The demographic pattern has remarkably changed in the entire world, where it has transformed from a state of high birth and death rates to a level characterized by low birth and death rates. The obvious implications of the change are low mortality rate and thereby increase in the number of elderly people. The development in the reduction of death rate though shows a good progress on the part of medical sciences, simultaneously it also grabs our attention to the monster called depression affecting a large proportion of the older section. Indeed these people have surmounted over the physical illnesses that previously used to cause deaths but now in most cases they are succumbing to the deadly disease named depression. The United Nation Population Division shows that future fertility levels in most developing countries will drop below 2.1 children per woman.

The problem of ageing was initially thought to be the concern of only the developed nations, since advances medical technology have been able to reduce fertility rate and to ensure high longevity. But it is equally the concern of developing countries, where the population structure of older person is changing rapidly.

It is anticipated that by 2050, the number of older persons will exceed the population of children aged between 0-14 years by 2 millions, for the first time in human history. Around 54% or the largest share of the world’s old persons lives in Asia while Europe has the next largest share with 24%. An even more startling feature is the increase of the number of the oldest old (80 years or more) in the group of aged people. In 2002, 12% of the population was aged above 60 and by 2050, 19% of the population is expected to be in the level of 80 years or more. With the transcendence of time, there will be an expected increase in the number of centurions (aged 100 years and older) by an immense fifteen fold from approximately 210,000 in 2002 to be 3.2 million people by 2050.

The revelation is elucidated by increase in the median age; the age at which 50% of the population is older and 50% is younger than that age, reflecting the ageing of population. At the world scale, the median age rose by scarcely three years between 1950 and 2000, from 23.6 years to 26.4 years largely because most population in less developed countries remained young. It is anticipated that, in the next 50 years, the world’s median age will rise by nearly 10

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years, reaching the mark of 37 years. Among developed countries, Japan, Italy, Singapore and Spain will be having a median age of around 52 to 53 years; the mentioned countries will be leading the list of the nations having highest median age. On the other side, countries like Angola, Burkina Faso, Mali, Niger, Somalia, Uganda and Yemen are expected to have a very young population with median age lower than 23 years in 2050.²

India is not lagging behind as well. In the beginning of the 19th century, India had only 5.06% older people (12 million). By 1951, the population of the aged increased to 5.9% (20 million) and by 1981, the aged population doubled to 43 million. It rose to 6.5% in 1991 and 7.7% in 2001. Hence it is observed that, the population of the aged is increasing at an alarming rate. In 1991, the population of 60 years and above was 56 million. In 1999, it had crossed 70 million and is expected to reach 177 million by 2025. The rapid rise in ageing population is not matched by expansion of health care and social security measures. There is a very realistic fear that the quality of life of the population may be compromised.³ There were around 354 old age homes in 1997 India. By 2001 its number had gone up to 969. Many such homes are run on charity and inmates are poor. In major cities, relatively well to do people are opting to live in homes built for the elderly.⁴

Therefore, one of the most significant characteristics of the 20th century is the phenomenon of ageing of the population. In fact, the first quarter of 21st century is called the ‘Age of Ageing’.⁵ Ageing is an inevitable phase of life and a biological process that includes all living organisms within its mechanism. Every organism is born, ages with time and ultimately perishes. Thus they are all affected by an age related decline. The process is gradual, ongoing and life-long. The most widely used yardstick for ageing is the chronological age, as it is the simplest and most comparable. The term “old” is frightening to many because it means to them dependence on others as ageing is invariably linked with biological degeneration wherein there

³ Ageing in India: Paper No. 2 of 1997, office of the Registrar General and Census Commissioner of India
⁴ Help Age India, Annual Report, 2002.
⁵ This term has been incorporated from Ageing in India: Paper No. 2 of 1997, office of the Registrar General and Census Commissioner of India
are changes related to the cells within the body and it conclusively results in weakening the body structure and its ultimate decay\textsuperscript{6}.

There are associated psychological and sociological changes as well. However, such changes are not universal and do not affect all aged individuals in the same way and to the same extent. Each stage of life includes a series of dilemmas that the individual needs to strike a favorable balance before moving onto the next phase. The late adulthood, the final phase of life, may be viewed as the period of “integrity versus despair”.\textsuperscript{7} This includes the sense of acceptance and receiving the ownership of one’s life and the choices that are made during one’s lifetime, without regretting or having any feeling of inadequacy in fulfilling the desires and dreams of life. When people suffer from dissatisfaction and despair owing to failure of fulfillment of their desires and dreams, the fear of the end of life affects them and depression sets in. Depression affects 10\%-15\% of people over 65 living at home in United Kingdom. It is the commonest and the most reversible mental health problem in old age. Depression is associated with physical illness and disability, life-events, social isolation and loneliness. Recognition and simple intervention can reduce morbidity, demand on health and social services and the cost of community care. It is also noted that despite a favourable response to treatment, depression remains largely undetected and untreated which itself is a problem that needs to be addressed.\textsuperscript{8} Thus, it can be said that depression is a major social problem.

It is not so that the elderly members of the family are not attended to, but within the existing framework of social system, the chances of detecting the symptoms of depression in them are too less. And as the norm goes, with each stage of life there are numerous responsibilities and obligations, so when a person advances from childhood to youth and from youth to adulthood and successively to old age, the aged member learns to accept the increasing dearth of support extended to them by their respective families. The family which has generally been the traditional primary source of social, economic and physical support for the aged is

\textsuperscript{8} This statistics has been taken from: Anderson, David N., “Treating Depression in Old Age: The reasons to be Positive”, Age and Ageing (British Geriatric Society) 2001; 30: 13-17.
gradually losing its strength that earlier protected the older members from depression; lack of support from the family starts shaking their own mental strength as they were expectedly looking forward to a warm care and support from their families to a large extent at this advanced stage of life. Children now have grown into adults and are interested in achieving their own aspirations and priorities. Joint family system is on the verge of extinction and nuclearisation of the family is commonly found in today’s social set up. But the striking part is that rarely these nuclear families are self sufficient and often burdened with huge pressure owing to rapid socio-economic changes. The performance of rituals, practices of traditions and customs and control of caste and kinship have diluted in the urban areas. There are powerful forces operating in the society that are de-establishing the conventional social framework. As now women have entered the workforce, old people have lost their traditional caregivers. Many changes have taken place in the practices and in the manner in which the society functions. The newly emerging changes in the demographic, social, cultural mores of the society are among the major causes behind the unfavorable situation engulfing the lives of the older members; the intensity of the problem varies from urban to rural, from person to person and of course from men to women. But in all the cases there are very few persons who can possibly take care of these elderly people. \(^9\) With the current low levels of fertility, future generations of older adults would have fewer social network resources. The future would see an expanding care burden that must be borne by fewer family members. Therefore, changed social structure, primarily because of changed socio-economic status is one of the factors of depression.

In most cases it can be said that social class has a major influence on the lives of the older people. Social class is linked to income. Those lower social classes who are more likely to live in poverty, a substantial proportion of older people would be affected; having an adequate income is a prerequisite for meeting our needs and living a secured, stabilized life. For the economically better off, this means that they are able to afford things such as nutritious food, good housing, mobility, leisure and recreational services. The result of this psychology is that they feel independent, autonomous, and capable of making choices and participating in the community. In adverse situation of social disadvantage, there are increased chances of poorer health. Hence, it

\(^9\) This idea has been taken from the works of Zimmer, Z. et al. (2001), Impact of cognitive status and decline on service and support utilization among older adults in Taiwan, Research on Ageing, Vol-23, No-23: 267-303.
may appear that people in higher socio-economic classes are more likely to remain healthy, live longer and keep themselves away from the reach of depression. However, apart from economic there are other factors of depression which may affect the economically prosperous groups.

