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Research Article

WIDOWHOOD-ONE OF THE DARKEST PART OF END OF LIFE SPAN AND ITS PSYCHOLOGICAL TURMOILS

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ABSTRACT

A sample of 200 aged individuals (100 married consisting 50 men and 50 women and 50 widows and 50 widowers) was selected. The variables selected for the study were anxiety and happiness. Data analysis of group wise differences reveals that lesser anxiety on the part of married elderly pinpoints the fact their basic happiness in conjugal life seems to act as a buffer to erase the ill effects of the obvious anxieties in life and mundane hassle patterns. Positive perspective in the emotionally involved life context helps them to have a feeling of bliss in the emotional context of conjugal life which may be one of the contributory factors for having greater happiness of married group in comparison to their widow/widower counterparts. On the other pole, widows/widowers tend to be apprehensive in meeting any additional problems in life. In fact, their negative attitude becomes the main source of anxiety. Usually, after death, the survivors alone have to carve out an entirely new life structure and receive avoidance from the closer ones when it is mostly needed and as a result they fail to smell the fragrance of happiness in the context of general life. Pattern of gender differences indicates that female elderly have greater anxiety and lesser happiness in comparison to male subsample. Probable reason may be that due to possession of certain traits like pride, contentment, hope males become able to erase the unsuccessful past episodes of their lives and suffer from less anxiety. On the other hand lack of satisfaction, hopelessness, lack of social support also lead to lesser positive affect in females and decorated their lives with daily hassles and anxieties.

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INTRODUCTION

The last stage of marriage is overwhelmingly one of widowhood, especially for women. In fact, widowhood constitutes a chunk of the elderly population which necessitates its inclusion in the present investigation, to reveal their psyche from mental health perspective. Widowhood is the status of person whose spouse has died and who has not remarried. Becoming a widow or widower is a process that may involve the spouses' illness to die (it is not a sudden death), the event of death and funeral and a period of grief. The effects of this process on widowed person vary considerably depending upon several factors. The society, its structure and culture and the striving spouse within it tend to influence the form and timing of death, rituals surrounding it and the roles, relations and life styles available to widow and widower. There are approximately five times more widows over the age of sixty five than there are widowers (Glick, 1979). A recent study also shows that widowers overall mortality rate is 26 percent higher than that for matching married men. For widows the mortality rate is only 3.8 percent higher than for matching married

women. It is interesting to note there is no evidence that either men or women are significantly more likely to die in the early months of bereavement. Hali, the women in United States who are over 65 yrs. and are nearly 7 out of 10 times over 75 yrs., are widowed compared with only 1 out of every 8 men over 65 and 1 out of 5 men aged 75 yrs. or older (U.S Bureau of census, 1983). This is largely because women live longer than men and usually marry men older than themselves. At all ages black women are more likely to be widowed than white women, reflecting higher mortality rates among black men. The personal resources of the survivor including the level of economic independence, the role cluster in which she is involved, health, self concept and areas of competence help to determine whether becoming a widow or widower results in disengagement from the social world (Cumming and Henry, 1961) or in the restructuring of self identified and supportive system (Lopata, 1973, 1979).

The Situation of Widows' and Widowers' World:

The situation of widows' world over is symbolic of the status of women and of the specific characteristics of society. Social

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development has modified the structures creating high levels of urbanization and industrialization (Inkeles 1983).

“As long as you have your husband, you’re not old,” said one recently widowed 75 year old woman. “But once he dies, old age sets in fast”. One significant effort of prolonged life span of women is widowhood. Widowers in contrast to widows, generally exhibit more severe problems of disorganization. They have higher rates of suicide, physical illness, mental illness, alcoholism and accidents (“The Plight...” 1974). If the marriage has been good, there is a great emotional void. The survivor has lost a lover, a confidant, a good friend, a steady companion. Even, in bad marriages, the loss is felt. For one thing the role of spouse no longer exists. Social life changes for widows while friends and family usually rally to mourner’s side immediately after the death, eventually they all return home and go about their own lives, leaving the survivor alone to carve out an entirely new life structure. Friends sometimes become upset when bereaved people talk about their grief, because they cannot deal with the thought that this could happen to them, too. As a result, they may avoid the widow or widower when their friendship is most sorely needed.

Following table shows that the percentage of widows in India is disproportionately higher than that of widowers due to cultural practice of men marrying younger women and widow remarriage being uncommon.

Age (years)	Percentage of widowed elderlies	
	Male	Female
60-64	14.13	55.98
65-69	17.06	58.41
70+	27.12	77.57

More than 65% of women live without a spouse as compared to 29% of men. According to the last census, there were 33 million widows in India and 64% of them were above 80 years. In older years widowhood brings not only loneliness and depression but also economic dependence (Silverman and Cooperband, 1975).

The incidence of widowhood increases sharply with age. The overlap between incidence of widowhood and aging is strikingly high among women with serious economic and social consequences. Large number of elderly widows without much access to income may be totally dependent on family member support. In added concern is the fact that mortality rates are 85% higher among widows than among married women of similar age. This continues the notion that widows in India experience particularly high level of deprivation (Bhatt 1998). From a review of several studies, Chen (1998) points out in India; the experience of losing one’s spouse is overwhelmingly intense among females. Widows face difficulties in exercising their poverty rights; they are likely to be pushed into poverty and are often ignored by the social securing schemes of the state.

