

## Neuroticism amongst elderly staying in Joint Families and Nuclear Families

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### ABSTRACT

**Background:** The greatest health asset for geriatric population is spending time and doing things with other people of all ages which can help keep them mentally, physically and emotionally fit. Keeping this point in mind present study was undertaken in Kolhapur and Sangli city. The aim of this study was to find out the levels of neuroticism in elderly people who are living in joint and nuclear families.

**Methodology:** Health Questionnaire which emphasizes more on Psychosomatic, physical and body complaint was used to measure the neuroticism among elderly people. Data was analyzed by using independent sample t-test.

**Results:** Result shows that elderly people living in joint families have good health and low neuroticism rate, on the other hand elderly people living in nuclear families have more psychological as well as physical distress that means they have higher chances of getting neuroticism.

**Conclusions:** Neuroticism may be higher in elderly that live in nuclear families compared to joint families.

**Keywords:** Elderly, Family, Geriatric, Psychosomatic, Neuroticism.

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### INTRODUCTION

India, like many other developing countries around the world, is experiencing rapid population ageing. The ideal family system has gradually broken down in modern times as a result of urbanisation and the job demand for young people. People are increasingly following the lead of Western countries, and the nuclear family system is rapidly emerging, leaving the elderly helpless and neglected. The end of one's life span is known as old age. "The presence of a symptom or group of symptoms which cause subjective distress (Physical distress or psychological distress) to the patient is called neuroticism". "Family is an interdependent group of individuals who have a shared sense of history, experience some degree of emotional bonding and devise strategies for meeting the needs of individual members and the group as a whole."

The family is a crucial concept in the social sciences, particularly in demography and psychology. There are no terms and conditions because it is a place where you are accepted for who you are. A consanguineal family unit is made up of two or more generations of kindred who are linked by either the paternal or maternal lines, live together, and follow the same social, economic, and religious rules [1]. In sociology and anthropology, a nuclear family is a group of people who are linked by ties of partnership and parenthood and consists of a couple of adults and their socially recognised offspring (nuclear) [2].

The term psychosomatic comes from the Greek words psyche and soma, which mean "mind" and "body." Psyche originally meant "soul" or "mind," but it has more recently come to mean "behaviour." The physical organism – the body – is usually referred to as soma. As a result, the term psychosomatic refers to

connections between psychological processes or behaviour and somatic structures or bodily organs on the one hand. Psychosomatic is a technical term that is currently used in at least two ways. For starters, it can refer to an organism's wholeness, organisation, or integration. Essentially, the single word expresses the idea that psychological and biological beings are one and the same. Second, despite the fact that an organism is unitary, the term indicates that. Psychological and somatic aspects can be distinguished, studied separately and independently, and evaluated in terms of their interrelationships [3-4]

Somatopsychic refers to the influence of biological processes on psychological processes, specifically behaviour. The Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association, which replaced the term psychophysiological (or psychosomatic) disorders with psychological factors affecting physical conditions in 1980 [5]. Psychosomatic disorders are classified as psychological or behavioural factors associated with other disorders or diseases in ICD-10 [6].

The type of psychosomatic disorders that a patient will exhibit cannot be predicted based on the nature of his psychological problem. Psychosomatic disorders, in general, result from a failure to dissipate tensions, regardless of their content or source [7]. A wide range of psychosomatic problems are thought to be caused by essentially identical difficulties. Various psychosomatic disorders, such as hypertension, ulcers, asthma, and neurodermatitis, have been discovered to stem from a single basic conflict, namely, suppressing hostile impulses for fear of jeopardizing dependency security [8]. The majority of psychosomatic patients are stuck in an unresolvable ambivalence between dependency and independence. According to studies, the type of psychosomatic symptom that a patient experiences is likely to be determined by his constitutional makeup or his dominant physiological reaction pattern [9]. It means that a specific disease may be influenced by a person's physical vulnerabilities or physiological responses to a situation. Social learning and constitutional influences both contribute to psychophysiological disorders.

Paliwal and Mathur (2007) studied life satisfaction among aged. Aging is a universal phenomenon: it is not a uniform experience among aging adults. Some persons achieve a sense of fulfilment and satisfaction in their old age, while others turn bitter and lament the decline of their physical abilities and social significance. Life satisfaction among the aged is an important concept, as it has far reached implications and it can give us an overall view of the larger populations aging successfully or not in our society. Some influence factors of successful aging are health status, marital status, socio-economic status and age. The study discusses the various factors as marital status, socio- economic, age, gender and social supports in affecting the quality of life and life satisfaction among the aged in India [10]. Functional problems were found to be high in old age participants living in nuclear families and living alone, according to a study conducted in South India. As per the study, family and living arrangements have a major impact on the mental health of elderly people [11].

The elderly is believed to be the most susceptible group. During this delicate age range, they are prone to a variety of physical and psychological health difficulties. The study's goal is to look at neuroticism in older people who live in joint families and nuclear households.

## METHODOLOGY

### **Aim:**

To find out the level of neuroticism in elderly people who are living in joint and nuclear families.

### **Hypothesis:**

- There is no difference in neuroticism among elder people who are living in Joint and Nuclear families.
- Elder people in nuclear families have more physical and psychological distress as compare to joint family.
- Elder people in Joint families have less physical and psychological distress.

### Sample

The total sample of present study comprised of 40 old age people between age group 60 to 80. Out of these 20 were selected from Joint family and 20 were from Nuclear family. The data were collected from Kolhapur and Sangli city.