A host of other factors are also causing depression, namely presence of disability and changes in life pattern. The elderly members are habituated to live with their family but the changed circumstances have necessitated their living under institutional care or independently. The idea of institutionalized care has largely been borrowed from the Western countries, whose culture and societal norms are different from those of India. The requirement of institutionalized care cannot be denied for those who are neither able to manage their own affairs nor have any person to look after them. Usually living in an old age home evolves a picture of apathy, dependence and sadness. The inmates face problems due to highly institutionalized, depersonalized and bureaucratic atmosphere at old age homes. They find it immensely difficult to accept and acclimatize themselves with the rigid schedule, either total or partial separation from the family and social milieu, anxiety, diminished physical capacity and frequent encounters with death in the institution which lead to more demoralization in them. In the absence of joint family system, the aged are left with no other alternative than joining institutions for care but in all situations, it is the last resort.

Ageing has become a global issue. Keeping in view the world concern on Ageing, the United Nations conveyed the First world Assembly on Ageing in Vienna, 1982, whose outcome was in the form of First International Plan of Action on Ageing, called the Vienna Plan. This plan contained recommendations in key areas like Health & Nutrition, Social Welfare & Income Security which required intervention for the welfare of the older persons. Here it is needless to mention that such a strategy requires an excessive dependence on the state to handle various welfare programs & policies. This has largely been due to the fact that the perspective on which the Vienna Plan was drafted was dominated by the Western world-view. Further, the Vienna plan did not recognize the difference in the composition of the aged, the social, political & cultural ethos across the regions. It was then decided to convene a second World Assembly in 2002, in Madrid to prepare a revised plan to meet the challenges posed by the increasingly ageing
population in the developing nations. From the perspective of the world conferences (Vienna 1982: Madrid 2002) on ageing, elderly are no longer considered to be unwanted or worthless.

The Second World Assembly was held in 2002 to prepare a revised plan to meet the challenges posed by the increasingly ageing populations in the Developing Nations. The Madrid International Plan of Action (April 8 – 12, 2002) on Ageing makes 177 concrete recommendations covering three priority directions, namely – Older Persons & Developments, Advancing Health & Well-being into Old Age and Ensuring, Enabling, and Supportive Environments. Hence, the stress is given on empowerment and integration of the aged persons into the present economic system of the nations.

The Government of India, in January 1999 announced a National Policy on Older Persons. This policy identifies principal areas of intervention such as Financial Security, Health Care, Nutrition, Shelter, Education, Welfare, Protection of Life and Property of older citizens. An important thrust in the policy is on active and productive involvement of older persons and not just their care. The National Council for Older Persons (NCOP) has been constituted to promote and co-ordinate the concerns of older persons.

The Government of West Bengal also passed the Maintenance Act in 2007. This act enables the senior citizens to legally proceed against their dependants who fail to look after them and thereby claim maintenance from them. The Act also provides for imposing a fine up to Rs. 5,000 followed by an imprisonment up to six months for those who fail to take care of their senior family members, but the reality shows different scenarios.

Some of the NGOs of India like Help Age India have been partly successful in implementing it at village level. In Bauria, Panchla & Kolaghat of West Bengal, Help Age India\(^{10}\) has provided loans at reasonable interest rates to the older persons of the families engaged in different handicraft industries (zari works, bamboo based handicrafts, various types of food processing like making pickles, jam, jelly etc.), horticulture, dairy farming etc. Some day care centres have been developed to engage the elderly persons for gain. In other states like Andhra Pradesh,

\(^{10}\) Help Age India is a National level NGO working for the rights and well being of the aged. They advocate policies for the aged and make the elders aware of their rights. They also work by networking with Corporations, Trusts and Government bodies.
Kerala and Karnataka similar income generation plans have been implemented for the disadvantaged elder persons. The progress is not uniform as the same is dependent on the state government’s active participation.

Demographic Trends of Ageing Population in India

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Population (million)</th>
<th>Population 60+</th>
<th>%</th>
<th>Male (million)</th>
<th>Female (million)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1901</td>
<td>238.40</td>
<td>12.06</td>
<td>5.06</td>
<td>5.50</td>
<td>6.56</td>
</tr>
<tr>
<td>1911</td>
<td>252.09</td>
<td>13.17</td>
<td>5.22</td>
<td>6.18</td>
<td>6.99</td>
</tr>
<tr>
<td>1921</td>
<td>251.32</td>
<td>13.48</td>
<td>5.36</td>
<td>6.48</td>
<td>7.00</td>
</tr>
<tr>
<td>1931</td>
<td>278.98</td>
<td>14.21</td>
<td>5.09</td>
<td>6.94</td>
<td>7.27</td>
</tr>
<tr>
<td>1941</td>
<td>318.66</td>
<td>18.04</td>
<td>5.67</td>
<td>8.89</td>
<td>9.15</td>
</tr>
<tr>
<td>1951</td>
<td>361.09</td>
<td>19.61</td>
<td>5.43</td>
<td>9.67</td>
<td>9.94</td>
</tr>
<tr>
<td>1961</td>
<td>439.23</td>
<td>24.71</td>
<td>5.62</td>
<td>12.36</td>
<td>12.35</td>
</tr>
<tr>
<td>1971</td>
<td>548.16</td>
<td>32.70</td>
<td>5.97</td>
<td>16.87</td>
<td>15.83</td>
</tr>
<tr>
<td>1981</td>
<td>685.18</td>
<td>43.98</td>
<td>6.41</td>
<td>22.49</td>
<td>21.49</td>
</tr>
<tr>
<td>1991</td>
<td>846.30</td>
<td>56.68</td>
<td>6.70</td>
<td>29.36</td>
<td>27.32</td>
</tr>
<tr>
<td>2002</td>
<td>1.014 billion</td>
<td>81.09</td>
<td>8.00</td>
<td>38.63</td>
<td>42.46</td>
</tr>
<tr>
<td>2025</td>
<td>1.351 billion</td>
<td>168.88</td>
<td>12.5</td>
<td>80.82</td>
<td>87.24</td>
</tr>
<tr>
<td>2050</td>
<td>1.572 billion</td>
<td>323.83</td>
<td>20.6</td>
<td>169.85</td>
<td>154.63</td>
</tr>
</tbody>
</table>

(2002: UN Population Division: Department of Economic Affairs
### Elderly Population – India

<table>
<thead>
<tr>
<th>Year</th>
<th>Population 60+</th>
<th>Population 80+</th>
</tr>
</thead>
<tbody>
<tr>
<td>1961</td>
<td>24.71 million</td>
<td>24,84,939 (2.48 million)</td>
</tr>
<tr>
<td>1971</td>
<td>32.70 million</td>
<td>32,00,178 (3.20 million)</td>
</tr>
<tr>
<td>1981</td>
<td>43.98 million</td>
<td>41,26,768 (4.13 million)</td>
</tr>
<tr>
<td>1991</td>
<td>56.68 million</td>
<td>63,74,511 (6.37 million)</td>
</tr>
<tr>
<td>2002*</td>
<td>81.09 million</td>
<td>64,87,120 (6.49 million)</td>
</tr>
<tr>
<td>2050*</td>
<td>323.84 million</td>
<td>4,87,33,692 (48.73 million)</td>
</tr>
</tbody>
</table>

(Source: Ageing Population of India: an Analysis of the 1991 Census Data; Registrar General India; New Delhi; 1999.)