Adjustment Pattern of Widowhood

Women seem to adapt to the solitary life of a widow much better than men adjust of a life as widower. Like any other life crisis, widowhood affects people in different ways, depending on their personalities and their circumstance.

Those who seem to make the best adjustment to widowhood keep themselves busy, develop new roles (taking on new paid

or volunteer activities) or focus on pre-existing ones (involving themselves more with the activities they have already begun), see a lot of their friends (which seems more helpful than seeing a lot of their children), and take the advantage of such programmes in the community as widow support groups (Vachon *et. al*; 1980, Barrett 1978).

One of the big problems faced by both sexes is economic hardship. As the husband was the bread-winner, his widow is now deprived of his income. The widowed man, on the other hand, now has to buy many of the services his wife had provided. Even when both spouses were employed, the loss of one income is often major (Lopata, 1977; 1979).

The biggest problem, though is still the emotional one, it takes time to heal the pain of loss. People can, however, prepare themselves better for life in general if they begin early to gain a strong sense of their own identity. A woman is less likely to be devastated by her husband’s death if she is used to pursuing her own interests and knows how to manage the financial and practical details of her life. A man will cope better if he knows how to cook, do laundry, and make his own social plans.

Widowhood in Modern Societies

In modern societies many women who are widowed live independently, free from control of the family and are able to maintain themselves economically through paid employment or the social security system in case of United States (Berardo, 1971). This picture is assumed to vary in Indian culture, owing to its culture-specific conditions and attitude to older widows.

The impact of widowhood can be understood from different aspects of psychological variables. Ong, Bergeman and Bisconti (2005) made a study on the role of daily perceived control in a recently bereaved sample of 34 older adult widows. Trait measures of environmental mastery and stress were measured in questionnaires, and state measures of anxiety, depression, stress, and control were assessed daily over ninety-eight days. Results revealed significant reductions in the magnitude of the stress anxiety correlation days in which greater controlled perception were present. For widows with greater environmental mastery, there were significant attenuation in the magnitude of the within person correlation between control and anxiety. Rasquinha and Acharya (2012) made a study on Death anxiety among Institutionalized and Non-Institutionalized elderly widows and widower. The study aimed to find differences in death anxiety among institutionalized and non institutionalized elderly widows and widowers. The sample consisted of 60 institutionalized and 60 non-institutionalized elderly who were further divided into 30 widows and 30 widowers from both the sectors. Death Anxiety scale developed by Templer consisting of 15 items was administered to the sample. The data collected was statistically analyzed using two way ANOVA. Results indicated that there was no difference in death anxiety among institutionalized and non institutionalized elderly. No significant difference in death anxiety was found among elderly widows and widowers. In another study Easterlin (2001) examined the happiness of men and women in later life. As they move into and through the retirement, women’s advantage over men in happiness is reversed. Although the happiness of both sexes is affected similarly by retirement from work, marital disruption, and changes in income and health, the difference between men and

women in the life cycle occurrence of retirement and widowhood results in different trends in happiness. Men who survive to older age benefit disproportionately from the positive effect on happiness of retirement, while women suffer disproportionately from the adverse effect of widowhood. For women and men in the same work and marital circumstances, women continue to be happier than men. In the future, the turnaround in the relative happiness of women and men in later life is likely to continue, but the shift will be somewhat smaller in magnitude.

Keeping these sketches in mind the present study made an attempt to examine pattern of anxiety and happiness among widow and widower in comparison to their married counterparts.

METHOD

Operational definition of the variables

General Mental Health

'Mental Health' is a recent construct in the history of Western Psychiatry and has been determined by a variety of normative social, economic and political factors (The World Health Report, 2001).

Anxiety

Anxiety involves a more general or diffuses emotional reaction-beyond similar fear, which is out of proportion to threats from the environment directed towards the person's present circumstances, and is typically associated with the anticipation of future problem (Roth and Argyle, 1988). In order to study anxiety, one has to know whether the individual is prone to be anxious (trait anxiety) or it is his transitory situational anxiety (state anxiety), be it somatic or psychic.

Happiness

'Happiness is a term that conveys several different meanings including momentary joy, satisfaction with life and long term enjoyment. The term is also used as a popular and short-hand way of speaking about subjective well-being' (Friedman, 1998).

Research Hypotheses

- There is no significant difference between widow/widower elderly individuals in comparison to their married counterparts (men and women) in terms of the following variables
 - A. Anxiety
 - B. Happiness
- There is no significant difference in terms of gender variation irrespective of the different groups with regard to the following variables
 - A. Anxiety
 - B. Happiness
- There is no significant intra-group difference with regard to the following variables.
 - A. Anxiety
 - B. Happiness

Sample and its Characteristics

A total number of two hundred aged individuals (men and women) among which hundred belonging to each group namely **married** (N=100, Mean=53.59 years S.D=1.75 years) **widowed** (N=100, Mean=53.92 years S.D=1.60 years) were selected.

The subjects were selected on the basis of the following criteria:

Inclusion Criteria

Sex- Male and Female

Age-50-60 years

Educational level- Graduation

Working Status- Working at government offices and private sectors

Marital Status-Married/widowed

Exclusion Criteria

Marital Status-Remarried/Unmarried/Divorcee

Working Status- Retired

Clinical Status- Presence of psychopathological symptoms

Female candidate who not yet reached menopausal state was excluded.

