



RESILIENCE AMONG ELDERLY MEN AND WOMEN IN ENCOUNTERING FEARS, WORRIES AND ANXIETIES

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Abstract : Elderly are vulnerable to worries, fears and anxieties due to deteriorating vigour and vitality in old age. Most elderly are apprehensive of disability and resultant dependency. Capacity to cope up with worries, fears and anxieties is correlated to individual and contextual factors of ageing individual. This presentation aims to evaluate the psychological health concerns viz., worries, fears and anxieties and their resilience among 120 older men and women in the age group of 60-79 years. Worries and anxieties in the elderly were assessed by using an adapted version of Penn State Worry Questionnaire and Beck's anxiety Inventory. Findings disclosed different patterns of resilience across gender, age, economic status etc. Elderly women with spiritual practices were highly resilient, compared to elderly men. Resilience is determined by age, gender and socioeconomic conditions of elderly. Inculcation of better mental hygiene practices to promote mental health are discussed.

IndexTerms - elder, worries, anxiety, fear, Resilience, Mental Hygiene

I. INTRODUCTION

Though fears and anxieties are common in one's human existence, nonetheless, if they are of sufficient intensity they can cause imbalance in one's mental and physical health. Doubtless, constant check is needed through effective and efficient coping to become resilient. There is a wide individual variations in the way the individuals cope with these fears and anxieties. Successful management or resilience dependence on their psychosocial competencies and in socio-contextual resources. In specific, the later years of life are specially characterized by fears and anxieties that are unique. Declining vigour and vitality and resultant feelings of helplessness individuals is prone to fears and anxieties. They can cause immense stress and affect health of older person.

Anxiety can be considered to have several components viz., physical or somatic symptoms eg., racing heart, troubled sleep and affective symptoms. Life changes have an important influence on the self rated health status among elderly individuals, and anxiety often accompany these changes. As such, there can hardly be two opinions on the need to firstly enumerate them and then find ways and means to effectively manage them to make old age healthier and happier to live.

Social and psychological stressors are part of daily life and of course, source of mental health problems. Manifested symptoms due to social and psychological changes depend on the accuracy in understating, exposure, reactivity and restorative process. The cumulative effect of these, induce anxiety, fears and worry in the aging individual. Research evidence suggests that anxiety symptoms among older adults is different from that of younger adults. It is stated that the experience and presentation of anxiety in older adults have profound effect on age – related changes in physiological response to stress.

Liddell et. al., (1991) noted a significant decrease in fears with advancing age, some fears were common amidst the entire age range (ages 50–89). Fears which were endorsed by both males and females included death of a loved one, fears of an untimely death, illness or injury to a loved one, auto accidents, being in a fight, looking foolish, failing a test, and suffocating. Clearly, some of these concerns reflect aging-related issues.

The age differences in worry and in emotion regulation strategies (e.g., Stanley et al., 1996. Gross et al., 1997), and the relation of emotion control to anxiety (e.g., Brown et al., 1992), perceived anxiety control was proposed a mediator of the relation between age and worry. Older adults may structure their lives to not engage in anxiety-inducing situations, and thus older adults may report having more control over their anxiety. This antecedent-control strategy is focused on the selection of situations to participate in (Gross & Thompson, 2007). After using overt avoidance strategies, older adults may be less likely to use worry as a cognitive avoidance strategy (Borkovec, Alcaine, & Behar, 2004). This proposed mediation model could account for the lower prevalence of pathological worry in older adults due to the increased perceived anxiety control (e.g., Borkovec et al., 2004).

Generalized anxiety disorder (GAD), a condition characterized by excessive, uncontrollable worry, is the most common anxiety disorder among adults over the age of 60, with estimated prevalence rates ranging widely from 0.71 to 7.3% (Flint, 1994, Beekman et al., 1998, Flint, 1999).

Depression and anxiety are the most common mental health problems in older adults (American Psychological Association, 1998) and have received the most research attention, and still is a focus for much of the discussion and depression and anxiety. However, many of the ideas and practices discussed in relation to depression or anxiety can apply to other mental health problems in later life as well (Gum & Areán, 2004).

GAD is a prevalent but under recognized as public health problem, associated with significant functional impairment (Mogotsi et al., 2000), serious disability (Kessler et al., 1999), and increased risk for acquisition of additional psychiatric disorders and medical conditions (Brown et al., 1994, Kennedy & Schwab, 1997, Noyes, 2001, Barger & Sydeman, 2005). Response rates in most of the studies for GAD pharmacological and psychosocial treatment are surprisingly low (Mohlman, 2004 and Mitte et al, 2005), highlighting the need for additional data on the causal and maintenance factors of the disorder.

Accordingly, older adults have lower levels of uncontrollable or excessive worry, and less frequent worry than young adults (e.g., Hunt et al., 2003). Hunt and colleagues found that while young adults worried more frequently than older adults, young adults utilized more strategies to cope with their worries (Hunt et al., 2003). Worry and rumination, key components of severe health anxiety, are thought to mediate the effects of immune system dysregulation on psychiatric illnesses (Denson, Spanovic, & Miller, 2009).