The problem originates from the changes taking place in family structure. The family has been the cradle of civilization. It is the family which is responsible for the caring of all its members, including children, adults, disabled, the aged and the chronically ill. With the advent of the small family structure in the second half of the 20th century, the problems began to arise and the industrialization and urbanization has caused complete fragmentation of traditional joint families. Hence, the central question is who is to look after the aged?

Rather than searching for external solutions that were least convincing, the emphasis was more on transforming the internal situation. Ageing can be defined as an individual social problem that can be addressed by trying to retain status, roles and activities at levels similar to those of the earlier life stages. The more active the older person is, greater is his
or her life satisfaction, positive self-concept and adjustment.\textsuperscript{11} Thus, the personal transaction process needs to be stressed, emphasizing the dynamic transaction between older individuals and their social world. It can be said that both the society and the self are able to create new alternatives to facilitate successful ageing. Therefore, mental weakness or low morale and seclusion, withdrawing from social involvement are not obvious associations of ageing, but are possible outcomes of an individual’s interaction that can be suitably changed by engaging the concerned individual in his engagements of interest.\textsuperscript{12} Policies and programmes based on their theoretical framework positively assume that both environmental constraints and individual needs can be changed. In most cases individuals tend to maintain a consistent pattern of behavior. In other words, individuals do not change dramatically as they age; their personality remains similar throughout their adult life.\textsuperscript{13} So expectedly it will be difficult for those older people who are introvert in nature to mingle and socialize with others so that their depression could be reduced. Empowerment is one essential feature or an extremely good practice in all social works and will play a very important role in overcoming depression. This is about helping people to gain control over their lives. Empowerment has a range of meanings, from giving users some share of power to supporting and encouraging people or groups to realise their own power and take action accordingly.\textsuperscript{14}

Older people may be supported to “adjust” to the circumstances that they are in. It is necessary to focus on ‘need’ while understanding assessment of people rather than the strengths and the contribution that an individual can make.\textsuperscript{15} Empowerment helps people to feel being worthy of making some beneficial contribution.\textsuperscript{16} Engaging in some kind of activity or work helps them in avoiding loneliness. The increasing importance of depression as a social problem

\textsuperscript{14} Banks,S(2001), Ethics and Values in Social Work, Basingstoke, Palgrave Macmillan, 2\textsuperscript{nd} edn., (Pages 131-2)
\textsuperscript{15} This is a part of a Reductionism approach——> which the process of reducing a complex, multifaceted reality to a simple, single-level explanation.
implies the understanding that there are some serious loopholes in the societal framework which are making depression an important issue in today’s world. Older people are often seen as separate, as a distinct group who should be set apart simply because of age, for instance, commonly it is observed that many use particular terms to refer to elderly people and also present specific images of them. Negative images of older people lead to discrimination and lead to social exclusion and their marginalization. This is further reinforced through issues in relation to the influence of such factors like class, gender, ethnicity and poverty. As discussed earlier, social class, which is linked to economic status and independence of individuals manoeuvre depression to quite an extent. Again, ageing as a process can be described from the biological and psychological perspective, but the definition of old age is largely a social construction. Experiences of… growing old emerge out of culturally specific assumptions about the shape and nature of the life course. The elderly are considered as unwanted, placing the individual older person in a dependant role. The elderly have a hope that their later adulthood would be as fulfilling and successful as their entire life had been. As they grow older they want to remain healthy and independent in all respects, they want to be treated equally and fairly; they want services that meet their needs and they do not want to be tied up in bureaucratic system and process. They do not wish to consider themselves to be at the threshold of death but rather desire to be considered as individuals having had a whole range of experiences and still capable of contributing positively to the society.

Social production function theorists assert that people produce their own well being by trying to optimize, within the constraints faced by them, the achievement of two universal goals—physical well being and social approval. Thus, there is a need to maintain both physical and social well being in order to age successfully.

Physical well being has two dimensions. Firstly, comfortable living means a lifestyle without the problems of thirst, hunger, pain and such other allied agonies. Secondly, activities, both social and physical, produce awareness in them and keep them engaged. Social well being has three dimensions viz. firstly, status which refers to relative ‘ranking that is based on education, social origin and capabilities. Qualities associated with this dimension include

17 Hockey, J. and James, A. (2003), Social Identities across the life course, Basingstoke, Palgrave Macmillan, Pg 130-131.
being treated respectfully, self-relation, having a good reputation. Secondly, Behavioral confirmation refers to social skills and social network and is defined as positive feedback on behavior by others and self-approval. Qualities associated with this dimension include doing the right thing and belonging to a functional group. The third dimension is affection, which includes love, friendship and emotional support. Qualities associated with this dimension are reciprocal and include liking and being liked, trust and being trusted, a sense of loving and being loved. It is known that, the minimum requirements for successful ageing are usually comfort and affection.

Religion is viewed as a way to overcome depression, which must therefore be understood more broadly than religious practices. For some, deepest meaning in life comes from relationship with God. For many others, relationship with other people is the source of greatest meaning in their lives. Again with some, meaning of life is derived from work and from the surrounding environment. Worship, prayer and other religious activities form one important part of response to achieve spirituality for large number of old people. Spirituality is just not one compartment of life, but the deepest dimension of life. Spirituality is the ultimate ground to all hopes, fears and love; it concerns struggles with loss and questions of self worth. Spirituality can be seen as a ‘Spiritual Development, a process of growth that can still flourish when all other growths have stopped and physical and mental powers have begun to decline.’ There exists a complex relationship between spirituality and ‘successful ageing’; it is a spiritual

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18 Notes: This whole concept of physical and social dimension well-being has been taken from the works of Crawford and Walker (2007), Social Work with Older People, Learning Matters limited, Great Britain, Pg 20-37. The work has tried to trace out what are major dimensions of physical and social well being. Mental illness among the aged is chronic problem all over the world. Physical and Social well being helps to arrest depression.


journey towards wholeness that can transcend what is usually regarded as ill health and adversity.  

Ageing and Spirituality are related to every individual, just like the intention of social work to make people feel equally successful and fulfilled in their ripened age, spirituality is also about nourishing the belief of fulfillment in them. Thus, the problems related to ageing can be reduced to a great extent by the practice of Spirituality and Religion. Success can be equated with good health and the absence of chronic diseases, presence of fitness and the ability to perform physical functions. Implicit is that longevity is an achievement and that compression of morbidity is a goal.  Thus, the importance and centrality of the spiritual journey must be recognized in the pursuit of successful ageing both at an empirical and theoretical level. 

Intimacy is just as important in later life as at any time along the lifespan; perhaps even more so in the frailty of late life, where having lost physical or cognitive abilities, the person is even more in need of loving relationship. Studies of independently living older people have found that the most important source of meaning in the lives of the majority of informants came from relationships: with partners, if they had them, and with children and grandchildren. For a good number of them, these relationships provided the reason for living: that is, relationship provided core meaning. Residents in aged care facilities or old age homes are even more likely to be frail and to have experienced major losses in life, such as loss of their spouse/ partner. They have even lost their place of residence on entering the home, and sometimes even their identity. 

Often there is no one to speak to about their losses and fears and no one to share intimacy with them. Human beings need intimacy, in later life as at any time during the lifespan. Just as infants and toddlers who are deprived of love fail to thrive, frail elderly individuals too may be deprived of nourishment of the soul and may also fail to live healthily. Some in residential care

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may only experience the touch of another human in the feeding, showering or other caring activities, but never simply as an act of love, but rather mechanically.

