



WELL-BEING AMONG ELDERLY AS RELATED TO SOCIAL SUPPORT AND VALUES

Abstract

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Social support and values are closely interlinked since the quality and quantity of social support is dependent on the value system and its hierarchy. Values are the motivating and guiding principles of behavior in a person's life. A person's cognition, evaluation, emotion and consequent responses are determined by his/ her value system, consequently the friends, significant others and family structure and environment are largely a product of his personal and cultural values. Since Social support and values have been shown to have bearing on mental health and well-being of people, this study was done to see if this holds true for the elderly people as well. Results obtained showed that values and social support indeed play crucial role in the well-being of elderly.

Key Words: - Social Support, Values, Well Being and Elderly

SOCIAL SUPPORT- refers to the experience being valued, respected, cared about, and loved by others who are present in one's life (Gurung, 2006). It may come from different sources such as family, friends, teachers, community, or any social groups to which one is affiliated. Social support can come in the form of tangible assistance provided by others when needed which includes appraisal of different situations, effective coping strategies, and emotional support. Social support is an element that can help individuals to reduce the amount of stress experienced as well as to help individual cope better in dealing with stressful situations. Several studies indicated that supportive contacts correlate negatively with symptoms and psychological disorder such as stress, depression and other psychiatric disorder, and positively correlate with physical and mental health. A study by Nahid and Sarkis (1994) for example found that social support protects people in life crisis such as bereavement, illness, and other major stress, and moderates the effect of stressors on psychological well-being. It has long been recognized that the characteristics and quality of social support are central to the individual's adjustment. The quality of social support perceived and received has been reported by several studies to correlate more positively with mental health than the quantity of support received (Holahan et al., 1995). Support from family and friends have been found to reduce the impact of psychological problems among students (Calvete & Connor-Smith, 2006). According to Teoh and Rose (2001), lower level of social support is one of the predictors of psychological problems. It is associated with higher level of depression, anxiety, attention problems, thought problems, social problems, somatic

complaints, and lower self-esteem. These notions are supported by the study of Friedlander, Reid, Shupak, and Cribbie (2007), Kyalo (2011).

VALUE-The concept of values includes both individuals (i.e., personal values) and cultures or societies (i.e., cultural values). Personal values are broad desirable goals that motivate people's actions and serve as guiding principles in their lives. They affect people's perception, cognition, and behavior over time and across situations a systematic study of values took hold in mainstream psychology only in the 1990s. Research in the last three decades has deepened our understanding of the construct of personal values, their relationships to other personal attributes, and their implications. The first to introduce values into psychology were Allport & Vernon (1931). They saw values as dynamic, motivational tendencies and as a personality construct to describe individual differences. Allport and colleagues specified six types of values: theoretical, economic, aesthetic, social, political, and religious. Reviving research on personal values, Rokeach (1973) introduced a cognitive view of values as beliefs about the desirable. He suggested that all people have the same limited catalogue of values but differ in their value hierarchies. Currently, there are three main approaches to the study of values: the psycho-lexical approach (De Raad et al. 2016), the functional theory of values (Gouveia et al. 2014, 2015), and the theory of basic human values (Schwartz 1992).

The psycho-lexical approach assumes that languages express all concepts, including values, that speakers consider important. The functional theory of values (Gouveia 2015, Gouveia et al. 2014) is a top-down, theory driven Approach and is more integrative than the other value theories. It posits that values serve two functions of evolutionary significance. One function is to express needs for survival or for thriving. These are the motivators of action. The second function is to guide actions toward goals that are personal, social, or central (i.e., both personal and social). Schwartz's theory of the content and structure of personal values is currently the most widely applied in social and cross-cultural psychology (e.g., Maio 2010). Schwartz adopted the method of measuring values as guiding principles in life from Rokeach (1973) and tested his initial ideas on Rokeach's data. The original Schwartz theory of basic values (Schwartz & Bilsky 1987) made two key assumptions. First, values are cognitive representations of motives (that is, goals) that are necessary to cope with three universal requirements for human survival: (a) biological needs of the organism, (b) interactive needs for interpersonal coordination, and (c) group needs for welfare and survival. Second, values form a coherent structure based on the degree of compatibility or conflict between the goals the values express. The second assumption implies that values form a circular structure in which the more compatible any two values are, the closer they are going around the circle, and the more in conflict, the more distant they are. Compatible values guide similar perceptions, preferences, and behaviors, so one can pursue their goals successfully in the same action. Conflicting values guide opposing perceptions, preferences, and behaviors, so pursuing one value precludes or inhibits pursuing the other.

