

# PSYCHOLOGICAL DISTRESS AND LIFE SATISFACTION AMONG THE ELDERLY: RELATIONSHIPS WITH SOME SOCIODEMOGRAPHIC VARIABLES

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Variables related to life satisfaction and psychological distress in the elderly were studied.

The sample consisted of 158 persons over 60 years of age, who were not institutionalized. Questionnaires that measured sociodemographic characteristics, life satisfaction and psychic and somatic complaints were administered.

The findings, based on correlational analysis, showed that the variables significantly related to psychological distress were prior employment status, education and age. Self-assessed financial status and marital status were found to have significant relationship with life satisfaction. The implications of the findings for the quality of life among the elderly are discussed.

## INTRODUCTION

Older adults are commonly portrayed as growing older and more distressed simultaneously. While all age groups are subject to mental illness, the elderly are generally considered more likely to suffer from certain forms of such impairments. A number of empirical studies show high rates of mental disorders among elderly persons. However, some research provides a different perspective. Feinson and Thoits (1986) examined twenty epidemiological studies of American population in which distress rates were reported for older adults. They concluded that these studies provided great disparities in estimates of general psychological distress. The inconsistency in results was partly connected to cross-sectional design and observation of special categories of elders, for example, the bereaved, institutionalized or those in poor health. Their own findings indicated that older adults reported similar degrees of general psychological distress as younger age groups.

There is a growing recognition in the field of mental health that psychopathology is not intrinsic to aging. Many of the losses that elderly persons are asked to bear and which impair mental functioning are social in nature. Pfeiffer (1977) states (cited in Weinberg, 1981) that psychiatric syndromes characteristic of old age are relatively simple forms

of psychopathology including depressive reactions, hypochondriasis, paranoid reactions and chronic anxiety states. These disorders are mostly reactions to some of the crises frequently encountered in old age such as widowhood, increased vulnerability to disease, hospitalization, loss of income and preoccupation with death and dying. Many of the symptoms exhibited by the elderly serve as defenses and are ways of coping with the environment. Very often in the past, these symptoms were attributed to the process of aging, and were accepted as »normal« even by the aged. According to Weinberger (1981) some of the available data seem to suggest that resisting sociocultural expectations of aging (stereotyped behaviours) is positively associated with mental health.

The literature points to a number of factors associated with mental health impairment in elderly population. Among the more reliable associations are gender, socioeconomic status, physical illness and age (Haug, Belgrave, Gratton, 1984). Somewhat less stable relationships are found with factors such as social isolation, stress, life events, marital status and loss of spouse.

Health, measured subjectively and objectively is the variable strongly related to the well-being of the elderly (Barresi, Ferraro, Hobey, 1983—1984). Most items making up mental health indices are mild symptoms of anxiety and depression which are similar to typical well-being indicator — negative affect (Lawton, 1984). For quality of life there are no greater needs than health and happiness. Chronically poor health is one of the great sources of dissatisfaction among the ill. Aspects of well-being may also affect health. Dissatisfaction with life is associated with a lack of positive feeling states. Most models of stress-induced illness hold negative emotional reactions to be an integral part of a stress response. Prolonged or chronic dissatisfaction with life lowers bodily resistance over time (Zautra, Hempel, 1984). On the other side positive emotions support coping efforts and make the illness more bearable and less severe in self-reports.

Numerous studies have reported relations between measures of financial situation, socioeconomic status, and mental health status with life satisfaction. The results concerning gender differences in life satisfaction are not uniform (Baressi, Ferraro, Hobey, 1984).

There is a need for additional data to provide a more comprehensive analysis of well-being and mental health of elderly adults. The purpose of this study was to identify patterns of relationship between socio-demographic variables such as gender, age, education, financial status, marital status, and life satisfaction and psychological distress among persons over sixty years of age.

## METHODS

Research procedures. Standardized interviews were conducted with a sample of elderly people. Interviewers were 20 students of psychology specially trained for this purpose. The one-hour interview contained

sections that dealt with respondents' background, life satisfaction and psychic and somatic symptoms complaints.