Selected Tools

- a. **Information Blank**- It includes information like name, age, sex, religion, mother tongue, marital status, education, family history, working status, per capita income, personal hobby, future economic plan, and major illness.
- b. **General Health Questionnaire (GHQ)** by **Goldberg and Hiller (1979)** is used for eliciting psychiatric morbidity among the sub-samples. It is a self-administered screening test aimed at detecting psychiatric disorders among the respondents. The questionnaire was designed to be easy to administer, acceptable to respondents, fairly short and objective in the sense that it did not require the person administering it to make subjective assessment about respondents. There is no time-limit to complete it. The instruction to complete it, precedes the inventory.

Development of the Test: This test was developed by **Goldberg and Hiller (1979)** in different version depending upon the nature of items. GHQ-28 containing 28 items is derived from factor analysis of GHQ-60 and consists of four subscales; each subscale assesses separate factors like somatic symptom, anxiety and insomnia, social dysfunction and severe depression. It is as good as any other version of GHQ as a case detector. At the same time it gives scale sub-scores. Each item has four response alternatives.

Scoring: Scoring was done by GHQ method (0-0-1-1-) as suggested by **Goldberg and William (1988)**. Threshold for case- identification was taken as 4/5, i.e. score signifies a non-psychiatric case. Total score ranges from 0-28.

Interpretation: It is based on the responses given and scores assigned to them. Greater score indicates negative health conditions i.e. lower score indicative of good health condition.

Reliability: In GHQ, correlation co-efficient of each item with total score is significant at 0.01 level. The split-half reliability is 0.97. Its sensitivity and specificity are 1 and 0.88 respectively.

Selection of the Tools: In the present study, the General Health Questionnaire (GHQ) is used among the subjects to search out those with a psychiatric disorder.

State- Trait Anxiety Inventory (STAI): The State-Trait Anxiety Inventory for adults is the most widely used measure of anxiety developed by [Speilberger, Gourusch and Lushene \(1970\)](#).

Description of the Test: The State-Trait Anxiety Inventory (STAI) was initially conceptualized as a research instrument for the study of anxiety in adults. It is a self-report assessment device which includes separate measures of state and trait anxiety. According to the author, state anxiety reflects a “transitory emotional state or condition of the human organism that is characterized by subjective, consciously perceived feelings of tension and apprehension and heightened autonomic nervous activity”. State anxiety may fluctuate over time and can vary in intensity. In contrast, trait anxiety denotes “relatively stable individual differences in anxiety proneness...” and refers to a general tendency to respond with anxiety to perceive threats in the environment.

Scoring and Norms: Scores on the STAI have a direct interpretation: high scores on their respective scales indicate more state or trait anxiety and low scores indicate less loadings of the same.

Reliability: The stability of the STAI scale was assessed on male and female samples of the high school and college students for the test-retest intervals regarding from one hour to hundred four days. The magnitude of reliability co-efficient decreased as a function of interval length. For Trait –Anxiety scale the co-efficient ranged from 0.65 to 0.86, whereas, the range for the State-Anxiety scale was 0.16 to 0.62. This low level of stability for the State-Anxiety scale is expected since responses to the items of this scale are thought to reflect the influence of whatever transient situational factors exist at the time of testing.

Validity: Correlations are presented in the manual between this scale and other measures of Trait-Anxiety: The Taylor Manifest Anxiety Scale, the IPAT Anxiety Scale, and The Multiple Affect Adjective Check-List. These correlations are .80, 0.75 and 0.52 respectively.

Suggested Uses: Recommended for studying anxiety in research and clinical settings

The Oxford Happiness Questionnaire (OHQ): This test has been developed by [Hills and Argyle \(2002\)](#) for the measurement of overall happiness.

Description of the Test: An improved instrument OHQ has been derived from the Oxford Happiness Inventory (OHI). It consists of 29 items, each presented as a single statement which can be endorsed on a uniform six point Likert scale. Sequential orthogonal factor analyses of the OHQ identified a single higher order factor, which suggests that the construct of well-being it measures is uni-dimensional.

Administration: OHQ is a self administering questionnaire and instructions are given in the beginning of the questionnaire. There is no time-limit to complete it.

Reliability: The OHQ has high scale reliabilities with values of (168) = 0.91 respectively.

Validity: The inter-item correlation for the OHQ ranged from -0.04 to 0.65. Highly significant difference ($p < 0.01$) was obtained between high and low group of OHQ score for every item of OHQ ([Hills and Argyle, 2002](#)). This indicates that all items of OHQ are making a valid contribution to the measurement of overall happiness.

Scoring: Each of the 29 items has six response options-1, 2, 3, 4, 5, 6. Item no: 1,5,6,10,13,14,19,23,24,27,28,29 are reversed items and they are scored in reverse order. Rest items are score in direct order i.e. for item no: 2, the option is 2, and then the score is 2. The sum of the item scores is an overall measure of happiness, with high score indicating higher happiness.

Sampling Technique

The present research endeavour has employed purposive sampling as the technique of selection of subjects. After outlining the methodological plan adopted during the present study, it is necessary to describe the procedural steps in some details. At this juncture, it is also needed to shed light to some preparatory work that was done prior to the final administration of the tests.

