Estelar
SUBJECTIVE WELL-BEING INVENTORY

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Instructions:

People are different. They live in a variety of situations and they do not feel the same way about life and the world around them. From a practical viewpoint, it is important to know different persons feel with regard to their day to day concerns like their health or family. Such Knowledge is necessary if an improvement in quality of life of people is to be brought about.

This is a questionnaire on how you feel about some aspects of your life. Each question may be answered by any one of the given categories by putting a circle around the number which seems to represent your feeling best. For example, in the first question, if you feel that your life is very interesting. Please put a circle around the response ‘1’. At times you may find that your feeling is not represented perfectly by any of the given response categories. In such cases, just choose the closest to what you think.
All information given by you will be treated as confidential and will be used only for research purposes.

1. Do you feel your life is interesting?
   - Very Much
   - To some extent
   - Not so much

2. Do you think you have achieved the standard of living and the social status that you had expected?
   - Very Much
   - To some extent
   - Not so much

3. How do you feel about the extent to which you have achieved success and are getting ahead?
   - Very good
   - Quite good
   - Not so good

4. Do you normally accomplish what you want to?
   - Most of the time
   - Sometimes
   - Hardly ever

5. Compared with the past, do you feel your present life is:
   - Very happy
   - Quite happy
   - Not so happy

6. On the whole, how happy are you with the things you have been doing in recent years?
7. Do you feel you can manage situations even when they do not turn out as expected?
   Most of the time
   Sometimes
   Hardly ever

8. Do you feel confident that in the case of crisis (anything which substantially upset your life situation) you will be able to cope with it/face it boldly?
   Very much
   To some extent
   Not so much

9. The way things are going now do you feel confident in coping with the future?
   Very much
   To some extent
   Not so much

10. Do you sometimes feel that you and the things around you belong very much together and integral parts of a common force?
    Very much
    To some extent
    Not so much

11. Do you sometimes experience moments of intense happiness almost like a kind of ecstasy or bliss?
    Quite often
    Sometimes
    Hardly ever
12. Do you sometimes experience a joyful feeling of being part of mankind as of one large family?
   Quite often
   Sometimes
   Hardly ever

13. Do you feel confident that relatives and/or friends will help you out if there is an emergency, e.g. if you lose what you have by fire or theft?
   Very much
   To some extent
   Not so much

14. How do you feel about the relationship you and your children have?
   Very good
   Quite good
   Not so good
   Not applicable

15. Do you feel confident that relative and/or friends will look after you if you are severely ill or meet an accident?
   Very much
   To some extent
   Not so much

16. Do you get easily upset if things don’t turn out as expected?
   Very much
   To some extent
   Not so much

17. Do you sometimes feel sad without reason?
18. Do you feel too easily irritated, too sensitive?
   Very much
   To some extent
   Not so much

19. Do you feel disturbed by feelings of anxiety and tension?
   Most of the time
   Sometimes
   Not so much

20. Do you consider it a problem for you that you sometimes lose your temper over minor things?
   Very much
   To some extent
   Not so much

21. Do you consider your family a source of help to you in finding solutions to most of the problems you have?
   Very much
   To some extent
   Not so much

22. Do you think that most of the members of your family feel closely attached to one another?
   Very much
   To some extent
   Not so much
23. Do you think you would be looked after well by your family in case you were seriously ill?
   Very much
   To some extent
   Not so much

24. Do you feel your life is boring/uninteresting?
   Very much
   To some extent
   Not so much

25. Do you worry about your future?
   Very much
   To some extent
   Not so much

26. Do you feel your life is useless?
   Very much
   To some extent
   Not so much

27. Do you sometimes worry about the relationship you and your wife/husband have?
   Very much
   To some extent
   Not so much
   Not applicable

28. Do you feel your friends/relatives would help you out if you were in need?
   Very much
   To some extent
29. Do you sometimes worry about the relationship you and your children have?
   Very much
   To some extent
   Not so much
   Not applicable