### *Measurement and instruments*

The term psychological distress refers to »mild or moderate functional disorders characterized by general states of unpleasant arousal or emotion (anxiety and/or depression). These emotional states are usually accompanied by physiological symptoms such as nervousness, dizziness, sleep and appetite disturbances. These arousal or emotional states, if intense, may impair the daily functioning of the individual« (Feinson and Thoits, 1986, p. 226). Distress was measured with a modified version of Psychic and Somatic Complaints Questionnaire (Hautzinger, 1984). The short version, consisting of 31 items, was applied. The items were adapted for the sample of elderly subjects. The questionnaire assesses following symptom clusters: predominantly depression and anxiety, cognitive disturbances, somatic complaints, sleep problems, psychotic experiences. Respondents were asked how much they were bothered by each of the symptoms in the past week: not at all (1), a little (2), moderately (3), quite a bit (4), or extremely (5).

The results of 158 subjects were subjected to item analysis. All of the items showed high item-total correlations. The median  $r_{it}$  (corrected) was .56. The internal consistency of the questionnaire was highly satisfactory (coefficient  $\alpha = .90$ ). So, the responses were treated as one measure of overall symptomatology or the global symptom index as it was used in similar self-report symptom checklists (Feinson and Thoits, 1986).

Life satisfaction was measured with a modified single item measure of subjective well-being, so called »self-anchoring ladder«, originally created by Cantril (Larsen, Diener, Emmons, 1984). This measure shows a picture of an eleven step ladder anchored at one end with the phrase »Best possible life for me«, and at the other »Worst possible life for me«. The intervening responses (rungs of the ladder) are not labelled. The subject responds to the question: »Where on the ladder do you stand at present time?« by checking a rung on the ladder.

A subjective assessment<sup>1</sup> on a three-point scale was taken as a measure of financial status. The subjects indicated whether their monthly income (or income of the family if they didn't live alone) was: so small that they couldn't afford what's necessary for a living (1), just enough for a living (2), or more than enough, i. e. they could save something (3).

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<sup>1</sup> Due to differences in prior occupation, structure of family, resentment of some subjects in reporting them and many other factors, objective measures proved to be unsatisfactory indices of economic status in preliminary analysis.

Sociodemographic variables were measured using standardized questions. The number of years of schooling was taken as a measure of education. Age was retained in interval form for subsequent analysis. Sex, employment status, marital status, and members of the household were coded as dummy variables (1 if male, retired, married, and living with someone, respectively; 2 if female, never had a paid job, not married, and living alone, respectively).

Subjects. The sample covered 158 elderly person over 60 years of age. Respondents were selected by two criteria: they were not institutionalized or hospitalized and they were available through a network of acquaintances of the interviewers. The respondents were predominantly from Zadar or near by the Zadar area (approximately half of the whole sample). The rest of the subjects lived in towns and places at the Dalmatian coast.

## RESULTS AND DISCUSSION

Sociodemographic characteristics of the sample are given in Table 1.

Table 1.  
*Sample Distribution by Sociodemographic Variables*

Variable	N	%
Gender		
Female	97	61
Male	61	39
Employment status		
Retired (or working)	88	56
Never employed	70	44
Marital status		
Married	88	56
Not married	70	44
Members of the household		
Living with someone	118	75
Living alone	40	25
Age	M = 70.0	SD = 7.71
Education	M = 7.0	SD = 4.97

The respondents ranged in age from 60–86 years with a mean of 70 years. As might be expected, nearly two-thirds (61%) of our subjects were female which is (typical for elderly people samples). The range of years of schooling was from 0–22 with a mean of 7 years. More than a half (56%) of the group were retired or employed (actually only a few of them were employed), and 44% had never been employed.

There were 88 (56%) married person and 70 not married (53 of them were widowed, 6 devorced and 11 bachelors).

Only 25% of the whole sample lived alone, while 75% lived with someone else (in most cases members of the family).