WELL-BEING, OLD AGE- and health are closely related, and the link may become more important at older ages, if only because the prevalence of chronic illness increases with advancing age. As life expectancy increases and treatments for life-threatening disease become more effective, the issue of maintaining wellbeing at advanced ages is growing in importance. Studies of older people indicate that evaluations of quality of life are affected by the person's state of health, but the frequent finding that average self-reported life evaluation in the population increases with age suggests that psychological wellbeing is affected by many factors other than health. These include material conditions, social and family relationships, social roles and activities, factors that also change with age. There is a growing research literature suggesting that psychological wellbeing may even be a protective factor in health, reducing the risk of chronic physical illness and promoting longevity. It has also been

argued that psychological wellbeing should be addressed in measures of health valuation, and be considered in health care resource allocation.

OBJECTIVE:- The objective of the present study was to understand and examine the relationship between Social Support Factors and Values and Well-Being of elderly people and to see if, Social Support Factors and Values contributes to Well-Being of elderly people.

HYPOTHESIS:- 1. There is no relationship between Social Support Factors and values and Well-Being of elderly people. Besides Social Support Factors and Values do not significantly contribute to predict Well-Being among elderly people.

METHODOLOGY:- To achieve the purpose of the study a cross sectional design was used with Multi-Dimensional Scale of Perceived Social Support (Ziment, Dahlem, Zimet& Farley, 1998) and Study of Value Scale by Raj Kumar Ojha, (Independent variable) and General Well-Being Scale (Dependent Variable). A sample of 300 elements was collected from amongst people ranging between 55 to 65 yrs. Living in the city of Alwar (Raj.) Both male and female were included, it was taken care of that sample element had minimum Senior Secondary School Education.

TABLE NO.1 SHOWING MEANS AND SDs FOR SOCIAL SUPPORT FACTORS, VALUES AND WELL-BEING

Sr. No.	Variable	N	Mean	Std. Deviation
Social Support	SIGNIFICANT OTHERS	300	20.783	20.30
	FAMILY	300	21.036	20.39
	FRIENDS	300	21.313	20.29
Values	Theoretical	300	37.95	9.35
	Economical	300	36.88	10.19
	Aesthetic	300	30.68	9.29
	Social	300	35.67	9.94
	Political	300	37.00	10.48
	Religious	300	35.72	11.68
Well-Being	Well-Being	300	84.25	20.25

TABE NO.2 SHOWING REGRE

SSION OF SOCIAL SUPPORTFACTORS AND VALUE FACTORS ON WELL-BEING

Coefficients ^{a,b}							Model Summary			F	Sig.
Model		Unstand. Coefficient	Std. Error	Stand. Coefficient	t	Sig.	R	R ²	Adjusted R Square		
1	(Constant)	44.860	4.990	Beta	8.939	.000	.426	.181	.179	66.072	.000b
	Sigt. others	1.907	.235	.426	8.128	.000					
2	(Constant)	28.340	6.166		4.596	.000	.478	.229	.224	44.094	.000c
	Sigt. others	1.590	.240	.355	6.631	.000					
	Family	1.086	.254	.229	4.276	.000					
3	(Constant)	19.427	6.570		2.957	.003	.509	.259	.252	34.553	.000d
	Sigt. others	1.507	.237	.337	3.369	.000					