The human spirit is nourished by and flourishes on hope. To find hope is one of the spiritual tasks of ageing, although of course this is not a task of older people only. In the study of independent older people, hope for many of the participants was tied to seeing their children well established in adult life and their grandchildren doing well. The present researcher did not specifically ask questions of hope and belief in life after death. However, few of the independent older people spoke of eternal life, and some widows spoke of hoping to be reunited with their husbands after death.

In the recent Economic and Social Research Council (ESRC) programme (1999-2003) the quality of later life was examined in relation to the strength of spiritual belief and the support received from that belief, or the experience of bereavement. It can be said that the loss of spouse in later life that the partner has to experience before his or her own death, is a circumstance where the presence or absence of spiritual belief is likely to be felt strongly. Symptoms of depression were concentrated among those of moderate to weak spiritual belief. Many of these elderly people would like to receive better education in their faith are eager to learn spirituality more deeply than ever before. Most forms of Judaism, Islam and Christianity—Protestant as well as Catholicism emphasize God’s relationship with the community. Relationship within the religious community is of importance to any consideration of religious or spiritual life. Personal spiritual experience does not itself give anyone a privileged status. Thus, religion is conceived not only as meaning of transcendence and liberation from mundane trivialities but also connects the individual with likeminded other members within the religious community for social interaction. It is thus comprehensively understood that lack of meaning in life is frequently the reason of neurotic or psychotic behavior, as thought by many psychologists. Influenced by the ideas of many psychologists, it can be said that a lack of sense of meaning in

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life is associated with psychopathology in a linear sense. That means: the less sense of meaning in life, the greater the severity of psychopathology in person. A positive sense of meaning in life is associated with: deeply held religious beliefs, Self-transcendent values (a person likes to be better), membership of groups, dedication to some cause, adoption of clear life goals.  

Values that give meaning to life at one time may not be the same at later life stages. In a certain period of life, a person may have creative values which give meaning to his life. As the elders age, their life situations also change and they need to get occupied with life specific engagements in order to draw meaning in life. Investigations reveal that, level of meaning, do not seem to vary with the persons’ status of companionship. To be more specific, whether the person lived alone, with a spouse, with relatives, or in a home for older people do not have any effect on the way the person views the meaning of his life. How older people view their own living situations, is more important than their living situations per se.

The values from which older people derive most of the meaning in life include: family, spiritual needs, good health, helping others, self-reliance. Meaning of life is also closely related to the meaning of suffering. Both are aspects of the same human reality. One aspect adds to the dimension of the other. Without suffering many people never discover the meaning of their own lives. Without meaning of life, without values and faith in God, in them and in other human beings, a person will never be able to detect meaning in his suffering.

Value grows slowly and takes time and patience to realize something good and meaningful in life. An interesting fact that the researcher came across is the thought

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28 Notes: Leonard Maholick (1969) invented a psychometric test in order to measure the purpose of life. A positive purpose in life helps to arrest Depression. This instrument, the Purpose in Life (PIL) test, is a questionnaire which has in its first section (Part A) 20 items to be graded on a 7-point scale. There are two other sections (Part B and C) in the test which are geared more to individual therapy. The test is standardized and validated and has been applied to different groups of people. The test is standardized and validated and has been applied to different groups of people. Research based on this psychometric test is related to the idea that lack of sense of meaning in life is associated with psychopathology in a linear sense.


provoking report \(^{31}\) which comments on the differences in religious practices between older and younger people. Only a minority of older people participates in organized religion, but religion still plays an important role in the lives of a large majority. The language of spirituality has become a kind of lingua franca between religious traditions and refers to the ‘cultivation of attitudes of mind and practices that are intended to effect the mental orientation of human desire and which derive this value from something more than their mere contribution to human well being’. \(^{32}\) Further analyses indicate that the positive effect of religiosity on life satisfaction is stronger in the more traditional group compared to that in the less traditional group. \(^{33}\) Here, in the current research, the Marwaris are traditional in many ways and at the same time are seen to be drawing life satisfaction from religion. Spiritual case, in its fullest sense, concerns the whole person—not just one aspect of the person and what is meaningful in his life.

In recent years there has been a growing awareness among health professionals of the potential physical and mental health benefits associated with spirituality and religion, especially for older adults. Though spirituality is as much a part of human experience as any other normal form of thought and behavior, to date it has not been given the attention it deserves by researchers and practitioners of psychology or of mental health. Mental health professionals in fact have often viewed spiritual content as pathological.

A definition of well-being may include the following: Firstly, it may be understood as what people commonly mean by happiness. Secondly, it refers to what people think and how they feel about themselves, i.e. the conclusions they reach when they evaluate their existence. Thirdly, it involves the individual’s entire condition, i.e. the psychological, social and spiritual aspects of one’s existence. Fourthly, well-being is a relative state of affairs- relative to the situation as well as to the values of the particular culture one belongs to, such as the

\(^{32}\) Howse, K. (1999), Religion, Spirituality and Older People, London, Centre for Policy on Ageing
traditional pattern of being Indian which seeks to avoid extremes, maintain equilibrium, have good health, practice self-control, and arrive at self-realization and the dissolution of the self.

Indian thought is one of the influential philosophies in the world. The eastern concept of well-being is mainly drawn from Indian thought. The schools of Hindu philosophy are abundant with rich, insightful philosophical treatises on well-being. Buddhism and Jainism each represent a view of personality and describe methods for its growth into a particular form of perception. The various schools of yoga prescribe methods to help reach a high level of consequences and go beyond the limits of ordinary human experience. It is to be noted that well-being is equated with integration of personality. In summary, psychological well-being to the Hindu means: Firstly, integration of emotions with the help of an integrated teacher (a spiritual master, or guru). Secondly, acquiring a higher philosophy of life which helps to resolve inner tensions. Thirdly, channeling basic passion by directing the emotions to ultimate reality. Fourthly, developing an attitude whereby everything is viewed as a manifestation of ultimate reality. Fifthly, cultivation of higher quality which replace negative qualities. Finally, the practice of concentration. All these practices are difficult to exercise and thereby the problem of ageing gains maximum momentum in the contemporary world.

Hence, in fine it can be said that Indian thought goes beyond self-realization or transcendence and seeks the spiritual pursuit of the highest state of everlasting happiness- nirvana or supreme bliss. The ultimate aim is to attain union with the universal self or moksha or nirvana. Seminal contribution to the concept of well-being have been made by one of the most widely acclaimed religious philosophical text of the Hindus, the Bhagavad Gita 34, which focuses on the idea of maintaining a kind of balance or equilibrium to enjoy a state of well-being. Self-realization, which is the realization that everything is totally interconnected, and the dissolution of the self by expansion of the self beyond its personal boundary, leads to the finest stage of

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34 Bhagavat Gita (1905), The Bhagavad Gītā (Sanskrit: भगवदगीता, IPA: [ˈbʰaːɡəʊdəɡiːʈ]), also more simply known as Gita, is a sacred Hindu scripture, though its philosophies and insights are intended to reach beyond the scope of religion and to humanity as a whole. It is at times referred to as the manual for mankind and it is considered among the most important texts in the history of literature and philosophy. The Bhagavad Gita comprises exactly 700 verses, and is a part of the Mahabharata. The teacher of the Bhagavad Gita is Lord Krishna, who is revered by Hindus as a manifestation of God itself and is referred to within as Bhagavan, the Divine One.
human life where there are positive feeling for all things and beings. So, according to the Indian thinking, well-being unfolds at cognitive\textsuperscript{35} conative\textsuperscript{36} and effective\textsuperscript{37} levels.