Mean results on self-assessed measures showed that most of the subjects reported mild psychological distress ( $M = 2.3$ ;  $SD = .64$ ; theoretical range = 1–5), moderate satisfaction with life ( $M = 6.0$ ;  $SD = 2.69$ ; theoretical range = 1–11) and relatively satisfactory financial status ( $M = 1.9$ ;  $SD = .70$ ).

Intercorrelations of sociodemographic variables explain better the characteristics of our sample. These findings are shown in Table 2.

Table 2.  
*Intercorrelations of Sociodemographic Variables*

	1	2	3	4	5	6	7
1 GENDER	-	-.06	-.31	.18	.34	.14	-.12
2 AGE		-	-.37	-.07	.25	.18	.01
3 EDUCATION			-	-.20	-.19	-.04	.18
4 EMPLOYMENT STATUS				-	.09	-.16	.06
5 MARITAL STATUS					-	.63	-.07
6 MEMBERS OF THE HOUSEHOLD						-	-.08
7 FINANCIAL STATUS							-

Higher results if: female, older, more educated, never employed, not married (predominantly widowed), living alone, and better financial status.

\*  $r = > .16$   $p = < .05$ ;  $r = > .25$   $p = < .01$

Gender is related to education and marital status. Women have less years of schooling and they are predominantly not married (higher proportion of them widowed). Age is also correlated with education. In accord with the educational oportunities in earlier years, there is a tendency that older adulst have less years of schooling. A significant, though not a higher correlation between age and »members of the household« variable reflects the tendency that older adults in our sample live alons.

Education is correlated with subjective assessment of financial status, which is logical, because they are both aspects of socioeconomic status. However, the size of the correlation coefficient reflects only weak relationship, suggesting that satisfaction with one's financial situation depends on many other factors (such as prior occupation, income of a family, savings, respondent's needs, etc.). A higher proportion of respondents who have never been eployed have less years of schooling. Among those less educated there is also somewhat a higher proportion of unmarried people. This finding could be best explained by the facts that the whole sample predominantly consists of women who are mostly widowed and less educated. Among those respondents who live alone

there is a somewhat higher proportion of retired people, probably due to the fact that their own income enables them to live independently.

Table 3 reports the correlations between the sociodemographic variables, psychological distress and life satisfaction. In order to understand the characteristics of the sociodemographic variables associated with higher levels of symptomatology (results on Psychic and Somatic Complaints Questionnaire), the higher satisfaction with life (results on Life Satisfaction Scale) is described.

Table 3.

*Correlations of Sociodemographic Characteristics with Psychological Distress and Life Satisfaction Measures*

Characteristics	LS	PSCQ
Female	-.08	.15
Older	-.07	.17
More educated	.06	-.24
Never employed	-.03	.29
Not married	-.18	.10
Living alone	-.18	-.04
Higher financial status	.33	-.03

Positive correlation reflects higher level of psychological distress (more symptoms reported), and higher satisfaction with life, respectively.

\*  $r = > .16$   $p = < .05$ ;  $r = > .25$   $p = < .01$

The results concerning the Life Satisfaction Scale and PSCQ results are highly and significantly correlated ( $r = .40$ ;  $p < .01$ ), the inverse relationship meaning that those more satisfied with life report less symptomatology. There are few possible explanations for this finding. Health could affect life satisfaction, possibly by either enhancing the self-concept of those in good health or lowering self-esteem of those in poor health. Health may also influence life satisfaction by restricting activity and diminishing the pleasure derived from such activities.

Prolonged dissatisfaction with life may also be associated with vulnerability to disease. An underlying neurotic style could also lead to psychometric ailments and chronically lowered life satisfaction.

Both measures have been regarded as aspects of general psychological well-being.

However, sociodemographic variables show different patterns of correlations with life satisfaction and psychological distress. The variable most strongly associated with life satisfaction is the subjective assessment of financial status. Changes in the financial situation that are associated with aging, i. e. the decrease in income following retirement, have occurred to most of our subjects. Besides the pensions they receive, they may also receive financial support from their family, or have their own savings. For these reasons, we regarded the subjective assessment to be a better measure of the financial situation.

