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Research Paper

Coping Behaviour of the Elderly: Understanding Adaptive Styles against Old-Age Insecurities

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ABSTRACT: *Ageing is an inevitable process in the human life span. The aged persons used to receive respect, admiration, loyalty, care and enjoy highest status in traditional joint families which were the epicenter for care of the dependants including the old age persons. At present, Indian society is witnessing a breakthrough in the quality of life of its senior citizens under demographic and socio-economic transitions in the country. Unfortunately during past few decades, nuclearization of families is on increase and familial ties are going down affecting elderly care and protection and giving rise to numbers of Old age homes mainly in cities whether small or large. The mere absence of family care surrounding gives rise to loneliness and feeling of insecure. The older adults, if not adapting to the changes have to face vulnerability to diverse factors. The present study explores the coping behavior and analyses adaptive styles of the elderly under Institutional care in a small city like Sambalpur of Western Odisha. The measures used for the research study were observation, Interview schedules, Geriatric depression scale and Brief COPE – Inventory of Milan University, Milan. Data were further analyzed using chi-square test. Results of the study emphasizes on presence of both adaptive and maladaptive styles of the elderly residing in Old Age Homes in the study area which has a close association with the services offered in the homes and past life experiences of the elderly.*

KEYWORDS: *Elderly insecurities, Depression, Family care, Institutional care, Coping behaviour, adaptive styles*

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I. INTRODUCTION

The later age of life for an individual brings manifold alterations in life conditions that are much correlated with the prevalent resources and their capacity to make use of it. For example, for a person who has a sound pension benefits along with family and community support make good adjustments in this twilight age of life. On the other part, an elderly if exposed to neglect, abuse or even mere absence of any support leads a miserable living. As an inevitable process, ageing has been conceptualized as a stage that sees decline in both physical and mental abilities giving rise to discomfort in life for the elderly. It is not only India but a majority of the countries in the world are now facing tremendous challenges to manage services and extend support to this specific population of the society. The growing aged population worldwide due to demographic transition and other developmental factors has posed such scenario. This in turn demands constructive research studies in the domain of gerontology such as their issues, insecurities, discomfort, coping strategies, productive or active ageing etc. to carve out possible strategies for addressing the various elderly issues.

Old age is a period of insecurities due to multiple losses, be it is loss of physical and mental ability, loss of work, loss of health, independence etc. There are instances of physical, economic, social, and even food insecurities that the elderly today are confronting with. Against these insecurities in life, the old age people adopt some of the coping strategies to overcome the resulting issues. At present scenario, studies on elderly issues and problems are growing but studies on coping in relation to old age insecurities are very scarce. Therefore, the paper emphasizes on discussing about the old age insecurities in general and the coping behavior of the elderly against these situations in particular.

II. OLD AGE INSECURITIES

21st century elderly persons experience a sea change transition in their life from family as a care giver to institutions services for elderly care. They are today considered as the most vulnerable segment of the society facing neglect, abuse and insecurities. Families no more are capable enough to cater to elderly needs. So, the older persons in our society are not only having physical issues but at the same time confronting the issues of food insecurities, economic insecurities, emotional and social insecurities along with adjustment issues with absolutely zero or least support by their care providers. Lack of proper care for the elderly has resulted in development of emotional and psychological problems like anxiety, depression, loneliness, feeling of insecurity, social isolation etc. among the elderly making them vulnerable.

Placing the elderly in Old Age Homes is a recent concept in India. Initially destitute elderly having no support were being kept in the OAHs. But, gradually India is witnessing that elderly couple with no children or elderly having migrated children, or no care taker are planning in advance during their late adulthood to move to OAHs, sometimes on paid basis. This is happening so due to nuclearization of families and disintegration of traditional joint family system leaving no one to take care of the elderly or the impaired within family environment. In OAHs also, the absence of a 'family touch', is causing insecurities issues among elderly in terms of loneliness, isolation, depression etc. Study by Singh et.al presents that elderly in institutional settings have higher and severe psychological problems than those in home settings [1].