30. Do you feel that minor things upset you more than necessary?
   Very much
   To some extent
   Not so much

31. Do you get easily upset if you are criticized?
   Most of time
   Sometimes
   Hardly ever

32. Would you wish to have more friends than you actually have?
   Very much
   To some extent
   Not so much

33. Do you sometimes feel that you miss a real close friend?
   Very much
   To some extent
   Not so much

34. Do you sometimes worry about your health?
   Very much
   To some extent
Not so much

35. Do you suffer from pains in various parts of your body?
   Most of the time
   Sometimes
   Hardly ever

36. Are you disturbed by palpitations/a thumping heart?
   Most of the time
   Sometimes
   Hardly ever

37. Are you disturbed by a feeling of giddiness?
   Most of the time
   Sometimes
   Hardly ever

38. Do you feel you get tired too easily?
   Most of the time
   Sometimes
   Hardly ever

39. Are you troubled by disturbed sleep?
   Most of the time
   Sometimes
   Hardly ever

40. Do you sometimes worry that you do not have close personal relationship with other people?
   Most of the time
   Sometimes
Hardly ever
निर्देश

लोग तरह-तरह के होते हैं वे भिन्न-भिन्न किन परिस्थितियों में रहते हैं और वे अपनी आस-पास की दुनिया एवं जीवन के बारे में एक ही तरह से नहीं सोचते अथवा अनुभव करते हैं। व्यावहारिक दृष्टिकोण से यह जानना बहुत महत्वपूर्ण है कि कैसे अलग-अलग व्यक्ति दिन-प्रतिदिन के बारे में अनुभव करते हैं जैसे उनका स्वास्थ्य और परिवार। वास्तव में यह ज्ञान लोगों के गुणात्मक जीवन में विकास हेतु आवश्यक है।

यह प्रश्नावली इस बारे में है कि आप अपने जीवन के कुछ पहलुओं के बारे में क्या अनुभव करते हैं। प्रत्येक प्रश्न का उत्तर दिये गये विकल्पों (अण्ण) में से किसी एक विकल्प के समुख गोला बनाकर अंकित किया जा सकता है जो आपकी निकटतम सोच का प्रतिनिधित्व करता हो। उदाहरणार्थ- प्रथम प्रश्न में यदि आप सोचते हैं कि आपका जीवन रूढ़कर है, कृपया अपनी प्रतिक्रिया ‘1’ के समुख गोलाकार बनायें। जिस समय आपको यह प्रतीत होता है कि दिये गये विकल्पों में से कोई भी विकल्प आपकी भावना का प्रतिनिधित्व पूर्णतः नहीं करता है ऐसी स्थिति में एक ऐसे विकल्प को चुने जो आपकी भावना के निकटतम हो।
आपके द्वारा दी गई जानकारी गोपनीय रखी जायेगी तथा शोध उद्देश्यार्थ प्रयोग में लायी जायेगी।

1. आपको अनुभव होता है कि आपका जीवन रुचिकर है?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

2. क्या आपको लगता है आपने वह रहन–सहन एवं सामाजिक स्तर अर्जित कर लिया है जिसकी आपको प्रत्याशा थी?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

3. आप बढ़ने के लिये आप किस हद तक सफलता अर्जित कर चुके हैं इसके बारे में सोचकर आपको कैसा प्रतीत होता है?
   बहुत अच्छा
   ठीक–ठाक
   कुछ खास नहीं

4. आप सामान्यतः वह हासिल कर लेते हैं जो आप चाहते हैं?
   ज्यादातर
   कम्भी–कम्भार
   बमुशकिल

5. क्या आपको लगता है अतीत की तुलना में आपका वर्तमान है?
   बहुत अच्छा
6. मोटे तीर पर आप कितना खुश हैं उन चीजों से जो आप हाल के सालों में कर रहे हैं?
   बहुत अच्छा
   ठीक-ठाक
   कुछ खास नहीं

7. आपको लगता है कि आप परिस्थितियाँ का प्रबन्धन तब भी कर सकते हैं जब कि परिस्थितियाँ प्रत्याशा के प्रतिकूल हों?
   ज्यादातर
   कभी-कभार
   बमुशकल

8. क्या आप आत्मविश्वास महसूस करते हैं कि संकटकाल की परिस्थिति का आप दूर करना सकते हैं?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

9. जिस तरह से चीजें हो रही हैं आपको लगता है कि भविष्य में आप इसका का मुकाबला आत्मविश्वास के साथ करेंगे?
   बहुत अच्छे से
   कुछ हद तक
   बहुत कम
10. क्या आप कभी अनुभव करते हैं कि आप, आपने आस-पास की चीजों के साथ काफी जुड़े हुए हैं और एक “समान-शक्ति” (common-force) के अभिन्न अंग हैं?

ज्यादातर
कभी-कभार
बहुत रिक्षिकल

11. क्या आप कभी तीव्र खुशी लागभग परमानन्द अनुभव करते हैं?

