

## Elderly Living in Old Age Homes and Within Family Setup: A Psychological Analysis



### Psychology

**KEYWORDS :** Satisfaction, Elderly, Old age home, family, lifestyle

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### ABSTRACT

*Older persons are in need of vital support that will keep important aspects of their lifestyles intact while improving their over-all quality of life (Dandekar, 1993). In view of this the present study is conducted to compare the death depression and life satisfaction between elderly living in old-age homes and elderly living within family set up. Death Depression Scale and Satisfaction with Life Scale are administered on sample of 80 elderly people. The results revealed that there is a significant difference between elderly living in old age homes and those living within family setup in their death depression as well as life satisfaction.*

### INTRODUCTION:

One of the major impacts of globalization is the increasing economic burden on the elderly, especially the women who have practically non-existent property rights and other social security measures (Bhat, 2001). The elderly citizens are in need of urgent attention. It is our duty to see that they do not spend the twilight years of their life in isolation, pain and misery. Older persons are, therefore, in need of vital support that will keep important aspects of their lifestyles intact while improving their over-all quality of life (Dandekar, 1993).

Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods (Medline Plus). The ups and downs of life are common and normal. Most people recover quite quickly. With true depression, a person has a low mood and other symptoms each day for at least two weeks. Symptoms can also become severe enough to interfere with normal day-to-day activities.

Life Satisfaction is the central aspect of human welfare. It is ultimate goal and every human being strives to achieve this goal throughout the life. Diener defined life satisfaction as "a cognitive judgmental global evaluation of one's life. It may be influenced by affect but is not itself a direct measure of emotion" (1984).

The review of related literature reveals that though many studies conducted on elderly with different psychological factors, the study comparing elderly living with family and in old age home in terms of death depression and life satisfaction is limited. Hence, the present study was conducted to compare death depression and life satisfaction of the elderly residing in old age homes and with families, with the following objective in view:-

### Objectives of the Study:

1. To investigate the prevalence of death depression and life satisfaction between elderly living in old age homes and those living within family setup.

### Hypotheses:

**Ha1:** There will be significant difference between elderly living in old age homes and those living within family setup in their death depression.

**Ha2:** There will be significant difference between elderly living in old age homes and those living within family setup in their life satisfaction.

### Method:

#### Participants and Procedure:

The quota sample of the present study includes 80 elderly people; of these 80 people, 40 people were taken from an old age home and 40 people living with their families. This sample was selected on the basis of age (60 and above), gender (male/female), background (rural/urban). The sample for people residing in old age homes were taken from Providoria-Margao and Providance-Benaulim - Goa; and old people living with family from places like Qupem and Curtorim - Goa.

### Instruments Used

**Personal Data sheet:** It is the data sheet prepared for the purpose of present study, which includes all the personal information of the old aged people such as age, gender, early background, birth order, SES, nature of stay.

**Death Depression Scale – Revised:** Developed by Tomas-Sabado, Limonero, Templer and Gomez-Benito (2005) was used to measure the death depression among old aged. The correlation between the Spanish form of the Death Anxiety Scale and the Death Depression Scale-Revised ( $r = .66$ ) is higher than the correlation in its English original version ( $r = .50$ ), so that the cause cannot be attributed to an increase in the independence of the concept Death Anxiety and Death Depression. Also, the correlation between the Spanish measures of general anxiety (Kuwait University Anxiety Scale) and general depression (Self-rating Depression Scale) is higher than the correlation between the measures of general anxiety (CCAS) and general depression (CCDS) used by Templer et al. (2001-2002) in the study of validation of the Death.

**Satisfaction with Life Scale (SWLS)** was developed by Diener et al. (1985) to measure satisfaction with life. The composite Index ( $a = .76$ ) ranges from 1 to 7 (high life satisfaction). Schimmack et al. (2002) reported the correlation between this scale with extroversion and introversion to be 0.46 and 0.48, respectively. They also reported the reliability of the scale in American, German, Japanese, Mexican and Chinese people to be 0.90, 0.82, 0.79, 0.76 and 0.61, respectively. Esmaili (2008) examined the concurrent

validity of the scale against The Oxford Happiness Questionnaire, which yielded a validity coefficient of 0.66 for either questionnaire.

