

Quality of Life in the Span of Development: Case Study on dual Continental Perspective

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Abstract- Development is explain not as an empirical term (Reese and Overton 1970) and on occasion as through it is (Kaplan 1983). Many times as what ever happens across the life span is what constitutes development. The concept of development centers on value based notion of improvement. In life span perspective the development is life long, interactive, multidimensional, culturally historically embedded process, shows plasticity, involves both gain and losses and has multidisciplinary field of study. (Sugarman 2001)

The quality of life is interpreted differently as satisfaction (Summers 1976), happiness (Esterling 1978), psychological wellbeing (Andrews and Withey 1978) and degree of fulfillment of individuals important goals (Frish 1089). In Positive Psychology the scientifically unwieldy notion of happiness is broken down several more quantifiable aspect: positive emotion (the pleasant life) engagement (engaged life) and purpose (meaningful life). (Seligman 2008)

In spite of globalization there is demarcation between developed and developing countries in physical, social, cultural and psychological environment. India is the amalgamation of different culture, geography, economical status, changing values, gender discrimination, and rapid change where as European and Western continents have gender equality, modernity, comfort life style and discipline. Since last century lot of brain drain has affected the quality of life, wellbeing and mental health of Indian citizen who have moved out of the country. The aim of present study is the analysis of quality of life in the span of development of an Indian in the dual continental perspective.

Methodology

A longitudinal case study of an Indian at late adulthood (F 55+) living in London from past 30 years migrated from Indian as single leading positive life with wellbeing and quality.

Case Study focuses on the psychological phenomenology of a 56 years old women migrated to London at the age of 25 years and analysis of factors contributed to positive living were analyzed. The positive attitude, social and economical security, self regulation, locus of control, job satisfaction, disciplined life style and happiness.

The analyses of case study reflect that in dual continental perspective the physical quality of life is high in European continent but psychological wellbeing is high in the native continent. As conclusion the case has applied for the dual citizenship so that can enhance positive life and living.

Index Terms- Life span, quality of life, wellbeing, self regulation, locus of control.

I. INTRODUCTION

This report is based on the interesting Case Study of a 56 years old women migrated to London at the age of 25 years from India with long history of development of quality of life in dual continental perspective of United kingdom and India leading to psychological wellbeing.

II. THEORETICAL AND RESEARCH BASIS

The Life span development is multidimensional and interdisciplinary (Baltes 1987), reflects stability as well as change, continuity and discontinuity (Datan, Rodeheaven, & Hughes, 1987), cyclical and repetitive and Cumulative. It is said to be continuous through out life span (Rice 1992) and many times explained as what ever happens across the life span is what constitutes development. The concept of development centers on value based notion of improvement. In life span perspective the development is life long, interactive, multidimensional, culturally historically embedded process, shows plasticity, involves both gain and losses and has multidisciplinary field of study. (Sugarman 2001)

The ability to establish and maintain interpersonal relationships is one of the central milestone of successful development. Although it is true across the entire life span (Cacioppo, Hughes, Waita, Hawkey, & Thisted, 2006; Freund & Riediger, 2003; Lang, 2004; Lerner, Berntano, Dowling, & Anderson, 2002.) building positive social relationship might be particularly important in life in the transition from adolescent to young adulthood to late adulthood. Social approach and avoidance motivation is important in understanding social behavior particularly in transition phase. (Nikitin, Freund 2008) Social approach and avoidance motivation significantly influences success and failure in social relationship one of the most important aspect of subjective well-being. (Diener & Seligman 2002).

The desire to belong and to be socially accepted as well as to avoid social rejection is a central human need. (Baumeister & Leary 1995) In general people react with approach tendencies towards stimuli signaling social acceptance and affiliation and with avoidance tendency when confronted with stimuli signaling social disapproval or rejection. People want to belong not to be rejected. (Nikitin, Freund 2008). In an affiliation domain approach motivation refers to a dispositional orientation towards positive, hoped for social incentives, where as avoidance refers to an orientation away from negative, feared social incentives. (McClelland, 1985) Approach and avoidance motivation can be found on the level of more autonomic and non-conscious implicit

motives as well as on the level of self reported, explicit motives and goals.(Ebner, Freund,& Baltes 2006; Elliot, Gable.&Mapes 2006) Approach and avoidance motivation are largely depend on each other and show differential effect on emotion, cognition, and behavior.(Davidson,1993)