Procedure

Data were collected from different areas of Kolkata city. The respondents were approached on the basis of personal contact with them. Each subject was administered the above mentioned tests. Sufficient time gap was provided in order to avoid any monotony on the part of the subjects. The information schedule was administered to gather personal information about the respondents and GHQ-28 was administered to screen psychiatric morbidity indicating general mental health.

Precautions

1. No time limit was given to the respondents while answering the questionnaires. However, it was found that most of the respondents covered the questionnaires within scheduled time.
2. It was noted that each individual being tested should interpret the questions for themselves. The investigator answered questions about any particular item.
3. It was assured to the respondents that the results of tests would be treated in strict confidence.
4. Lastly, the respondents were asked to answer the question freely, frankly and honestly.

After the collection of data, scoring was done for each test and the scores were subjected to statistical analysis.

Statistical Analysis

Data analyses were done by the methods described below:

- I. **Descriptive Statistics:** Computation of mean, S.D.
- II. **Inferential Statistic:** Computation of “t” test.

RESULTS

The data obtained from the subjects were systematically arranged and properly tabulated with respect to each of the variables considered in the present study. The presentation of the data has reflected the measures of the obtained selected study variables and their statistical distributions on the basis of which suitable statistical techniques were applied to analyze and to find out necessary information to serve the objectives of the study.

The first section deals with the descriptive statistics in terms of mean and standard deviation for four different study groups (namely married, widow/widower, divorcee and unmarried), and gender (males and females) corresponding to each of the selected variables and their respective dimensions.

Table 1 Means (M) and Standard deviations (S.D) of the different study groups (married, widow/widower) corresponding to the selected variables and their respective dimensions

Variables	Married (N=100)		Widow/Widower (N=100)	
	Mean	S.D	Mean	S.D
State anxiety	29.72	4.96	50.96	4.39
Trait anxiety	34.32	5.29	52.71	3.57
Happiness	145.32	5.85	78.13	3.09

Table 1 reveals that married individuals have highest degree happiness but lowest state and trait anxieties in comparison to widow/widower elderlies.

Table 2 Means (M) and Standard deviations (S.D) of male and female participants (irrespective of the different groups) corresponding to the selected variables and their respective dimensions

Variables	Males (N=100)		Females (N=100)	
	Mean	S.D	Mean	S.D
State anxiety	36.64	11.31	44.04	10.07
Trait Anxiety	39.98	10.09	47.05	9.18
Happiness	111.84	34.57	111.61	33.59

Table 2 represents that female group have highest degree of state and trait anxieties in comparison to their male counterparts but both groups are positioned at the same point from the view point of happiness.

Table 3 Means (M) and Standard deviations (S.D) of the different male and female study groups corresponding to the selected variables and their respective dimensions

Variables	Male Groups	Means	Standard Deviations	Female Groups	Means	Standard Deviations
Widower (N=50)	47.74	2.16	Widow (N=50)	54.18	3.61	
Trait Anxiety	Married (N=50)	30.18	2.85	Married (N=50)	38.46	3.65
	Widower (N=50)	49.78	1.32	Widow (N=50)	55.64	2.56
Happiness	Married (N=50)	145.82	6.96	Married (N=50)	144.82	4.50
	Widower (N=50)	77.86	3.12	Widow (N=50)	78.40	3.07

Table 3 shows that married males have higher happiness than widowers but widowers have higher state and trait anxieties but lower happiness than married counterparts.

Married females have also higher happiness than widows but widows also bearing the same trend as widowers in both dimensions of anxiety.

The above result table also indicates that that married females and widows have higher state and trait anxieties than married male and widower elderlies. From the view point of happiness married male and female elderlies and widow and widowers are positioned at similar point.

The second section deals with inferential statistics in the form of t-test for investigating the effect of group and gender upon the selected variables and their respective dimensions.

Table 4 Mean difference obtained from t-test showing the significance of the difference between different study groups (married and widow/widower elderlies) corresponding to the selected variables and their respective dimensions

Variables	Groups	Combination of Groups	Mean Difference obtained from t- Test (df=198)
State anxiety	Married (N=100)	Married and Widowed	21.24**
	Widowed (N=100)		
Trait Anxiety	Married (N=100)	Married and Widowed	18.39**
	Widowed (N=100)		
Happiness	Married (N=100)	Married and Widowed	67.19**
	Widowed (N=100)		

*p<0.05 level of significance
**p<0.01 level of significance

Table 4 represents that all the groups (married and widow/widower) irrespective of gender have significant mean differences with respect to both the dimensions of anxiety and happiness.

Table 5 Mean difference obtained from t-test showing the significance of the difference between gender (irrespective of groups) corresponding to the selected variables and their respective dimensions

Variables	Males (N=100)		Females (N=100)		Mean Difference Obtained from t- Test (df=198)
	Mean	S.D	Mean	S.D	
State anxiety	36.64	11.31	44.04	10.07	4.73**
Trait Anxiety	39.98	10.09	47.05	9.18	5.180**
Happiness	111.84	34.57	111.61	33.59	.048

*p<0.05 level of significance
**p<0.01 level of significance

Table 5 represents that female group have highest degree of state and trait anxieties in comparison to their male counterparts but both groups are positioned at the same point from the view point of happiness. It is also found that there exists a significant mean difference with respect to anxiety but no significant difference is found in case of happiness.

