



Psychological Perspectives Of Ageing: An Indian Study

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ABSTRACT

The research aims at examining elderly of more than 75 years of age on several issues related to ageing. By using several tests such as Wechsler's Memory Scale (Visual Reproduction I and II, Logical Memory I and II), Wechsler Adult Intelligence Scale (Digit Span), Beck Depression Inventory, Standardized Mini mental status examination and Lawton instrumental Activities of Daily living (IADL) issues like depression, anxiety, memory impairment are identified using interview, observation and psychological testing and assessment.

INTRODUCTION

Elderly or old age refers to the stage of life that occurs when individuals reach or beyond the typical lifespan of human beings. The precise definition of old age is elusive as its interpretation varies across different countries. Individuals may be deemed elderly due to certain alterations in their activities or societal responsibilities. Additionally, elderly individuals possess restricted regeneration capacities and have a higher susceptibility to disease, syndromes, and illness in comparison to other adults. Gerontology is the scientific examination of the aging process, while geriatrics focuses on the study of disorders that commonly affect older individuals.

The elderly population in India, referring to individuals aged 60 years and over, is rapidly expanding, although it accounted for only 7.4% of the total population at the beginning of the 21st century. For a rising nation such as India, this could create increasing demands on different socio-economic aspects, including pension expenses, healthcare costs, fiscal responsibility, and savings rates. This particular demographic encounters a multitude of physical and psychological issues. It is becoming increasingly important to prioritize ageing-related concerns and implement comprehensive policies and programs to address the needs of the aging population. The aged population in India encounters numerous challenges and adapts to them to different extents. The issues encompass a wide range of challenges, including the lack of guaranteed and adequate income to sustain oneself and their dependents, poor health, absence of social safety nets, loss of social status and acknowledgment, and the limited availability of chances for productive utilization of leisure time. India, being a growing country, is facing the challenge of a rapidly increasing elder population. These challenges, which are not yet fully recognized, need to be addressed in order to ensure effective social and economic development. Gore (1993) argued that population ageing in developed countries has led to a notable shift in focus within social programs, resulting in a major redistribution of resources towards older age groups. Health issues and medical care are the primary concerns for a significant majority of the aged population. Additional challenges experienced by the aged in India include economic insecurity, social isolation, neglect, abuse, fear, boredom, and lack of readiness.

As individuals age, they become increasingly vulnerable to enduring illnesses, physical impairments, and mental incapacities. With the progression of age, the body's physiological parameters deteriorate, making it more susceptible to illness. The elderly experience a multitude of chronic illnesses. Arthritis, cardiovascular issues, and hypertension are the most common chronic ailments that strike individuals in their later years. Certain health issues experienced by older individuals might be ascribed to societal norms and beliefs as well. The belief that old age is characterized by diseases and physical infirmities is strongly ingrained in the Indian culture. Consequently, many older individuals accept their curable health issues and sorrows as natural and unavoidable. Several medical investigations have revealed various cases of handicap among the elderly, including impaired mobility such as difficulties in walking and standing, visual impairments ranging from partial to complete blindness, partial hearing loss, limited joint mobility, dyspepsia, and mild dyspnea.

Economic instability is a challenge encountered by older individuals who lack the means to support themselves financially. Many elderly individuals may not have the chance or ability to be as productive as they once were. Isolation is another frequently reported concern among the elderly. Unaddressed, this sensation can lead to a devastating decline in the quality of life for the elderly. Ensuring the elderly's inclusion in their surroundings, both within their family and in society, is of utmost importance. Engaging older individuals in activities that focus on their time and skills promotes a sense of inclusion.

Senior individuals, particularly those who are frail and/or reliant on others, necessitate assistance and encouragement in their physical, mental, and emotional well-being. In the absence of this provision, individuals experience neglect, a condition characterized by a lack of care and frequently associated with social isolation. The neglect of the elderly by families and communities has risen due to changing lives and beliefs, demanding occupations, distractions like television, a shift towards nuclear family structures, and

redefined priorities. This is exacerbated by the fact that the elderly are less inclined to seek or request attention compared to individuals in other age cohorts.

Many individuals reach the stage of 'old age' without much, if any, understanding of its implications. Although there is a demographic consensus that a person is generally deemed elderly when they reach the age of 60, there is no definitive sign available to the individual. Each individual experiences a certain moment in their life when they start to feel physically or functionally 'aged'. This occurrence has the potential to occur at any point in time, either before to or subsequent to reaching the age of 60. Regrettably, in India, there is a conspicuous absence of a structured awareness initiative, even inside esteemed educational institutions or organizations, to equip individuals for the challenges of old age. Old age typically creeps up on most individuals discreetly, but abruptly, catching them off guard and leaving them ill-equipped to handle its challenges. Many individuals leading hectic lifestyles in their youth and middle age may choose to ignore and disregard the potential realities of their approaching old age. The significance of the quality of life is growing due to the escalating repercussions of aging individuals, as previously mentioned. This has sparked interest in the field of effective aging.

