SUMMARY AND CONCLUSION

“And may he be to you a restorer of life and a nourisher of your old age…”

- Ruth 4:15

The rapidly increasing population of elderly in India which is expected to be 177 million by the year 2025 is alongside hit by a multitude of social and economic changes comprising of disintegration of joint family system, choices related to marital status, smaller number of children per couple, greater longevity, physical separation of parents from adult children as a result of rapid urbanization, migration of younger generation to different places across the globe, changing values of younger and older generation and so on, which in turn has an effect on the demographic, economic, social, cultural and psychological status of the elderly. In India, the family had been traditionally the primary source of social, economic, psychological, and physical support for the aged (Pai, 2002). On the continuum, except a few who are economically affordable and others who belong to the economic weaker section majority of the older population oscillate with their wish being independent and interdependent with their filial relationship. Institutionalization is not a choice of many, and is considered to be the last resort typically when their resources dwindle. Physical and functional health problems, loneliness and financial worries in late life are known risk factors for depression (Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006; Choi & McDougall, 2007).

According to lifespan theories of control, human beings are active agents who, when they need to avoid or reduce negative consequences on their psychological and physical health, can engage in self-regulation, or control, of their cognition and emotions related to their experience of critical situations and events (Wrosch, Dunne, Scheier, & Schulz, 2006). Primary control strategies involve taking direct actions to meet needs and desires, whereas secondary control strategies are targeted at internal, primarily cognitive processes that help individuals cope with failures and foster primary control by channelling motivational resources toward selected actions and goals. The primary
principle of cognitive behaviour therapy involves recognizing that there are multiple and reciprocal relationships between thoughts, behaviours, and emotions, and that making a positive change in any one of these will have a positive impact on the other two. This in turns leads to enhanced Psychological well-being by achieving a balance of the perceived successes of the past self with the disappointments of an unrealized and idealized self and by coming to terms with one’s past (Cappeliez & O’ Rourke, 2006).

The objectives of the research were as follows:

• To assess the level of Stress, Depression and General Well-being in Institutionalized elderly

• To find out the efficacy of Cognitive Behaviour Therapy in managing Stress and Depression and enhancing the General Well-being of the institutionalized elderly

A total of 201 elderly – 151 females and 50 males from three old age homes in Chennai, Home for the Aged, Sivananda Old Age Home and Vishranthi Old Age Home were selected by convenience sampling technique to serve as subjects for the study.

Initially the participants were assessed for their levels of Stress, Depression and General Well-being using Stress Inventory, Geriatric Depression Scale – Short Form (15) and WHO General Well-being Index (1998 version) respectively. Those who scored High and Very High in Stress Inventory, those whose scores were interpreted to have ‘Mild’, ‘Moderate’ and ‘Severe Depression’ on Geriatric Depression Scale Short version and those who scored below 13 (raw scores) on WHO General Well-being Index were randomly assigned to experimental and control group. There were sixty eight participants and sixty seven participants in each group respectively.

Participants in the experimental group were subjected to the intervention, Cognitive Behaviour Therapy for 15 sessions which was extended over a period of 3 weeks. Each session lasted for forty five minutes to one hour.

The intervention comprised of three phases – conceptual phase, skills acquisition phase, and application and follow-through phase. In the conceptual phase, the researcher made the participants in the experimental group to understand the nature of stress,
depression and how it takes its toll on the well-being of them through oral presentations highlighting the role of cognition and by a process of guided self-discovery. In the skills acquisition phase, the elderly in the experimental group were asked to focus on situations when they were sad and depressed, identify the negative thoughts and beliefs and emotions associated to it, generate alternative thought, and reassess the emotions and beliefs. After gaining insight into how their unrealistically negative thoughts are affecting them, clients are trained to test these automatic thoughts against reality by examining and weighing the evidence for and against them. They were asked to generate a gratitude list and include it in their daily prayer or recall it mentally when they retire into bed. They were made to interact in small groups and in the larger group, to express the feelings they went through at times of loss/difficulties, how they coped with and learned new behaviours which facilitated new learning for others in the group. They were also taught assertive skills such as use of ‘I’ messages, offering an alternative and Broken Record Technique. They were made to take part in group exercises to enhance their self-esteem. They were given behavioural assignments such as reciting positive assertions as auto-suggestions, complimenting fellow-inmates, talking to others and focus on their conversation rather than withdrawing within themselves and focusing on their problems. They were also asked to walk for at least 10 minutes two times a day, take part as much possible in day to day chores of the institution. The subjects were asked to identify episodes of well-being and locate them in their situational context, no matter how short lived they were. As a part of mindfulness training they were encouraged to view their thoughts as ‘mental events’ that are detached from, rather than an integral part of, the person and their psychological make-up. They were also helped to focus on their self-instructions through the process of self-observation, monitor their negative self-statements and imagery and make them increasingly sensitive to their thoughts, feelings, actions, physiological reactions and ways of reacting with others. They were encouraged to start new internal dialogue one that is incompatible with their maladaptive behaviours. They were taught visual imagery technique. As a part of Stress Inoculation Programme the participants were given opportunities to deal with relatively mild stress stimuli in successful ways, so that they gradually develop a tolerance for stronger stimuli. They were also given relaxation therapy. In the last stage, the participants were monitored and encouraged to practice the skills learned during the sessions to be practised between sessions.
After the administration of Cognitive Behaviour Therapy over the period of 3 weeks to the experimental group, the subjects of both experimental and control groups were reassessed using Case Study Reassessment Schedule, Geriatric Depression Scale (Short version), WHO General Well-being Index, and Stress Inventory.