'Global News Flash List' by the International Labor Office (ILO) reports that old age income insecurity and anxiety among the senior citizens is there especially in industrialized countries due to the high cost of health care [2]. This is supported by Nasreen as, due to income instability in families, quite a number of elderly suffer from monetary worries [3]. Whereas, John states that though the aged have become economically secure, many of them are socially and emotionally insecure [4]. Study by Mohapatra on elderly widows from Jagannath Temple in Odisha, found that 75.6% of the respondents felt insecurities caused by the widowhood due to marital status, marital satisfaction as factors affecting elderly well-being [5]. Marital dissatisfaction as per the studies of Glenn & Weaver and Gove et al. found to be the grim predictor of the mental health of both men and women globally. However, it is frequently reported that married persons tend to enjoy higher social participation compared with unmarried ones and widows/widowers [6] and [7].

Often the failure of economic, social and political structures of a society may develop the feeling of insecurity and powerlessness of elderly [8]. The impact of socio-economic trends accompanying the aging of population has affected one of the major social institutions - the family and its structure and function [9]. The constraints of smaller housing, limited financial resources, preference for living alone by the young, and the increasing employment of women resulted in a decrease in the status of the elderly and the replacement of the extended family with the nuclear family had isolated the elderly from the family and society. The ultimate outcome is elderly insecurities.

III. CONCEPTUALIZING COPING PROCESS

Coping as a concept was first coined in the 1960s and 1970s by psychologists and it was used to refer to the struggle of overcoming and managing the life stresses and adapting [10]. Various theoretical perspectives have defined coping as a situation-specific and flexible process where the way a person copes is based on the type of his personality traits such as self-confidence and self-efficacy [11].

Folkman and Lazarus state about two types of coping, one is problem-focused coping which involves different strategies to change the stressful circumstances and the other is emotion-focused coping which involves efforts to regulate the emotional distress associated with the stress circumstances [12]. Contrary to this Skinner et. al. suggested zero division between emotion-focused and problem-focused coping rather they proposed a hierarchical system of ways of acting such as problem solving, seeking information, inability to help oneself, escape, self confidence, seeking social support, delegation, isolation, accommodation, negotiation, submission, opposition etc. which was constructed from the analysis of one hundred coping systems in which potential coping families were categorized [13].

Coping as a process is consisting of the individual effort needed to handle stressful situations and emotions that affect the psychological and physical outcomes of destabilized situations. It is a multidimensional and dynamic process of interaction between the environment and his environment using mechanism to manage troubled life circumstances. Pargament stress on religiosity in the process of coping in terms of stressors, appraisal, orientation of values, activities and outcome called as 'religious coping' [14]. It is basically viewed as an instrument to measure either religious beliefs or behavior that serve as coping strategies to help manage emotional distress and this can be both positive (like spiritual support and positive religious reframing) and negative (like seeing the illness as God's punishment) [15] and [16]. On this, Antonovsky focuses on coping as a resource and so it is seen as personal capacity of a person which can be used in stressful situations to maintain positive ageing [17].

Coping generates favorable or unfavorable results for health, as it consists of the actions taken to deal with a stressful situation that can either help or cause harm [18]. A study by Rurup et. al. on 31 elderly in the Netherlands who were developed insecurity issues and had moderate to strong desire to die was due to loss of a partner, loss of employment and thus having no work, loss of independence and feeling of no importance of their lives etc. [19]. These are certain factors that cause insecurity feelings among the people in later age. Further hopelessness developed in this stage of life causes feeling despair, anger, and no longer feel able to do the daily activities in case of the elderly. The reduced mastery over their own lives and loneliness are also factors associated with such feelings [19]. In such scenario, accommodation or being flexible to adjust one's preferences to the available options is an effective coping strategy which helps the elderly people to adjust their goals and preferences by accepting and redefining a situation [13]. Similarly Submission, or restraining desires to prevent dissatisfaction in a given situation; negotiation where, the individual unlike accommodation, seeks to adjust his preferences to the available options but with seeking alternatives to satisfy their goals and preferences; acceptance, search for spiritual comfort through forgiveness, renouncing grudges and broadening the perspectives of life fulfilling desires by seeking support from friends, family and community are some of the coping strategies that influence the elderly wellbeing [20] and [21].