From the above account it is clear that there exist differences about the concept of well-being in the west and the east, in that the conceptualizations made in the west revolve around the ability to satisfy one’s needs, avoidance of frustrations and stress, and exercising certain amounts of control on the environment such that it enhance the satisfaction of personal and social needs. In the Indian tradition, control over the senses is thought to be essential to well-being. Emphasis is on the maintenance of balance between extremes of satisfaction and denial (implying that “needs need not be totally denied”) and the adoption of a path of moderation. Further, since frustrations and failures as well as successes and joys are considered inevitable in one’s life, the essence of well-being lies in not being overwhelmed by either aspect. While in the west, the idea is to have control over or exploit the environment since it is thought to provide the inputs that lead to need satisfaction, in Hindu spiritual thought the concept of being in tune with the environment is encouraged in order to experience well-being.

There has been growing evidence to suggest the relationship between spirituality and healing in medicine with reference to the major world religions.\textsuperscript{38} These new collaborative works between religion and medicine recognizes the impact of religion and spiritual practices in health and well-being.\textsuperscript{39}

The few studies that investigated well-being measures, spirituality and spiritual experience have found that people who have had spiritual experiences are in the normal range of well-being and have a tendency to report more extreme positive feelings than others\textsuperscript{40}. The

\begin{itemize}
\item\textsuperscript{35} Here cognitive means rigorous self-examination,
\item\textsuperscript{36} Here Conative means performance of duty
\item\textsuperscript{37} Here effective means expression of self beyond the ego
\item\textsuperscript{38} Culligan,K.,(1996), Spirituality and healing in Medicine, New York;American Press, pg-123-125
\item\textsuperscript{39} Notes: The entire concept has been taken from Mohan, Krishna,(2004),‘Eastern Perspectives and the Implications for the West,’ in Jewel, Albert, Ageing Spirituality and Well-being, Jessica Kingsley Publishers,London.The above article speaks of problems of mental disequilibrium and the role of spirituality in this context.
\item\textsuperscript{40} Westgate, C. E. (1996) 'Spiritual wellness and depression’. Journal of Counselling and Development 75, 23-35.
\end{itemize}
present researcher has also tried to portray the importance of religious practices and the exercise of spirituality as a means to protect oneself from the feeling of depression. In today’s world mental health of the elders is at stake owing to the factors like rapid development of industrialization and the breakdown of joint families which used to be the basic caring unit of the aged. The number of the elders is also on the rise owing to the advancement in the medical sciences. In most cases the elders are the victims of loneliness and sadness. So, the increase in the rate of depression among the elders is a burgeoning social problem. Marwari elders usually possess strong religious and spiritual beliefs. The researcher has tried to focus upon how such practices help them in combating depression.

Numerous studies have found positive relationship between religious beliefs and practices and physical or mental health measures. Although it appears that religious belief and participation may possibly influence one’s subjective well-being, many questions need to be answered like the reason behind the relation of psychological well-being and therefore absence of depression with religion. Some tentative answers to why religion may sometimes have positive effects on individuals can be summarized as follows: Religion may: produce a sense of meaning, something worth living and dying for, stimulate hope and optimism, give religious people a sense of control by a benevolent God, which compensates for reduced personal control, prescribe a healthier lifestyle that yields positive health and mental health outcomes, set positive social norms that elicit approval, nurturance acceptance from others, provide a social support network, give the person a sense of the supernatural that is certainly a psychological boost- but may also be a spiritual boost.41

So, if a conscious society can be built up and if communities come closer with a meaningful approach, then these elderly people can be transformed into potential resource bearers and their empowerment would help them prevent depression. Spirituality as an engagement would help them to release their anxiety, despairs, agonies that had so long bowed

them under their pressures.\textsuperscript{42} The retired persons experience fast ageing if they are deprived of the continuity to work. However, those who have been all through religious minded and have maintained this tendency even after mandatory retirement do not face fast ageing problems. Further, larger the size of the family, more care the elderly receives. The aged should be allowed to pursue religious and cultural goals instead of feeling alienated and fragmented from the larger society.

The problem could be uprooted from its care if only care and respect are given to the older people as most of them are victims of isolation. One of the major challenges confronting the modern society today is the provision of adequate and effective care to the aged. So three modes of old age care can be formulated—undoubtedly, homecare is the best mode of care for the aged living in an independent home is successful to some extent as the question of insecurity arises here. Finally, Institutional care that is Old Age Homes comprises of the third option. It is seen that the aged residing in these homes suffer from a sense of alienation and sadness as they are away from their family members. The aged still find the family to be the main support system. In old age homes peer groups do not provide much satisfaction as the aged miss their families. The elderly staying with their families are found to be happier and less deprived than their counterparts in the Old Age homes. Yet the emergence of industrialization has forced many of the elders to take shelter in the old age home. Hence, mental wellbeing of the elders is a burgeoning problem which requires urgent attention and investigation.\textsuperscript{43}

The discussion so long focused on depression, the reason of it, the probable ways of recovering as suggested by different scholars. During the course of the research another highlighted area of concern, presumably by taking a serious turn has grabbed the attention. It is the analysis of women’s position in this issue. The ideas of the feminist writers were part of wide concern relating to the position of women in the 1970s and early 1980s. However, it is clear that


\textsuperscript{43} This concept of old age homes not being a suitable solution for an ageing India where the inmates miss out the intimate touch of their family members and thereby making them more prone to depression which is a burgeoning social problem has been taken from Kattakayam, John Jacob, “Support system for the elderly-an intergenerational study in Kerala, India”, 'ISA Conference volume', (1998),pg-115-118.
these concerns are still relevant today. Recently\textsuperscript{44} female mental health service users are asking for their mental distress to be understood in the context of following lines. Women are still predominantly responsible for home-making, childcare and caring for dependant relatives. In addition, more women than men experience sexual abuse, domestic violence and sexual violence. Such life situation makes women elders more vulnerable to depression.

The mental health practitioner may find it useful to think about the body and mental illness in relation to women in three ways. First, the physical labour of women as carers for others and so forth, often contribute to their mental distress. Second, the ways in which psychiatric systems have sought to control the female body. Female personalities are more inclined towards introvert character and thus suppress their despair and anger to a great extent. This in later life may result in depression. Third, how women’s distress is ultimately contained within and expressed through their bodies. This notion further explains the second position. It is through their mental imbalance in later stage of life, women express their long suppressed distress. The above discussion brings into light that women are more susceptible to old age depression compared to their men counterparts.

Although Marxian Philosophy made occasional references to women’s social and economic situation, he did not create a coherent analysis of women’s oppression. In was predicted that the abolition of the bourgeois family would end the way women are considered mere child producers.\textsuperscript{45}

Women’s oppression can be conceptualized as being the result of social and economic structures within capitalist society. In a Capitalist Economy the economic and social

\textsuperscript{44} Department of Health (2003), Mainstreaming Gender and Women’s Mental Health,London:DH

\textsuperscript{45} Marx’s concept of ‘reproduction’ which was predominantly concerned with how social systems, particularly class structures, has been used in order to understand the cause behind women subjugation and depression. The Marxist economic perspective identifies the unequal power dynamics behind the transactions between the bourgeoisies and proletariat within capitalist society. An exploitative system is identified whereby the bourgeoisie employers control the means of production, and the proletariat must choose between their own exploitation or being without work. Marxist feminists incorporate a gender aspect to this analysis. This concept has been taken from Marx,K and Engels, F (1967),The Communist Manifesto, London: Penguin, pg 7-8.
factors determine consciousness. This is a vital point in understanding women’s social subordination to men and thereby locating the factors behind the occurrence of elderly women’s depression. It can be said that restricted in their child bearing responsibilities, women are often victims of low wages and are more likely to be exploited by their male colleagues.

