

# Psychological Predictors of Subjective Well-Being Amongst Aged Persons



## Manasvee Dubey

Research Scholar,  
Deptt.of Psychology,  
University of Rajasthan,  
Jaipur, Rajasthan.

## Sadhna Sharma

Research Scholar,  
Deptt.of Psychology,  
University of Rajasthan,  
Jaipur, Rajasthan.

## O.P. Sharma

Associate Professor,  
Deptt.of Psychology,  
University of Rajasthan,  
Jaipur, Rajasthan.

### Abstract

The main purpose of the present study was to identify various Psychological Predictors of Subjective Well-Being Amongst Aged Persons. The data was collected on a sample of 300 subjects (150 females and 150 males) amongst aged persons of 65 years and above in Jaipur Rural and Urban Areas (Rajasthan). The subjects were administered Subjective Well-Being Battery (SWB), Eysencks Personality Questionnaire (EPQ-R), Social Support Questionnaire (SSQ) and also Religiosity Scale. The obtained data were statistically analyzed by using Pearson Product Moment Correlation Coefficients, Multiple Regression Analysis Stepwise and a 2x2 Factorial ANOVA respectively. On the basis of main findings it was found that neuroticism emerged as the strongest predictors of Subjective Well-Being, satisfaction from social support and number of persons available for social support, help given to others, religiosity, perceived functional competence were found as significant predictors of Subjective Well-Being. Result reveals that males scored higher on overall Subjective Well-Being. Urban Aged Persons have been found to have better Subjective Well-Being as compared to rural Aged Persons.

**Keywords:** Subjective, Well-Being, Psychological Predictors, Aged Persons.

### Introduction

#### India and Ageing

India is in a phase of demographic transition. As per the 1991 census the population of the elderly in India was 57 million as compared with 20 million in 1951. There has been a sharp increase in the number of elderly persons between 1991 and 2001 and it has been projected that by the year 2050 the number of elderly person would rise to about 324 million ([www.helpageindia.com](http://www.helpageindia.com)). India has thus acquired the label of "AGEING NATION" with 7.7% of its population being more than 60 years old. The demographic transition is attributed to the decreasing fertility and mortality rates due to the availability of better health care services. (Irudaya, R.S.2003). Population ageing is one of the most important global trends of the 21st century and the issue has started receiving much attention from the public, media and policy makers. While the 21st century is widely being considered the century of "elderly persons", the 22nd century is expected to witness the phenomenon of the "Ageing of the Aged". (State elderly India 2014). According to National Sample Survey Organisation (NSSO) Report 2004, the sex ratio of the ageing population in rural areas is 985 females:1000 males, while in urban India it is 1046 females: 1000 males. The 2001 census reported that 75% of the elderly live in rural areas of which 48.2% are women- 55% of whom were widows. The dependency ratio is 12.5 in rural India and 10.3 in urban India. It is estimated that 6.7% aged persons are confined to bed or home. The dramatic increase in the human life expectancy over the years has resulted not only in a very substantial rise in the number of older persons but a major shift in the age group of 80 and above. According to the demographic profile the overall population of India will grow by 40% between 2006 and 2050 whereas the population of people aged 60 years and above will increase by 270 % and those in the age group of 80+ by 500%.

#### Subjective Well-Being

It is an individual's degree of satisfaction with various facets of life. It is subjective because it is the individual's perspective of her satisfaction with life. (Swain, S 2010). It is defined as an individual's cognitive and affective evaluations of his/her life. (Diener, et.al 2002). It is a technical term for happiness. The formula for subjective-well being according to Cleave-Bridget Grenville (2012) is Satisfaction with Life + Positive Emotion -

## Negative Emotion.

This indicates that subjective happiness consists of three elements, one cognitive (or evaluative) and two affective. Satisfaction with life : what I think about my life + The presence of positive emotion : how positive I feel less The presence of negative emotion : how negative I feel.

## Review of Literature

According to Seligman (2004)(11) there are three components of Subjective Well-Being.