	Family	1.032	.250	.218	4.128	.000					
	Aesthetic	.384	.110	.176	3.487	.001					
4	(Constant)	12.869	7.267		1.771	.078	.520	.270	.260	27.264	.000e
	Sigt. others	1.487	.236	.332	6.311	.000					
	Family	1.045	.249	.220	4.202	.000					
	Aesthetic	.369	.110	.169	3.365	.001					
	Political	.199	.097	.103	2.063	.040					
5.	(Constant)	2.779	8.798		.316	.752	.529	.280	.268	22.847	.000
	Sigt. others	1.475	.234	.329	6.291	.000					
	Family	1.038	.247	.219	4.195	.000					
	Aesthetic	.411	.111	.188	3.695	.000					
	Political	.222	.097	.115	2.295	.022					
	Theoretical	.221	.110	.102	2.012	.045					
6.	(Constant)	-2.785	9.020		-.309	.758	.542	.294	.280	20.346	.000
	Sigt. others	1.290	.245	.288	5.274	.000					
	Family	.943	.248	.199	3.797	.000					
	Aesthetic	.361	.112	.166	3.222	.001					
	Political	.219	.096	.113	2.285	.023					
	Theoretical	.298	.114	.138	2.625	.009					
	Social	.283	.116	.139	2.435	.015					
a Dependent Variable: Well-Being											
b. Predictors in the Model: (Constant), Significant Others											
c. Predictors in the Model: (Constant), Significant Others, Family											
d. Predictors in the Model: (Constant), Significant Others, Family, Aesthetic,											
e. Predictors in the Model: (Constant), Significant Others, Family, Aesthetic, Political											
f. Predictors in the Model: (Constant), Significant Others, Family, Aesthetic, Political, Theoretical											
g. Predictors in the Model: (Constant), Significant Others, Family, Aesthetic, Political, Theoretical, Social											

The table above reveals regression of Social Support Factors i.e. Significant others & Family and Value Factors i.e. Aesthetic, Political, Theoretical and Social Value. The predictor variable explains about 29% variance which is significant at $\leq .01$. It is evident from the table that Significant others has the highest relatedness and influence on Well-Being with $\beta = .288$ followed by Family ($\beta = .199$). The direction of influence is positive. Among Value factors Aesthetic, Social, Theoretical and Political values also have positive influence on Well-Being, interestingly all the factors individually are also significant at $\leq .01$. The overall $F = 20.346$ is significant at $\leq .01$. However, F is significant for all the factors individually as well. Since values have motivational and directional function in a person's behaviour, and consequently may affect interactional pattern and social support factors. Correlational matrix and regression table both support the fact. Besides previous researches also lend support to these results. A positive correlation is revealed between Family Support (a factor of Social Support) and Social Values (A dimension of Values), it means an increase in Family Support is met with an increase in Social value, here the correlation ($r = .250$) is significant at $\leq .01$. Social value-oriented person gets more social support because they interact, they interact more with significant others and the society in large. The correlation of religious values with Significant Others and Family support is also positive ($r = .170$) and significant at $\leq .01$. Religious value-oriented person is connected more with significant others and the family that could be the reason they get more support from family. In Indian context it particularly more

pertinent as with increase in age people tend toward religiosity and spirituality due to cultural teachings and tradition. This applies to women in particular. Consistent with models of successful aging (e.g., [Rowe and Kahn, 1988](#); [Kahana and Kahana, 1996, 2001](#)), our findings indicated that social engagement is an important aspect of what it means to age successfully. Social network size and social isolation were also related to social support, which in turn was related to loneliness. In general, older adults with larger social networks were less likely to be isolated and had greater perceived social support. Having a larger social network likely provided more opportunities for engagement and support, maintaining a social network may require a certain amount of cognition and individuals with higher levels of cognitive function may be better able to maintain those relationships, as such people are high on social value. Others have found that size of one's social network is also related to access to resources (e.g., [Cannuscio et al., 2003](#), Prakash, A. 2016).

Gupta (2009), found that formal and informal sectors of family and social support can develop and plan effectively to maintain health, well-being and productivity in the growing population of older people and their family. According to Berkman (2009) and Glass (2000), the social network has several functions including the provision of emotional, instrumental, appraisal and financial support. Social network may involve both negative and positive interaction with resulting health and well-being. Thus, the hypothesis that there will be significant interrelationship between social support factors and values and the two predictor variables explain significant amount of variance to well-being is proved

Psychological wellbeing and health are closely related, and the link may become more important at older ages, if only because the prevalence of chronic illness increases with advancing age. As life expectancy increases and treatments for life-threatening disease become more effective, the issue of maintaining wellbeing at advanced ages is growing in importance. Studies of older people indicate that evaluations of quality of life are affected by the person's state of health, but the frequent finding that average self-reported life evaluation in the population increases with age suggests that psychological wellbeing is affected by many factors other than health. These include material conditions, social and family relationships, social roles and activities, factors that also change with age. There is a growing research literature suggesting that psychological wellbeing may even be a protective factor in health, reducing the risk of chronic physical illness and promoting longevity. It has also been argued that psychological wellbeing should be addressed in measures of health valuation, and be considered in health care resource allocation.