It can be highlighted that family is a site of women’s oppression and thereby depression. It should be focused on how historically, popular ideology has considered the family as essentially and naturally there, thus reinforcing social constructions of gender identity in which women are considered as naturally nurturing and caring. Consequently, the family or the family house-hold system restricts women’s access to paid labour by reinforcing ideologies about their role as reproducers, and their servile position to men. Here in this present research the researcher has tried to focus on this problem as faced by Marwari female respondents who are mostly economically dependent housewives.

Factors such as social class, sex and sex roles, and specific life events such as loss of an intimate relationship, has links with depressive conditions. The specific ‘provoking agents’ can be related to the onset of depression. Although these are obviously distressing events, they do not in themselves greatly influence the onset of depression and fail to address the marked differences between different social groups in rates of depression. Consequently, a second component comes into picture, namely, the vulnerability factors.

46 Marxist feminist nevertheless argue that Marxism can be used to conceptualize women’s oppression as being the result of social and economic structures within capitalist society. One central component of Marxist theory is that economic and social factors determine consciousness. This has been developed by Marxist feminist in the understanding of women’s social subordination to men. They draw upon this concept to explain the way in which women, in their multifaceted roles, create a concept of themselves that would otherwise fail to exist if they did not encounter social and economic subordination both at home and in the workplace. The entire concept of women subjugation was extracted from Holmstrom, N,(1984),’A Marxist Theory of Women’s Nature, Ethics 94,no. 1: pg 464-465.

48 The key concepts like provoking agents of depression is used after Brown, G.W and Harris, T,(1978),’Social Origins of Depression: A study of Psychiatric Disorder in Women, London,: Tavistock,Pg-179-180. These include life events such as bereavement, loss of employment, and ongoing ‘difficulties’ such as having to deal with family members, experiencing alcoholism and unemployment.
In addition to experiencing a ‘provoking agent’, certain individuals also experience vulnerability factors that increase their susceptibility to depression. These factors do not increase the possibility of developing depression, but nevertheless it increases the severity of the depression. So, in order to check female depression there is the need for concern with the position of women within the family system and the role of women in the wider economy and the values given to these functions by the media and society at large. In other words women should be freed from the role of ‘trapped housewife’ in order to arrest later life depression.

Further, apart suffering from depression women than men are also more susceptible to the mental diseases like, phobia, obsessive-compulsive disorders and anxiety status. Half of the women who experiences unhappy marriage are the victims of these symptoms. Thus, strained and difficult family relationships were also perceived as contributing to the onset of neurotic symptoms. Another major factor is the caring for sick or disabled relatives for a period of several years. Research has pinpointed the psychological harm done to women who perform caring roles, especially those who care for mentally ill relatives. Such women are perceived to neglect their own health because of the numerous responsibilities they are required to take on in the care of others. Women feel isolation and stress associated with the undertaking of housework. They report long hours of isolation from a wider social network, and sole responsibility for family health which often led to obsessive cleaning of the house and kitchen several times a day, and still thought it was dirty. Some women, although burdened with domestic roles, felt a pressure to stay at home due to family demands, and the low self-esteem they experienced as a result of being tied to the home for long periods. Additionally, receiving

49 The concept of vulnerability factor that increases the chance of occurring depression has been used after Brown, G.W and Harris, T,(1978),’Social Origins of Depression: A study of Psychiatric Disorder in Women, London,: Tavistock,Pg-179-180. The ‘vulnerability factors’ may include lack of employment which can further increase the risk of developing depression once a major loss has occurred, such as loss of a husband. Further, loss of mother before eleven years of age, presence at home of three or more children under fourteen, absence of confiding relationship, and a lack of a full or part-time job.

50 The concept of trapped housewife has been taken from Busfield, J. (1996) Men, Women and Madness, London: Macmillan,Pg-39-40. This means that the women in the role of housewife are trapped within the sphere of domestic world and are thus victims of depression in later life.
the label neurotic added further pressures to stay at home as any potential self-esteem was consequently banished. 51

The women also focus on specific life events such as bereavement as explanations for their neuroses. Physical conditions such as menopause, were, occasionally cited as contributory factors, but more specifically the women frequently report that they experience difficulty in convincing men such as their husbands, and doctors, of the physical and psychological discomfort they often experience.

For men by contrast, in most cases family relations do not work as a contributing factor to the onset of their neurosis. Their focus was directed away from the domestic sphere towards two factors: work-related problems and physical illness. Loss of job or position in the work place affects the mental state of the men putting them in distress. Other men considered that physical factors such as undergoing operations, or heart or chest problems influenced the onset of their neurotic symptoms. Hence, ‘depression is a social disorder lending itself to social remedies’. 52

Concepts of mental illness are intrinsically of the wider social order that serves to give meaning to differing aspects of social behavior. 53 It can be stated that varying mental illnesses ‘are concepts that set the boundaries of unreason’ 54 and that threaten to disrupt the social order. The concept of unreason is essentially gendered, as women are culturally associated with it. Women are perceived as passive, irrational and emotional and therefore as not responsible for their actions, where as men are seen as staying within the boundaries of reason and rationality, and their behavior is considered to be something for which they are responsible. This has negative consequences for both sexes. Women’s apparent powerlessness, irrationality and

51 The whole idea of the situation that makes women neurotic has been incorporated from Miles,A. (1988), Women and Mental Illness, Brighton: Wheatsheaf, Pg-139-140.

52 This quote has been taken from Miles,A. (1988), Women and Mental Illness, Brighton: Wheatsheaf, Pg-139-140. It explains that the occurrence of depression has a social cause and a social remedy.


54 The whole concept of rationality and irrationality has been taken from Foucault, M,(1954), Mental Illness and Psychology, London, University of California Press, Pg-232-236. Women are recognized with the irrationality and men with rationality which itself is a cause behind women depression.
emotionality, concepts kept in place by social institutions, serve to justify male power. Consequently, women are more easily and more frequently diagnosed and treated as mentally ill.

Women’s relative lack of power in many situations in comparison with men, and the perceptions surrounding their lack of power, means they are doubly disadvantaged… their lack of power makes it more likely that their behaviours may be viewed as indicative of mental disorders.

It is therefore necessary to focus upon ways in which wider social factors influence the prevalence of mental illness in aged women. A commitment to decreasing unemployment and the provision of better education and child care services are necessary. In addition, attention that moves from focusing on just the individual with mental illness, to one that focuses upon the wider social institutions of psychiatry is also necessary. Better regulation in order to prevent the abuse and exploitation of elders, of which are high proportion are women is required.

The body and its relationship with physical and social processes need to be highlighted. From the accounts of the aetiology of hysteria\(^55\), hysteria represent a translation of repressed, physical conflict that cannot be communicated by verbal means. The accounts of hysterical symptoms consider the female body as dangerous and uncontrollable. Such symptoms are valuable and meaningful to the lived experiences of women. He suggested that women experience conflict between their ties to the domestic sphere and their desires, and these conflicts are manifested in their bodies in the form hysteria. Such an occurrence affects well-being at later stage of life.