Subjective well-being is defined in terms of frequent positive affect, infrequent negative affect, and high life satisfaction.(Dirner, Suh, Lucas ,&Smith1999) Life circumstances and demographics, traits and dispositions, and intentional behaviors have been identified as predictors of well-being.(Lyubomirsky, Sheldon,&Schkade,2005.) The social approach motivation is characterized by high exposure to positive social event approach-motivation individuals might have higher well-being than those low in a pproach motivation. Elliot et al. (2006) found that approach motivation was a positive predictor of approach goals and approach goal in turn are positive predictor of subjective well-being. The association between social avoid motivation and low wellbeing seems to be mediated by a readiness to perceive such negative cues like rejection (Downey & Feldman,1996;Downey ,Freitas, Michaelis 1998) and to react more strongly to the these negative cues.(Gable,2006). In contrast recurred exposure to positive social events(Gable,2006) and frequent experience of positive affect in social situations seems to mediate the association between social approach motivation and high well-being.

There are different approaches like objective or social approach, psychological or integrated approach for explaining quality of life. The social approach is concerned with the standard of living and achievement of societal goals. The subjective or personal perspective views quality of life as sense of being happy and satisfied with those life element are most important to person. It is highly personal includes well-being and includes some elements of self actualization, it does not include just momentary stages of happiness and shear satisfaction with one's life. Andrews and Withey (1978) have combined these approaches and concluded that assessment of human being involves the standard of living as well as the degree of excellence of individual's life style.

"Quality of life is defined as individual's perception of their position in life in the context of cultural and value system in which their life and relation to goals, expectation, standards and concerns." (WHO QOL Group,1995)The quality of life is a holistic concept whose overt parameter changes with time ,globalization and development (a "ahistorical "concept) but covert and cognitive parameters reflect individual differences ,value ,culture and subjective perception;(a "historical" concept).The quality of life (QOL) is explained as a composite measure consisting of physical ,mental and social well-being as perceived by each individual or by group of individual that is satisfaction, gratification in the diverse area of health ,marriage ,family work, financial situation ,educational opportunity ,self esteem, creativity, belongingness and trust in others. (Monga 2005) Quality of life refers to the degree of excellence in one's life at any period of time that contribute to satisfaction and happiness of the person and benefit society. The satisfactory condition includes factors like cohesiveness ,sharing of experiences and problems ,helping attitude ,understanding, absence of physical and mental illness. The satisfying condition includes factors like sense of belongingness ,presence of positive

attitude ,subjective feeling of physical well-being, absence of unhealthy experience etc.(Verma 1986)

In the span of development there is change in the shades of quality of life. In Indian context the QOL depends upon the parents contextual world , parental psychological or psychopathological environment and cognitive development t. In adolescent approach and avoidance motivation , peer contextual environment ,values and self esteem plays important role in well-being and sets tentative goals for QOL. As person develop towards early adulthood reality orientation , personal self imposed pressures , economical social –vocational contextual environment are the determinants of QOL. The middle adulthood is the most constructive ,reproductive at the same time stressful which affect quality of life.

The late adulthood is develop pragmatic knowledge but QOL varies in reference family support and economical security. In western countries the parameters of QOL differs as family and societal norms are different. The physiological parameters may reflect high level of standardization but psychological differs in multiple context. In spite of western population is acclimatize and condition to psychosocial environment the problem of isolation , loneliness ,old age ,low self esteem and community living affects QOL. The dual continental perspective influences the QOL of individuals of developing countries.

In spite of globalization there is demarcation between developed and developing countries in physical, social, cultural and psychological environment. India is the amalgamation of different culture, geography, economical status, changing values, gender discrimination, and rapid change where as European and Western continents have gender equality, modernity, comfort life style and discipline. Since last century lot of brain drain has affected the quality of life, wellbeing and mental health of Indian citizen who have moved out of the country. The aim of present study is the analysis of quality of life in the span of development of an Indian in the dual continental perspective.

III. CASE PRESENTATION

Anjali (name changed) 58 years old single women from Ponducheri of India migrated to London U.K. at age of 25 year ago .She has volunteered herself for case study. She confessed about restlessness, worry, fear of being alone and loosing confidence . She informed about her struggle starting from scratch to economical sound life in 33 years. Psychological test concluded her personality as ambivert, mild anxiety, average self-esteem and assertive behaviour pattern and rigidity. She visited a counselor for follow up .