ज्यादातर
कभी-कभार
बहुत रिक्षिकल

12. क्या आप कभी समूह मानव जाति को एक बड़े परिवार की तरह मानकर उसका सदस्य होने की खुशी अनुभव करते हैं?

ज्यादातर
कभी-कभार
बहुत रिक्षिकल

13. क्या आपको विश्वास है कि आपके रिस्टेदार या मित्र आपकी सहायता करेंगे अगर आप आपातकालीन स्थिति में हो जैसे आप आग या चोरी के कारण अपना सब कुछ खो दे?

बहुत अधिक
कुछ हद तक
बहुत कम

14. आप बच्चों के साथ अपने सम्बन्ध के बारे में कौन सा अनुभव करते हैं?

बहुत अच्छा
ठीक-ठाक
कुछ खास नहीं
लागू नहीं होता

15. क्या आपको विश्वास है कि रिश्तेदार व मित्र आपकी सेवा-सुश्रुषा करेंगे आपके बीमार या दुर्घटनाग्रस्त होने पर?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

16. क्या आप आसानी से परेशान हो जाते हैं जब चीजें आपकी प्रत्याशाओं के अनुरूप नहीं होती हैं?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

17. क्या कभी-कभी आप अकारण ही दुःखी हो जाते हैं?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

18. क्या आप बहुत आसानी से चिढ़ाये व अति संधेनशील हो जाते हैं?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

19. क्या आप चिन्ता और तनाववश्यक अनुभव करते हैं?
   ज्यादातर
   कभी-कभार
   बमुखिकल
20. क्या आप मानते हैं कि यह आपके लिये यह एक समस्या है कि कभी-कभी आप छोटी-छोटी बातों पर अपना आपा खो बैठते हैं?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

21. क्या आप मानते हैं कि आप का परिवार सहायता का वह स्त्रोत है जो आपकी सभी समस्याओं का हल है?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

22. क्या आपको लगता है कि आपके परिवार के अधिकांश सदस्य एक-दूसरे से निकटता से जुड़े हैं?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

23. क्या आपको लगता है कि आप के परिवार द्वारा आपकी सेवा सुरक्षा की जाएगी ऐसी स्थिति में जब को आप गम्भीर रूप से बीमार हों?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

24. क्या आपको लगता है कि आपका जीवन अनुधिकर व ऊब से भरा हुआ है?
   बहुत अधिक
   कुछ हद तक
   बहुत कम
25. क्या आप अपने भविष्य के प्रति चिन्तित हैं?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

26. क्या आपको लगता है कि आपकी जिन्दगी बेकार है?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

27. क्या कभी-कभी आप अपने दामपड़त सम्बन्ध के बारे में चिन्तित रहते हैं?
   ज्यादातर
   कभी-कभार
   बमुरशिकल
   लागू नहीं होता

28. क्या आपको लगता है जरूरत पड़ने पर आपके मित्र, रिश्तेदार सहायता करेंगे?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

29. क्या आप कभी-कभी अपने बच्चों के साथ अपने सम्बन्धों को लेकर चिन्तित रहते हैं?
   बहुत अधिक
   कुछ हद तक
   बहुत कम
30. क्या आपको लगता है छोटी-छोटी बातें आपको अनावश्यक रूप से परेशान कर देती हैं?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

31. क्या आपको लगता है आलोचना होने पर आप आसानी से परेशान हो जाते हैं?
   ज्यादातर
   कमी-कमार
   बमुशिकल

32. क्या आप वर्तमान मित्रों की संख्या से अधिक मित्रों की कामना करते हैं?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

33. क्या आप कमी-कमी एक सच्चे करीबी दोस्त की कमी महसूस करते हैं?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

34. क्या कमी-कमी आप अपने स्वास्थ्य के बारे में परेशान रहते हैं?
   बहुत अधिक
   कुछ हद तक
   बहुत कम

35. क्या आप अपने शरीर के विभिन्न अंगों में दर्द से पीड़ित रहते हैं?
   ज्यादातर
36. क्या आप जवावदस्त हदौय गति (धकधकी) से व्याकुल रहते हैं?
   ज्यादातर
   कभी-कभार
   बमुशिकल

37. क्या आप सिर घुमने, मितलि से व्याकुल रहते हैं?
   ज्यादातर
   कभी-कभार
   बमुशिकल

38. क्या आपको लगता है आप आसानी से थक जाते हैं?
   ज्यादातर
   कभी-कभार
   बमुशिकल