For many women, widowed in late life, the social expectations and dilemmas faced are significantly different. The agony of widowhood haunts them. Though they are endowed with seniority yet some older women more often speak not of power and reverence but of losses and waning powers, of being forgotten by sons and their wives, of having poured out of love, breast milk and effort to raise these children and serve their families all throughout their lives—and in

\(^{55}\) Freud, S,(1896), The Aetiology of Hysteria, Pg25-27.
the end never receiving as much as they have given. Such a gap between expectation of rewards and returns of rewards makes them depressed at old age.\textsuperscript{56}

In all, we can say that, women in both groups express more depressive symptoms than do men. Thus, women elders are victims of both, sexual discrimination and ageing problem. Common predictors for the two groups were being female, greater numbers of physical illness, poor perceived health more perceived unmet needs, and less sense of control in life\textsuperscript{57}. Some other interesting attention worthy characteristic of depression are found that to help to understand the issue better and also gives a fair idea about the possible changes in the behavioral pattern noted in the affected.\textsuperscript{58} Depression can be described as a complex reaction to the loss of a loved person or thing. This loss could be real or imagined, through death, separation or rejection. Depression or melancholy is ‘grief out of control.’\textsuperscript{59}

Depression can be compared to mourning. An early disappointment in the depressed person’s life, particularly the loss of a relationship, led to reconstructing and substituting the image of the desired person within, resulting in an ambivalent emotional cathexis of the lost person (i.e. both longing for and anger toward him or her). With the loss of a love object in adulthood anger again was experienced and directed inward toward a representation of the recently lost love object, thus causing depression\textsuperscript{60}.

In certain cases depression may be viewed as resulting not from intra-psychic conflict but from loss of self-esteem caused by environmental loss. Reactive depression, results from an over

\textsuperscript{56} Lamb, Sarah,’White Sarees and Sweet Mangoes: Ageing, Gender and Body in North India’, University of California press, 2000.


\textsuperscript{59} Here the concept of Depression as melancholia expressing grief out of control has been taken from Freud,S.(1911b),’On the Mechanism of Paranoia’,pg 130-31.

\textsuperscript{60} Alan E. Kazdin, Editor-in-chief, Encyclopedia of psychology, Oxford University Press, 2000, pg. 471-476.
reliance either on a dominant other or a dominant goal for a sense of meaning and self worth. When these external supports to self-esteem are lost, a drastic loss of self-esteem ensues.\(^{61}\)

In contrast to a focus on early childhood experiences and internal psychological processes, from behavourial approaches it may be postulated that depression was the result of a weakening of behavior due to the interruption of an established sequence\(^{62}\) of behavior that had been positively reinforced by the social environment. For example, the loss of a job would stop a lot of the activities that having a salary provides (e.g. dining out often, entertainment)\(^{63}\).

There are several cognitive approaches for understanding depression.\(^{64}\) A depressed person misinterprets facts in a negative way, focuses on negative aspects of a situation, and has no hope for the future. Thus, any problem or misfortune experienced, like the loss of a job, to be one’s own fault. The depressed individual blames these events on his or her own personal defects. A depressed person might focus on a minor negative exchange within an entire conversation and interpret this as a sign of complete rejection. These types of thought patterns also referred to as ‘automatic thoughts’\(^{65}\). Together with the idea that depressed individuals mentally distort reality and engage in faulty processing of information the most important part depression is the notion


\(^{64}\) Cognitive approaches should be considered for understanding depression. There are three main cognitive theories of depression; Beck’s cognitive-distortion model, Seligman’s learned helplessness model, hopelessness theory of depression. The most influential of these theories is Aaron Beak’s cognitive distortion model of depression. Abramson, L. Y.; F. I. Metalsky and L. B. Alloy (1989). "Hopelessness depression: A theory based subtype of depression”. Psychological Review 96 (2): 358–372.

of a ‘negative self-schema’. These schemes remain with the individual throughout life, functioning as a vulnerability factor for depression.

It may said that when individual’s are exposed to uncontrollable stress they fail to respond to stimulation and show marked decrements in the ability to learn new behaviors. Further, together with uncontrollable stress, people must also expect that future outcomes are uncontrollable. When they believe that these negative uncontrollable outcomes are their own doing (internal versus external), will be stable across time and will apply to everything they do (global), they feel helpless and depressed.

People of any class age and creed that are closely knitted with social bond; they are hale and hearty and feel lesser the pinch of ageing. The moment the senior citizens feel socially isolated and disintegrated from the social bond, they begin to experience fast ageing which becomes a problem. It can be said that deep religious commitment and belief in spirituality of the senior citizens slower the process of ageing among them.

The above discussion reveals that the aged in today’s society are at stake. Globalization has bought fragmentation within the family structure and therefore care for the elders especially the depressed elders is in a problematic situation. Loneliness resulting in depression among the old leads to suicidal attempts. It is based on the premise that the social and psychological health of a person is escalated by continued activity in a variety of roles, contends that there is a positive

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67 This concept has been taken from the theory of ‘learned helplessness’ that has stimulated a great deal of research activity. Based on the work of animals (later replicated in humans), learned helplessness model of depression holds that when men think that they cannot control events they feel helpless and depressed. This concept is taken from Seligman, M.E.P. (1975). *Helplessness: On Depression, Development, and Death*. San Francisco: W.H. published in Freeman Borgatta, editor-in-chief, Encyclopedia of Sociology (Vol. 1, Second Edition), Macmillan Reference USA, 2000, Pg 648-647.


69 This very concept of well-being through social integration has been taken from the works of Emile Durkheim, *Elementary Forms of Religious Life*(1912).
correlation between activity, mental and social adjustment\textsuperscript{70}. The role crisis created by retirement is overcome by absorbing new roles. This is called role flexibility. This may be defined as “The capacity of personal quality to change roles easily and increase or reduce activity”\textsuperscript{71}. In other words, people cannot be happy unless they stay socially active. People, after retirement, try to fill in the vacant time by engaging in some kind of activity. It helps in maintaining mental and physical health of the old person. As with dementia the extent to which an individual who has depression and experiences these symptoms will be different for each person. The causative factors are also likely to be complex and varied, again being influenced, for example, by the person’s life course development, their immediate environment and any contributory factors such as a bereavement or sudden unwanted life change.

Rational behind the study of depression, it appears, therefore, that understanding of the numbers of older people whose lives are being affected by depression is limited. The inconsistencies in knowledge based in this respect should influence work with older people. Not only in terms of promoting good mental health and preventive approaches, but also ensuring early recognition of people’s care needs through inter-professional working and holistic assessment practices. In order to develop the practice in this way we need to ensure the understanding of the meanings of the term ‘depression’ and other words that may be associated with it.

It is likely that certain emotions are associated with depression, such as sadness or hopelessness, or feeling lonely, withdrawn, and even suicidal. These words are actually all some of the signs and symptoms that older people may experience if they become depressed. As with dementia, both the National Service Framework (NSF) for older people (DoH, 2001a)\textsuperscript{72} and the

\textsuperscript{70} Havighurst, R. J. (1957). The social competence of middle-aged people, Genetic Psychological Monographs, 56, 297-375. This represents the concept that activity is essential for successful aging.


\textsuperscript{72} The NSF for older persons (DoH, 2001a) states that: depression is a disorder of mood and may be characterized by: Low mood and feelings of sadness, Loss of enjoyment, Poor memory and concentration, tiredness and fatigue, unexplained pain, feelings of guilt, suicidal thoughts or impulses, delusions
The Alzheimer’s Society offer helpful definitions and lists of the more common characteristics. The Alzheimer’s Society also explores depression and makes the links to the dementia described above.  

Thus, the above symptoms of Depression reveal a frightening picture since the rate of elderly depression is on the rise. It is a growing social problem and there are multiple factors behind elderly depression which needs to be investigated to ensure elderly well-being.

The discussion has brought the researchers to the point of elaborating upon the widely followed treatment procedures that help to reduce depression level to a large extent. It is quite an urgency to develop treatments of depression or otherwise it would affect more and more people. Sometimes depression can be alleviated by social interventions to help with isolation or loneliness such as group outings, volunteer work for the healthy elderly, or regular visits from concerned people. The most commonly used clinical treatments for depression are psychotherapy and antidepressant medication, or a combination of the two.