Aging is a stage of accumulation of multiple losses. There is the loss of physical vigor, loved ones, the strength of emotional relationships and a social life resulting in old age insecurities. Against these, the elderly adopt coping strategy with favorable and unfavorable outcomes on their wellbeing. The favorable strategies they use are: negotiation, acceptance, accommodation, the search for social support, the search for spiritual comfort and living in the moment; while the unfavorable strategies are: anticipated mourning, a desire to die, isolation and submission [22]. However, positive coping can help the senior citizens manage the insecurities.

IV. OBJECTIVES & METHODOLOGY

4.1 Objectives

The objectives of the study were:

- Identify insecurities of elderly in families and in old-age homes;
- Find out various coping strategies adopted by the elderly to mitigate the insecurities;
- Compare the coping styles of the elderly in family and institutional setting
- Examine the difference of coping styles of elderly from gender perspectives.

4.2 Hypotheses

1. There is significant association between age and insecurity dimensions.
2. The gender variation of coping strategy to the old age insecurity is a ubiquitous phenomenon.

4.3 Methodology

The study was conducted at Sambalpur, being one among the thirty districts of Odisha is situated in the central table land by applying purposive sampling technique. The study has adopted descriptive as well as explorative research designs to identify the insecurity issues and coping styles of the elderly in the small city of Sambalpur. Altogether 263 samples were interviewed for collecting primary data for the study, of which 200 respondents were covered in family settings and 63 respondents in OAHs (as per the available total number of elderly staying in four OAHs during the field study). For collection of data semi-structured interview schedules – one for elderly in family settings and the other for elderly in institutional settings and case study methods were used. Geriatric Depression Scale was administered to assess the insecurity issues among the respondents. To understand elderly coping behavior and to assess how elderly people respond when they feel insecure and confront difficult or stressful events in their lives, data on general coping activities were collected by using the COPE Inventory. The COPE inventory has been validated for this kind of assessment of coping strategies [23]. The original COPE inventory here has been modified on the basis of the need of the study and it included a set of 12 scales including 2 items in each scale. This inventory helped to find what a respondent generally does and feels when he experiences insecurity or stressful events.

V. RESULTS

Assessment of insecurity incidences among the elderly respondents in family setting and institutional setting, found that out of total sample (N=263), as much as 85.2 per cent have revealed insecurity problems ranging from low to severe insecurity issues. In the study, extent of insecurities was derived as severe or high, moderate and low level of insecurity based on the score drawn by administering the Geriatric depression scale. Based on the scale, respondents who scored in between zero to ten were considered as not having any insecurities, those who scored in between eleven to fifteen were considered as having low level of insecurities, those who scored in between sixteen to twenty-five were considered as having moderate insecurities and those

scored above twenty-five i.e., in between twenty-six to thirty were considered as having high or severe insecurities. In the study, few elderly (14.8 per cent) in the young-old age group i.e., in between the age group of 65 years to 74 years old were found to be physically active and emotionally strong having no such features. Further, the insecurity cases were found more among elderly in case of institutional setting than the family setting (Table - 1).

Table – 1: Insecurity incidences (based on the Geriatric Depression Scale)

Age group	Insecurity Problems								Total
	Family Setting				Institutional Setting				
	Severe Insecurity	Moderate Insecurity	Low Insecurity	Total	Severe Insecurity	Moderate Insecurity	Low Insecurity	Total	
65-74 yrs.	27	25	23	**75 (46.6)**	12	9	5	**26 (41.2)**	**101 (45.1)**
75-84 yrs.	30	33	8	**71 (44.1)**	18	7	3	**28 (44.5)**	**99 (44.2)**
85 yrs. and above	10	5	0	**15 (9.3)**	6	3	0	**9 (14.3)**	**24 (10.7)**
Total	**67 (41.6)**	**63 (39.1)**	**31 (19.3)**	**161**	**36 (57.1)**	**19 (30.2)**	**8 (12.7)**	**63**	**224 (100.0)**
Mean Score	**4.5**				**8.14**				

N.B.: Parenthesis denotes percentage (N= 263, & n= 224)

