Dr. Deepti Salotra
Assistant Professor, Government Degree College for Women, Affiliated by University of Jammu, Kathua, Jammu and Kashmir, India

Family dynamics and its impact on the mental health of elders in Indian setting

Dr. Deepti Salotra

Abstract
The family as a social institution has been undergoing change. Both in its structure and function changes have taken place. In India, as in many traditional societies, the family has been not only the center of social and economic life, but also the primary source of support for the family members. With the changing dynamics of family structure, the position and mind set of the elderly has also changed. The lack of interest in competing with others, lack of motivation to do things and the tendency to reminisce in past thoughts, motivates them to develop "old age complex". Thus, filial responsibilities are weakening and the inter-personal and inter-generational relations are also getting strained. This paper critically examines the impact of these contributing factors on the mental health of elders living in changing Indian families. The present study was conducted to know the changing family structure in which aged are living in Jammu city and its impact on their mental health. The sample for the present study comprised of elderly males and females in the age group of 60 years and above. Socio-Economic Status Scale, Observation and Interview Schedule were the tools used for data collection. Interview schedule and observation was analyzed for their content. Research findings revealed that the geriatric population is left behind due to the industrialization, urbanization and modernization, within the society which in turn leads to several structural changes that are taking place and the ascribed status is replaced by the achieved status, giving rise to the "emptynest syndrome" among them.

Keywords: Ageing, adjustment, family dynamic, modernization, urbanization

Introduction
Family dynamics refers to the patterns of interactions among relatives, their roles and relationships, and the various factors that shape their interactions. Because family members rely on each other for emotional, physical and economic support as they are considered as the primary sources of relationship security or stress. Secure and supportive family relationships provide love, advice and care, whereas stressful family relationships are burdened with arguments, constant critical feedback and onerous demand (Gunn, H.E. & Eberhardt, K.R., 2019) [5]. Positive dynamics, support, and encouragement can enhance self-esteem and promote a healthy body image. Conversely, negative dynamics, criticism, or unrealistic body expectations can contribute to low self-esteem and negative body image. Family being the primary social unit of human society, the basic tenets of social behavior and relationship take their origin and primarily manifest themselves at the level of the family, which, Aristotle considers as the first stage in his theory of the origin of the state. It displays all the institutional features which include norms, roles and the established patterns of relationships and authority structure. As an institution, it generally takes its form, to a great extent, along the lines of the prevailing social system, economic compulsions and environmental conditions.
Interpersonal interactions among family members have lasting impact and influence the development and well-being of an individual via psychosocial, behavioral and physiological pathways (Thomas *et al*., 2017) [9]. Thus, family dynamics and the quality of family relationships can have either a positive or negative impact on health. Several factors can influence family dynamics. Some researchers have identified individuation, mutuality, meaning a shared feeling of cohesion and warmth, has been identified as the strongest contributing factor. In contrast, factors contributing to unhealthy family dynamics include enmeshment, isolation, rigidity, disorganization, unclear communication, and role conflict (White *et al*., 2010) [12].

Corresponding Author:
Dr. Deepti Salotra
Assistant Professor, Government Degree College for Women, Affiliated by University of Jammu, Kathua, Jammu and Kashmir, India

India and its family structure

India has a rich family structure with a patrilineal background, which help the family members to sustain a life with kinship groupings. Earlier, mostly joint families were found where family members live together under one roof. They all mutually work, eat, worship and co-operate each other in one or the other way. This also helps the family to get strong mentally, physically and economically, the children also get to know about the values and traditions of the society from their grandparents and elders. The family system has given a lot of importance in India and has worked more often to make the bonding among families stronger. The importance of family structure in India had been recognized since Vedic age. The concept of Vasudhaiva Kutumbakam (the earth is one family) was given to the world by India. Indian people learn the essential themes of cultural life within the bosom of a family. However, the last two decades have drastically changed Indian social scenario. A sudden shift from joint to nuclear to single parent or childless families is apparent. The circumstances and conditions also made the need for people to split the family. The problem aggravates when the family members have to reposition to distant lands. At the same time, life expectancy has increased, resulting in more elderly people who need care. All of these changes are taking place in the context of increased urbanization, which is separating children from elders and contributing disintegration of family-based support systems (Srivastava and Sasikumar, 2003) [8]. A gradual collapse of the extended family system tended to create new problems of family support for the young dependents and older persons in the family.

Impact of Ageing on Family

In the developed world, chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age. The United Nations has not adopted a standard criterion, but generally use 60+ years to refer to the older population (United Nation, 2001) [10]. Neugarten (1977) [6] observes "ageing is shaped by the individual past, his childhood, adolescence and adulthood". It brings new situations, new problems and calls for new adaptations. Ageing process include the feelings and attitudes of young people towards older adults. Pasco & Pinellas (2013) [7] concluded that ageing is a process where the body leads to maturity along with physical and psychological changes. Though these changes do not create any hinderances but affect the bodily functioning.