**Scrutinizing** The responses given by each participant are carefully scrutinized for wrong markings, omissions and commissions, and answer sheets, which were complete in all respects, were retained and the rest were rejected.

**Data Analysis/ Statistic** The obtained data were analyzed using (SPSS 17th version). 't-test' is applied to verify Ha1 and Ha2 to determine the significance of difference between elderly living in old aged home and within family set-up.

**Results and Discussions:**

**Table No. 1: Mean, SDs and 't-value' for the Scores of Death Depression of Elderly living in Old Age Home and Living within Family Setup (N=40 in each group)**

Variable	Elderly Living in Old Age Home		Elderly Living Within Family Set-up		t-value
	Mean	SD	Mean	SD	
Death Depression	46.67	8.80	53.33	10.11	t =5.14**

\*\*P<0.01; Highly Significant

An inspection of the above table reveals that elderly living in old age home are below average in the Death Depression (46.67) and Elderly living within family set-up are above average (53.33). Further, the two groups namely Elderly Living in old age home and Elderly living within family set-up differ significantly from each other in their Death Depression. In the other words, Elderly living within family set-up are found to have significantly high level of death depression (t= 5.14; P<0.01) compared to Elderly living in old age homes.

Elderly living within family setup showing significantly high Death depression compared to Elderly living in old age home may be because of their close relationship with their family members; which makes them anxious about death. Due to close attachment and care for their family members they fear of their loved ones' future as a result may develop death depression. Elderly living in old age homes showing low level of death depression may be due to lack of family attachment or feeling of not being loved or cared makes them less anxious of death.

The present study is in line with study conducted by Madnawat, Singh, Kachhawa, and Singh R.S (2007), who found that women, those relatively older, and those living with family were significantly more anxious about the word "death". Mimrot (2011) found that old age people living in the family have high death anxiety than institutionalized old people.

**Table No 2: Mean SDs and 't-value' for the scores of Life Satisfaction of Elderly Living in Old Age Home and Living Within Family Setup (N=40 in each group)**

Variable	Elderly Living in Old Age Home		Elderly Living Within Family Set-up		t-value
	Mean	SD	Mean	SD	
Life Satisfaction	47.89	9.92	52.11	9.75	t=1.92*

\*\*P<0.05; Significant

An observation of the above table reveals that elderly living in old age home have shown below average in the Life Satisfaction (47.89) and Elderly living within family set-up have shown above average (52.11). Further, the two groups differ significantly from each other in their Life Satisfaction. In the other words, Elderly living within family set-up are found to have significantly high life satisfaction (t=1.92; P<0.05) compared to Elderly living in old age homes.

Elderly living with family showing high life satisfaction may be because of their close relationship with the family members and the warmth they feel, the love and care that they share among each other. A study from (Shin and Sok, 2012) proves that the older people living with their family were better than the older people living alone in perceived health status, self-esteem, depression and life satisfaction.

Elderly living in old age homes showing significantly low life satisfaction may be due to the fact that they feel lonely, even after the care that is given to them by the nurses in old age home. The loss of some social roles and independence, retirement, deaths of friends and relatives, children leaving home, increasing feelings of loneliness, financial difficulties, and various illnesses that arise as a result of these changes have an effect on the quality of life of an elderly individual.

**Conclusions**

**The obtained results and discussed facts have led to the following conclusions:**

1. Elderly living within family setup have significantly higher Death depression compared to the Elderly living in old age homes.
2. Elderly living within family setup have significantly higher Life satisfaction compared to the Elderly living in old age homes.
3. Elderly living within family setup have significantly higher Death depression and Life satisfaction.
4. Elderly living in old age homes have significantly low level of death depression and life satisfaction.

**Suggestions:**

The availability of institutions is limited and the proportion of the elderly opting for institutions is quiet high. Thus there is a need that:

1. Special arrangement should be made to provide medical advice to the aged. Medical professionals, hospital, social welfare institution and special age care organization should be assisted by the Government to provide special medicare to the aged.
2. Government should provide financial support to all the senior citizen, who do not receive any pension as this would help their basic needs.

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