



Sources and Extent of Worry in Older Adults

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ABSTRACT

This study is an attempt to study different sources of worry in a sample of 600 elderly men and women. Through focused group discussions the sources and extent of worry in the age group of 60-69 was identified. Dependency and Health were main sources of worry followed by lack of social supports and lack of psychological concerns. Findings of the present study suggest that the importance of strategies to minimize extent of worry in elderly people.

KEYWORDS : Worries, Sources and Older Adults**Introduction:**

Old age, one of the prominent periods of life span, is characterised with certain fears and anxieties. Resolution of these anxieties depends on one's physical and psychosocial resources of an older adult. Extent and duration of emotional reactivity (especially through stress and other negative emotions) to psychological and physical stimuli across the life span is likely to have a profound effect on the physical and psychological health of an individual. However, if it crosses the optimum levels, it can cause in balance of ones mental and physical wellbeing. They need to be checked through effective and efficient coping strategies. Individual variations are bound to occur in the manner in which individuals cope with these fears and anxieties.

The nature of these fears and worry also differ across the stages of life such as adolescence, young adulthood, middle age and old age, reflecting the issues at stake and demands of the context. Among these, the later years of life are specially characterized by fears and anxieties that are unique. Declining vigor and vitality and resultant feeling of helplessness may become base for many problems of mental health. 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 peaceful and happier to live.

A condition characterized by excessive, uncontrollable worry, is the most common anxiety disorder among adults over the age of 60 (Flint, 1994; Beekman, Beurs, Balkom, Deeg, Dyck & Tilburg, 2000; Flint, 1998). Blazer (1997) reported that the prevalence of generalized anxiety disorder in adults over 65 years was approximately 2.2%. Health anxiety typically arises following stress, serious illness, significant loss (Asmundson, Abramowitz, Richter & Whedon, 2010; Barsky, Frank, Cleary, Wyshak & Klerman, 1991), or following exposure to disease related popular media or other health-related stimuli (Marcus, Gurley, Marchi, & Bauer, 2007; Taylor & Asmundson, 2004).

Disease related fears may be especially likely in older adults given the high prevalence of negative life experiences and health problems (Hoffman, Rice & Sung, 1996) in later life. Perceptions of their future which assumed are closer to the end of life, may cause fear of debilitating diseases and lead to apprehension that they do not have insufficient physical, psychological, and social resources to cope with (Kastenbaum, 1994).

Worry and anxiety across the life span have brought up a number of issues relating to differences in worry among older and younger adults. One such (self-identified) holds that, as a group, older adults are more inclined to worry, based on increased stressors associated with aging, such as loss and declining health. Seriously anxious people find it difficult to control their worry and typically experience such

as restlessness, fatigue, difficulty concentrating, irritability, muscle tension and sleep disturbances. On the other hand panic condition continues for some time, with certain symptoms like fast pounding heart rate, trembling, shortness of breath, chest pain, fear of dying, fear of losing control, stomach pain and nausea etc., appear very intensely (Mc Kay, Davis & Fanning, 2011). In view of age differences in worry and in emotion regulation strategies the relation of emotion control to anxiety (Brown, Antony & Barlow, 1992), and perceived anxiety control were proposed as mediators of relation between age and worry. Older adults may structure their lives to 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 (Gross, Tsai Carstensen, Pasupathi, Gotestam Skorpen & Hsu, 1997). Wisocki, Hunt and Souza (1998) found that participants reported that their worries grew in intensity over the life span and that, in general, "worries are deeper, more morbid, and stronger in the later years", when compared with the worries of the younger population

Older adults are particularly susceptible to health related anxiety given the close association between general worry and somatic sensations and concerns. Among older adults there is often a prominent somatic component of worry associated with mental disorders in general and anxiety in particular. For example, existing research suggests that mental disorders in older adults are significantly associated with somatic comorbidity (Scott et al., 2008) and that anxiety is more prevalent in chronically ill older adults (Kim, Braun & Kunik, 2001). Older adults may not only see themselves as having deteriorating health, being socially isolated, and having loss of control and independence (Frazier & Waid, 1999), but also experience these changes in late life making them especially susceptible to severe health anxiety and chronic worry.

