation is failing to take responsibility of caring their old parents sincerely due to attention towards subjective needs. Therefore, elderly people need to use subjective measures for self management like, complete diet, prescribed medication on time, social involvement, and seeking psychological counseling at need. The family members need to learn to spend time with old age persons, sharing and caring elderly needs, talking, asking and consolation about their problems positively. This would help old age people to reduce feeling of helplessness; effect of negligence, and prevent depression before the time.

## REFERENCES

- Abell, C. (2011). Counselling for the Elderly. Retrieved on Nov. 30, 2012. From: [www.counselling-directory.org.com](http://www.counselling-directory.org.com)
- Ahammer and Baltes (1972). In Dhillon, P.K. (1992). Psycho-social factors of aging in India. Concept Publishing Co. Ltd., pp 64.
- American Psychiatric Association (1994). Diagnostic and Statistical Manual for Mental Disorders. 4th ed. *American Psychiatric Association*; Washington, D.C.
- Bennett, K.K., and Elliott, M. (2005). Pessimistic explanatory style and Cardiac Health: What is the relation and the mechanism that links them? *Basic & Applied Social Psychology*, **27** : 239–48.
- Bhat, K. (2001). Ageing in India: Drifting International Relations, Challenges and Option. *Cambridge Journal Online*, **21**: 621-640. Census India-2011.
- Bloom, D.E., Mahal, A., Rosenberg, L. and Sevilla, J. (2010). Economic security arrangements in the context of population ageing in India. *International Social Security Review*, **63** (3-4), 59-89.
- Bowlby, J. (1988) “A Secure Base: Clinical Applications of Attachment Theory”. Routledge. London. ISBN 0-415-00640-6 (pbk)
- Brodsky, H., Luscombe, G., Parker, G., Wilhelm, K., Hickie, I., Austin, M.P. and Mitchell, P. (2001). Early and late onset depression in old age: different etiologies, same phenomenology. *J Affect Disorder* **66**(2-3), 225-236.
- Carlson, Neil R. (2010). Psychology the science of behavior. Pearson Canada. p. 409. ISBN 978-0-205-69918-6.
- Carstensen, L.L., Fung, H.H. and Charles, S.T. (2003). Socioemotional selectivity theory and the regulation of emotion in the second half of life. *Motivation and Emotion*, **27** :103–123.
- Charles, S.T., Reynolds, C.A. and, Gatz, M. (2001). Age-related differences and change in positive and negative affect over 23 years. *J. Pers. Soc. Psychol*, **80** : 136–151.
- Christopher, S.M. (2013). Age Differences in Daily Social Activities. *Res Aging*, **35**(5) : 612–640.
- Coleman, J (2015). Helping Parents Heal. Retrived on 28/09/2015 from: [www.drjoshuacoleman.com/books/helping-parents-heal/](http://www.drjoshuacoleman.com/books/helping-parents-heal/)
- Cornwell (2011). B. Age trends in daily social contact patterns. *Research on Aging*, **33** : 598–631.
- Cox, W.T.L., Abramson, L.Y., Devine, P.G. and Hollon, S.D. (2012). Stereotypes, Prejudice, and Depression: The Integrated Perspective. *Perspectives on Psychological Science*, **7**(5) : 427-449.
- Dahiya, B.R., Ashwanti, Praveen, S., and Singh, H.P. (2011). Psycho-social factors affecting elderly persons in rural area of district Gurgaon, Haryana. *Health and Population - Perspectives and Issues*, **34**(4) : 223-231.
- Dandekar, K. (1993). The Elderly in India. New Delhi: Sage Publishers.
- Dhillon, P.K. (1992). Psycho-social factors of aging in India. Concept Publishing Co. Ltd., pp 64.
- Doescher, R. (2012). Negligence of old Age Parents. Retrieved on 29 Nov., 2012 from: [www.helium.com](http://www.helium.com)
- Freud, (1856-1939). What is personality in the Book Personality by Burger, J.M. (2011) Cengage Learning USA