Under coping styles or strategies (table - 2), it was found that, a majority of elderly (26.8 per cent) prefer to sleep to avoid such insecurity feelings. It is indeed more found in case of elderly women in institutions. A great percentage of the elderly (26.3 per cent) used to pray to find mental peace and good times. 15.2 per cent of the elderly watch TV and engage themselves in it for long duration. Other ways of coping include discuss with others, trying to find a solution of the problem, reading literatures, playing cards, writing, going for a walk, and talking to others etc. the study found elderly in OAHs were using more of maladaptive coping strategies compared to elderly in family settings. Table-3 presents the various mode of coping the elderly adopted based on the Brief COPE Inventory by Carver (1997) which includes active coping, planning, suppression of competing activities, restraint coping, seeking social support, positive reinterpretation and growth, acceptance, turning to religion, focus on and venting of emotions, denial, behavioural disengagement and mental disengagement. From a gender perspective, it was found that the common coping strategies mostly the female elderly have adopted are Turning to religion, (i.e, seeking God's help and praying more than usual), seeking social support (where the elderly talk to someone about how they feel and try to get emotional support from friends or relatives), acceptance (i.e., the elderly learn to live with the situation and they accept that the situation cannot be changed) and mental disengagement (turning to work to take the mind off stressful things and sleeping more than usual kind of behavior). In case of male elderly, seeking social support, acceptance, planning (making a plan of action and thinking of how best to handle the problem) and focus on and venting of emotions, (i.e., getting upset and let their emotions out and expressing the emotional feelings a lot) were found to be adopted the most as coping strategies.

Table – 2 : Coping Behaviour of the Elderly

Sl. No.	Coping Behaviour	Family Setting	Institutional Setting	Total
1	Watching TV	23	11	34 (15.2)
2	Prefer to discuss with others	19	0	19 (08.6)
3	Prefer to find a solution of it	3	0	3 (01.3)
4	Talking with others	14	5	19 (08.5)
5	Prefer to sleep	41	19	60 (26.8)
6	Reading literatures	11	2	13 (5.8)
7	Playing games (cards)	5	0	5 (02.2)

8	Meditation	5	0	5 (02.2)
9	Prayer	33	26	59 (26.3)
10	Writing poems/articles	4	0	4 (01.8)
11	Go for a walk	3	0	3 (01.3)
12	Total	**161 (71.9)**	**63 (28.1)**	**224 (100.0)**

N.B.: Parenthesis denotes percentage (N = 263 & n =224)

Table - 3: Frequencies of Insecurity Problems among the Elderly Groups

Age	Sample	Dimensions of insecurity			x^2
		Physical	Financial	Socio-emotional	
65-74 yrs.	101	19	27	55	9.49* 83.409
75-84 yrs.	99	24	56	19	
85 yrs. & above	24	18	4	2	

*p < .05

The study had two hypotheses which were tested by using chi-square (x^2) test. Table - 3 draws the inference that since calculated value of 'x^2' (= 83.409) is more than the table value of **'x^2'** (9.49) at 0.05 level of significance for 4 degree of freedom, it rejected the null hypothesis and concluded that there is association between age and dimensions of insecurity. It means with increasing age insecurity also increases and so the variation in insecurity problems. It means with increasing age insecurity also increases.

By testing the second hypothesis it was concluded in the study that there is gender difference in coping styles of the elderly (Table - 4). Since calculated value of 'x^2' (= 66.77) is more than the table value of **'x^2'** (19.68) at 0.05 level of significance for 11 degree of freedom, it rejected the null hypothesis and concluded that the coping strategy varies with gender of the elderly people.

Table – 4: Distribution of Coping Strategies Adopted by Men and Women Elderly in Response to Insecurity Problems

Sl. No.	Coping strategies	Men	Women	x^2
1.	**C_1**	13	05	19.68* 66.7678
2.	**C_2**	18	02	
3.	**C_3**	12	01	
4.	**C_4**	05	04	
5.	**C_5**	21	19	
6.	**C_6**	03	02	
7.	**C_7**	19	16	
8.	**C_8**	06	25	
9.	**C_9**	15	13	
10.	**C_{10}**	03	02	
11.	**C_{11}**	04	02	
12.	**C_{12}**	02	12	
Total		**121**	**103**	

*p < .05

Where,

C_1 – Active coping

C_2 - Planning
C_3 – Suppression of competing activities
C_4 – Restraint coping
C_5 – Seeking social support
C_6 – Positive reinterpretation & growth
C_7 - Acceptance
C_8 – Turning to religion
C_9 – Focus on venting of emotions
C_{10} -- Denial
C_{11} – Behavioural disengagement
C_{12} – Mental disengagement