Reviews on adulthood and ageing suggest that there is a paucity of Indian researches on mental health concerns in specific such as worry and anxiety in later adulthood (Ramamurti & Jamuna, 2010a, 2010b; Ramamurti, Liebig & Jamuna, 2015). In view of this, an attempt was made through this study to examine the nature and extent worries and anxieties in older adults.

Method:**Sample:**

A sample of 600 community dwelling elderly men and women from

rural areas of Chittoor district in the age group of 60-69 years were drawn from an ICSSR funded project dataset on Worries and Fears across the Late Adulthood – Efficacy of Interventions (Jamuna, 2014).

Tools of Data Collection:

Sources and extent of worry and anxiety in 600 elderly men and women were identified through Focused Group Discussions (based on certain themes) by dividing the total sample into small groups. Apart from this method, Penn State Worry questionnaire (PSWQ) (Mayor, Miller, Metzger & Borkovec, 1990), Beck's Anxiety Inventory (Beck & Steer, 1990) which were standardized on Indian elderly (Jamuna, 2014) were used to assess the levels of anxiety and worry in older adults on a 5 point scale of PSWQ and in BAI. The test - retest reliability of PSWQ was 0.83 and BAI was 0.81.

Testing was also carried out through individual interviews along with Focused group Discussions (FGD) in two sessions. In session I rapport was established, personal details of persons were gathered and Focused Group Discussions on certain identified themes were organized in male and female older adults (60-65 & 66-69). Fears and anxieties as experienced by older adult sample were also recorded in Session II by administering PSWQ and BAI.

Results and Discussion

The sources of worry and anxiety in the sample through the Focused Group Discussions in older adults were reported in Table I. the discussions which were held on certain themes related to elderly were analysed and grouped in terms of major areas of concerns (Table – I).

Table 1: Sources of Worry and Anxiety in 60-69 year Older Adults

S.No.	Sources of Worries and Anxieties	Percentage (%)
1	Preoccupation with Health	78**
2	Impending Disability	82**
3	Disease and Dependency on family	73**
4	Economic Dependence	67*
5	Impending Death	69*
6	Shrinkage of Social Supports & Social networks	61*
7	Emotional Ties	63 *
8	Apprehension of Future	73**
9	Loss of Family and Friends	61 *
10	Loss of Self Identity	60
11	Social Isolation	72**
12	Shrinkage of Family Supports	71**
14	Age Discrimination (comparing with youth)	66 *
15	Loss of Self Esteem / Normlessness	63 *

* Reported above 60 % ** Reported above 70 %

Sources of worry and anxiety in male and female older adults in 60-65 and 66-70 age groups which were reported by above 60% of the sample were only included in Table I. The most predominant sources of worry and anxieties reported by more than 65 to70% of the sample were: preoccupation (apprehension) with health (78%), impending disability (82%), disease and dependency on family (73%), apprehensive future (73%), social isolation (72%), shrinkage of family supports (71%), economic dependence (67%), impending death (69%), social isolation (72%) shrinkage of social supports and social net works (61%), age discrimination (66%) and loss of self esteem / normlessness (63%), Loss of family and friends (61%), emotional ties (63%),

among family members and loss of self identify (60%), were also common sources of worry and anxiety in older adults. To conclude preoccupation with health, impending disability, apprehension of future, social isolation, shrinkage of social supports & network were found to be their major and significant sources of worry and anxiety in the sample. These results have important policy implications especially in the areas of mental health and aging.

