CHAPTER-7
SUMMARY

Old age is the closing period in the life span. During this period of life, individual begins to experience cumulative effects of the gradual alterations in physical status and behavioral functioning that have taken place throughout the adult years. It is here that the person may be referred to as showing signs of aging.

Though old age in man is associated with disease, loneliness and uselessness, but truth about aging is that it is a natural and a universal process. It is not at all a crisis which hits up suddenly and abruptly in middle age. It is a continuous cycle of change. With age one returns to an earlier pattern of behavior and simpler level of functioning.

The problems of old age have common boundaries but the way these problems are perceived and faced may differ from person to person. The experiences, success and failure which have been cummulated during early years of life not only determine an elderly's present attitude towards growing problems, it also determines whether a senior citizen will make good or poor personal and social adjustment.

Physical aging, is not determined by the time elapsed since birth, but by the total amount of wear and tear to which the body has been exposed. Certain changes in appearance, are commonly experienced. The hair usually become grey and thin and loses its bounce and resilience. The skin wrinkles. The bones become lighter making the elderly more susceptible to fractures, accidents or falls (Aviole, 1976). There are changes in the eating patterns due to the slow functioning of the internal organs. The most pervasive physiological changes occur in many heart disease and other related problems.

Further, there is decline in the intellectual functioning. Sensory changes also occur resulting in decreased vision and impairment hearing.
This frequent suffering from a variety of illness leads to a higher level of self-medication particularly as pain killers and cough mixture which often results in accident poisioning.

Further, it has been observed that the physical economic dependence of senior citizens, adversely effects their psychological makeup and attitude towards life which plays a significant role in the process of psychological aging (Paul Chowdary, 1992; Rajan, Mishra, and Sarma, 1999). Balter and Balter (1980) reported that senior citizens with internal locus of control were more active, less dependent and felt responsible for their outcomes, whereas those having external locus of control rely on others thus feeling limited and anxious. Further, Davis, Berman and Jennifer (1998) claimed self-efficacy to be related to life-satisfaction, feeling of competence, activity and inversely related to negative emotions such as depression and loneliness among the elderly.

Stressful life events punctuates the life span. Hughes, Blazer and George (1989) found that the elders were more likely to experience life events as new illness, financial loss, hospitalization, retirement or death of spouse. Russell and Cutrona (1991) reported undesedirable events to be predictors of prior mental health status and resources. Persons with poor mental health and weak resources are observed to have more undesirable events than those with better health and resources. A positive correlation of depressive symptoms with bereavement due to changes in the persons interpersonal environment has also been observed (Pergerson, Reynolds, Frank, David, 1994). Those who experience loss of spouse, sibling, children, parents etc. are at higher rates of psychological and physical disorders. Where for the older people anticipating grief seems to be potentially harmful (Averill & Wisocki, 1981).

The extent to which senior citizens feel lonely is another aspect
of interpersonal resource highly related to bereavement. Loneliness is lack of social contact with outside world. Because of generation gap, loss of spouse, peers, family elderly may feel isolated. Loneliness also increases psychiatric morbidity, physical impairment, lack of confidence and low life satisfaction (Bowling, Edman, Leaver and Hockel, 1989).

Retirement has been found to be another factor association with many important changes in one’s life situation leading to adverse health effects and lowering of the person’s position in the family, (Menchery, 1987; Rajan, Mishra and Sarma, 1999) economic status, social contact and well-being among senior citizens. Retirement has also been related to lowering of economic status of the elderly. Which at times lead to the institutionalization of the elderly.

Vani Reddy and Padmini (1989) indicated that problems of those senior citizens living in institutions differ in nature and amount from those living in residence. Those staying with children seem to be better in adjustment, more active tend to perceive their health as better than the institutional subjects (Anantharaman, 1970). However, sometimes they face loss of independence, when having to move with their children. In many studies highest death rates have been perceived in the first three months of their relocation to institution (Blenker, 1976). However, carefully planned transfer can decrease post transfer mortality by increasing the control over the situation.

