

## **Alienation and Religiosity among Different Categories of Elderly Person**

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### **ABSTRACT**

Today, in our society, older people are facing double standards. The pace of social change in the country is underway and this is why the problems of the elderly are taking a vivid form. In the cultures old age is considered a treasure of intelligence and experiences of life, but at present it is considered as an undesirable process. Religiosity is an important aspect of the life of older people, particularly in the Indian society. Religion is the means of human emotional development, which has no support; it lives on the basis of religion. The purpose of this study is to compare the Alienation and religiosity among different categories of elderly person. A total of 100 subjects with age range 60 to 70 years were selected on availability basis. Among them there were 50 widows and widowers (25 widow and 25 widowers) and 50 subjects (25 male and 25 female) whose spouses are alive. Demographic variable were made to control (education and SES). They were administered Bhushan's religiosity scale and Singh's alienation scale. Results revealed that elderly with their spouses dead scored high in comparison to subject with their spouse alive. Widows were significantly more religious than widowers. Difference was found to be not significant between subjects with spouses alive and subject with spouses dead on alienation scale.

**Key Words :** Alienation, Religiosity, Old age widow

### **INTRODUCTION**

Aging is a series of processes that begin with life and continue throughout the life cycle. It represents the closing period in the lifespan, a time when the individual looks back on life, lives on past accomplishments and begins to finish off his life course. Adjusting to the changes that accompany old age requires that an individual is flexible and develops new coping skills to adapt to the changes that are common to this time in their lives (Warnick, 1995). Loneliness is an important research and practice field in old age. It is well known that loneliness and quality of life significantly affect psychological wellbeing. Individual differences such as level of education, marital status, learned behaviors, social skills/hobbies and social support could affect loneliness (Cacioppo *et al.*, 2006, Alpass and Neville, 2003). An elderly person needs to feel safe, remain close to other

people and believe that his life continues to be meaningful. Meeting his emotional needs can help him avoid depression. Signs that he lacks sufficient support may include difficulty in sleeping, a poor appetite or an inability to concentrate, points out the American Association of Retired Persons. Emotional care for a senior should include steps designed to deal with vulnerability, loneliness, boredom and isolation.

The literature indicates the potential benefits of religion, spirituality, well-being and quality of life, particularly for older adults. However, Wilkinson and Coleman state that “. . . many people in the world today have vague, individualised spiritual beliefs that are unattached to religious doctrines and that may be a relatively poor and untested resource for coping with ageing” (Lavretsky, 2010, Agli and Bailly, 2015, Balboni *et al.*, 2007, Wilkinson, 2010). Geertz (1968) explaining

religiosity from a psychological perspective, asserts that simple emotional theory of awe and confidence have been extremely popular. In fact, Nelson (1990) found that intrinsic religious orientation was associated negatively with depression, whereas extrinsic religious orientation and church attendance were unrelated to depression. Similarly, Kehn (1995) reported a positive correlation between religious commitment and older people's life satisfaction among a sample of 98 community-dwelling persons aged 65-90. Moreover, in a study of depression in medically ill hospitalized older patients, intrinsically religious patients tended to have a faster remission of depression, whereas religious affiliation and private religious activities were unrelated to recovery from depression (Koenig *et al.*, 1998).

It is a bitter truth that every person has died, but it is also true that there is no certainty that both husband and wife should depart from the world together, *i.e.* both of them die at one time. One has to go first. The person who lives alone in a married life becomes a victim of loneliness. Any person has the highest requirement of his life partner in an elderly state. Elderly age is the only middle-life partner to exchange ideas. In adulthood, service, sympathy and cooperation in sickness and sorrow pains are mainly received from the life partner. Many of his friends and companions are separated after coming to power. Alienation has also been described as social pain—a psychological mechanism meant to alert an individual of isolation and motivate her/him to seek social connections. The phenomenon of loneliness occurs in people of all ages but may be a particular problem in the elderly. Elderly has been associated with loneliness, although the observations have been inconsistent. According to several studies, loneliness is more common among the elderly than among younger people and widowhood increases the risk of loneliness when compared with those who are married, Elderly widows lose the will to live, happiness, as the results loneliness tops up and decreases their mental well being ( van Baarsen *et al.*, 1999). When women lose their husbands, they lose someone who made them feel loved, appreciated worth of value, in this respect the widow does not only feel emotional loneliness but also physical loneliness. Physical loneliness refers to the fact that every human being needs to touch and to be touched to feel wanted and accepted. Kangasniemi (2005) with the loss of a spouse, many widows find themselves surrounded by friends and family, offering well-intentioned social support,

love, and offers of much-needed practical help or advice. Ultimately, though, even in the midst of caring friends and family, the widow still, may feel just that: lonely Left by husband to cope alone, to grieve alone and to make important decisions alone. Even with those she loves and trusts surrounding her and sharing in her grief, the widow, may still feel alone, For many widows the loss of their husband means losing a long-time soul mate and best friend, the other part that along with her own once made complete (Costello and Kendrick 2000, Havens and Hall 2001, van Baarsen 2002, Victor *et al.*, 2005).

From the above literature the importance of studying religiosity and alienation among widows and widowers of elderly becomes self explanatory. On the basis of above assertion it is reasonable to study the differences in religiosity and alienation of the aged people whose spouse is alive and also of the widows and widowers.