Increase in life expectancy of elderly is one of the main reasons for global ageing of elderly people in the society. Life satisfaction and Quality of life go hand in hand in study of ageing. Quality of life of aged are changing mainly due to change in traditional families. The traditional obligations toward parents and the duty to provide them with the love and care that they deserve, are now difficult to fulfil. The prospect of the younger people living with their parents is becoming increasingly difficult if not impractical, as the search for employment opportunities takes them away from their homes and to distant lands. These changes are taking place in the context of increased urbanization, which is separating children from elders and contributing disintegration of family-based support systems. The elderly do not want to be segregated, but prefer to remain integrated in the network of social relationships. This pointed out to a basic issue in modern gerontology: 'integration versus isolation' (VenkobaRao, 1991) [11].

Results and Discussion

The process of demographic transition, industrialization and development affect the status of the elderly. The status of elderly in Jammu is worsening due to lack of available support system for the aged and for younger generation. In the current scenario, the elderly can only participate as 'consumers' rather than 'receivers. This is compounded by the fact that newer family types have emerged due to needs of their children who are working outside Jammu. Living alone poses security threat for the aged. Those who are living in families are receiving only 'superficial' care. The traditional norms are being followed by 'sons' but not whole heartedly as they too have their compulsions of resource constraints- time, money and energy. In-depth interviews and discussion with elderly showed that many aged parents do not expect any 'care' from their married sons. The elderly were partially satisfied with their lives. Majority would not like to live their life again if given a chance as they feel that they don't have the patience to face the crisis again. Fengler and Danigelis (1992) [4] concluded that Elderly are very happy when they are with their family and especially with children. WHO (2011) [13] added to it after research that elderly people prefer to be in their family and with their community members. The aged are the repositories, transmitters and sole authorities of wisdom and knowledge. Social support plays critical role in the life of aged individuals. Society becomes extremely significant resource as they age. Social support also contributes towards well-being even in the presence of high level of stress. It generates the sense of self-worth and positive affect as concluded by Coward et al. (1996) [2].

Lack of family support can reduce quality of life of elderly as it may cause loneliness and depression in them. Even the elderly who live with their immediate families also experience the weakening of emotional bonds (Bhogle and Reddy, 1996) [1]. Dandekar (1993) [3] focused that there is a need to give attention to elderly persons as they do not need sympathy but empathy, love and care. It was emphasized that in the dusk of their life, it's the responsibility of the society to keep the elderly away from loneliness, pain and misery where as there is a need to provide more support to enhance their quality of life.

Conclusion and Recommendations

The review of earlier studies on the changing family structure and the mental health associated with it clearly shows that in our Indian culture, several aged friendly values and practices need to be reinforced in order to bring them back in the mainstream of the society. To develop certain strategies for incorporating family-based care which is best suited to the socio-cultural milieu of our Indian society. Policy makers need to urgently take up the cause of the elderly in order to create an environment that ensures them against various risks and allows them to maintain as much economic independence and self-sufficiency as possible without disturbing the intergenerational balance. Efforts should be made to revive cultural values and reinforce the traditional practice of interdependence among generations.'p;] At the micro level, the potential of the individual itself and family need to be strengthened while at the macro level, the government as well as the NGO's or voluntary organizations can enthuse in the institution of family, a level of confidence and zest for living by creating infrastructure facilities to facilitate older person's rehabilitation and adjustment process in the changed scenario.

References
1. Bhogle C, Reddy PH. The health of the aged in India, Health Transit Review. 1996;6:233-244.
2. Coward RT, Albrecht SL, Shapiro A. The perceptions of elderly parents about the possibility of discontinuing their co-residence with adult children. Research on Ageing. 1996;18(3):325-348.
3. Dandekar K. The Elderly in India. New Delhi: Sage Publications Ltd, India; c1993.
4. Fengler AP, Danigelis N. Residence, the Elderly-widow, and Life Satisfaction. Research on Ageing, Sage Publications. 1992;4(1):113-135.
5. Gunn HE, Eberhardt KR. Family Dynamics in Sleep, Health and Hypertension. 2019;21(5):39.
6. Neugarten BL. Personality and aging. In JE. Birren and KW. Schaie (Eds.). Handbook of the psychology of aging. New York: Van Nostrand Reinhold; c1977. p. 626-649.
7. Pasco, Pinellas. Area Agency on Ageing; c2013. http://www.agingcarefl.org/what-is-normal-aging
8. Srivastava R, Sasikumar S. An overview of migration in India: Its impact and key issues. Regional Conference on Migration, development and pro-poor choices in Asia, Dhaka; c2003.
9. Thomas PA, Liu H, Umberson D. Family Relationships and Well-Being. 2017;1(3):igx025.
10. United Nations Population Division. Department of Economic and Social Affairs. Population ageing. United Nations Publication; c2001.
11. VenkobaRao A. Family jointness, family and social integration among the Elderly. Indian Journal of Social Psychiatry. 1991;3(8):81-104.
12. White MA, Elder JH, Paavilainen E, Joronen K, Helgadottir HL, Seidl A. Family dynamics in the United States, Finland and Iceland. Journal of Caring Science. 2010;24(1):84-93.
13. World Health Organization. Health, Statistics and Information System; c2011. http://www.who.int/healthinfo/survey/ageingdefnolder/en/