1. Pleasure.
2. Engagement.
3. Meaning in life.

Peterson et al. (2005) have developed some measures of happiness to assess how people use the three routes to happiness. They have found that people tend to rely on one route rather than another. Following this finding they have given a typology:

### The pleasant life

Tendency to pursue happiness by boosting positive emotion.

### The good life

Tendency to pursue happiness via gratifications.

### The meaningful life

The tendency to pursue happiness via using our strengths towards something larger than ourselves.

### The full life

A person who uses all three routes to happiness is said to lead a full life.

The main idea to pursue the present piece of work is to study the psychological predictors of subjective Well-Being among aged persons. The basic idea behind taking this topic is that ageing is a natural process. Everyone has to pass by this stage. Old age is a period where on review what he/she has done for other and it may bring satisfaction or dissatisfaction. At the same time, it is also important what the person is getting from others i.e. the help one is receiving from others. Thus this study aims at studying the effect of ageing on the individual as a whole. Various demographic variables are important but don't contribute much too Subjective Well-Being (SWB). Research findings reveal that one's state of well-being is influenced by stable individual characteristics i.e. personality factors. Hence there is a need to conduct a large scale multivariate study. Therefore the present study is designed to identify the factors which influence health and well-being of the aged people.

## Aim of the Study

The following were the objectives of the present study;

1. To identify the role of personality, social support, help received and given, religiosity, religious performance, daily activities and perceived functional competence in predicting overall subjective Well-Being among Aged persons.
2. To identify the role of personality, social support, help received and given, religiosity, religious performance, daily activities and perceived

functional competence in predicting positive affect among Aged persons.

3. To identify the role of personality, social support, help received and given, religiosity, religious performance, daily activities and perceived functional competence in predicting negative affect among Aged persons.
4. To identify the role of personality, social support, help received and given, religiosity, religious performance, daily activities and perceived functional competence in predicting life satisfaction among Aged persons.
5. To identify the role of personality, social support, help received and given, religiosity, religious performance, daily activities and perceived functional competence in predicting depression among Aged persons.
6. To examine the main as well as interactive effect of gender and area of residence on overall subjective Well-Being, positive affect, negative affect, life satisfaction and depression among Aged persons.

## Hypotheses

To fulfill the objectives of the present study, the following hypotheses were formulated.

1. Personality, social support, help received and given, religiosity, religious performance, daily activities and functional competence will emerge as significant predictors of overall subjective Well-Being among aged persons.
2. Personality, social support, help received and given, religiosity, religious performance, daily activities and functional competence will emerge as significant predictors of positive affect among aged persons.
3. Personality, social support, help received and given, religiosity, religious performance, daily activities and functional competence will emerge as significant predictors of negative affect among Aged persons.
4. Personality, social support, help received and given, religiosity, religious performance, daily activities and functional competence will emerge as significant predictors of life satisfaction among Aged persons.
5. Personality, social support, help received and given, religiosity, religious performance, daily activities and functional competence will emerge as significant predictors of depression among Aged persons.
6. There is a Possibility of obtaining significant main as well as interactive effect of gender and area of residence on overall subjective Well-Being, positive affect, negative affect, life satisfaction and depression among Aged persons.

## Methodology

### Sample

A sample of 300 subjects (male 150 and female 150) of 65 years and above was selected for the present study on the basis of non-random purposive sampling procedure. The sample was selected from Jaipur district of Rajasthan. The age of the subjects ranged from 65 to 90 years

## Design

The present study aims at identifying the role of personality, social support, help received and given, religiosity, religious performance, daily activity and perceived functional competence in predicting subjective Well-Being among Senior Citizens. To fulfill the objectives of the present study a correlation research study design was used.

## Tools

For measuring subjective Well-Being a battery of following measures was used:

### **Subjective Well-Being Inventory (Sell and Nagpal, 1992)**

To measure the subjective Well-Being of the subjects, Hindi Version (Sharma, 2002) of the subjective Well-Being Inventory (Sell and Nagpal, 1992) was used. It consists of 40-items that assesses the subjective Well-Being of the subjects on 11 factorial dimensions.