REFERENCES: -

Allport GW, Vernon PE. 1931. A test for personal values. *J. Abnorm. Soc. Psychol.* 26:231–48

Berkman, L.F. (2009). Social Epidemiology: Social determinants of health in the United States. *Annual Review of Public Health.* 30(30):27-41

Calvete, H. & Connor-Smith, J.K. (2006). Perceived social support, coping, and symptoms of distress in American and Spanish students. *Anxiety, Stress, and Coping*, 19(1), 47 – 65.

Cannuscio, C., Block, J., and Kawachi, I. (2003). Social capital and successful aging: the role of senior housing. *Ann. Intern. Med.* 139, 395–399. doi: 10.7326/0003-4819-139-5_part_2-200309021-00003

Dolan P, White MP. How can measures of subjective well-being be used to inform public policy? *Persp Psychol Sci.* 2007; 2:71–84.

De Raad B, Morales-Vives F, Barelds DP, Van Oudenhoven JP, Renner W, Timmerman ME. (2016). Values in a cross-cultural triangle: a comparison of value taxonomies in the Netherlands, Austria, and Spain. *J. Cross-Cult. Psychol.* 47(8):1053–75

Friedlander, L.J., Reid, G.J., Shupak, N. & Cribbie, R. (2007). Social Support, Self-Esteem, and Stress as Predictors of Adjustment to University among First-Year Undergraduates. *Journal of College Student Development*, 48 (3), 259 – 275.

Gouveia VV, Milfont TL, Guerra VM. 2014. Functional theory of human values: testing its content and structure hypotheses. *Pers. Individ. Differ.* 60:41–47

Gouveia VV, Vione KC, Milfont TL, Fischer R. 2015. Patterns of value change during the life span: some evidence from a functional approach to values. *Pers. Soc. Psychol. Bull.* 41(9):1276–90

Gupta, R. (2009). Systems perspective: Understanding care giving of the elderly in India. *Health care for Women International*, 30(12): 1040-1054

Gurung, R.A.R (2006). *Health Psychology: A Cultural Approach*. Belmont CA: Thomson Wadsworth.

Rowe, J. W., and Kahn, R. L. (1988). *Successful aging*. New York NY: Pantheon.

Kahana, E., and Kahana, B. (1996). “Conceptual and empirical advances in understanding aging well through proactive adaptation,” in *Adulthood and Aging: Research on Continuities and Discontinuities*, ed. V. L. Bengtson (New York NY: Springer), 18–40.

Kahana, E., and Kahana, B. (2001). Successful aging among people with HIV/AIDS. *J. Clin. Epidemiol.* 54, S53–S56.

Kyalo, P. (2011). Selected Factors Influencing Social and Academic Adjustment of Undergraduate Students of Egerton University; Njoro Campus. *International Journal of Business and Social Science*, 2 (18).

Maio GR. (2010). Mental representations of social values. *Adv. Exp. Soc. Psychol.* 42:1–43

Nahid, O.W. & Sarkis, E. (1994). Types of Social Support: Relation to Stress and Academic achievement among Prospective Teachers. *Canadian Journal of Behavioral Science*, 26, (1), 1.

Prakash, A. (2016). *Understanding Social Connectedness of Older Adults Who Live Alone*. Doctoral dissertation. Atlanta, GA: Georgia Institute of Technology.

Rokeach M. (1973). *The Nature of Human Values*. New York: Free Press.

Schwartz SH, Bilsky W. (1987). Toward a universal psychological structure of human values. *J. Pers. Soc. Psychol.* 53:550–62.