Successful aging is the capacity to undergo the aging process in a positive and advantageous manner. This includes optimal physical and mental performance, overall contentment with life, effective social interactions, and a strong network of social assistance. Positive psychological outlook in later years, along with overall well-being and enjoyment, has been linked to successful aging. The elderly sometimes have constraints in terms of available resources, but many are nonetheless able to experience successful aging. Individuals who possess the capacity to effectively adjust and cope with difficult circumstances are commonly recognized as resilient. Developing and enhancing resilience can significantly aid the elderly in managing challenges they may face and enhance their overall well-being.

METHODOLOGY

In order to get a general perspective on successful ageing the following test was conducted a subject aged more than 75 years. Data was collected on the following tests, **Wechsler Adult Intelligence Scale (digit span)**, **Beck Depression Inventory**, **Standardized Mini Mental State Examination (SMMSE)**, **Wechsler Memory Scale IV (Logical Memory 1 and 2, Verbal Reproduction 1 and 2)** and **Lawton instrumental activities of daily living (IADL) Scale**.

WMS – IV

The Wechsler Memory Scale- Fourth Edition is an individually administered battery designed to assess various memory and working memory abilities in individuals ages 16-19. It is a revision of the Wechsler Memory Scale- Third UK Edition (WMS – III UK Wechsler 1999). It also contains a brief evaluation of cognitive status. Two batteries are contained within the WMS IV UK : an Adult battery for individuals aged 16- 69, and a shorter Older Adult battery developed for use with individuals aged 65-90. This shorter battery was developed to decrease testing time, reduce fatigue, and improve the psychometric functioning of the subtests in older adults. The WMS- IV UK provides a detailed assessment of clinically relevant aspects of memory functioning commonly reported in individuals with suspected memory deficits or diagnosed with a

wide range of neurological, psychiatric and developmental disorders. The WMS – IV UK contains seven subtests: three retained from the WMS III UK (logical memory, verbal paired associates, and visual reproduction) and four new subtests (Brief Cognitive Status Exam, Designs, Spatial Addition, and Symbol span). In the present case the following subtests were conducted - Visual Reproduction –I and II, and logical memory I and II, according to the instructions given in the manual. In order to score the same, the total raw scores were computed for each according to a different set of instructions and were converted into scaled scores.

Visual reproduction (VR1)

This subtest assesses memory for nonverbal visual stimuli. A series of five designs was shown, one at a time, for 10 seconds each. After each design was presented, the examinee was asked to draw the design from memory.

Visual reproduction (VRII)

The delayed condition assesses long term visual – spatial memory with free recall and recognition tasks, and includes a direct copy task. First the examinee is asked to draw the designs shown during the immediate condition from memory in any order. Second the examinee is asked to choose which of the six designs on a page matches the original design shown during the immediate condition. Third, for an optional copy task, the examinee is asked to draw the designs while looking at them.

Logical Memory (LM I)

This subtest assesses narrative memory under a free recall condition. Two short stories are orally presented. For older adults, one story is presented twice. The examinee is asked to recall each story from memory immediately after recalling it.

Logical Memory (LM II)

The delayed condition assesses long term narrative memory with free recall and recognition tasks. The examinee is asked to retell both stories from the immediate condition. Then the examinee is asked yes/no questions about both stories.

Wechsler Adult Intelligence Scale-III

The Wechsler Adult Intelligence Scale-III is used to assess the general thinking and reasoning skills of individuals aged 16-89 years. The test provides several types of scores in interpreting Richard's intellectual functioning depending on the number of subtests administered. For the current practical, digit span was used on the subjects.

The Standardized Mini Mental State Examination (SMMSE)

It was the tool recommended for use with non-Culturally and Linguistically Diverse background clients by the 2010 Expert Clinical Reference Group (Sansoni et al., 2010). The SMMSE is an adaptation of the Mini Mental State Examination (MMSE). It is a cognitive screening tool that has commonly been reported to have cultural and educational biases (Basic et al, 2009; Rowland et al, 2006). The SMMSE was developed

by Molloy and Standish in 2007 to provide a systematic approach to the administration of the MMSE. The SMMSE has detailed instructions with time limits on questions and takes approximately 10 minutes to administer.