Table 6 Mean difference obtained from t- test showing the significance of the difference between males of different study groups corresponding to the selected variables and their respective dimensions

Variables	Groups	Combination of Groups	Mean Difference Obtained from t-Test (df=98)
State anxiety	Married males (N=50)	Married and	22.20**
	Widower (N=50)	Widower	
Trait Anxiety	Married males (N=50)	Married and	19.60**
	Widower (N=50)	Widower	
Happiness	Married males (N=50)	Married and	67.96**
	Widower (N=50)	Widower	

*p<0.05 level of significance
**p<0.01 level of significance

Table 6 represents that all the male groups (married and widower) have significant mean differences with respect to both the dimensions of anxiety and happiness.

Table 7 Mean difference obtained from t- test showing the significance of the difference between females of different study groups corresponding to the selected variables and their respective dimensions

Variables	Groups	Combination of Groups	Mean Difference Obtained from t-Test (df=98)
State anxiety	Married females (N=50)	Married and	20.28**
	Widow (N=50)	Widow	
Trait Anxiety	Married females (N=50)	Married and	17.18**
	Widow (N=50)	Widow	
Happiness	Married females (N=50)	Married and	66.42**
	Widow (N=50)	Widow	

*p<0.05 level of significance
**p<0.01 level of significance

Table 7 represents that all the female groups (married and widow) have significant mean differences with respect to both the dimensions of anxiety and happiness.

Table 8 Means (M), standard deviations (S.D) and t values of males and females for each of the different study groups corresponding to the different selected variables and their respective dimensions

Variables	Groups	Males (N=50)		Females (N=50)		t-test (df =98)
		Mean	S.D	Mean	S.D	
State anxiety	Married (N=100)	25.54	2.01	33.90	3.39	16.39**
	Widower/Widow (N=100)	47.74	2.16	54.18	3.61	10.83**
Trait Anxiety	Married (N=100)	30.18	2.85	38.46	3.65	12.63**
	Widower/Widow (N=100)	49.78	1.32	55.64	2.56	14.39**
Happiness	Married (N=100)	145.82	6.96	144.82	4.50	.85
	Widower/Widow (N=100)	77.86	3.12	78.40	3.07	.87

*p<0.05 level of significance
**p<0.01 level of significance

Table 8 shows that married females and widows have higher state and trait anxieties than married male and widower elderlies. Result table also reveals the fact that significant mean differences are found in case of state and trait anxieties but not in case of happiness.

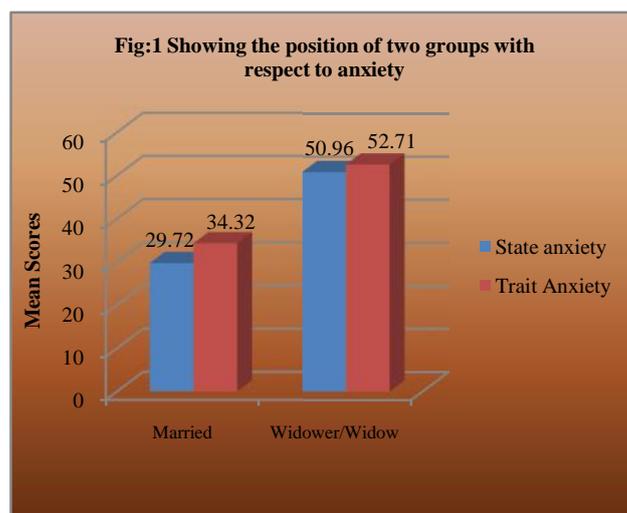
DISCUSSION

The total set of data was analyzed in terms of the descriptive statistics of mean and standard deviations of all the selected groups of samples. The significant differences were obtained from t- test in many instances of the selected variables of the study.

Anxiety

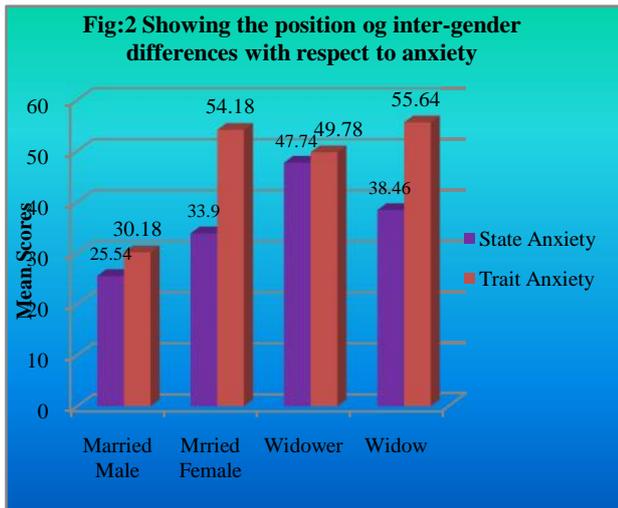
Statistically significant intergroup differences were located in terms of anxiety in the present study (Table 1, 4 and 8)

In this respect aged **married individuals** were found to possess lesser state (Mean= 29.72 and S.D= 4.96) and trait (Mean=34.32 and S.D= 5.29) anxiety than their other comparable counterparts, namely, tends to widows/ widowers elderly people. The probable reason may be that the apparent family involvements along with the hassles of daily routine keep them preoccupied mostly. Additionally, their basic happiness in conjugal life seems to act as a buffer to erase the ill effects of the obvious anxieties in life and mundane hassle patterns. Further, existing literatures pinpoint that adequate economic and social resources may be another reason for lesser state and trait anxiety among aged married elderlies (Coyne et.al, 2001; Orth Gromer, 2000).