Psychological well-being is a malleable concept which deals with persons, feelings about their every day activities (Campbell, 1976). Such feelings may range from negative state of depression and anxiety to a positive state of happiness. The positive effect is associated with higher level of social contacts and great exposure to new experience and negative effect is relate to various indices of anxiety and physical symptoms of ill
There are studies which indicate that availability or absence of social support is linked to the occurrence or non-occurrence of many diseases. Social support refers to excess of social resources in the form of relationship on which the individual can rely. Due to erosion of social values and breaking of joint family system, the aged have become vulnerable. Social support may play a particularly important role in maintaining health and decreasing susceptibility to illness among the elderly. Senior citizens with loss of social support have been observed to be at a higher mortality health risk (Silverstein & Bengtson, 1991). Where loss of support has a negative impact on the quality of life. As social network seems to ameliorate harmful effects of life events on stress, thus social support appears as an important factor in the improvement of quality of life (Comys, Penina, Kimpischier & Van, 1999). Many studies have reported a positive association between social support and well-being, where support protects the person from stressful events and promote mental health (Johnson, 1994). The frequency of social contact as well as quality of social provision with friends, family members etc. appear to buffer the emotional and social loneliness among the elderly (Bandevik, & Skogostad, 1998).

Present Study:

In view of the above the present study is a pioneering attempt to study the effect of supportive intervention on the general health and well-being among the senior citizens. An attempt has been made to provide actual social support to the senior citizens by the researcher who met them regularly for the period of 10 days. As social support not only serves to buffer physical and psychological well-being but serves to have a protective
role during times of stress, by enhancing the adaptive coping behavior of receiving. Thus through this intervention, an effort has been made to deal effectively with the consequences of various physical, social and psychological problems faced by senior citizens. This intervention has turned out to be successful in doing so.

Senior citizens in a society are either living alone or with their family or in the institution. As a result individual differences in their feeling of depression, loneliness and anxiety can be expected. To control this effect equal number of elderlies have been selected from all these categories. Since both males as well as females are differently sensitive to different condition both are part of our research.

Hypothesis
Supportive intervention will be effective:

i) in reducing life stress, loneliness and
ii) in enhancing negative mood expectation, perceived availability and perceived satisfaction of social support and social provisions of guidance, reliable alliance, reassurance of worth, opportunity for nurturance, social integration and attachment.

iii) in enhancing health and well-being among senior citizens.

Design:

2 X 2 X 3 (A X B X C) three factorial design has been used. Factor A (gender) consist of two levels with equal number of males and females. Factor B (conditions) consist of two levels of supportive intervention group and control group. Supportive intervention was given to the social support intervention group whereas the control group received only the breathing exercise with no supportive intervention. Factor C (trials of
assessment) consist of three levels pre intervention, post intervention and follow-up after two months of intervention.

**Sample:**

Following the WHO norms (60 yrs and above) sample was selected for the present study. This sample was divided into two major groups with equal number of males and females (24 each). Each group was further categorized into supportive intervention and control group (12 each). Consisting of four subjects from each of the groups of institution, non-institution and alone category. The older adults who were willing to participate in the intervention group were kept in the social support intervention group and those not keen for intervention were placed in the control group.

**Supportive Intervention:**

Supportive intervention was prepared for the elders to deal with various physical, social and psychological aspects of the life of senior citizens. Effort has been made to spend quality time with the senior citizens by effectively doing things they like to do as playing cards or chess, reading newspapers, talking about day to day life, sharing their past experiences and present daily problems. Further an effort was made to help them build a strong social network for themselves by making them self-confident, friendly, outgoing and independent.

