Resources, stressors and psychological distress among older adults in Chennai, India[☆]

Srinivasan Chokkanathan*

Social Work, National University of Singapore, Blk AS3, Level 4, 3 Arts Link, 117570 Singapore, Singapore

ABSTRACT

Scant information exists on the complex interaction between resources and stressors and their subsequent influence on the psychological distress of older adults in India. Within the framework of resource theory, the present study examined the various pathways through which resources and stressors influence psychological distress by testing four models – the independence model, the stress-suppression model, the counteractive model and the resource-deterioration model. The independence model posits that resources and stressors have a direct relationship with psychological distress. The stress-suppression model hypothesizes that stressors mediate the influence of resources on psychological distress. The counteractive model postulates that stressors mobilize resources, which in turn influence psychological distress. The resource-deterioration model states that stressors deplete resources and subsequently exacerbate distress. In the present study, resources include social support, religiosity and mastery; stressors include life events, abuse and health problems. Psychological distress was measured using the Center for Epidemiological Studies Depression scale and Geriatric Depression Scale. Interviews were conducted among 400 adults aged 65 years and above, randomly selected from the electoral list of urban Chennai, India. The battery of instruments was translated into Tamil (local language) by back-translation. Structural Equation Modeling was conducted to test the three models. The results supported the stress-suppressor model. Resources had an indirect, negative relationship with psychological distress, and stressors had a direct, positive effect on distress. As such there is a need to identify and strengthen the resources available to older adults in India.

© 2008 Elsevier Ltd. All rights reserved.

Introduction

Older adults encounter biological, social and economic losses called stressors, which may enhance the risk for psychological distress. Older adults draw upon or utilize resources embedded in their psychosocial lives to prevent, resolve, and cope with stressors. There is growing evidence that resources compensate for losses (Steverink, Westerhof, Bode, & Dittmann-Kohli, 2001) and alleviate distress during late life (Krause, 1997; Martin, Grünendahl, & Martin, 2001; Pearlin, 1989). However, the dynamic mechanisms involved in the relationship among resources, stressors, and distress are not clear. Understanding the specific pathways underlying these factors may help tailor psychosocial and community-based interventions to enhance an older adult's well-being, through the strengthening of the appropriate resources. This current study used resource theory (Ensel & Lin, 1991) as a framework, to investigate the relationship between stressors and resources and its influence on the psychological distress of older adults in Chennai, India.

India ranks second in the world in terms of the number of older adults. According to Census of India (2001) there are 49,105,542 people aged 65 years and above. Furthermore, the older adult population is projected to rise from 76 million in 2000 to 179 million in 2031 and to 327 million in 2050 (Irudaya Rajan, Sankara Sarma, & Mishra, 2003). Although Indian culture stipulates that the family should take care of older people, it is widely recognized that socio-demographic changes have eroded the traditional support system of older adults, making them susceptible to psychological distress.

Given these socio-demographic transitions and their adverse impact on older adults in India, it is quite surprising to note that there is a paucity of information on resources, stressors and psychological distress experienced by this segment of the population. Jamuna (2003) argued that mental health, disability, psychosocial problems, abuse and family ties deserve priority in gerontology research. In broad terms, in India, research on psychological distress during late-life depicts two parallel strands. One strand emphasizes stressors and their association with psycho-logical distress (Patil, Gaonkar, & Yadav, 2000; Rao, 1997; Satapathy, Kar, Das, Kar, & Pati, 1997). The second strand, though meager, has focused on resources, mainly social support, and their influence on psychological distress (Nathawat, 2000; Nathawat & Rathore, 1996; Prema, 2000). There is a need to merge these two strands to shed light on the pathways by which resources and stressors influence distress in the population of older Indian adults. For instance, studies with elderly populations in the West have shown that besides the direct relationships of stressors and resources on psychological distress, resources and stressors also interact with each other to influence psychological distress (Bisschop, Kreigsman, Beekman, & Deeg, 2004; Jang, Haley, Small, & Mortimer, 2002). Given the complex mechanisms by which resources influence stressors and distress, researchers in India need to explore the psycho-social resources available for older adults in India. The primary goal of the current study is to investigate the direct and indirect pathways by which resources and stressors influence distress by examining these relationships in the broader social context of Indian older adults.