IV. PRESENTING COMPLAINTS

She Confessed about subjective perspective of her life ,anxieties, depression , loneliness, value clashes , lack of opportunity sharing her thoughts with other person a feeling of emptiness and insecurity. She narrated about physical comfort in her daily living style in London in her independent house which she has constructed in the posh area of London by her saving and struggle but she constantly had feeling of emptiness (as she narrated this word time and again) feeling of isolation and

concerned about her late adulthood living mode and style. After living in London for 30 years she decided to buy a flat in Mumbai for living as a substitute destination for psychological security and feeling of belongingness .

V. HISTORY

Anjali was aware of her problem and thus needed assistance. She was born as third child in her family had normal childhood marked with above average intelligence, more of avoidance motivational approach shifting with her parents from one city to another in India which has given opportunity to learn Bangali, Marathi and Tamil Indian state language. At Adolescent she started interacting with many foreigners who were visiting the Ashram where she was studying in Pondicheri. Very soon she picked up French and German as well as started interacting with them. She did her graduation from Delhi learned Punjabi as dialectic language. She had a disappointing love relationship and decided to leave India with no money in hand with one reference for London. She stayed at YMCA struggled hard for survival with small multiple part time jobs and after 5 years she got a permanent job suiting her multi linguistic skills. She reported sense of satisfaction and efforts she has done to improve her quality of life focusing more on biological motives food ,shelter and safety as per Maslows primary biological needs. With her hard saving she bought an apartment and after focusing on physiological security she worked on social affiliation made few friends but could not last her relationship because of cultural and value systems. She could not maintained her good relationship with her sibling in pretest to their high financial expectation and favors . She was involved in her career which has given her more satisfaction than social affiliation but with due course she was loosing competencies like adjustment . With her more saving and hard core work dedication she moved in to her own independent house in London which was her long time dream goal and lead her to great amount of satisfaction and feeling of well-being. She was happy in her cocoon with tremendous amount of job satisfaction. As she started moving towards her middle adulthood she started developing sense of insecurity, fear of being alone and worried about her late adulthood. She became rigid self centered and emotionally flat.

VI. ASSESSMENT

Due to avoidance motivational pattern , and struggle for survival and different value system ,ageing ,feeling of isolation and insecurity of being alone affected her QOL. She has not developed any nuerotism or mental illness but some deviation in personality pattern were observed but as she has not visited Psychiatrist she was not labeled with personality disorder .As reported her family history doesn't indicate any mental disorder but reflected inability to maintain long term relationship. She was going through a transition where she had to make decision regarding herself in the stressful and subjectively perceived environment of developed continental . She was physically fit ,strong and healthy due to healthy food habits ,disciplined life style and healthy environment but psychological aspect of quality of life were missed out.

VII. CASE CONCEPTUALIZATION

The psychological subjective perspective of QOL of Anjali was affecting her mental health. The persistent thoughts were affecting her cognitive aspect with negativities ,insecurity and low self esteem . She was in the dilemma of dual continental value and QOL parameter after living in London for 30 years and took decision of buying a house in Mumbai India her home country . She has made few friends but feels very secured as she has neighbors who have all the time talking to her ,sharing her feeling and experience ,have feeling of subjective well-being in terms of frequent positive affect, infrequent negative affect, and high life satisfaction.(Dirner, Suh, Lucas ,&Smith1999) Now She lives six months in India and six months in U.K. narrates Quality of life in reference to the degree of excellence in her life at this period of time that is contributing satisfaction and happiness to her.. The satisfactory condition includes factors like cohesiveness ,sharing of experiences and problems ,helping attitude ,understanding, absence of physical and mental illness. The satisfying condition includes factors like sense of belongingness ,presence of positive attitude ,subjective feeling of physical well-being, absence of unhealthy experience etc.(Verma 1986)

VIII. COUNSELING

Anjali was given 6 session of cognitive counseling and responded positively. She was punctual ,showed enthusiasm for developing cognitive skills and changing historical schemas. On sixth session she was satisfied with quality of life and came for follow up.

IX. FOLLOW UP

Anjali came for one follow up then went to London and her mails indicate that now she is leading satisfying life with the best of both the continents. .

X. RECOMMENDATIONS

The quality of life is a most important determinant of mental and physical health.

The counseling should be the integral part of individuals who reside in dual or multiple continent for wellbeing and positive life

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