39. क्या आप अनिन्द्रा/निन्द्रा व्यवधान से परेशान हैं?
   ज्यादातर
   कभी-कभार
   बमुशिकल

40. क्या आप कभी-कभी यह चिन्ता करते हैं कि आपके अन्य लोगों के साथ करीबी आत्मीय संबन्ध नहीं हैं?
   ज्यादातर
   कभी-कभार
Estelar
ठाकुर मृत्यु–चिन्ता मापनी
(Thakur Death Anxiety Scale)

गिरिश प्रसाद ठाकुर
काशी विद्यापीठ, बाराणसी
एवं
मंजू ठाकुर
बिहार विश्वविद्यालय, मुजफ्फरपुर।

निदेश

अगले पृष्ठों पर कुछ वक्तव्य दिये गये हैं। कृपया इनको एक–एक कर साक्षाती दूर्वक पढ़ें। वक्तव्यों में कहीं गयी बातें आपके बारे में कम या अधिक मात्रा में लागू हो सकती है इन वक्तव्यों के सामने उत्तर के पाँच विकल्पों “बिल्कुल सही” से लेकर “बिल्कुल गलत” के रूप में अंकित हैं। प्रत्येक कथन, आपकी राय में आपके विषय में जिस सीमा तक सही हो बताने के लिये उसके सामने बनें खाने पर सही का निशान लगा दें। जाहिर है कि एक कथन में मात्र एक ही निशान लगाना है। कयस: वक्तव्यों को पढ़ते हुए उपयुक्त खाने में निशान लगाते हुए आगे बढ़े और अंत में यह देख ले कि कोई वक्तव्य छूट न जाये। आपके उत्तर गोपनीय रख जायें।

प्रकाशक

रूपा साइकोलॉजिकल सेंटर
बी 19 / 60 बी 19 डेवडियाबीर, बेलुपुर, बाराणसी

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<td>अक्सर चिंता बनी रहती है कि मेरे मरने के बाद अपने लोगों का क्या होगा?</td>
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<td>2.</td>
<td></td>
<td>किसी के मरने की खबर सुनकर मैं अत्यधिक दुःखी हो उठता हूँ।</td>
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<td>3.</td>
<td></td>
<td>मुझे मृत्यु से भय नहीं लगता।</td>
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<td>4.</td>
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<td>भविष्य में मुझे कोई असाध्य रोग न हो इस चिंता से मैं सदा गृहस्थ रहता हूँ।</td>
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<td>5.</td>
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<td>अक्सर सोचता रहता हूँ कि मृत्यु के बाद क्या होगा।</td>
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<td>6.</td>
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<td>मुझे शांत-यात्रा में भाग लेने में तनाव भी भय नहीं होता।</td>
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<td>7.</td>
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<td>अक्सर ऐसा लगता है कि मैं किसी शारीरिक दुर्घटना का शिकार हो जाऊँगा।</td>
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<td>8.</td>
<td></td>
<td>मैं मरने की तनाव भी चिंता नहीं करता।</td>
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<td>9.</td>
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<td>मृत्यु बहुत ही कष्टदायक प्रक्रिया होगी ऐसा में अक्सर सोचता रहता हूँ।</td>
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<td>10.</td>
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<td>किसी की फॉर्सी लगने की खबर सुनकर बेचैन हो उठता हूँ।</td>
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<td>11.</td>
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<td>पूरी जिन्दगी सुखमय ढंग से जीकर ही मरूने ऐसा मेरा विश्वास है।</td>
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<td>12.</td>
<td></td>
<td>चिता या कब्र देखकर मुझे भय प्रतीत होने लगता है</td>
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<td>13.</td>
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<td>वेज्ञानिक उपलब्धियों आज विश्व को मृत्यु के कंगार पर खड़ी कर रही है</td>
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<td>14.</td>
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<td>यह सोचकर मैं तनाव भी विचलित नहीं होता कि मुझे भी एक दिन मरना है</td>
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<td>15.</td>
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<td>किसी को मृत्युशीया पर देखकर मैं विचलित हो उठता हूँ।</td>
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<td></td>
<td>पता नहीं कब मर जाऊँ—ऐसा भय सेंद्रा बना रहता है।</td>
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PUBLISHED PAPERS
Impact of Domestic Violence on Psychological Well-Being of Children

Dev Ashish* and Mohammad Ghufran**

Abstract

The broad objective of the study was to understand the impact of domestic violence on psychological well-being of male children. In order to achieve the objective of the study a total of 160 school going male children studying in different schools were given a questionnaire prepared for the purpose of finding the children who were exposed to domestic violence from the early beginning of their lives. Out of 106 students 36 reported being exposed to severe domestic violence frequently. Among 36 children exposed to domestic violence 6 children expressed their unwillingness to participate for further research. So, 30 children were included in group of witnessing domestic violence. Out of 124 students who did not report witnessing of domestic 30 students were randomly selected to include in group of children reporting no violence between their parents. PGI Well-being Scale by Verma and Verma was administered to all the participants. In order to find out significance of difference between the two comparison groups, t-test was used. The results revealed significantly lower psychological well-being for those participants who were exposed to frequent severe domestic violence than participants who did not report of witnessing domestic violence.