### **Life, Satisfaction Scale (War, Cook and Wall, 1979)**

Hindi version (Yadav, 2001) of a ten-item scale designed by Warr et al. (1979) was used to measure the satisfaction with salient features of daily life and activity of the respondent. Responses were rated on a seven-point scale from, "I am extremely dissatisfied" (1) to "I am extremely satisfied" (7). The possible range of scores vary from 10 to 70. High score indicates high satisfaction and vice-versa.

### **Beck Depression Scale: (Beck, Ward, Mandelson, Mock and Erbaugh, 1961)**

It is a widely used self-report scale having 21-items to measure the behavioural manifestations of depression irrespective of clinical diagnosis. This scale assesses affective, cognitive, motivational (e.g. loss of interest), irritability, sleep disturbance and other neurovegetative symptoms of depression as well as the tendency toward self-blame.

Eysenck's Personality Questionnaire-Revised (1985). It was used to measure psychoticism, extraversion and neuroticism dimension of personality. There are 90 Questions. The items were to be endorsed as 'yes' and 'no'.

### **Hindi Adaptation (Dogra, 1991)**

It was used to measure the social support of the aged. Hindi adaptation (Dogra, 1990) of social support questionnaire (Sarason et al., 1983) was used to measure the social support available to the aged persons. It consisted of 27 items.

A specially prepared checklist was used for measuring help received from others and help given to others by the subjects and the satisfaction derived from that. For measuring help received and help given by the subjects, an especially prepared checklist containing 20 items was used. Item from one to ten (1 to 10) were related to help received by the respondents from other and items number eleven to

twenty (11-20) were related to help given by the respondents to others.

### **Bhushan's Religiosity Scale (1970)**

It was used for measuring religiosity of the subjects. Religiosity scale constructed by Bhushan (1970) was used to measure the religiosity of the aged subjects. It consists of 36 items.

To measure the religious performance of the subjects, a checklist was prepared and used. To measure the religious performance of the aged, a checklist containing 21 items related to actual religious performance was prepared.

For measuring daily activities of the aged subjects especially prepared checklist was used. To measure the activity level of the subjects, a checklist containing eighteen items was prepared

Especially prepared checklist was used for measuring perceived functional competence of the aged subjects. To measure perceived functional competence of the aged, a checklist incorporating sixteen (16) item was prepared. Thirteen (13) items (i.e., 2,3,6,7,8,9,10,11,12,13,14,15,16) were in 'yes/no' format and were scored as one (1) for 'Yes' and 'zero' for 'No'. The total score of a subject on perceived functional competence check list may range from 0 to 22.

## Statistical Analysis

The obtained data were analysed by employing measures of central tendency and variability as descriptive statistics. Pearson product moment correlation coefficients, and multiple regression (stepwise) were calculated. A 2x2 Factorial analysis of variance was done to assess the main effects of sex and area of residence (rural-urban) and their interactive effects on subjective Well-Being, life satisfaction and also depression respectively.

## Results and Discussion

1. Neuroticism, satisfaction from available social support, help given to others over a period of last one year, help received from others in last month, religiosity and number of persons available for social support turned out to be the significant predictors of overall subjective Well-Being among Aged persons.
2. Neuroticism, satisfaction from social support, help given to others over a period of last one year, extraversion, help received from others in last month's time, religiosity and number of persons available for social support emerged as the significant predictors of positive affect among Aged persons.
3. Neuroticism, satisfaction from social support, help received from others in last month's time, help given to others in year time, help received from others in year time turned out to be the significant predictors of negative affect among Aged persons.