Theoretical Studies reveals that Psychotherapy is used to treat depression in several ways. First, **supportive counseling** can help to ease the pain of depression, and can address the hopelessness of depression. Second, **cognitive therapy** works to change the pessimistic ideas, unrealistic expectations, and overly critical self-evaluations that create the depression and sustain it. Cognitive therapy can help the depressed person recognize which life problems are critical, and which are minor. It also helps them to learn how to accept the life problems that cannot be changed. Third, **problem solving therapy** is usually needed to change the areas of the person’s life

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73 According to the Alzheimer’s Society: depression is a more persistent condition in which a number of feelings, such as sadness, hopelessness or lack of energy, dominate a person’s life and make it difficult for them to cope. Some of the common symptoms listed by the society include: A sad, hopeless or irritable mood for much of the time, increased anxiety, Feelings of low self – esteem, worthlessness or undue guilt, feelings of isolation and of being cut off from other people, sleep disturbance, such as early waking, problems with remembering, concentrating or making simple decisions, slowing down in mind and body, or increased agitation and restlessness, eating too little or too much, and weight loss or gain, aches and pain that appear to have no physical cause, thoughts of death and suicide.(Source: [www.alzheimers.org.uk](http://www.alzheimers.org.uk))
that are creating significant stress, and contributing to the depression. Behavioral therapy can help one to develop better coping skills. Interpersonal therapy can assist in resolving relationship conflicts. Research has shown that psychotherapy is particularly helpful for treating mild or moderate depression.

Healthy ageing can be achieved through the creation of tolerance, patience and adjustments among both the aged as well as the individuals. They put emphasis on the importance of joint families. A change in the attitudes and ways of modern life is the need of the hour. It was seen that old age homes could be utilized more as supplements rather than easily available alternative care arrangements. There is a need of an integrated system of care supplemented by a variety of respite services by suitably adapting them to Indian conditions. Only such arrangements can act as a safety-valve to both the aged as well as the overburdened care giver. Active ageing focuses on the idea that the aged people should be socially included in the employment sector. This may prevent ageing from becoming a negative factor in the labour market.

The problem has so extensively affected people of all ethnic minorities that even United Nations has formulated principles for older persons (1991) considering the suffering of these sections. In the Charter of the United Nations, the peoples of the United Nations declare, inter alia, their determination to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small and to promote social progress and better standards of life in larger freedom. Noting the elaboration of those rights in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights and other declarations ensure the application of universal standards to particular groups.

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It can be said that the tremendous diversity in the situation of older persons, not only between countries but within countries and between individuals, requires a variety of policy responses. Awareness of the fact that scientific research disproving many stereotypes about inevitable and irreversible declines with age, in a world characterized by an increasing number and proportion of older persons, opportunities must be provided for willing and capable older persons to participate in and contribute to the ongoing activities of society. Further, mindful of the fact that the strains on family life in both developed and developing countries require support for those providing care to frail older persons.

Bearing in mind the standards already set by the International Plan of Action on Ageing and the conventions, recommendations and resolutions of the International Labour Organization, the World Health Organization and other United Nations entities, encourages Governments to incorporate the following principles into their national programmes whenever possible...

1/ Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.

2/ Older persons should have the opportunity to work or to have access to other income-generating opportunities.

3/ Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.

4/ Older persons should have access to appropriate educational and training programmes.

5/ Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.

6/ Older persons should be able to reside at home for as long as possible.

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Notes: This vision is taken from International Plan of Action on Ageing, adopted by the World Assembly on Ageing and endorsed by the General Assembly in its resolution 37/51 of 3 December 1982.
7/ Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.

8/ Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.

9/ Older persons should be able to form movements or associations of older persons.

10/ Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.

11/ Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

12/ Older persons should have access to social and legal services to enhance their autonomy, protection and care.

13/ Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.

14/ Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

15/ Older persons should be able to pursue opportunities for the full development of their potential.

16/ Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

17/ Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.
18/ Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

In countries like India, the focus must be on the young, though the elderly merit increasing attention from planners and policy makers. Nevertheless, in the world as a whole, there is need for a change in vision. Caring for the old is not merely looking into their special needs of health care, housing and financial insecurity but a whole lot of complex issues that have to be addressed. The empty nest syndrome reflected in small families, the conflict of generations, a loss of respect for the aged, the flaws of heartless institutional care of the elderly in old people’s homes are only some of the issues which defy easy solution. Therefore, the question is can spirituality come to the rescue of the old or not. Further, the concern is whether modern science can prolong healthy life up to 120 years or not. 78

Worldwide, mental health problems are a leading cause of disability and of reduced quality of life. Mental health problems are clearly not an inevitable outcome of growing old, but a significant increase in the number of older persons with mental illnesses can be expected due to population ageing. Various losses and life changes can often lead to an array of mental health disorders, which, if not properly diagnosed, can lead to inappropriate treatment, or no treatment, and/or clinically unnecessary institutionalization. Thus, lacking of timely detection and treatment of mental illness in old age, including diagnostic procedures, appropriate medication, psychotherapy and education for professionals and informal caregivers is an acute problem.

Statistics states that at any given time about 15% of people over 65 have significant depressive symptoms, and about 3% — the same proportion as in youth — are suffering from major depression. Another 2% have dysthymia, a form of depression with less severe but longer-lasting

78 Bose, Ashish, Demographic Transition and Demographic Imbalance in India, Health Treatise Review, Supplement to Vol. 6, 1996, Pg-89-99
symptoms. More women than men are depressed at all ages, but later in life the ratio comes closer to 50–50\textsuperscript{79}.

Factors contributing to depression can be wide ranging. They are broadly speaking personality, life events, genetics and medication factors. The personality factors indicate that people with low self-esteem, greater pessimism, and greater dependency needs, seem to be more vulnerable to depression. Life events factors note that the death of a loved one, divorce, moving to a new place, money problems, or any sort of loss have all been linked to depression. People without relatives or friends to help may have even more difficulty coping with their losses. Further, some medicines may cause depressive symptoms as side-effects. The genetic factor entails that sometimes depression runs in families. Children of depressed parents have a statistically higher risk of being depressed themselves.

Depression in the elderly is a widespread problem that is often not diagnosed and frequently under treated. Unfortunately, feelings of depression often are viewed as a sign of weakness rather than as a signal that something is out of balance. The depression is disbalancing the normal lifestyle. In other words, persistent depression results in functional limitation\textsuperscript{80}.

Health is particularly affected by stressful life events such as the loss of a spouse, child, parent, sibling, or friend, and that elderly men are at a disadvantage as evidenced by higher rates of psychological and physical disorders\textsuperscript{81}. Stressful life events are predictors of psychological problems among a population of elderly\textsuperscript{82}. Depression that often accompanies ill-health may

\textsuperscript{79} This is taken from a bimonthly newsletter published by Harvard Medical International (Nov/Dec 2003 issue)


explain some of the suicidal motive of these older adults. Depression is common after a stroke, in cardiac illness, in Parkinson’s disease, or with life-threatening diseases such as cancer or HIV. It is common during bereavement, or following a loss and other’s study reveals that depression is higher among the care givers of cognitively impaired elders than the physically impaired elders. The prevalence of psychiatric disorder among elders in a rural village is also prevalent.

In fine, it can be said that Depression is a burgeoning social problem which needs to be addressed urgently. To do so extensive research work is necessary. The present researcher has tried to analyze the nature, prevalence and effect of Depression among the Marwari community through extensive investigations.

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