Lawton instrumental Activities of Daily living (IADL)

This scale is used for the assessment of the functional status in older adults. The instrument is useful for identifying how a person is functioning at the present time and for identifying improvement and deterioration over time. There are eight domains of function measured with Lawton IADL scale. Score ranges from 0 (low function, dependent) to 8 (high function, independent). The inter-rater reliability was established at 0.85. Concurrent validity of Lawton IADL was established by drawing a correlation with four scales that measure domains of functional status. The tests were conducted in an interview format wherever possible. Behavioural observations were also made during the test conduction.

Beck Depression Inventory-Second Edition (BDI-II)

It is a 21-item self report instrument for measuring the severity of depression in adults and adolescents aged 13 years and older. The present version of the inventory (BDI –II) was developed for the assessment of systems corresponding to criteria for diagnosing depressive disorder listed in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition (DSM-IV; 1994).

Scoring: The BDI-II is scored by summing the ratings for the 21 items. Each item is rated on a 4-point scale ranging from 0 to 3. The maximum total score is 63.

The cut score guidelines for total scores of patients diagnosed with major depression are:

TOTAL SCORES	RANGE
0-13	Minimal
14-19	Mild
20-28	Moderate
29-63	Severe

PARTICIPANTS

Name: X

Gender: Male

Age: 82 years

Qualification:

The subject has passed intermediate and is a retired guard from Western Railways. Even after his retirement, he has been actively handling and supporting his son in his business. He does proof-reading, is very well versed with English. He also uses computer and has kept himself updated to the technology. He is an active member and holds the position of President of Resident Welfare Society of Mukherjee Nagar. He is also active socially and politically.

Family Structure:

The client lives in a nuclear family with his son, daughter-in-law and two grandchildren. His wife expired at 68 years of age due to Cancer. The subject has no family history of any psychiatric illness.

Medical History:

The subject reported no such physical symptoms currently, but had undergone a cardiac operation 4 years ago and is currently under medication for the same. He also reported that after his operation he is been taking medicines for high blood pressure. He also said that he does not have any major symptoms due to his age but he reported that after his heart operation he gets tired quickly and cannot do much of travelling like he used to do before.

RESULT TABLES

The table shown below shows the raw score and the scaled score on the test administered on the subject.

S. NO.	TEST ADMINISTERED	RAW SCORE	SCALED SCORE/STANDARD SCORE
	WMS - IV		
1.	LOGICAL MEMORY I	11	7
2.	LOGICAL MEMORY II	4	4
3.	VISUAL REPRODUCTION I	14	3
4.	VISUAL REPRODUCTION II	3	7
	WAIS-III		
1.	DIGIT SPAN TEST	14	11

S. NO.	TEST ADMINISTERED	OBTAINED SCORE	MAXIMUM SCORE	INTERPRETATION
1.	BECK DEPRESSION INVENTORY	7	63	MINIMAL MOOD DISTURBANCE
2.	INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (IADL)	7	8	HIGHLY INDEPENDENT
3.	STANDARDIZED MINI MENTAL STATUS EXAMINATION (SMMSE)	23	30	MILD COGNITIVE IMPAIRMENT

DISCUSSION

An attempt was made to examine the various issues related to ageing like memory impairment, depression, anxiety etc using tests like using interview, observation, Wechsler's Memory Scale (Visual Reproduction I and II, Digit Span test), Beck Depression Inventory, Beck Anxiety Inventory, Instrumental activities of daily living (IADL), Mini mental status examination.

The participant was 82 year old male, a resident of New Delhi and a retired railway officer. He lives with his son, daughter -in -law, grandson and granddaughter and seems very fit and active. He also had a cardiac arrest around 4 years ago and is under medication for the same. Rest of the symptoms are normal as compared to the elderly population.

The subject seemed very keen and interested while performing the tests. The test was conducted over a few sessions. A description of his scores and interpretation of the tests is given below. In the beginning a brief idea was given about the test and what all will he be doing. A detailed case history was elicited of him and his family, asking him about his personal history, academic history, occupational history etc. His son and other family members acted as an informant and also elicited valuable information about the participant.

Beck Depression Inventory was conducted on the subject and scores were recorded. The subject scored a raw score of 7 which is interpreted as having minimal mood disturbance. The subject has relatively higher score on changes in sleep pattern, and appetite. The reason was explained that since he had undergone a heart operation years ago, he suffers from these symptoms related to this. He was trying to justify that he is fit but the difference is only coming because of the medical condition and not because of the age. He considered himself very much fit and active as compared to the people of his age group.