Furthermore, findings of interaction effect reveal significantly higher state (Mean =33.90 and S.D=3.39) and trait (Mean=38.46 and S.D= 3.65) anxiety on the part of females than male (Mean of State anxiety =25.54 and S.D=2.01, Mean of Trait anxiety=30.18 S.D=2.85) counterparts of the same group (Table-1 and 8). Dual adjustments in workplace and familial role prevent females to control their temper (Schaie and Geueitz, 1982; Schneider, 1996) but for females, their spouses are more reliable and available care providers which appears to create a lot of expectations and lesser anxiety among them (Glenna and Russell, 2000).

Both widow and widowers tend to be apprehensive in meeting any additional problems in life. In fact, their negative attitude becomes the main source of anxiety (Mean score of State anxiety=50.96, S.D=4.39 and Mean score of Trait anxiety=52.71, S.D=3.57) (Table-1, 4 and 8) for them (Chao and Chadha, 2002).

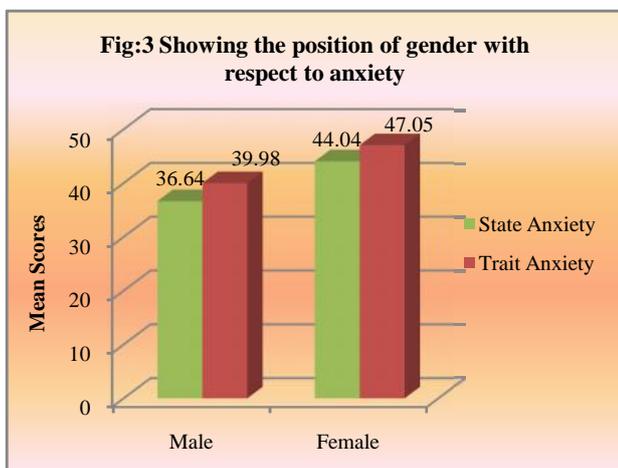


Later analysis indicates significantly higher state (Mean=54.18 and S.D=3.61) and trait (Mean=55.64 and S.D=2.56) anxiety on the part of widows (Table-1 and 8) because after their husbands' death, socialization and consequent life experiences do not adequately prepare them to start a new life (Lopata, 1977; 1979; Silverman, 1970) resulting in severe problems of disorganization (Vachon *et.al*; 1980; Barrett, 1978) and loss of their own sense of identity.

The result section revealed that significant differences exist between gender variation with respect to anxiety (Table 2 and 5)

Aged males were found to have lesser degree of anxiety (Mean of State Anxiety=36.64, S.D=11.31 and Mean of Trait Anxiety=39.98, S.D=10.09) than female counterparts (Mean of State Anxiety=44.04, S.D=10.07, Mean of Trait Anxiety=47.05, S.D=9.18) (Table 2 and 5).

Though the common factor of anxiety of elderly appears to be 'empty-nest' (Hurlock, 1997) but aged males possess certain traits like contentment, pride, optimism, hope, trust, and pleasure more than the females. As a result, they become able to erase the unsuccessful past episodes of their lives and suffer from less anxiety (Seligman, 2002). Females on the other hand, at the end part of life feel that they are impotent and useless. Not only that, lack of satisfaction, hopelessness, lack of social support also lead to lesser positive affect in them (Nathawat and Rathore, 1996; Schneider, 1996).



Further intra-gender differences among married and widower males were found to have specific statistical significance (Table 3, 5 and 6).

Lowest scores in anxiety on the part of **married males** (Mean of State Anxiety=25.54, S.D=2.01 and Mean of Trait Anxiety=30.18, S.D=2.85) (Table 3 and 6) indicate that spouses in satisfied marriages tend to view their partners' positive behaviours as a result of stable, internal causes and dismiss negative behaviours as a result of temporary and external causes (Fincham, Beach and Bradbury, 1989 and Karney, Bradbury, Fincham and Sullivan, 1994). Actually, longtime bondage helps them to cope with stressful events and orients them to achieve more goal-directed behaviours (Scheier and Carver, 1985, 1987, 1992). Literature revealed that bereaved persons also experience an immediate decline in physical and emotional context after loss of loved ones (Ferraro, 1985).

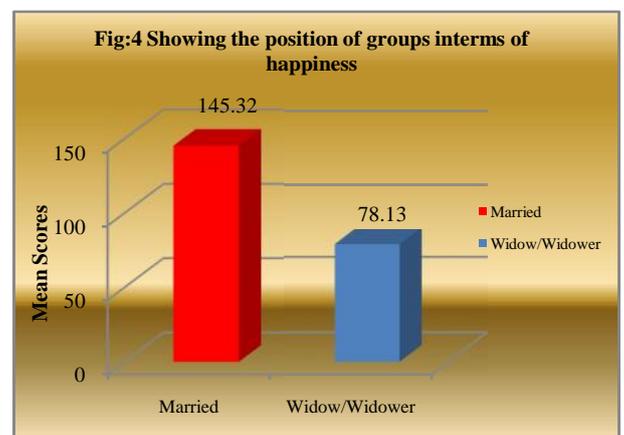
Widowers show impaired psychological and social functioning including depression (Hyman, 1983; Wan, 1984) and can be regarded as a risk population that is confronted with dependency. Sudden and unexpected loss of a spouse creates special problems and lack of social support decrease their well-being and impaired quality of life (Coyne and Downey, 1991) resulting in anxiety (Mean of state anxiety=47.74; S.D=2.16 and Mean of trait anxiety=49.78, S.D=1.32) among them.

