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## PERSONALITY TYPES, SOCIAL SUPPORT AND VALUES AS RELATED TO WELL-BEING IN ELDELY PEOPLE

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### Abstract:

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*In this study an attempt was made to understand and examine the nature and relation of personality types and social support factors and value factors in relation to well-being in elderly population. A sample of 300 elderly people which included both male and female in equal number was taken to accomplish the objectives of the study. Well-being of elderly people is fast assuming alarming concern in our society and nation as their proportion in total population is on the rise. Therefore, this study was undertaken. From the data collected Means and SDs were calculated and further regression analysis was done to see the effect of predictor variable (Personality Types, Social Support Factors and Value factors) on criterion variable Well-Being. Results indicated that personality Type a has greater influence on Well-Being, though the influence has negative direction. As far as Social Support Factors are concerned Significant Others has the greatest influence followed by Family factor. Among Value Factors Social and Aesthetic and Theoretical Values influence the most.*

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**Keywords:** - Personality Types, Social Support factors, Well-Being and Elderly People.

### PERSONALITY: -

Friedmen and his co-workers in 1950 defined what they called Type A and Type B behavior patterns. They theorized that intense, hard-driving Type A personalities had higher risk of coronary disease because they are “Stress Junkers”. Type B people, on the other hand, tended to be relaxed, less competitive, and lower in risk. There was also a Type AB mixed profile.

They concluded that someone with type “A” personality is more likely to status and achievement oriented. They are often workaholics, who may have issues with self-esteem and impatience. They are quick to get angry. Unsurprisingly, this is the personality type that Friedman and Rosenman associated with high risk of heart disease. Type B people report higher levels of life satisfaction and are more likely to be patient and even-tempered.



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## **Type A**

Type A individuals are ambitious, rigidly organised, highly status-conscious, sensitive, impatient, take on more than they can handle, want other people to get to the point, anxious, proactive, and concerned with time management. Type A behavior is expressed in three major symptoms: (1) free-floating hostility, which can be triggered by even by minor incidents; (2) time urgency and impatience, which causes irritation and exasperation usually described as “short-fused”; and (3) a competitive, which causes stress and an achievement oriented mentality. The first of these symptoms is believed to be covert and therefore less observable, while the other two are more overt.

## **Type B**

Such individuals as contrast to those and typically with type b personalities generally live at a lower stress level and work steadily, enjoying achievement but not becoming stressed when they fail to achieve the target. They may be creative and enjoy exploring ideas and concepts, they are often reflective.

## **SOCIAL SUPPORT: -**

Social support is an element that can help individuals to reduce the amount of stress experienced as well as to help individual cope better in dealing with stressful situations. It refers to the experience being valued, respected, cared about, and loved by others who are present in one’s life and may come from different sources such as family, friends, teachers, community, or any social groups to which one is affiliated (Gurung, 2006). Social support can come in the form of tangible assistance provided by others when needed which includes appraisal of different situations, effective coping strategies, and emotional support. Several studies indicated that supportive contacts correlate negatively with symptoms and psychological disorder such as stress, depression and other psychiatric disorder, and positively correlate with physical and mental health. These notions are supported by the study of Friedlander, Reid, Shupak, and Cribbie (2007), Kyalo (2011).

## **VALUE: -**

Values are broad desirable goals that motivate people’s actions and serve as guiding principles in their lives. It is an end state of existence or mode of behavior preferred over other end state of existence or mode of behavior. They affect people’s perception, cognition, and behavior over time and across situations. Values were first talked about in psychology by Allport & Vernon (1931). They saw values as dynamic, motivational tendencies and as a personality construct to describe individual differences. Allport and colleagues specified six types of values: theoretical, economic, aesthetic, social, political, and religious. Reviving research on personal values, Rokeach (1973) introduced a cognitive view of values as beliefs about the desirable. He suggested that all people have the same limited catalogue of values but differ in their value



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hierarchies. Currently, there are three main approaches to the study of values: the psycho-lexical approach (De Raad et al. 2016), the functional theory of values (Gouveia et al. 2014, 2015), and the theory of basic human values (Schwartz 1992).

Schwartz & Bilsky (1987) made two key assumptions about values. First, values are cognitive representations of motives (that is, goals) that are necessary to cope with three universal requirements for human survival: (a) biological needs of the organism, (b) interactive needs for interpersonal coordination, and (c) group needs for welfare and survival. Second, values form a coherent structure based on the degree of compatibility or conflict between the goals the values express. The second assumption implies that values form a circular structure in which the more compatible any two values are, the closer they are going around the circle, and the more in conflict, the more distant they are. Compatible values guide similar perceptions, preferences, and behaviors, so one can pursue their goals successfully in the same action. Conflicting values guide opposing perceptions, preferences, and behaviors, so pursuing one value precludes or inhibits pursuing the other.

### **WELL-BEING: -**

Gough, et.al. (2007) defined Well-Being as ‘What people are notionally able to do and to be, and what they have actually been able to do and to be’ According to Angner (2008) even the philosophical literature refers to the ‘simple notion’ of well-being in a variety of ways, including a person’s good, benefit, advantage, interest, prudential value, welfare, happiness, flourishing, eudemonia, utility, quality of life and thriving. Seedhouse (1995) reviews contemporary perspective on well-being as follows:

- (a) Well-Being is an empty notion, or (b) Well-Being is an important and meaningful term which conveys meaning no other term conveys, or (c) Well-Being is essentially contested- its meaning and content fluctuates dependent on who is using it, and why they are using it.