- Garnefski, N. and Kraaij, V. (2006). Relationships between cognitive emotion regulation strategies and depressive symptoms: A comparative study of five specific samples. *Pers. Individ. Dif*, **40** : 1659–1669.
- Glymour, M.M., Weuve, J., Fay, M.E., Glass, T. and Berkman, L.F. (2008). Social ties and cognitive recovery after stroke: does social integration promote cognitive resilience? *Neuroepidemiology*, **31**(1) : 10-20.
- Gormal, K. (2003). Aged in India. Mumbai: Tiss Publishers.
- Gould, R.L., Coalson, M.C. and Howard, R.J. *et al.* (2012). Cognitive Behavioural Therapy for Depression in older People. Retrieved on 28 Nov., 2012 from: [www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed).
- Heun, R., Papassotiropoulos, A., Jessen, F., Maier, W. and Breitner, J.C. A. (2001). Family study of Alzheimer disease and early- and late-onset depression in elderly patients. *Arch Gen Psychiatry*, **58**(2) : 190-196.
- Hymel, S. and Swearer (2011). An Age-Old Problem. Retrieved on 28 Nov., 2012 from: [www.education.com](http://www.education.com)
- Iyer, V. (2003). Old Age Protection in Urban Agglomeration of a Developing Economy: An Integration Analysis. *Aging & Human Development*, **1**(3): 241- 250.
- Jansson, M., Gatz, M., Berg, S., Johansson, B., Malmberg, B., McClearn, G.E., Schalling, M. and Pedersen, N.L. (2003). Association between depressed mood in the elderly and a 5-HTR2A gene variant. *Am J Med Genet B Neuropsychiatr Genet*, **1** 120B(1) : 79-84.
- Kendler, K.S., Gatz, M., Gardner, C.O. and Pedersen, N.L. (2005). Age at onset and familial risk for major depression in a Swedish national twin sample. *Psychol Med.*, **35**(11) : 1573-1579
- Kumar, V.S. (1999). Quality of Life and Social Security for the Elderly in Rural India. Published at Council for Social Development, Hyderabad.
- Lang, F.R. and Baltes, M.M. (1997). Being with people and being alone in late life: Costs and benefits for everyday functioning. *International Journal of Behavioral Development*, **21** : 729–746.
- Leyden, K. (2003). Social Capital and the Built Environment: The Importance of Walkable Neighborhoods. *American J. Public Health*, **93** : 1546–51.
- Maurya, A. and Kumar, A. (2015). Current status and challenges in psycho-social aspects of aging. *Indian J. Psychol. & Education*, **5** (2) : 152-160.
- Mohanty, S.P. (1989). Demographic and socio-cultural aspects of ageing in India: Some emerging issues; in Mishra, S. (1987). *Social Adjustment in Old Age* at B. R. Publishing Co. New Delhi.
- Nauert, R. (2011). Music Therapy Aids in Depression Treatment. Retrieved on Nov 30, 2012, From: [www.psychecentral.com](http://www.psychecentral.com)
- Pinola, M. (2015). How to Care for Your Aging Parents. Retrieved on 18/09/2015 from: <http://lifehacker.com/how-to-care-for-your-aging-parents-1688333666>
- Prakash, I.J. (2005). Ageing in India: retrospect and prospect. Published at Bangalore University, Bangalore.
- Ramamurti, P.V. and D. Jamuna, (1984). Psychological research on the elderly in India. *Journal of the Anthropological Society of India*, **19**(3).
- Ramamurti, P.V. and Jamuna, D. (1993). Psychological dimensions of ageing in India. *The Indian Internat. J. Appl. Soc. Sci.* | Jan. & Feb., 2016 | **3** (1&2)

*Journal of Soc. Sci.*, **6**(4).

Seligman, M.E.P. (1975). *Helplessness: On Depression, Development, and Death*. San Francisco: W. H. Freeman. ISBN 0-7167-2328-X

Singh, A. and Misra, N. (2009). Loneliness, depression and sociability in old age. *Ind Psychiatry J.*, **18**(1): 51–55. doi: 10.4103/0972-6748.57861

Tiemeier, H. (2003). Biological risk factors for late life depression. *Eur J Epidemiol*, **18**(8) : 745-50.

Tyne, M. (2009). Medical Negligence of the Elderly. Retrieved on Nov. 30, 2012 from: [www.simpsonmillar.com](http://www.simpsonmillar.com)

United Nations (2015). *World Population Prospects The 2015 Revision*. Department of Economic and Social Affairs Population Division, Key Findings and Advance Tables. Working Paper No. ESA/P/WP.241. UN Photo/Martine Perret. ([http://esa.un.org/unpd/wpp/publications/files/key\\_findings\\_wpp\\_2015.pdf](http://esa.un.org/unpd/wpp/publications/files/key_findings_wpp_2015.pdf))

Welukar, M. (2012). Aging Gracefully with Yoga. Retrieved on Nov 30, 2012 from: [www.lexiyoga.com](http://www.lexiyoga.com)

Willett, W. C. and Leibel, R. L. (2002). Dietary Fat Is Not a Major Determinant of Body Fat. *American Journal of Medicine*, 113(Suppl. 9B), 47–59S.

\*\*\*\*\*