
Psychological Wellbeing and Social Support Among the Geriatric Population

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Abstract: Ageing is a major transitional phase marked by stress. The present study aimed at investigating the influence of social support on the psychological well-being among the geriatric population. Social support is one of the important functions of social relationships. Social support is always intended by the sender to be helpful, thus distinguishing it from intentional negative interactions (such as angry criticism, hassling, undermining). Social support is commonly categorized into four types of behaviors (Emotional, Instrumental, Informational and Appraisal). Psychological well-being is used to describe an individual's emotional health and overall functioning. The method of purposive sampling was used for data collection and the total sample consisted of one hundred and forty (140) individuals above the age of sixty years. Interpersonal Support Evaluation List (ISEL) developed by Cohen & Hoberman was used to assess social support and Ryff's scale of Psychological Wellbeing was used to measure six theoretically motivated constructs of psychological wellbeing (autonomy, environmental mastery, self-acceptance, positive relationship with others personal growth and purpose in life). Data was analyzed using Pearson's correlation coefficient. The results indicated that all the dimensions of psychological wellbeing except personal growth and purpose in life have a significant correlation with the dimensions of Social Support (tangible support, belonging support, self-esteem support and appraisal support).

Keywords: Geriatric, Social Support, Psychological Wellbeing, Ageing

1. Introduction

Well-being has been studied extensively by social psychologists [1, 11]. The distinct dimensions of well-being have been debated, the general quality of well-being refers to optimal psychological functioning and experience. Two broad psychological traditions have historically been employed to explore well-being. The hedonic view equates well-being with happiness and is often operationalized as the balance between positive and negative affect [11, 12]. The eudaimonic perspective, on the other hand, assesses how well people are living in relation to their true selves [15]. The rapid change in family structure has led to inadequate and improper care and attention of elders by their family members. This trend has partly emerged due to the growth of individualism in modern industrial life and due to the increase in materialistic thinking among the younger generation. Changes in the family structure, value system,

respect, honour and the decline in status and authority, which the elderly used to enjoy in traditional society, results in their being relegated to an insignificant place in the society [5]. Those who surrender their property in favour of younger members and have no control over the source of income, experience a loss of decision-making power. The loss of status and decision-making power is felt more by ageing women than men [6, 8]. As people age they become more aware of their inability and incompetency, they begin to revise their ideas about themselves. They even develop a negative self-image and poor self-concept [9]. The changes in looks, like ability and the feeling that they are being alienated by others greatly contributes to the negative self-image. This is the time when they start coping with reduced income, change of status, loss of friends and spouse, and their waning physical health. Psychological changes also accompany the passing of years, decline in the ability to think, impairment of memory, decrease in enthusiasm, increase in caution in all

respects and alteration in sleep patterns. Many dysfunctional features also develop with old age due to the increase in social pressure and inadequate resources. Mental illness is much higher among the elderly, the psychological problems faced by the retired persons are much greater and severely impact the individual. Various socio-psychological problems emerge for the retired people due to the decline in the health status, income security and a break in professional routine.

2. Objectives

The major objectives of the study are as under:

- To assess the social-support and psychological well-being among the geriatric population of Kashmir.
- To study the relationship between social support and psychological well-being among the geriatric population.

3. Sample

For the current study, the method of purposive sampling was used for data collection and the total sample consisted of one hundred and forty (140) individuals above the age of sixty years. Out of the one-forty individuals, one hundred and twenty-one (121) were males and nineteen (19) were females. Seventy-nine (79) belonged to the rural areas and sixty-one (61) belonged to the urban areas.

4. Tools Used

Psychological Wellbeing: Ryff's scale of Psychological Wellbeing [13] were designed to measure six theoretically motivated constructs of psychological wellbeing, which are, autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance - a positive attitude towards oneself and one's past life.

Social Support: Interpersonal Support Evaluation List (ISEL) was developed by Cohen & Hoberman [2]. It is a 40-item scale made up of four dimensions, which are: Tangible Support, Belonging Support, Self-esteem Support, Appraisal Support. All answers are given on a 4-point scale ranging from "Definitely True" to "Definitely False."

5. Results

Table 1. Showing Frequency distribution of geriatric population on Psychological Wellbeing (Autonomy).

	N	L. L-U. L	F	Percentage
Low	140	Up to 3.296	19	13.57%
Average	140	3.296 - 4.6	56	40%
High	140	4.6 above	65	46.42%

Table 1 shows that 13.57% geriatric population has low level of autonomy, 40% geriatric population has average level of autonomy and 46.42% geriatric population has high level of autonomy.

Table 2. Showing Frequency distribution of geriatric population on Psychological Wellbeing (environmental mastery).

	N	L. L-U. L	F	Percentage
Low	140	Up to 3.553	21	15%
Average	140	3.553 - 4.709	100	71.42%
High	140	4.709 above	19	13.57%

Table 2 shows that 15% geriatric population has low level of environmental mastery, 71.42% geriatric population has average level of environmental mastery and 13.57% geriatric population has high level of environmental mastery.

Table 3. Showing Frequency distribution of geriatric population on Psychological Wellbeing (Personal Growth).