### Tools

Dr. S.K. Verma, Dr. Dwarka Prasad and Dr. N.N. Wig's PGI Health Questionnaire N-1 was used to examine the neuroticism of respondents. This questionnaire consisted of 38 sentences which were in Hindi language. Questionnaire was divided into two sections, i.e. Section 'A'(Physical distress) and Section 'B'(Psychological distress). Reliability of test was examined using test retest and split half methods and was found to be significant high (0.88 and 0.86 respectively). The concurrent validity and predictive validity have been reported to be good.

### Procedure

The Study was carried out in Kolhapur and Sangli city of Maharashtra, India. Purposively, Elderly people in the age group of 60 to 80 who are living in joint and nuclear families were selected. Illiterate elder people were also included in the study. A survey was conducted using PGI Health Questionnaire N-1. It was divided into two sections, i.e., Section 'A' (Physical distress) and Section 'B' (Psychological distress). A combination of 'physical' and 'psychological' scores constitutes a better measure of neuroticism. Interview was also carried out of the participants individually. In the interview their chief complaint, personal information, educational view, social view, Political view and other factors were included.

## RESULTS AND DISCUSSION

Result shows significant difference between mean scores of joint and nuclear families elderly people neuroticism.

**Table 1: Table showing Mean, Standard deviation and 't' value of elderly on neuroticism. (N=40)**

Groups	N	Mean	SD	df	't' value	Level of significance
Joint Family	20	8.05	6.46	38	3.8	Significant at both the level
Nuclear Family	20	15.65				

Table 1 presents Mean and SD scores obtained by Joint and Nuclear families elderly neuroticism and their corresponding 't' value obtained. It reveals that the mean score on Neuroticism of joint family is 8.05 and 15.65 of nuclear family. The obtained 't' value is 3.8 which is significant at 0.01 level.

**Table 2: Table showing Mean, SD and 't' value of elderly physical distress on neuroticism. (N=40)**

Groups	N	Mean	SD	df	't' value	Significant level
Joint Family	20	3.9	3.02	38	2.40	Not significant at 0.01 level. but significant at 0.05 level
Nuclear Family	20	6.15				

Table 2 presents Mean and SD scores obtained by Joint and Nuclear family physical distress and their corresponding 't' value obtained. It reveals that the mean score on Physical distress of joint family is 3.9 and

6.15 of nuclear family. The obtained 't' value is 2.40 which is significant at 0.05 level but not significant at 0.01 level.

**Table 3: Table showing Mean, SD and 't' value of elderly psychological distress on neuroticism (N=40)**

Groups	N	Mean	SD	df	't' value	Significant level
Joint Family	20	4.15	4.41	38	3.77	Significant at both the level
Nuclear Family	20	9.4				

Table 3 presents Mean and SD scores obtained by Joint and Nuclear family psychological distress and their corresponding 't' value obtained. It shows that the mean score on psychological distress of joint family is 4.15 and 9.4 of nuclear family. The obtained 't' value is 3.77 which is significant at 0.01 level.

## DISCUSSION

The purpose of this study was to look at neuroticism in older people who lived in joint and nuclear families. In our country, the difficulties of the elderly differ from society to society and take on many forms. The results demonstrate a considerable difference in neuroticism between elders from joint and nuclear families. In comparison to joint families, elderly persons living in nuclear households were found to have more neurotic tendencies.

When compared to joint families, elderly people who live in nuclear households have more psychological suffering. Negative life attitudes, irritability, social phobia, and rage are all psychological symptoms that are more common in elderly persons from nuclear households. Loneliness, tense family connections, a lack of family care, and a sense of abandonment were all prominent causes among elderly persons living in nuclear families. The fact that older people living in joint families engage in a variety of activities, interact with their family members, and participate in social activities is one of the reasons for their good health.

The majority of older people said it was a time of dependency since they were reliant on their families for support, 25% of them felt financially insecure, and 20% of respondents thought it was a time of loneliness. Economic insecurity and loneliness were cited by 40% of respondents as negative perceptions. Many of them claimed that their daughters-in-law had humiliated them and that their sons were uninterested in them. As is customary in our culture, 70 percent of elderly people living in joint families were cared for by their family members, and respondents stated that their children treated them with respect, provided proper care, and provided comfort. During their sickness, they also got financial, social, and emotional support from their grandchildren, sons, and daughters-in-law.

The elderly has been the hardest hit by this shift in attitudes and family structure. Many of them believe that the younger generation's attitude toward them has shifted dramatically and has become less satisfactory. In both traditional and nuclear families, older women had more unfavourable opinions toward old age.

It is a widely held assumption that as people's age increases, they become more religious. Religion, to some extent, gives social support in the form of personal interaction with others at religious events with whom they can express their opinions. According to research, life satisfaction is strongly linked to socio-demographic and psychosocial factors. Two socio-demographic characteristics (income and education) have been found to influence life satisfaction both directly and indirectly via psychological aspects such as physical activity level, contentment with leisure activities and social contacts, perceived health, and physical disease. In terms of personal preferences, elderly individuals in both types of families preferred to pass their time by watching television, reading religious literature, periodicals, and newspapers.

These findings are consistent with earlier studies conducted by Sood, R., Mehta, M., and Kumar, V. (1996). In India, it is possible to say that family is still the primary source of assistance for the elderly [12]. In our country, where a value-based joint family system is supposed to prevail, old age has never been a problem.

**Limitations**

- The sample size was small and further investigation is needed with large size of sample.
- The homogeneity of the sample is also one of the limitations of this study as most of the subjects were from the same socio-economic status.

**CONCLUSION**

It was discovered that the mean Neuroticism scores of elderly people living in nuclear families were higher than those of elderly people living in joint families. It is possible to conclude that a joint family arrangement is better for the elderly

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