VI. DISCUSSION

The study mainly aimed to explore and assess the insecurity issues among the elderly and their coping styles in two different settings, i.e., in family settings and in institutional or old age home setting. The study found that out of the total respondents interviewed under the study, as much as 85.2 per cent have revealed insecurity problems. The few respondents (14.8 per cent) who do not have insecurities, generally found to be in the young-old age group i.e., in between the age group of 65 years to 74 years old. They were found to be still active physically and emotionally strong enough facing their life situations and also found to develop positive attitude towards the changes in their life stages. Most importantly, these groups of respondents were found to be economically affluent, well prepared for their old-age status and staying with their family members and relatives. Moreover, self-acceptance is a factor found among the respondents who do not have insecurity problems. During the study, this group of the respondents agreed on the point that, old-age is a part of life and thus human being must accept it positively and well prepared for it before entering into the old-age. These respondents were found to be economically sound and having good social contacts with strong interpersonal relationship with their spouse, children and relatives.

Further the findings revealed that there are insecurity problems among the elderly respondents across their age groups whether in family setting or institutional setting. There are significant differences too on insecurity cases between elderly residing in old age homes and elderly in family settings. Findings reveal that elderly respondents either staying in their homes or OAHs, both showed common features of depression consequently influencing insecurity issues. With the help of geriatric depression scale, incidences of high insecurity and moderate insecurity cases were identified. This is probably the common feature during old age which is rarely diagnosed and treated by the social scientists. It was seen that the respondents (out of n = 224 of N = 263) in institutional setting had higher mean score (8.14±4.5) than elderly in family setting indicating depression contributing to insecurity was more among the senior citizens staying in institutional setting than elderly in family setting.

Comparing the extent of insecurity in the elderly (out of n = 224 of N = 263) in family setting and in institutional setting, the study found that 41.6 per cent elderly respondents in family setting had high insecurity whereas, the 57.1 per cent elderly in the institutional setting had high level of insecurity. 39.1 per cent and 30.2 per cent of the respondents in family and institutional setting respectively had moderate level of insecurity. The study further reveals that more percentage of elderly in institutional setting had comparatively high insecurity than the elderly in family setting. These findings were supported by the study made by Agrawal and Srivastava as they mentioned in their study that psychological problems such as anxiety, stress or depression, social isolation are rather more common among the elderly who stay in old age homes [24]. Rahman too found prevalence of quite high anxiety and depression (58.3% and 81% respectively) among the elderly staying in old-age homes as compared with the anxiety (36.6 %) and depression (56.1 %) of elderly staying in family settings [25]. This is so because, family is the most preferable space of stay for the elderly in Indian society where they receive emotional satisfaction, attachment and support which more or less not met by the elderly in old age homes.

The factors contributing to the elderly insecurity found during the study indicates that a significant number of the respondents were having health insecurities particularly for their physical impairment which affects their performance in routine activities followed by constant sickness and their declining health. Other factors included loss of spouse, loneliness, lack of support of the family members as health care-providers, children staying separately and negligence of the children toward the elderly. The most common factors contributing to insecurity in family setting were:- loss of importance in family, constant sickness, lack of access to medical care, living alone, generation gap, monetary constraints, loss of status, absence or death of spouse, negligence by family members and being abuse by family members. Whereas, the most common factors contributing to insecurity in institutional setting were:- inability to move, acute health problems, constant sickness, lack of

access to good medical care, being away from home, loss of social contact, Witnessing death of an inmate, loneliness, long leisure time etc.