	N	L. L-U. L	F	Percentage
Low	140	Up to 3.35	22	15.71%
Average	140	3.35 - 4.48	99	70.71%
High	140	4.48 above	19	13.57%

Table 3 shows that 15.71% geriatric population has low level of personal growth, 70.71% geriatric population has average level of personal growth and 13.57% geriatric population has high level of personal growth.

Table 4. Showing Frequency distribution of geriatric population on Psychological Wellbeing (Positive Relationship with Others).

	N	L. L-U. L	F	Percentage
Low	140	Up to 3.608	24	17.14%
Average	140	3.608 - 4.966	92	65.71%
High	140	4.966 above	24	17.14%

Table 4 shows that 17.14% geriatric population has low level of positive relationship with others, 65.71% geriatric population has average level of positive relationship with others and 17.14% geriatric population has high level of positive relationship with others.

Table 5. Showing Frequency distribution of geriatric population on Psychological Wellbeing (Purpose in Life).

	N	L. L-U. L	F	Percentage
Low	140	Up to 3.596	25	17.85%
Average	140	3.596 - 4.79	97	69.28%
High	140	4.79 above	18	12.85%

Table 5 shows that 17.85% geriatric population has low level of purpose in life, 69.28% geriatric population has average level of purpose in life and 12.85% geriatric population has high level of purpose in life.

Table 6. Showing Frequency distribution of geriatric population on Psychological Wellbeing (Self-Acceptance).

	N	L. L-U. L	F	Percentage
Low	140	Up to 3.66	20	14.28%
Average	140	3.66 - 4.87	96	68.57%
High	140	4.87 above	24	17.14%

Table 6 shows that 14.28% geriatric population has low

level, 68.57% geriatric population has average level and 17.14% geriatric population has high level of self-acceptance.

Table 7. Showing Frequency distribution of geriatric population on Social Support (Tangible Support).

	N	L. L-U. L	F	Percentage
Low	140	Up to 1.561	21	15%
Average	140	1.561 – 2.605	96	68.57%
High	140	2.605 above	23	16.42%

Table 7 shows that 15% geriatric population has low level of tangible support, 68.57% geriatric population has average level of tangible support and 16.42% geriatric population has high level of tangible support.

Table 8. Showing Frequency distribution of geriatric population on Social Support (Belonging Support).

	N	L. L-U. L	F	Percentage
Low	140	Up to 1.529	27	19.28%
Average	140	1.529 – 2.397	85	60.71%
High	140	2.397 above	28	20%

Table 8 shows that 19.28% geriatric population has low

Table 11. Showing Correlation between various dimensions of Psychological Wellbeing and Social Support.

Psychological Wellbeing	Social Support			
	Tangible Support	Belonging Support	Self-Esteem support	Appraisal Support
Autonomy	.304**	.292**	.433**	.197*
Environmental Mastery	.292**	.437**	.383**	.299**
Personal Growth	.112	.206*	.173*	.214*
Positive Relations with Others	.398**	.536**	.464**	.473**
Purpose in Life	.140	.243**	.214*	.228**
Self-Acceptance	.365**	.465**	.592**	.413**

Correlation is significant at 0.05 level (2-tailed)
 Correlation is significant at 0.01 level (2-tailed)

Table 11 presents an overview of the correlation coefficients of the dimensions of psychological wellbeing and the dimensions of social support. It's evident from the above table that the dimension personal growth and purpose in life of psychological wellbeing have insignificant correlation with the dimension tangible support of social support.

6. Discussion and Conclusion

The results reveal that all the dimensions of psychological wellbeing except personal growth and purpose in life have a significant correlation with the dimensions of Social Support. The results obtained by us are in line with the number of research studies which have repeatedly found that people who report a high level of social support enjoy enhanced health and well-being [3, 7, 14]. Studies have shown that wellbeing is uniquely predicted by factors such as receipt of support, the perception of support network, and

level of belonging support, 60.71% geriatric population has average level of belonging support and 20% geriatric population has high level of belonging support.

Table 9. Showing Frequency distribution of geriatric population on Social Support (Self-Esteem Support).

	N	L. L-U. L	F	Percentage
Low	140	Up to 1.48	21	15%
Average	140	1.48 – 2.316	99	70.71%
High	140	Above 2.316	20	14.28%

Table 9 shows that 15% geriatric population has low level of self-esteem support, 70.71% geriatric population has average level of self-esteem support and 14.28% geriatric population has high level of self-esteem support.

Table 10. Showing Frequency distribution of geriatric population on Social Support (Appraisal Support).

	N	L. L-U. L	F	Percentage
Low	140	Up to 1.516	24	17.14%
Average	140	1.516 – 2.47	91	65%
High	140	Above 2.47	25	17.85%

Table 10 shows that 17.14% geriatric population has low level of appraisal support, 65% geriatric population has average level of appraisal support and 17.85% geriatric population has high level of appraisal support.

characteristics of the social environment [10]. Cutrona, Russell and Rose [4] stated about the significant relationship between perceived social support and the physical and psychological well-being of the elderly.

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