



RESILIENCE AMONG ELDERLY WOMEN IN ENCOUNTERING FEARS, WORRIES: NEED OF SPIRITUALITY

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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 their resilience among 120 older women in the age group of 50-69 years. Worries and fears in the elderly were assessed by using an adapted version of Penn State Worry Questionnaire. Findings disclosed different patterns of resilience across age, economic and marital status etc. Elderly women with spiritual practices were highly resilient. Resilience is determined by age, socioeconomic conditions of elderly. Inculcation of better mental hygiene practices to promote mental health is discussed.

Keywords: Resilience, worries, fears and anxieties.

Introduction:

Ageing is a universal and inevitable developmental phenomenon accompanied by a number of changes in physical, psychological and social domains. Biological aging refers to regular changes that occur in mature genetically representative organism living under representative environmental conditions as they advance in chronological age (Birren&Schaie, 2006). In the words of Seneca "old age is an incurable disease". Anon says that science makes them live longer. Persons of 60 years of age older are typically referred to as elderly. It is said that nobody grows old merely by living a certain number of years. While ageing merely stands for growing old, senescence is an expression used for the deterioration of the biological efficiency that accompanies ageing. These changes are for the most part deleterious and eventually lead to the death of an organism (Jogender Singh &Ahiawat, Naveen, 2014).

Though fears and worries 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 worries. 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 worries that are unique. Declining vigor 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.

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. 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.

The rapid increase of urbanization, modernization, the higher incidence of widowhood and changing family structure have effect on the capacity to support its elderly. It is clear that the family as a unit is likely to change drastically in the years to come. The old age dependency will increase faster than the child dependency ratio, which will prepare the older adults for certain consequences. Though respect for the aged, filial piety for the elderly and the perception that family as the major care provider are the strengths of Indian culture, there are remarkable changes in the attitude towards filial piety and family supports in the elder care (Ramamurti, Liebig & Jamuna, 2015; Ramamurti & Jamuna, 2010).

Healthy ageing refers to sustaining the positivity about life and continuing the enjoyable activities. If healthy ageing alongside resilience, the striking resemblance is that resilience calls for high performance or achievement despite adversities, just as healthy ageing refers to high level of functioning on multiple domains despite the natural process of slowing down. Thus, when applied to the ageing population, maintenance of high levels of functioning refers to both resilience and healthy ageing.

Elderly people are characterized by heightened distress related to actual and symbolic losses and separations (e.g., Ryff, Singer, Love, & Essex, 1998) and need to face increased levels of physical and psychological dependency (e.g., Pollock, 1987). Depression among older adults is a well-researched area, less is known about fear of death in this age group.

Elderly people were affected by fear of crime. However, in terms of impact on overall affect, the older people seemed to be more resilient, generally remarking that fear of crime was one negative factor outweighed by many other positive individual and neighborhood-level factors. With respect to mental health status, we found that older people with a pre-existing CMD appeared to be disproportionately affected by fear of crime (Whitley & Prince, 2005).

Phobic fears are generally common in women than in men (Fredrikson, Annas, Fischer, & Wik, 1996). Phobias is often comorbid with anxiety, mood and personality disorders (Stinson et al., 2007). SP

had the lowest disability level of all mental disorders studied in the WHO Mental Health Survey (Ormel et al., 2008), population studies report explains that disability is on par with other anxiety disorders (Alonso et al., 2004 ; Stinson et al., 2007).

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. 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).

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).

Objectives of the present study are:

1. To assess the mental health concerns viz., fears and worries in a sample of older women.
2. To examine how spirituality in elderly reduce fears and worries.

Sample of present study:

- A sample of 120 community dwelling elderly women of rural and urban 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.

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 associate distress of worry as experienced by clients. 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.

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.

5. Resilience Scale

The Resilience Scale is a tool which measures manifested symptoms of adaptive behavior. From the original Resilience Scale (Wagnild and Young, 1993), 15 items were selected on the basis of administrations of Resilience Scale in a pilot test. Each item has 7 responses alternatives i.e. strongly agree (1) to – strongly disagree (7). These fifteen items were translated into Telugu and both English and Telugu versions (Resilience Scale) correlated 0.90. They were administered to 30 men and women on two occasions with an interval of 15 days. The correlation between these two administration (Test Retest reliability was found to be 0.89). The higher score on RS indicates higher levels of adaptability. The English version of RS is appended (Appendix-IV).

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 worries 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.

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

S.No.	Sub group	Mean (SD)	t –test
1.	60-69	11.93(2.12)	2.998**
2.	70-79	12.58(3.47)	
1.	Middle class	13.62(3.47)	2.43**
2.	Upper middle class	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 economic groups indicate that middle class (mean=13.62) significantly differed with upper middle class (mean =14.96) on worry.
- The results (Table – I) reveal that the mean scores in worry measures in 70-79 years and in upper middle class were high compared to 60-69 years and middle class. Findings on worries and fears indicate that as age advances, older adults are more susceptible to worries 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.

Table : II Pre and post test of the group after spirituality and Yoga Practice

	60-69		70-79	
	G₁ (N-10)	G₂ (N-10)	G₃ (N-10)	(G₄) (N-10)
Pre test	17.2	17.4	17.3	17.1
Post test	10.4	11.4	11.3	11.6
SD	1.24	1.09	1.10	1.01
't'	2.26*	2.27*	2.22*	2.21*
*p<0.05 G ₁ & G ₃ : Spirituality G ₂ & G ₄ : Yoga;				
Control Group				
	60-69		70-79	
	G₁ (N-10)	G₂ (N-10)	G₃ (N-10)	(G₄) (N-10)
Pre test	17.3	17.6	17.9	17.7
Post test	17.8	17.9	17.6	16.92
't'	1.06@	1.23@	1.31@	1.62@
@Not significant				
G ₁ to G ₄ - No training or Interventions				

The difference between pre and post interventions was considered and tested through paired 't' test to examine the efficacy of interventions. The experimental group was sub divided into 2 treatment groups in each of the two age group (60-69 = G₁, G₂, ; 70-79= G₃, G₄). In each of these sub groups there were 10 women and 10 women from the rural area and urban area. The treatments were as follows: G₁ & G₃, were given spirituality ; G₂ & G₄, were given Yoga. Psycho education and Focused group discussion for all the subjects for awareness of aging .

After identification intervention sample they were treated as separate group eg., in 60-69 years, similarly in 70 to 79 years age group the sample in small sub group were separated. Similar procedure has been followed to divide for the control group subjects. The pre and post Intervention scores in Experimental and control group design are given in Table-II. A cursory glance at the results show that group 1 (G₁) in 60-69 and group 3 (G₃) in 70-79 age groups were given spirituality; group 2 (G₂) in 60-69 and group 4 (G₄) in 70-79 years were given yoga 20 mts every day in Experimental subgroups. It is evident that the G₁ and G₃ who were exposed to spirituality were found to be more effective in the reduction of fears & worries; followed by with G₂ and G₄ practicing yoga. The pre and post intervention differences were not significant in control subgroups. Thus, the present investigation demonstrated the effect of certain psychological interventions in reducing the levels of fears and worries.

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