Table 2: Levels of Anxiety in Male and Female Older Adults in 60-65 and 66-70 years

S.No	Sub Groups	Mean(s)	't'
1.	Age		1.97*
	a. 60-65 (n=300)	34.11 (8.99)	
	b. 66-70 (n=300)	35.60 (9.51)	
2.	Gender		2.60**
	a. Male (n=300)	33.88 (9.95)	
	b. Female (n=300)	35.84 (8.43)	

**P<0.01 * P<0.05

Anxiety levels which were assessed through the Beck's Anxiety scale in different socio demographic sub-groups (Table 2) shows the distribution of scores ranges from 23 to 35. It is evident from the results in Table 2 that 60-65 (M = 34.11) age group of older adults differed significantly from the 66-70 (M = 35.60) age group elderly (t = 1.97*). Also the mean anxiety levels in male (M = 33.88) and female elderly (M = 35.84), differed significantly (t = 2.60). Thus, incumbents in 66-70 years and female older adults reported higher levels of anxiety. These means trends are in concurrence with the focused discussions, where deteriorating health, being isolated, having loss of control and independence, fear of death, loss of self-identity, disability, and dependence make elderly susceptible to severe anxiety. Existing research suggests that mental disorders in older adults are significantly associated with somatic comorbidity and these contribute to anxiety in older adults. If interventions are applied at these levels of anxiety it would yield beneficial effects in ensuring mental well being in older adults. Thus, the outcome of this study on levels of anxiety in the Indian elderly have significant policy implications.

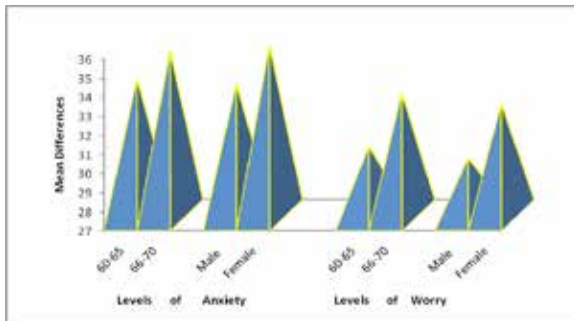
Table 3: Worry in Male and Female Older Adults in 60-65 and 66-70 Years

S.No	Sub Groups	Mean(s)	t
1	Age		2.58**
	a. 60-65 (n = 300)	30.59 (13.03)	
	b. 66-70 (n = 300)	33.37 (13.37)	
2	Gender		2.57*
	a. Male (n = 300)	29.97 (13.02)	
	b. Female (n = 300)	32.84 (10.40)	

** P<0.01 * P<0.05

Nextly, an attempt was made to analyze the mean trends in worry as obtained through Pen State Worry Questionnaire (PSWQ) in terms of age and gender groups (Table 3). The mean age differences between elderly in 60-65 (30.59) and 66-70 (M= 33.37) age groups differed significantly on PSWQ (t=2.58) scores. Also gender differences between male (29.97) and female (32.84) differed significantly on PSWQ Scores (t=2.57). Worry and anxiety in age and gender groups were illustrated in Figure 1.

Figure 1: Levels of Anxiety and Worry in Male and Female Older Adults in 60-65 and 66-70 years



Though fears are part of our survival instinct if it interferes with normal functioning beyond its limit, it induces worry and anxiety, which has a significant impact on physical and emotional health during later adult years. Such conditions generally enhances negative / irrational thinking and perceptual imbalances. Especially this is more so in old age. As a result elderly tries to limit their expectation and avoid taking undue risks.

Worries grew in intensity over the life span and that in general, worries are deeper, becomes more morbid and stronger in the later years. Declining vigor and vitality, resultant feelings of helplessness, increased stressors associated with aging, lack of family supports, domestic violence, loss of spouse, reduced economic source, which were also evident in focused group discussions lead to worries in old age. If worry levels are allowed without any steps either by older adults (or) by their family members (or) by any other state supports, it would turn into pathological worry condition which may cause more financial, psychological and social burden on older individual and their families. Planning of effective strategies would be more beneficial to promote and ensure mental well being during old age.

Community based non-clinical professionals working in healthcare settings need to be in contact with older adults suffering with severe levels of worry and anxiety disorders. As there is a dearth of mental health services, steps to identify anxieties and fears in older adults as a preventive step and providing specialized interventions, and providing treatment to enable elderly in managing their emotions and well being, strategies are essential in the Indian context. Providers can be instrumental in taking steps to alleviate their suffering from anxiety disorders through awareness of these mental health concerns and their role in mental wellbeing.

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