Keywords: Domestic Violence, Psychological Well being

The impact of domestic violence on children and adolescents is, unfortunately, a common phenomenon, and studies have reported high frequencies of physical and psychological problems within the family context. Domestic violence refers to emotional, sexual, physical and verbal abuse against an intimate partner, child or other family members. Hitting, throwing objects, making derogatory comments, destroying property, threatening with a weapon, rape and incest are examples of domestic violence, which can happen alone or in combination (Glick 2000). Domestic violence is a chronic problem and its pattern develops over time. Since the 1990s, there has been an increased awareness of the prevalence and consequences of domestic violence in the United States. It is a widespread problem that affects people from all religious, geographic, ethnic, economic, educational and social backgrounds. However, domestic violence is more than just a family problem. It is often associated with financial, social and job-related difficulties requiring a holistic approach from various professionals who deal with it (Glick 2000).

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Family violence has a significant impact on the all round development of the children. The immediate effect of domestic violence on children includes disturbance in education, lack of attention in studies, adjustment problems in school and locality and undercurrent tension at home (Davies and Cummings, 1994; Zimet and Jacob, 2001). Moreover, when children witness violence at home, they may come to accept this as normal and acceptable part of family life. Studies have also found that children witnessing domestic violence have less social competence (Wolfe, Zak, Wilson and Jaffe, 1986). These children were found to show more anxiety, more depression, less empathy, less self-esteem, and lower verbal, cognitive and motor abilities than that of children who did not witness violence at home (Hughes, 1988; Westra and Martin, 1981; Holden and Ritchie, 1991). The worst consequence of family violence on the children is child abuse and neglect. As a result of being abused or neglected, children may also exhibit behaviours such as aggression, provocative behaviour, or withdrawal that could lead to more abuse. Sexually abused children may develop or learn sexualized behaviours that put them at risk of continued abuse by the same perpetrator or new abuse of different perpetrators (Dodge, Bates and Pettit, 1990; Friedericch, 1988).

According to Kernic, Wolf, Holt, McKnight, Huebner, and Rivara, (2002, 2003) and Kolbo, Blakely & Engleman, (1996) children living in families where there is domestic violence have been found to be at increased risk for a range of problems, including depression, suicidal tendencies, anxiety, developmental delay, and substance abuse, inappropriate behaviour at school, academic problems, school-related problems and aggression. To sum up, violence affects children's view of the world and of themselves, their ideas about the meaning and purpose of life, their expectations for future happiness and their moral development. This disrupts children's progression through age-appropriate developmental tasks' (Margolin & Gordis 2000). Jaffé, Sudermann, and Reitzel (1992) suggests that children who have witnessed family violence demonstrate adjustment difficulties in a number of areas including health problems, cognitive deficits, adolescent hostility and aggression and difficulties in adult relationships with the opposite sex. Research (Straus and Celles, 1990, Jaffé, et al., 1990, 1992) also suggests that these are the children who are likely to grow up to fight and bully their peers, to beat their wives and to commit violent crimes; or, especially if they are female, who are likely to acquiesce in victimization and accept violence from their friends and partners.

Children who live with domestic violence face increased risks: the risk of exposure to traumatic events, the risk of neglect, the risk of being directly abused, and the risk of losing one or both of their parents. All of these may lead to negative outcomes for children and may affect their well-being, safety, and stability (Carlson, 2000; Edleson, 1999; Rossman, 2001).

Against this backdrop the present study was conducted to measure and compare the psychological well-being children witnessing domestic violence frequently and children who were not exposed to domestic violence.