**Showing Means and S-D's Of Various Dependent Measures (N 300)**

S.No.	Variables	Mean	SD
1.	Overall subjective well being (OSWB)	92.86	14.11
2.	Positive affect (PA)	45.36	7.26
3.	Negative affect (NA)	47.44	8.02
4.	General well being Positive Affect (GWB-PA)	6.69	1.72
5.	Expectation -Achievement Congruence (EAC)	7.42	1.56
6.	Confidence in coping (CC)	6.98	1.61
7.	Transcendence (Trans)	7.55	1.36
8.	Family group Support (FGS)	7.60	1.39
9.	Social Support (SS)	7.06	1.62
10.	Primary Group Concern (GC)	6.88	1.73
11.	Inadequate Mental Mastery (IMM)	15.19	3.30
12.	Perceived 111-health (F1)	13.55	2.80
13.	Deficiency in Social contacts (DSC)	7.49	1.38
14.	General Well-Being-Negative affect (GWB-NA)	7.02	1.67
15.	Psychoticism (P)	3.98	2.39
16.	Extraversion (E)	12.21	4.00
17.	Neuroticism (N)	12.22	4.89
18.	Number of persons available for social support (SSn)	2.75	1.26
19.	Satisfaction from available support (SSs)	4.78	.61
20.	Help received in month's tie (HRM)	2.48	1.92
21.	Help received in year's time (HRY)	4.51	2.44
22.	Help received in life lime (HRL)	9.34	3.36
23.	Help given in month's time (HGM)	2.64	1.74
24.	Help given in year's tie (1-IGY)	5.92	2.20
25.	Help given in life time (HGL)	12.06	6.01
26.	Satisfaction from help received (SHR)	5.02	.78
27.	Satisfaction from help given (SHG)	5.07	.79
28.	Religiosity ®	139.39	14.14
29.	Religious performance (RP)	19.45	7.44
30.	Daily activity (DA)	19.82	6.39
31.	Perceived functional competence (PFC)	15.11	3.73
32.	Life Satisfaction (LS)	51.82	7.97
33.	Depression (D)	11.45	5.57

- Neuroticism, subjective feelings of satisfaction from help received, religiosity, satisfaction from social support, help given to other in month's time and help received from other in month's time turned out to be significant predictors of life satisfaction among Aged persons.
- Neuroticism, satisfaction form social support, perceived functional competence, help received from other in month's time, help given to others in year's time psychoticism and help given to others in month's time turned out to be significant predictors of depression among Aged persons.
- Main effect of gender was significant on the overall subjective Well-Being.
- Males scored higher on the overall subjective Well-Being than females urban Aged persons have better overall subjective Well-Being as compared to rural Aged persons. The interactive effect of gender and area of residence on overall subjective Well-Being was non-significant.
- Males scored higher on positive affect than females. Urban Aged persons were found to have better positive affect as compared to rural Aged persons. However, the interactive effect of gender and area of residence on positive affect was non-significant.
- Male Aged persons subjects were found to have less negative affect as compared to female Aged persons subjects. Urban aged were found to have less negative affect as compared of rural Aged persons interactive effect of gender and area of residence on negative affect was non-significant.
- Males Aged persons scored higher on life satisfaction than females. Urban Aged persons have better life satisfaction as compared to among Aged persons. The interactive effect of gender and area of residence on life satisfaction was non-significant.
- Females scored higher on depression than males. Rural aged scored higher on depression than urban Aged persons. Interactive effect of gender and area of residence on depression was non-significant.

### Conclusion

On the basis of the findings, it is concluded that neuroticism emerged as the strongest predictor of subjective Well-Being. Satisfaction from social support (SSs) and number of person available for social support turned out to be significant predictors of subjective Well-Being. Study reveals that mere presence of persons around is not enough, what

matter is the degree of satisfaction one gets from available support. Help given to others in month's time and over year time and help received from others in month's time and year's time turned out to be significant predictors of co-subjective Well-Being among Aged persons. Giving help to others infuse a sense of competence and capability which in turn add to their Well-Being. Whereas receiving help from others may result into a sense of dependency, incapability and may perhaps be adding to poor sense of self and depression among Aged persons People. Another point which needs to be emphasized here is that it is the recency which matters in either giving or receiving help, as time passes its effect weakens. Religious performance did not turn out to be significant predictor in the present investigation. It may perhaps be due to the intrinsic rather than extrinsic aspect of religiosity which is more important in this sample of Aged persons. Perceived functional competence turned out to be significant predictor. Males scored higher on overall subjective Well-Being, positive affect, absence of negative affect and life satisfaction as compared to females Aged persons. Male Aged persons were found to have less negative effect as compared to female Aged persons. Female scored higher on depression as compared to males. Urban Aged persons have been found to have better subjective Well-Being as compared to rural Aged persons respectively.

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