## METHODOLOGY

### Sample:

The sample consisted of 100 subject with age ranging from 60 to 70 years; 50 subjects were widows and widowers while 50 subjects were such old age people whose spouse is alive. The subjects for sample were selected from the Bhojpur district and were contacted personally. In the process of administration of these tests the personal data schedule was filled as a first step for each individual case. This was followed by the administration of the two tests such as religiosity scale and alienation scale. Before administering the questionnaires, their willingness to cooperate was first ensured. For this purpose, each subject was assigned to fill up the "Informed Consent". They were told that the answers to the questions would be kept confidential.

### Tools:

- 1. Religiosity Scale: Hindi version of Bhushan's (1970)** scale was used to measure religiosity of the subjects. It is primarily a group test, although, it can be used for individual testing as well. It is a 5- Points Likert type scale. Against each item five response categories have been provided. The number of items in the scale are 36 (25 items were positive and 11 were negative). The items cover all the major dimensions of religiosity. In content and form, the items were made common for the different religions like Hinduism, Islam, Christianity and Sikhism. The

scale contained items related to faith in all powerful and virtuous God and common forms of religious practices and beliefs. It also included the items to elicit degree of emotional involvement of the subjects in giving expression of his/her faith in God and religious acts. The test-retest reliability of the scale is 0.78. The content, predictive and concurrent validity coefficients were also reported to be satisfactorily high.

- 2. The Dean Alienation Scale (Dean, 1961):** the Dean Alienation Scale was used to operationalize alienation in the present study. This self-report instrument consists of 24 items that examine alienation in a non-situational context, such as: the future looks very dismal, the world in which we live is basically a friendly place, and people's ideas change so much that I wonder if we'll ever have anything to depend on. It is a five-point Likert scale.

## RESULTS AND DISCUSSION

The mean religiosity and isolation scores of the four groups were obtained and t values for various comparison groups were calculated in order to find out the significant differences between their means.

As evident from the Table 1 that the mean value of religiosity for elderly person having their spouse alive were 111.94 and the mean value of religiosity for elderly person having their spouse was dead was 124.01. The differences between two means was significantly beyond .05 level of confidence ( $t = 2.41, p < 0.05$ ). In the same way the mean religiosity score of widow was 131.01 and that of widower was 116.98. The differences between the two means was also significant at .05 level of confidence ( $t = 2.11, p < 0.05$ ).

The Table 2 indicates that the mean value of

**Table 1: Mean Scores, SDs and t-values of four categories of elderly for religiosity scale**

Groups	Mean	S.D.	t values
Spouse alive (N=50)	111.94	27.89	2.41*
Spouse dead (N=50)	124.01	25.97	
Widows (N=25)	131.01	26.31	2.11*
Widowers (N=25)	116.98	23.01	

\* $p < .05$

alienation for elderly person having their spouse alive were 9.32 and the mean value of alienation for elderly

person having their spouse was dead was 11.01. The differences between two means was significantly beyond .05 level of confidence ( $t = 1.73, p < 0.05$ ). In the same way the mean alienation score of widow was 12.02 and that of widower was 8.99. The differences between the two means was also significant at .05 level of confidence ( $t = 2.78, p < 0.05$ ).

**Table 2 : Mean Scores, SDs and t-values four categories of elderly for Alienation scale**

Groups	Mean	S.D.	t values
Spouse alive	9.32	4.62	1.73*
Spouse dead	11.01	4.40	
Widows	12.02	4.51	2.78*
Widowers	8.99	4.19	

\* $p < .05$

The results shown in Table 1 reveal that widowhood in old age increases religiosity in a significant way. The widowhood effect is the increase in the probability of a person dying a relatively short time after their long-time spouse has died. Religion correlates with improved physical and mental health, and religious people may propose that God's intervention facilitates these benefits. However, experts cannot determine whether participation in organized religion contributes to health or whether psychologically or physically healthier people are attracted to religious groups. If religion is helpful, the reason—whether it is the religious beliefs themselves or other factors—is not clear. Many such factors (eg, psychological benefits, encouragement of healthful practices, and social support from the religious community) have been proposed. Many older people report that religion is the most important factor enabling them to cope with physical health problems and life stresses. 90% of older patients relied on religion, at least to a moderate degree, when coping with health problems and difficult social circumstances. The significant greater mean score of widow women on religiosity suggest that old age women become more religious in comparison to male. Women are more religious than men. Despite being excluded from leadership positions, in almost every culture and religious tradition, women are more likely than men to pray, to worship, and to claim that their faith is important to them. Women also dominate the world of 'New Age' spirituality and are far more superstitious than men. Social isolation is often compared to feeling empty, unwanted, and unimportant. The person alone has difficulty in building a strong interpersonal relationship.

Older adults are at increased risk of being socially isolated or lonely. Living alone, health problems and disability, sensory impairment such as hearing loss, and major life events such as loss of a spouse have all been identified as risk factors for social isolation and loneliness. As people grow older they are more likely to lose loved ones, and may live alone. They are also more likely to experience health problems, which can make it harder to get out and about. All of these things can increase feelings of loneliness and isolation.

The elderly person has more resistance than when his partner leaves the world before him, life becomes difficult for him, but when most of his time comes, when a person in the family, *i.e.* son or daughter, or his counterpart, suddenly returns from the world. It is impossible to endure this trauma, its health continues to fall and he takes his steps toward death.

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