Conceptualization

Resource theory comprises three components: resources, stressors, and distress. Resources are identified as elements in the internal (psychological) and external (social) environments, either of which enhance well-being or mediate or counter the potential adverse consequences of stressful conditions or situations (Lin, 1986). Due to a considerable overlap between resources and coping, conceptual clarification is in order. Coping is the process of attempting to manage the demands created by stressful events that are appraised as taxing or exceeding a person's resources (Lazarus & Folkman, 1984). Coping denotes efforts pursued by an older adult to prevent, diminish, or tolerate stressful circumstances, whereas resources aid in this process. "Resources refer not to what people do, but to what is available to them in developing their coping repertoires." (Pearlin & Schooler, 1978, p. 5). Folkman

(1984) states that based on the availability of resources, an individual may chose coping strategies to deal with stressful circumstances. For instance, an older adult who is high in mastery may use problem-solving coping, which has been found to diminish distress (Kant, D'Zurilla, & Maydeu-Olivares, 1997).

In the present study, social support, religiosity, and mastery were considered as indicators of resources. Research has consistently shown that social support offsets psychological distress (Chou, 2005; Chou, Chi, & Chow, 2004; Vanderhost & Mclaren, 2004). In India, social support takes on an added significance as a resource due to the socio-economic dependency of older adults on their family members, the emphasis on the family to take care of older persons, the dearth of alternate sources of care, and the reluctance of older adults to use meager alternate care services. For instance, data collected at the national level show that a significant proportion (84.4%) of older adults co-reside with their married children (Irudaya Rajan & Kumar, 2003) and that the majority of older adults are dependent on their children for their financial needs (Irudaya Rajan, Mishra, & Sarma, 1999; National Sample Survey Organization, 1998). Social support is measured in terms of structural and functional aspects. The structural aspects assess the number, type, and geographical distri-bution of social contacts; the functional aspects assess the different kinds of support functions, and their perceived value. Although social networks are essential for support, the mere presence of a network does not guarantee the availability of support (O'Reilly, 1988). In the present study, functional aspects of social support were measured.

The positive influence of religiosity on well-being has been extensively documented among the older adult pop-ulation (Ardelt, 2003; Idler & Kasl, 1992; Koenig, George, & Peterson, 1998; Kundu, Sanyal, & Das, 1989; Patrick & Kinney, 2003). Researchers have found a high level of religiosity among older adults in India (Ray, Dasgupta, & Basu, 2003). In addition, Juthani (2001) and Wig (1999) have shown that religiosity plays an important role in the treatment of mental health problems. In the present study, religiosity includes both organizational (extrinsic) and non-organizational (intrinsic) components. The former refers to attendance at church, temple, or mosque and the frequency of religious behavior, while the latter denotes one's subjective belief in religion (Moberg, 2001).

Mastery is defined as the perception about one's power or control over events (Pearlin & Schooler, 1978). Research has extensively documented the positive effects of mastery on physical and mental health (Roberts, Dunkle, & Haug, 1994; Zautra, Reich, & Newsom, 1995). Older Indian adults are dependent on other family members for their socio-economic needs. The family as a system is more highly valued than the individual. Hence, older adults may attri-bute control over events to significant others. Additionally, older adults attribute both desirable and undesirable events to God/Karma (Dalal, 2000). For example, it is a commonplace to hear in day-to-day discourse that "everything is in the hands of God," "we are mere tools," and "it is God's wish".

The term *stressor* is used to refer to those problems, hardships, and other circumstances that have the potential