The study further found that there is significant difference between coping styles among the elderly living in family setting and living in institutional settings. It was found in the study that elderly who were staying in OAHs used more of maladaptive coping strategies whereas elderly staying in families used more of adaptive coping strategies to cope with different life situations. To cope with insecurities, elderly respondents staying in old age homes were found to make more use of religious beliefs and faith. A great percentage of the elderly (26.3 per cent) used to pray to find mental peace and good times. It helps the elderly to find better mental status and thus can provide them strength to face life situations. Apart from this, study reveals that a majority of elderly (26.8 per cent) prefer to sleep to avoid such insecurity feelings. It is indeed more found in case of elderly women in institutions. A majority of the elderly men found to seek social support as to cope with insecurity whereas, elderly women use mental disengagement such as watching TV to take mind off the things and sleeping more than usual. The kind of coping style adopted by the elderly largely depends upon the orientation of values he or she received in life and also on the available resources. As the old age homes are very poorly maintained with only meager support of the government in the study area, there is very less facilities and limited scope for alternatives for the elderly living in old age homes other than simply sleeping or watching television. Also, the women in institutions though mostly they were illiterate, cannot read literatures to or cope with insecurities and spend their time. Therefore, maladaptive way of coping with insecurity, use of less social support, emotion focused coping makes it more challenging for the elderly in old age homes to have a satisfactory living free of insecurities [26]. These findings were consistent with the findings of Beena and Rohini as they suggest that elderly living in old age homes use principally maladaptive coping strategies such as behavioral disengagement, denial, self-distraction, self-blame, substance use etc. rather than making use of adaptive coping strategies such as active coping, instrumental support, planning, acceptance, emotional support, humor, positive reframing etc. [26] and [27].

In Indian culture, the men usually perform the out of household work, the elderly men can easily able to get some peer groups and to discuss about the issues and other scopes. With such value orientation, it was found that a majority of the elderly men seek social support as to cope with insecurity. But, contrary to this, with growing age, the elderly women limit themselves in the four walls of the house and have a limited circle of interaction. These all cultural stereotypes have its own influence on the coping styles of elderly men and women. Further, the living place and living arrangements of the elderly also has its impact on the coping behavior. The availability of resources, opportunities in family or institutional setting decides sometimes the ways of coping for the elderly e.g., availability of TV, nearby clubs, parks, elderly associations etc. It was also found that the elderly have increased the length of duration of prayer with extended leisure time in old age.

The coping strategies or styles against elderly insecurities found in the study were adaptive and maladaptive in nature. They were discussion with others, trying to find a solution of the problem, reading literatures, playing cards, writing, going for a walk, and talking to others, sleeping more than usual to avoid the stress, turning to religion, seeking social support, seeking more and more information about the situation, obtaining direction and guidance from experienced persons, talking with one's spouse, other relatives or friends about the problem, accepting the situation as it is, deciding that nothing can be done to change things and submitting to fate, venting emotions on other individuals or objects, crying, smoking, overreacting, and engaging in impulsive action out, etc.

The testing of the proposed two hypotheses in the study proved that there is significant association ($p< 0.05$) between age and insecurity problems. It means with increasing age insecurity also increases. Elderly in two age groups 75-84 years, and 85 years & above reported more problems related to health as well as socio-psychological dimensions. This finding is supported by Swarnalatha in her study as she observes that the prevalence of depression among elderly goes on increasing according to age and it is highly prevalent in case of elderly when they achieve 80 years of age [28]. By testing the second hypothesis it was concluded that there is gender difference ($p< 0.05$) in coping styles of the elderly. The findings implied that to some extent lack of education and lack of exposure and guidance (specifically in case of women elderly) left individuals unaware of or with no access to several other resources of coping. Therefore majority of elderly women as vulnerable (on the grounds of ignorance and illiteracy) had resorted only to emotion-focused coping.

VII.CONCLUSION

Ageing as a process for the elderly in our society is not that easy combined with myriad socio-economic and psychological factors. Maladaptive coping strategies adopted by elderly as found in the study may help them in getting transient relief but the screening situational problems need to be dealt with positive strategies like appraisal focused (i.e., logical analysis and problem solving) strategies which are likely to yield enduring healthy results. It was noted that owing to illiteracy and ignorance many of the elderly are not aware of their mental health, and some highly educated elderly use appraisal-focused strategies. But, in some other cases,

in the absence of access to modern counseling therapy and other mental health services, many of the elderly are found to adopt emotion-focused coping strategies. Women elderly in institutional setting were found to sleep more time to cope with the situation or simply sitting for long hours, talking to others, praying etc. In contrast the elderly men try to engage themselves in other activities, they try to discuss with others, find a solution for it by seeking social support. It does not mean that men and women elderly adopt completely different coping styles. Ultimately, it can be viewed that the coping strategies adopted by an elderly depends on the personality make-up of the elderly along with their environment, educational exposure and learning experiences in life. So, there is strong need of elderly friendly mechanisms to help them towards active and productive ageing.

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