Further, intra-gender differences among married, widow females were found to have specific statistical significance (Table 3, 5 and 7). Considering state and trait anxiety the significance of each group is influenced by gender. Similarly the significance of gender is qualified by the different groups.

Happiness

Significant statistical intergroup differences were located in terms of happiness context in the present venture (Table-1, 4 and 8)

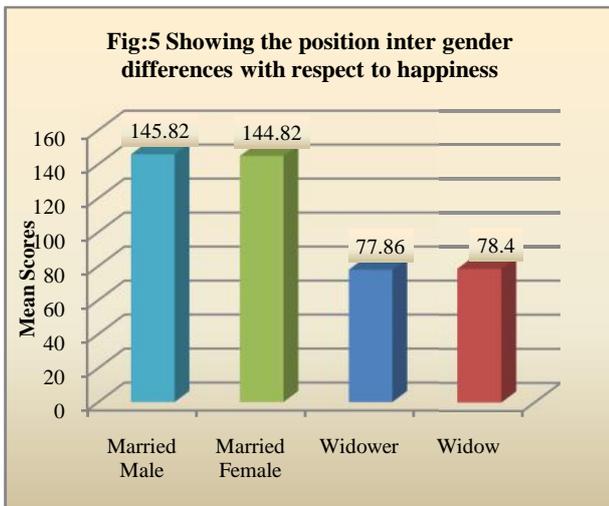
Data indicate highest subjective well-being for **elderly married individuals** (Mean=145.32 and S.D=5.85) (Table-1, 4 and 8). Actually, their involvement in life circumstances such as friendships and work status help them to carry on stability in conjugal relationships and erase the negative effects from their core lives (Easterlin, 2003). Positive perspective in the emotionally involved life context helps them to have a feeling of bliss in the emotional context of conjugal life (Wilcox, Evenson, Agagaki, Waassertheil, 2003; Prakash, 1998).



Later analysis regarding interaction pattern indicates no significant differences between married males (Mean=145.82 and S.D=6.96) and females (Mean=144.82 and S.D=4.50) (Table-1 and 8). Due to the same above mentioned logic, marriage for both samples is found to be a source of love, affection, securing romantic fulfillment and companionship (Cox, 1960), as a result of which they appear to have higher loading of happiness (Bowman, 1974).

In **widowhood** (Mean=78.13 and S.D=3.09) (Table-1, 4 and 8), the process of mourning is long and often a torturous one, where grief returns again and again in cycles, their shock and numbness fades and gets replaced by a deep and at times, desperate awareness of immensity of their loss (Costello, et.al, 2000; Harris, et. al. 2008). Gradually though, reality is transformed into acceptance, yet it leaves greater levels of fatigue, anxiety, lack of interest and reduced functioning (Fry, 2003; Finley, 2003; Vangroenou, 2001).

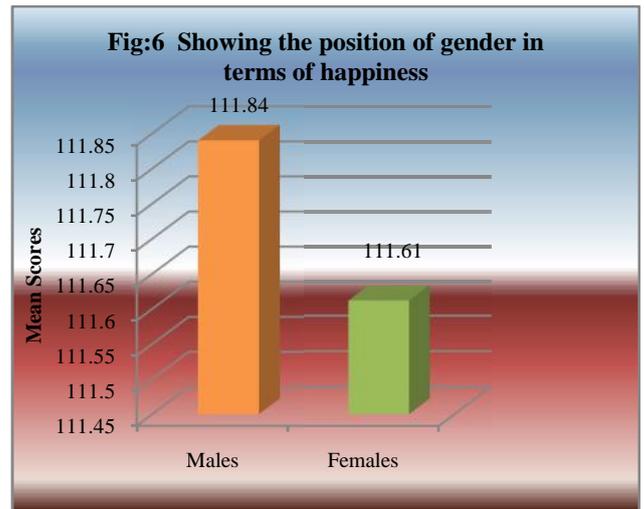
Dealing separately with **widowers** (Mean=77.86 and S.D=3.12) and **widows** (Mean=78.40 and S.D=3.07), it was found that both the sub-samples have similar positions in this perspective (Table-1 and 8). Usually, after death, the survivors alone have to carve out an entirely new life structure and receive avoidance from the closer ones when it is mostly needed (Silverman and Cooperband, 1975) and as a result they fail to smell the fragrance of happiness in the context of general life.



Statistical analysis indicates significant differences in gender context with respect to happiness also (Table 2 and 5).

In this context **aged males** possess higher scores (Mean=111.84 and S.D=34.57) than elderly females (Mean=111.61 and S.D=33.59) (Table 2 and 5). Due to pension, health care, size of family, proper living arrangements provided by family members, the factors are found to be significantly related to the perception of more happiness among elderly males (Pei and Pillai, 2000). Moreover, activities in the families and social domains were found to be consistently associated with positive affective well-being or happiness for aged males (Butcher, Robertson, Warr and Callinan, 2004). On the other female due to marital discord in later ages, health problems, marginal decline in personal mastery, problems in informal support are the responsible factors for such findings (Chao and Chadha,

2002; Kirby, Coleman and Daley, 2004; McKerny and McKelvy, 2003).