Method
Sample

Participants: A total of 60 male children were included in the sample. Among them 30 reported as witnessing frequent violence in the form of hitting each other, throwing objects, making derogatory comments, destroying property, threatening with
estelar

Impact of Domestic Violence on Psychological Well-Being of Children

a weapon between their father and mother and 30 reported no such type of violence between their parents. In order to select the participants a questionnaire was developed which contained questions that required the participants to indicate whether they were experiencing the frequent violence between their parents in the form of hitting each other, throwing objects, making derogatory comments, destroying property, threatening with a weapon form the very beginning on their lives.

A total of 160 school children studying in different schools of Haldwani were approached individually. The students were assured of confidentiality and anonymity and were requested to answer the questions truthfully. Out of 160 students 36 students reported domestic violence, but 6 students showed their unwillingness to participate for further research, so 30 students were taken in the group of witnessing domestic violence. Out of 124 students who did not report witnessing of domestic 30 students were randomly selected to include in group of children reporting no violence between their parents.

Tools
PGI General Well-being Scale (Verma and Verma, 1989) was used to measure the psychological well-being of the participants. This is a 20 item scale and the subjects are required to tick (/) the items applicable to them as they feel 'these days and in the past one month'. The total number of items ticked by the respondents makes the total number of well-being score. Thus the range of the score on the scale is 0 to 20. The split-half reliability index by using Kuder-Richardson formula is reported to be 0.98 and test-retest reliability index is reported to be 0.91.

Results and Discussion
The mean scores on psychological well-being for two groups of subjects were obtained and t-values were calculated in order to find out the significance of difference between their means.

Table-1: Mean, SD and t-ratio between the mean psychological well-being scores of the two groups

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ss exposed to domestic</td>
<td>30</td>
<td>12.26</td>
<td>3.38</td>
<td>2.94**</td>
</tr>
<tr>
<td>violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ss without domestic</td>
<td>30</td>
<td>14.86</td>
<td>3.51</td>
<td></td>
</tr>
<tr>
<td>violence</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

* * P<0.01

A perusal of table-1 reveals that the mean psychological well-being score of children exposed to domestic violence was 14.86 and the mean well-being score of subjects who were not exposed to domestic violence was 12.26. The difference between the two means was significant at 0.01 level of confidence (t = 2.94; p<0.01).

The findings of the study revealed significant difference between psychological well-being of children living in the family where domestic violence occurs frequently and psychological well-being of participants living in the families in which domestic violence is very rare; significantly poorer psychological well-being for domestic violence exposed participants than for participants who were living in the families where the
violence between their parents does not occur. Thus children living in families where
there is domestic violence have been found to be at increased risk of developing poorer
psychological well-being. It indicates that domestic violence is intrusive, threatening,
and acts as an environmental stressor which disturbs the harmony and balance
between and individual and his environment affecting the overall psychological well-
being of the adolescents witnessing domestic violence. The general well-being defined
as the subjective feeling of contentment, happiness, and satisfaction with one's life
experiences and a person who experiences satisfaction in interpersonal relationships is
likely to be happy and enjoy a better quality of life. However in case of adolescents
witnessing regular domestic violence, the relationships, rather than being satisfying are
threatening, involve maltreatment and/or pain, and betrayal of trust. Psychological
well-being refers to the reasonable amount of harmony between an individual’s
abilities, needs, and expectations, and environmental demands and opportunities (Levi,
1987). When a child is regularly exposed to violence between their parents on whom he
totally depends he may exhibit a wide range of reactions to exposure to violence in
their home. Younger children oftentimes do not understand the meaning of the abuse
they observe and tend to believe that they “must have done something wrong.” Self-
blame can precipitate feelings of guilt, worry, and anxiety. It is important to consider
that children, especially younger children, typically do not have the ability to
adequately express their feelings verbally. Consequently, the manifestation of these
emotions is often behavioral. Children may become withdrawn, non-verbal, and exhibit
regressed behaviors such as clinging and whining. Eating and sleeping difficulty,
concentration problems, generalized anxiety, and physical complaints (e.g., headaches)
are all common. Victims within this age group may show a loss of interest in social
activities, low self-concept, withdrawal or avoidance of peer relations, rebelliousness
and oppositional-defiant behavior. All these resulted in the confused feelings about
one’s potentials and ability to satisfactory deal with the demands of environment
resulting in displeasure. In short it may be concluded that the exposure of family
violence affects children’s view of the world and of themselves, their ideas about the
meaning and purpose of life, their expectations for future happiness and their moral
development. This disrupts children’s progression through age-appropriate
developmental tasks (Margolin & Gordis 2000).

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Levi, L (1987). Fitting work to human capacities and needs. In Katme et al. (Eds.) Improvement in contents and organization of work: Psychological factors at work


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Death anxiety among institutionalized and home based elderly people.