On the scale of Instrumental Activities of Daily Living (IADL) by Lawton and Broody, I also gathered information from the informant to rate the scale, as the elderly may sometimes give inappropriate information. The subject obtained a score of 7 out of a score of 8 which shows that he is highly independent, where a score

of 1 is completely dependent and 8 implies completely independent. The subject when in need could make food for him, also do the laundry. He was very much independent in using computer related work, also was very efficient in travelling to different places but private or public transports. I also administered the Standard Mini mental status examination on the subject for which he obtained a score of 23 on 30. This implies that the subject may have mild cognitive impairment. Though this score was contradictory to the IADL scores received, despite the fact even the informant did not report any such impairments in the subject.

I conducted Wechsler's Memory Scale in which Logical Memory and Visual Reproduction were used. I where the subject was told two stories and the subject had to recall whatever he could remember out of the stories one by one. The subject obtained a raw score of 11 and scaled score of 7. This test measures Narrative memory under free recall conditions which seems intact in the present case. After a delay of about 20-30 minutes the subject was presented with Logical Memory II where the subject is asked to retell both the stories from the immediate condition. The subject obtained a raw score of 4 and a scaled score of 4 on this test.

The Visual reproduction I was also administered where the subject was asked to copy five designs presented one by one for 10 seconds each with the help of his memory. While observing the examiner felt that the subject had most difficulty in this test however out of the five designs he was able to copy four, the last was not attempted. The subject took maximum time in copying the third design. The subject obtained a raw score of 14 out of a maximum score of 43 which corresponds to a scaled score of 6. The mean and standard deviation for the following test is 10 and 2.8 respectively, but the subject's score falls within -2 SD of the mean, therefore the participant's score is within acceptable limits. Therefore we could say that the subject has average memory for non verbal visual stimuli, validated by his sense of difficulty in doing the test.

The Visual reproduction II was also administered during the same session, first the subject was asked to draw the designs shown during the immediate condition from memory in any order. The participant was able to remember just one design from memory; however that he was able to copy correctly. He obtained a raw score of 3 and a scaled score of 7 on this particular test. The mean and SD for the following test is, 10.1 and 2.8 respectively. The subject score again falls with -2 SD of the mean, therefore within normal range. The subject was also assessed using a recognition task where he was shown six designs per one design shown during the immediate condition and asked to recognize the correct one, the subject obtained a score of 3 on the following test, which corresponds to 51-75 percentile (cumulative percentage) which is definitely above average performance. Therefore we can infer from both the recall and recognition score that the subject may have satisfactory long- term visual spatial memory.

The Digit span test (forward and backward) from Wechsler Adult Intelligence Scale (WAIS-III) was conducted where the subject was asked to repeat a string of numbers immediately after the examiner said them both forward and later in the backward digit span. The subject obtained a raw score of 8 on digit forward and raw score of 6 on backward digit span, that a total raw score of 14 corresponding to a scaled score of 11. The digit span forward measures focused attention while digit span backward demands more effort from working memory. The mean and SD for the following test is and therefore is scaled score falls in the range.

During the tests it was seen that at times because of the length of the test he was a getting a bit irritated. Also, when in certain tests his score went low or when he was not able to give correct answer, or while he was having any difficulty in recalling anything he got upset realizing that he is not doing well. He wanted to perform his best in each of the tests.

The last session consisted of giving him some intervention strategies which he could use to improve his memory because that's where he reported maximum distress while interviewing. He was asked to Attend to one task at a time and avoids external distraction. He was told to engage in conversation in quiet places where he may get a chance to be more attentive.

Therefore we see that the participant has satisfactory long- term visual spatial memory average memory for non verbal visual stimuli and intact long term narrative memory. The subject was successfully ageing as compared to others of his age. He was very active. He is also an active member of the society and helps a lot to people in need. The subject on the whole seems satisfied with is life, and accepts his difficulties with a very optimistic approach.

The scores obtained and behavioural observations suggest that the participant does not have any severe impairment in cognition and memory, is largely independent in undertaking daily activities and is not depressed as a result of ageing.

REFERENCES

Central Statistical Organisation. 2000 Elderly in India: Profile and Programmes, Ministry of Statistics and Programme Implementation, New Delhi, Government of India.

Gore, M.S. 1990 Social Factors Affecting the Health of the Elderly. In R.L.Kane, J.G.Evans and Macfadyen (Eds.) Improving the Health of Older People: A World View. New York: Oxford University Press.

Bowling, A., & Dieppe, P. (2005). What is successful ageing and who should define it? British Medical Journal, 331, 1548-1551.