I. OBJECTIVES OF THE PRESENT STUDY ARE:

1. To assess the mental health concerns viz., fears, worries and anxieties in a sample of older men and women.
2. To examine how elderly develops resilience for fears and anxieties.

II. SAMPLE OF PRESENT STUDY:

- A sample of 120 community dwelling elderly men and women of rural areas of Chittoor district from the age groups of 60-79 years were drawn by using a multi-stage sampling technique. The sample used as a part of HRD funded project.

III. TOOLS USED:

1. Personal Data Schedule (PDS)

To seek information on relevant socio-demographic characteristics of participants, a Personal Data form (PDF) was used.

2. (a) Penn State Worry Questionnaire:

The PSW used in the present study was an adopted version of Meyer, Miller, Metzger, and Borkovec. (1990). The 16 items cover excessiveness, duration, uncontrollability and associated distress of worry as experienced by clients diagnosed with GAD. Of the 16 items only 14 items were selected after content analysis. The higher score on PSWQ indicates higher levels of worry. The test retest reliability of PSWQ is found to be 0.79.

(b) Beck's Anxiety Inventory:

Beck's anxiety Inventory (BAI) was used in the present study to measure manifested symptoms of anxiety. From the original Beck's anxiety Inventory (Beck, 1990), 20 items were selected on the basis of administration of Beck Anxiety Inventory in a pilot test. The test-retest reliability was found to be 0.87. The higher score on Beck Anxiety Inventory indicates higher levels of anxiety. This tool was standardized as part of ICSSR funded project on Fears, worry and anxiety in older residents (Jamuna, 2012).

3. General self-efficacy

The tool viz., General self-efficacy (Schwarzer, R., & Jerusalem, M. (1995), assesses a broad and stable sense of personal competence to deal effectively with a variety of stressful situations. This approach is not in opposition to Bandura's (1997) suggestion that self-efficacy should be conceptualized in a situation-specific manner. Criterion-related validity is documented in numerous correlation studies where positive coefficients were found with favorable emotions, dispositional optimism, and work satisfaction. Negative coefficients were found with depression, anxiety, stress, burnout, and health complaints. The test retest reliability was found to be 0.87.

4. Mini Mental State Examination

The Mini – Mental State Examination was developed as a brief screening tool to provide a quantitative assessment of cognitive changes over time (Folstein et al., 1975). The MMSE consists of 11 simple questions of tasks. Typically, these are grouped into 7 cognitive domains; orientation to time, orientation to place, registration of three words, attention and calculation, language, and visual construction.

RESULTS AND DISCUSSION:

- Testing was carried out through individual interviews in two sessions. In session I rapport was established, bio details of persons were gathered and group discussions were organized. The fears and anxieties as experienced by subjects were recorded.
- Also Penn State Worry Questionnaire (Meyer, Miller, Metzger, & Borkovec, 1990) was administered to collect data on worry experienced by the group.
- Beck's anxiety Inventory (Beck, 1990) was used in the present study to measure manifested symptoms of anxiety.

Table: I Levels of Anxiety in Male and Female older adults in 60-69 and 70-79 years

S.No.	Sub group	
1.	60-69	
2.	70-79	
1.	Male	
2.	Female	

- The mean scores in worries and anxieties in socio-demographic sub groups viz., age and gender groups were examined (Table – I). Higher score on the measures indicate higher levels of worry and anxiety. The data on anxieties (Table – 1) indicate that significant differences were found between 60-69 (Mean =11.71) and the 70-79 (Mean= 12.18) with regard to anxieties. The scores on gender groups shows that older men (mean=11.62) significantly differed with older women (mean =12.18) with regard to levels of anxiety.

Table II: Levels of Worry in Male and Female older adults in 60-69 and 70-79 years

S.No.	Sub group	Mean (SD)
1.	60-69	11.93(2.12)
2.	70-79	12.58(3.47)
1.	Male	13.62(3.47)
2.	Female	14.96 (4.26)

- The mean scores on worry scale (Table – II) indicate that significant differences were found between 60-69 (Mean = 11.93) and the 70-79 age groups (Mean= 12.58). The scores in gender groups indicate that older men (mean=13.62) significantly differed with older women (mean =14.96) on worry.
- The results (Table – I&II) reveal that the mean scores in worry and anxiety measures in 70-79 years and in female were high compared to 60-69 years and male older adults. Findings on worries and anxieties indicate that as age advances, older adults are more susceptible to worries and anxieties due to social isolation, fear of death, loss of self-identity, disability, and dependency, lack of family supports in everyday life, domestic violence, loss of spouse or other loved ones, and reduced economic resources, and poor self esteem.
- In the absence of studies on resilience in older adults, the present study as a non-clinical study assumes significance. In spite of its limitations, the findings of the study are by themselves considered to be a modest and meaningful contribution to gerontological research in the Indian context.
- There is a need for mental health interventions by creating greater awareness on mental health, and in promotion of well being. Role of media in designing promotion of mental health and in mental well being is necessary.

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