Later analysis of intra gender differences among married and widower males were found to have specific statistical significance (Table-3, 5 and 6).

Highest scores in happiness on the part of **married males** (Mean=145.82 and S.D=6.96) (Table-3 and 6) suggest that their relatively stable features of personality, patterns of commitment affects the way the situational events are appraised in terms of their positive impact on well-being as well as influencing the way they have managed life events (Lazarus and DeLongis, 1983). Literature also indicates that positive relationship of this sub-sample has consistently been found between life satisfaction and socio-economic status, perceived adequacy of income and perceived health status (Kutner, et.al., 1956; Cutler, et. al. 1965; Edwards and Klemmack, 1973).

Literature suggests that, spousal loss, non social support produce a kind of stress which deteriorates their mental health, reduces sense of well-being, invites depression, impairs psychological and social functioning and makes widowers (Mean=77.86 and S.D=3.12) (Table-3 and 6) victim of unhappiness (Hyman, 1983; Wan, 1984; Norris and Murrell, 1990).

Further, intra-gender differences among married, widow females were found to have specific statistical significance (Table 3, 5 and 7).

Highest scores in happiness for **married females** (Mean=144.82 and S.D=4.50) (Table-3 and 7) reveal that their pleasant affect prompts them to smell the fragrance of marital satisfaction across a multitude of life domains (Diener, 1984; Diener, Suh, Lucas and Smith, 1999). Their mitigation of interpersonal behaviour is the key component of secured life styles.

Accepting **widowhood** is to adjust with mourning episode but they can't get rid of the trauma of their personal loss that results in depression, anxiety and unhappiness in them (Mean=78.40 and S.D=3.07) (Table-3 and 7) (Bloom and Caldwell, 1981).

Concluding Comments

Group wise differences reveal

Married elderlies have higher

- Happiness

Widower/widow elderlies have higher

- State anxiety
- Trait anxiety

Gender differences reveal

Elderly males have higher

- Happiness

Elderly females have higher

- State anxiety
- Trait anxiety

Interaction pattern among group and gender indicates

Married males have lower

- State anxiety
- Trait anxiety

Married females have higher

- State anxiety
- Trait anxiety

Widowers have lower

- State anxiety
- Trait anxiety

Widow elderlies have higher

- State anxiety
- Trait anxiety

Implications of the Present Study

1. The present findings are of immense value in understanding the mental profiles of four groups of aged individuals.
2. The findings are also helpful for individual counseling in particular and family counseling in general if and when they are in requirement.
3. The findings seem to provide general awareness regarding specific socio-emotional status of two groups of aged individuals that would prompt us to take certain resolution to help them in required social direction in life, so that nature of their stay will improve qualitatively in the long run.

In our country, probably no such systematic large scale study incorporating the mosaic pattern of the selected variables in respect of the psychology of ageing has been conducted before, so the research might be a contribution, reflected through this study and can definitely be claimed to be a new and original one in this arena.

Limitations of the Study

No research study is complete in itself. Despite whole hearted efforts, hardly any research in social sciences remains completely free from flaws and short comings. Therefore, it is evident and expected that the present investigation has too left enough room for improvement in the areas of its short-comings. Some of the short-comings as noted by researcher herself are now being discussed:

1. In the context of present investigation, it would have been ideal to conduct a longitudinal study rather than a cross-sectional one to see the changes in certain psychosocial dimensions associated with marital status. However, limitation of funds and time hindered such plans.
2. Another limitation of the study is that besides the urban population, the rural population, too, could be studied in order to obtain an overall perspective of marital status on ageing in different cultures as well as in societies.
3. Besides, the variables of anxiety, happiness certain other variables could also be considered for the present investigation. Variables such as depression, loneliness, adjustment, life-satisfaction, locus of control, value system associated with aged individuals and their marital status could be interesting grounds for the investigation.
4. The sample included in this study involved working individuals; if a reasonable segment of house-wives could have been included then the specific findings would have borne more socio-emotional relevance in our culture-specific situation.
5. A larger sample size would have been better to warrant generalizations of the present findings as the present study essentially supports the idiographic research.
6. A number of questionnaires were used in this study. However, questionnaires may invite falsification and faking behaviour on the part of the subjects.

But unfortunately, the present study, being a time-bound one, did not permit the investigator to study the effect of marriage on aged individuals in such broader perspectives. It is therefore, left to future researchers working in this area who can make the use of these variables and make some additional new observations in the process of ageing.

Areas of Future Research

After a thorough investigation on the problems and different aspects of the psychology of ageing in context of different marital status, the researcher is of the opinion that the present study seems to have opened newer avenues in the field that remain to be explored.

1. Further research studies in this area may highlight on other aspects of the personality (e.g. locus of control, resilience, emotional intelligence, relationship profile, aggression, value profile) to attain a global psychosocial picture of elderly personnels differing in their marital status.
2. Comparative studies may be undertaken between elderly personnels of different professional groups (e.g. doctors, lawyers, engineers, teachers etc.) to determine differences borne out of the different professional choices in relation to the selected personality correlates.
3. Longitudinal studies may be conducted using the same variables to yield an in depth picture.
4. Elderlies belonging to different socio-economic status may be taken up for future investigation to yield further trend of results in this light.

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