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ABSTRACT

The present research is designed to study the death anxiety among institutionalized and home based elderly people. The study was conducted on 240 participants in which 120 were home based elderly and 120 were institutionalized elderly. In 120 participant who are home based, the participants were classified in some way i.e. 60 males and 60 females. Sample was taken from different district of Uttarakhand. Death anxiety scale developed by Thankur & Thakur was administered. The data collected was statistically analyzed using two-way ANOVA. Results indicated that there was significant difference between institutionalized and home based elderly. No significant difference in death anxiety was found between elderly male and elderly female.

The concept of death anxiety reveals an individual’s abnormal fear of dying. An individual suffering from the morbid is more likely to be afraid and anxious or unable to function when he/she talks, reads, watches or experiences anything related with dying. In other words death anxiety increases the fear of one’s own death or the process of his/her dying. Janet Belsky (1999) defined “death anxiety as “the thoughts, fears and emotions about that final event of living that we experience under more normal conditions of life”.

If we discuss about death anxiety among elderly people, we find that it is not necessary that all elderly people are afflicated with death anxiety. But in this age, the absence of thoughts of death is possible. When there are so many stimulators in atmosphere making them aware of their near and unavoidable death? Even the good health is not a guarantee for a long life and some elderly people are found well-coming death because of their painful physical situation.

Further we discuss about old age homes we find that our society and elderly both are unable to accept old age homes as an alternative for old age. Because going to old age home is seen as a failure of parents-child relationships and even elders take it as failure too. In this situation, it becomes difficult for elderly people to cope with changing social patterns, social values and social standards. Keeping these dilemmas in mind, investigator has created his research’s framework the comparative study of death anxiety among elderly people living in their home and living in old age home.

Review of literature

Bharat & Minit (2011) designed their study to investigate the death anxiety of 100 institutionalized elderly and non-institutionalized elderly. These 200 elderly belongs to both the gender to various families and institutions. Result of the study indicates that elderly living in institutions experience less death anxiety than elderly living in the family and no gender difference were found among elderly in relation to death anxiety.

Trivedi (2012) conducted a study on self-concept and death anxiety of old age people on a sample of 60 old age people belonging to both residential status (institutionalized and non-institutionalized). Random sampling was used for data collection. Self-Concept inventory of Motsin and Thakur death anxiety were used to measure self concept and death anxiety. The scores were statically treated and presented. Result of the study indicated that the two groups under study did not differ significantly.

Rasquinha & Balakrishna (2012) studied anxiety among institutionalised and non institutionalised elderly widows and widowers. The total sample consisted of 120 participants in which 60 were institutionalized and 60 were non-institutionalized elderly. The data collected was statistically analyzed using two-way ANOVA. Results indicated that there was no difference in death anxiety among institutionalized and non-institutionalized elderly. No significant difference in death anxiety was found among elderly widows and widowers.

Alm of study

To study death anxiety among institutionalized and home based elderly people.

Hypothesis

1. There would be significant difference between institutionalized and home based elderly participants on death anxiety.
2. There would be significant difference between male and female elderly participants on death anxiety.
3. There would be significant interactional effect be-
between residential status and gender on death anxiety.

**Methodology**

**Sample**

The total sample was consisted of 240 subjects in which 120 were home based and 120 were institutionalized old age subjects age ranging from 60 to 75 years. Among 120 subjects of home based conditions there were 60 males and 60 females. The home based subjects are those subjects who were living in the home with their family.

Among 120 institutionalized subjects 60 subjects were males and 60 subjects were females. The institutionalized old age subjects were taken from 5 different old age homes situated in Uttrakhand.

**Tool used**

Thakur death anxiety scale (TDAS) developed by Thakur and Thakur (1984) was used to measure death anxiety. This scale is a reliable and valid measure of death anxiety. The internal consistency reliability co-efficient using K-R formula is reported to be 0.78, and test-retest reliability with a gap of 12 weeks is reported to be 0.86. The validity co-efficient of TDAS with Templer's death anxiety scale is reported to be 0.75 and with M. Mordic death anxiety scale is reported to be 0.78.

**Statistical analysis**

There were two independent variables varied in two ways. So a 2x2 factorial design was used. F-ratio was calculated to study separate and interactions effects of residential status and gender on the dependent variables.