**Assessment Tools:**

i) The Life Experience Survey (LES) : Sarason, Johnson, & Siegel (1978)

The LES is a 57 item self-report measure that allows...
respondents to indicate events that they have experienced during the past year. The scale has two portions: Section 1, designed for all respondents and section II designed for students only. For the present work section 1 has been used which consists of 47 specific events plus three blank spaces in which the subjects can indicate other events that they may have experienced. The respondents are asked to rate on a seven point rating scale ranging from extremely negative, moderately negative, somewhat negative, no impact, slightly positive, moderately positive and extremely positive.

ii) Social Support Questionnaire : Sarason, Levine, Basham, & Sarason (1983)

The social support questionnaire consists of 27 items. For each question two-part answer is requested: a) to list the people whom they can turn and to whom they can rely in given sets of circumstances. b) to indicate how satisfied they are with these social support on a six point rating scale ranging from very satisfied, fairly satisfied, little satisfied, little dissatisfied, fairly dissatisfied and very dissatisfied.


Weiss described (1974) six different social provisions that may be obtained from relationship with others. The provisions are guiadance, reliable alliance, reassurance of worth, opportunity of nurturance, attachment and social integration. This scale consists of 24 items. It is a four point rating scale ranging from strongly disagree, disagree, agree and strongly agree.
Locus of Control : Rotter (1969)

The scale consists of 29 items sampled widely from different life situations. The questions consists of important events in our society which affect different people. Each item consistsof a pair of alternatives lettered a or b. The respondents has to select the alternative which the respondent strongly believe in.

Negative Mood Regulation Expectancies : Catanzaro & Mearns (1990)

This scale measures generalized expectancies for negative mood regulation. The scale consists of 30 items. The respondents are asked to respond on a five point rating scale ranging from strongly disagree, mildly disagree, agree and disagree equally, midely agree and strongly agree.

UCLA Loneliness Scale :-Daniel W. Russel (1980)

The scale consists of 20 ,statements that reflect how lonely individual describe their experience. The respondents responds on a five poit rating scale from never, rarely, sometimes to always.

Physical Health Check List :

It consists of various health problems faced by the senior citizens. The elderlies respond on the disease they presently faced.

Demographic Profile :

It was used to gather general information about the senior citizen’s family income, their recreational activities and their health. This was used to establish rapport with the senior citizens before giving them supportive intervention.
Procedure:

After selecting the sample the social support intervention group was met individually for a period of ten days with one to one and half hour each day. First two days were used to establish rapport by filling the demographic profile and the health check list. At the end of the second day, the pre assessment of various questionnaire was taken. From the third day onwards the social support intervention began. On the last day the post assessment of various questionnaires was taken.

The subjects in the control groups were given no intervention but they were only exposed to a breathing exercise. Pre and post assessment of various questionnaires was also taken from this group.

The follow-up assessment was carried out after a period of two months from both the supportive intervention and the control group.

Statistical Analysis:

i) t-test: t-test was used to find whether any pre treatment differences existed prior to treatment for both male and female groups separately of all the dependent variable (life experience survey, locus of control, loneliness, negative mood regulation expectancy, social support questionnaire and social provision scale).

ii) Repeated Measure Analysis of Variance: the treatment related changes (pre to post and post to follow-up) of the dependent variables was further analyzed by three factor repeated measure analysis of variance (mixed design) with repeated measure over trials.

iii) Newman Keul's Multiple Range Test: All the post hoc comparison among all means were made by Newman Keul's Multiple Range Test (Bruning and Kintz, 1987).
Main findings of this study are as follows:

The supportive intervention has not been effective in reducing the life stress among the senior citizens. It has been found to reduce loneliness, be effective in enhancing the negative mood regulation expectancies as well as the internal locus of control among the senior citizens with both internal and external locus of control perception of social support in terms of perceived availability and perceived satisfaction of social support as well as of social provision of guidance, reliable alliance, opportunity for nurturance, reassurance of worth, attachment and social integration among male and female senior citizens. However, no such changes were observed for the control group.