Education could also be considered to tap socioeconomic status, but in our sample years of schooling were not strongly related either to financial status or to life satisfaction. The financial situation may make a sizable contribution to life satisfaction through its effects on the standard of living and family life. Low level income may have restrictive effects on many activities which elderly people would like to enjoy. Positive correlations between results concerning life satisfaction scales and ratings of being satisfied with various life domains, including the financial situation, as well as moderate to strong negative correlations between the well-being scales and self-reported symptoms, have been found in other studies (Larsen, Diener, Emmons, 1985).

Most of the respondents from our sample who are not married are less satisfied with life than married persons. The same results were found for those who live alone. Both predictors of life satisfaction are highly correlated due to the fact that in elderly samples those not married and living alone are predominantly widowed. There is considerable consensus among researchers that married persons are more satisfied with life than those not married (Barresi, Ferraro, Hobey, 1983—84). The most prevalent change in marital status among the elderly is loss of spouse through death. However, some of the widowed remained living with the members of the family. On the other side, there were also in our sample divorced persons and bachelors who were living alone. The »members of household« variable turned also to be significant predictor of life satisfaction, indicating some other aspects of life satisfaction that are not explained by marital status alone. Persons who live alone do not receive enough social support they need, and experience dissatisfaction. Those who are widowed especially lack social support if living alone.

Clinically based studies have reported mental health effects from loss of spouse among the widowed, and cross-sectional research has shown correlation between mental health and marital status (Haug, Belgrave, Gratton, 1984). However, marital status was not related to psychological distress in our study. The variables most strongly related to psychic and somatic complaints were »employment« and »education«. The inverse relationship between distress and education is consistent with findings in mental health literature. Both work and life style are functions of schooling. More schooling has been postulated to index a better ability to cope with complex and stressful life situation than is likely among those with limited educational exposure (Haug, Belgrave, Gratton, 1984).

Age was positively and significantly related to psychological distress, indicating that for those 60 and over distress increases with age. However, the size of the correlation indicates that the relationship is weak.

Those among the elderly who have no history of a paid occupation show relatively higher levels of symptomatology. A large proportion of

them are women, who are widowed and less educated (this could be a high risk group). This variable has rarely been considered in literature on mental health of older persons. A highly significant correlation of previous employment status and psychological distress suggests that greater attention should be given to the effects of this variable. Previous engagement in various domains of life has probably produced many supportive relationships, more effective styles of coping with stressful life events, and overall diverse patterns of aging, compared to those who have no history of a paid occupation.

In conclusion, our findings suggest that less educated elders, those who are older, and who had never been employed may be at somewhat higher risks of mental health problems than others who are over 60 years old. Because the data set was drawn from a heterogeneous sample of elders, the results may be applied to a large part of the aged population, excluding the institutionalized, who were not included in this study.

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*Zora Raboteg - Šarić, Vladimir Takšić i Viktor Božičević: PSIHIČKE I SOMATSKE TEGOBE I ZADOVOLJSTVO ŽIVOTOM STARIJIH LJUDI: POVEZANOST S NEKIM SOCIODEMOGRAFSKIM VARIJABLAMA*

S a ž e t a k

Ispitivana je povezanost sociodemografskih varijabli sa zadovoljstvom sa životom i psihičkim i somatskim tegobama na uzorku od 158 osoba starijih od 60 godina koje nisu institucionalizirane. Primijenjen je Upitnik o psihičkim i somatskim tegobama, skala zadovoljstva sa životom i Upitnik o biografskim podacima.

Korelacijska analiza rezultata je pokazala da su psihičke i somatske tegobe u značajno većoj mjeri zastupljene kod osoba koje nisu nikad bile zaposlene, te kod manje obrazovanih i starijih osoba. Samoprocjena materijalnog stanja i bračni status su statistički značajno povezani sa zadovoljstvom sa životom. Rezultati se diskutiraju s obzirom na karakteristike uzorka i moguće implikacije na kvalitetu života starijih osoba.