**Results and Discussion**

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>Sum of squares</th>
<th>df</th>
<th>Mean square</th>
<th>F</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential status</td>
<td>721.06</td>
<td>1</td>
<td>721.06</td>
<td>11.53</td>
<td>.01</td>
</tr>
<tr>
<td>Gender (B)</td>
<td>0.07</td>
<td>1</td>
<td>0.07</td>
<td>.001</td>
<td>NS</td>
</tr>
<tr>
<td>Interaction (AxB)</td>
<td>1.4750.88</td>
<td>236</td>
<td>62.50</td>
<td>.0002</td>
<td>NS</td>
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</tbody>
</table>

**Table-2: Mean and S.D. of four groups on death anxiety,**

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>S.D.</th>
<th>N</th>
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</thead>
<tbody>
<tr>
<td>Home-based male Ss</td>
<td>45.52</td>
<td>9.29</td>
<td>60</td>
</tr>
<tr>
<td>Home-based female Ss</td>
<td>45.50</td>
<td>7.41</td>
<td>60</td>
</tr>
<tr>
<td>Institutionalized male Ss</td>
<td>49.30</td>
<td>7.66</td>
<td>60</td>
</tr>
<tr>
<td>Institutionalized female Ss</td>
<td>48.35</td>
<td>7.08</td>
<td>60</td>
</tr>
</tbody>
</table>

**Table-3: Mean of means for death anxiety,**

<table>
<thead>
<tr>
<th>Groups</th>
<th>Home-based</th>
<th>Institutionalized</th>
<th>Aggregate Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>45.52</td>
<td>49.00</td>
<td>47.26</td>
</tr>
<tr>
<td>Female</td>
<td>45.50</td>
<td>48.95</td>
<td>47.23</td>
</tr>
<tr>
<td>Mean</td>
<td>45.51</td>
<td>48.47</td>
<td>47.23</td>
</tr>
</tbody>
</table>

See Table 1

Table 1 reveals that the F-ratio for the main effect of residential status on death anxiety is 721.06, which is statistically significant at .01 level of confidence. The finding indicates that home-based subjects and institutionalized subjects differ significantly on their scores of death anxiety. As table depicts that the mean score of home-based participants on death anxiety is 45.51 and the mean score of Institutionalized participants on death anxiety is 48.47. The result indicates that institutionalized subjects feel more death Anxiety than home-based subjects. Thus first hypothesis is accepted. In old age homes elderly subjects see the declining bodies of other elderly colleagues and their death that remind their own inheritable death that has been seen as the pivotal factor of death anxiety. And absence of family members love and unassured life of old age home, give them more troubles pain. On contrary to it home based elderly do not have all aforementioned negative aspects. And their social and domestic activities comparatively decrease their Death anxiety, the important thing is that the atmosphere of unseparated life of family increased their life giving energy. Therefore, home based elderly have less death anxiety than institutionalized elderly. Although many studies have shown contradictory results indicating that home based elderly felt more death anxiety than institutionalized elderly. For example, Mimrot (2011) found that old people living in the family exhibit more death anxiety than institutionalized old people. The study carried out by Trivedi (2012) found that no significant difference between elderly staying in old age home and staying in their home on death anxiety.

Result of ANOVA presented in table 1 further reveals that the F-ratio for the main effect of gender on death anxiety is .001, which is statistically not significan at .05 level of confidence. The finding indicates that male subjects and female participants do not differ significantly on death anxiety. The mean score of male subjects on death anxiety is 47.26 and the mean score

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of female subjects on death anxiety is 47.23. This result indicates that the male participants and female subjects are similar in their death anxiety. In this way the second hypothesis is rejected because there are many negative stimuli of dying, like death of same aged man, and fear of fatal diseases give terrific impact on male and female elderly alike. And the most pivotal reason is that death does not think about gender. This concept is clear in the mind of every elderly whether they are male or female. Therefore, it is very necessary to have no direct impact of death anxiety on gender. This finding gets a support from the investigation conducted by Trivedi (2012) who also found no significant difference between male and female subjects on death anxiety. Mirmot (2011) also observed no significant gender differences in death anxiety.

The F-ratio for the interaction between gender and residential status is 0.0002, which is statistically not significant at 0.05 level of confidence. Indicating that there is no interactional effect of gender and residential status interact in a significant way to influence. So the hypothesis has been rejected. It was found that residential status independently influenced death anxiety of the elderly but gender did not influence death anxiety independently. And when their effects are combined their interactional effect comes to be insignificant. It, thus, suggests that to be institutionalized elderly and is sufficient to feel greater amount of death anxiety.

REFERENCE