After the completion of 3 months of post experimental phase of Cognitive Behaviour Therapy a follow-up was done with subjects of both experimental and control group by once again assessing them using Case Study Reassessment Schedule, Geriatric Depression Scale (short version), WHO General well-being index, and Stress Inventory.

CONCLUSION

- Cognitive Behaviour Therapy was found to be efficacious in managing Stress and Depression in the elderly
- Cognitive Behaviour Therapy was found to be efficacious in enhancing Well-being of the elderly
- Before Cognitive Behaviour Therapy, a negative relationship was found to exist between the variables Stress and Well-being and between Depression and Well-being
- Before Cognitive Behaviour Therapy, a positive relationship was found to exist between the variables Stress and Depression
- With short temper being the commonly reported symptom other frequently reported symptoms by the elderly were loss of appetite, loss of weight, depression, short temper, physical weakness, insomnia, and perspiration
- Except perspiration and weight loss a remarkable reduction in symptoms were reported after Cognitive Behaviour Therapy and in the Follow-up session
- Before Cognitive Behaviour Therapy the elderly participants in the experimental group were found to have ‘Mild Depression’, ‘Average well-being’ and ‘High Stress’
- After Cognitive Behaviour Therapy the elderly participants in the experimental group were free of depressive symptoms, had good well-being and their stress level was found to be reduced considerably
• No significant changes was recorded in the Pre, Post and Follow-up phases of the wait-list control group participants who reported ‘Mild Depression’, ‘Average Well-being’ and ‘High Stress’ in the Pre-test

IMPLICATIONS

• It is vital that mental health professionals are trained to recognize the stressors and signs of depression, skills of cognitive behaviour therapy and thereby enhance the General well-being of the elderly

• While ‘Ageing in place’ given priority, providing residential care facilities have also become important with increasing elderly population. Therefore, while designing such environments considering the heterogeneous nature of elderly population is imperative

• Lifelong education should be considered a national priority in order to encourage active participation of people in the society for their well-being

• Public awareness can be raised among people on personal hygiene, physical activities and exercise, nutrition and role of these is preventing life-style related diseases. Self-responsibility in health care may also be emphasized to the elderly

• It has to be conceded that with eroding values related to the institution ‘family’ providing incentives to families (such as Tax Exemption) which care for the elderly is not an option that could be summarily dismissed

• Government may create community-based employment opportunities for the elderly who seek non regular employments such as temporary, contract, part-time or other forms of paid work to enable elderly people to be financially independent, a variable which is positively correlated to well-being.

• Policy recommendations should focus on building, protecting, and strengthening individual resources of elderly people in economic, educational and health spheres to facilitate elderly to make a choice about living with the family or living in an institution.
SUGGESTIONS

- Entire family may take the responsibility of caring the elderly person in the family and mutual help strategies may be used which will lessen the burden of care.

- When elderly people can no longer be supported in the community, greater changes may be brought in care environments. Dormitories may be replaced by individual bedrooms and residents can be allowed to own their possessions around them with more ‘homely’ style. Individualised care and autonomy encouraging choices would lead to improvement in their sense of well-being.

- Age is no barrier to regular exercise and it can be beneficial at any age and demonstrates to be an insulator against chronic disease and in turn enhance physical and mental health. Old age homes may motivate and encourage its inmates to build a habit of regular exercising.

- To improve their self-esteem and to make them feel worthwhile elderly may be involved in the decision making process of the functioning of the institutions such as deciding the menu of the week, soliciting their suggestions in solving issues faced, etc.

- An effort may be made to allow intergenerational interactions without infringing the privacy needs of the elderly.

- Healthy practices followed in different institutions such as praying together as a group, motivating the elderly who are physically able in activities like craftwork, handicrafts, etc, taking them to occasional trips, etc may be tested and adopted by other institutions.

STRENGTHS OF THE STUDY

- This is one of the very few experimental studies done on institutionalized elderly. The findings of the study has made a significant contribution to the literature of Geropsychology by establishing the efficacy of cognitive behaviour therapy and thereby debunking the long-held stereotypic belief that elderly population is not
amenable for treatment and the fact that stress, depression and low well-being are not inevitable consequence of old age.

- Cognitive Behaviour Therapy was successfully adapted for use with the elderly population, majority of whom were illiterates and with lesser educational qualification and was unable to keep journal/ maintain dairies. Rapport building with the elderly inmates and cultural similarity of the researcher lubricated the therapy process. For later sessions, the participants assembled on their own punctually at the specified time and carried out home work behavioural assignments meticulously.

**LIMITATIONS OF THE STUDY**

- A certain number of other factors may moderate or mediate the relationships among stress, depression, and well-being, which are not considered in the present study and which opens the door for future research.

- The experimental design of the present study limited the inclusion of more number of participants in the study.

- Participants who had disability in basic personal care tasks and dependent on others for Activities of Daily Living (ADL) were excluded from the present study hence the efficacy of Cognitive Behaviour Therapy for institutionalized elderly with difficulty in ADL is not known.

**FUTURE CHALLENGES**

- The demographic characteristic of elderly population is volatile and is different from what it was in the earlier generation and what it would be in future. Professionals working in the field of Gerontology must therefore be prepared to adapt themselves consistently to these changes.

- India, at least Urban India, is in transition phase from collectivism to individualism. This transition may have a different kind of impact on the psychological aspects of the elderly which may be addressed in future.