Schwartz SH. 1992. Universals in the content and structure of values: theoretical advances and empirical tests in 20 countries. *Adv. Exp. Soc. Psychol.* 25:1–65.

Allport GW, Vernon PE. 1931. A test for personal values. *J. Abnorm. Soc. Psychol.* 26:231–48

Berkman, L.F. (2009). Social Epidemiology: Social determinants of health in the United States. *Annual Review of Public Health*. 30(30):27-41

Calvete, H. & Connor-Smith, J.K. (2006). Perceived social support, coping, and symptoms of distress in American and Spanish students. *Anxiety, Stress, and Coping*, 19(1), 47 – 65.

Cannuscio, C., Block, J., and Kawachi, I. (2003). Social capital and successful aging: the role of senior housing. *Ann. Intern. Med.* 139, 395–399. doi: 10.7326/0003-4819-139-5_part_2-200309021-00003

Dolan P, White MP. How can measures of subjective well-being be used to inform public policy? *Persp Psychol Sci.* 2007; 2:71–84.

- De Raad B, Morales-Vives F, Barelds DP, Van Oudenhoven JP, Renner W, Timmerman M.E. (2016). Values in a cross-cultural triangle: a comparison of value taxonomies in the Netherlands, Austria, and Spain. *J. Cross-Cult. Psychol.* 47(8):1053–75
- Friedlander, L.J., Reid, G.J., Shupak, N. & Cribbie, R. (2007). Social Support, Self-Esteem, and Stress as Predictors of Adjustment to University among First-Year Undergraduates. *Journal of College Student Development*, 48 (3), 259 – 275.
- Gouveia VV, Milfont TL, Guerra VM. 2014. Functional theory of human values: testing its content and structure hypotheses. *Pers. Individ. Differ.* 60:41–47
- Gouveia VV, Vione KC, Milfont TL, Fischer R. 2015. Patterns of value change during the life span: some evidence from a functional approach to values. *Pers. Soc. Psychol. Bull.* 41(9):1276–90
- Gupta, R. (2009). Systems perspective: Understanding care giving of the elderly in India. *Health care for Women International*, 30(12): 1040-1054
- Gurung, R.A.R (2006). *Health Psychology: A Cultural Approach*. Belmont CA: Thomson Wadsworth.
- Rowe, J. W., and Kahn, R. L. (1988). *Successful aging*. New York NY: Pantheon.
- Kahana, E., and Kahana, B. (1996). “Conceptual and empirical advances in understanding aging well through proactive adaptation,” in *Adulthood and Aging: Research on Continuities and Discontinuities*, ed. V. L. Bengtson (New York NY: Springer), 18–40.
- Kahana, E., and Kahana, B. (2001). Successful aging among people with HIV/AIDS. *J. Clin. Epidemiol.* 54, S53–S56.
- Kyalo, P. (2011). Selected Factors Influencing Social and Academic Adjustment of Undergraduate Students of Egerton University; Njoro Campus. *International Journal of Business and Social Science*, 2 (18).
- Maio GR. (2010). Mental representations of social values. *Adv. Exp. Soc. Psychol.* 42:1–43
- Nahid, O.W. & Sarkis, E. (1994). Types of Social Support: Relation to Stress and Academic achievement among Prospective Teachers. *Canadian Journal of Behavioral Science*, 26, (1), 1.
- Prakash, A. (2016). Understanding Social Connectedness of Older Adults Who Live Alone. Doctoral dissertation. Atlanta, GA: Georgia Institute of Technology.
- Rokeach M. (1973). *The Nature of Human Values*. New York: Free Press.
- Schwartz SH, Bilsky W. (1987). Toward a universal psychological structure of human values. *J. Pers. Soc. Psychol.* 53:550–62.
- Schwartz SH. 1992. Universals in the content and structure of values: theoretical advances and empirical tests in 20 countries. *Adv. Exp. Soc. Psychol.* 25:1–65.
- Teoh, H.J. & Rose, P. (2001). Child Mental Health: Integrating Malaysian Needs with International Experiences. In Amber, H. (Ed.), *Mental Health in Malaysia: Issues and Concerns*. Kuala Lumpur: University Malaya Press.