According to Deiner (1997) Psychological well-being refers to how people evaluate their lives. These evaluations may be in the form of cognitions or in the form of affect. The cognitive is an information-based appraisal of one’s life that is when a person gives conscious evaluative judgements about one’s satisfaction with life as a whole. The affective part is a hedonic evaluation guided by emotions and feelings such as frequency with which people experience pleasant/unpleasant mood in reaction to their lives. The concept behind this is that most people evaluate their lives as either good or bad, so they are normally able to offer judgements. More, people consistently experience moods and emotions, which have positive or negative effect. Therefore, people have a level of subjective well-being even if they do not often Consciously think about it, and the psychological system offers virtually a constant evaluation of what is happening to the person. Deiner (2009), subjective well-being is the general evaluation of one’s



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life. It has three components; (1) a cognitive appraisal that one's life is good, (2) experiencing positive levels of pleasant emotions; (3) experiencing low levels of negative moods.

**Old age-** is an opportunity for a whole new chapter in life (Hioki&Tanoka 2004). There is no objective criterion for determining a person to be old. Indian census has adopted the age sixty for classifying a person as old. Old age brings various types of changes in physical structure, cognitive abilities, emotions and personality pattern. These changes give rise to various problems in old age. Activities of old people are reduced and the social relationships become lesser with immediate family support reduced. Presently there are 76 million people aged 60 years and over and it is projected to rise to whopping 180 million by the year 2025 (Registrar General of India 2006). As old age is associated with different problems—the increasing number of elderly people is alarming for the society and the nation as a whole.

**OBJECTIVE:** - The objective of the present study was to understand and examine the relationship between Personality type A & B, Social Support factors, Values and Well-Being of elderly people and to see if Personality type A & B and Values contributes to Well-Being of elderly people.

**HYPOTHESIS:** - 1. There is no relationship between Personality type A and B, Social Support factors, Values and Well-Being of elderly people. Besides Personality type A & B, Social Support factors, Values do not significantly contribute to predict Well-Being among elderly people.

**METHODOLOGY:** - To achieve the purpose of the study a cross sectional design was used with Personality Scale developed by Bortner (1969), Multi-Dimensional Scale of Perceived Social Support (Ziment, Dahlem, Zimet& Farley, 1998), Study of Value Scale by Dr. RajKumar Ojha (Independent variable) and General Well-Being Scale (Dependent Variable). A sample of 300 elements was collected from amongst people ranging between 55 to 65 yrs. Living in the city of Alwar (Raj.) Both male and female were included, it was taken care of that sample element had minimum Senior Secondary School Education.



**TABLE NO.1 SHOWING MEANS AND SDs FOR PERSONALITY, SOCIAL SUPPORT, VALUES AND WELL-BEING**

<b>Sr. No.</b>	<b>Variable</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>
1	Type "A"	300	50.60	60.00
2	Type "B"	300	39.02	36.52
3	<b>SIGNIFICANT OTHERS</b>	300	20.783	20.30
4	<b>FAMILY</b>	300	21.036	20.39
5	<b>FRIENDS</b>	300	21.313	20.29
6	<b>Theoretical</b>	300	37.95	9.35
7	<b>Economical</b>	300	36.88	10.19
8	<b>Aesthetic</b>	300	30.68	9.29
9	<b>Social</b>	300	35.67	9.94
10	<b>Political</b>	300	37.00	10.48
11	<b>Religious</b>	300	35.72	11.68
12	<b>Well-Being</b>	300	84.25	20.25



**TABE NO.2 SHOWING REGRESSION OF PERSONALITY, SOCIAL SUPPORT, VALUE FACTORS ON WELL-BEING**

Coefficients <sup>a,b</sup>							Model Summary			F	Sig.
Model		Unstand. Coefficient		Stand. Coefficient	t	Sig.	R	R <sup>2</sup>	Adjusted R Square		
		B	Std. Error	Beta							
1	(Constant)	95.458	1.157		82.501	.000	.656	.431	.429	225.46	.000b
	Prst. A	-.222	.015	-.656	-15.06	.000					
2	(Constant)	78.371	4.935		15.879	.000	.674	.454	.450	123.470	.000c
	Prst. A	-.196	.016	-.581	-12.175	.000					
	Sigt. Others	.761	.214	.170	3.558	.000					
3	(Constant)	70.601	5.598		12.613	.000	.684	.468	.463	86.927	.000d
	Prst. A	-.190	.016	-.564	-11.837	.000					
	Sigt. Others	.727	.212	.162	3.436	.001					
	Aesthetic	.266	.094	.122	2.830	.005					
4	(Constant)	59.449	6.677		9.903	.000	.696	.484	.477	69.135	.000e
	Prst. A	-.193	.016	-.573	-12.166	.000					
	Sigt. Others	.694	.209	.155	3.318	.001					
	Aesthetic	.317	.094	.145	3.357	.001					
	Theoretical	.275	.093	.127	2.974	.003					
5.	(Constant)	52.065	7.320		7.112	.000	0.703	.494	.485	57.30	.000f
	Prst. A	-.193	.016	-.571	-12.210	.000					
	Sigt. Others	.681	.208	.152	3.279	.001					



	Aesthetic	.308	.094	.141	3.292	.001					
	Theoretical	.301	.092	.139	3.252	.001					
	Political	.192	.081	.099	2.372	.018					
6.	(Constant)	44.157	8.184		5.396	.000	0.708	.501	.491	49.056	.000g
	Prst. A	-.184	.016	-.546	-11.401	.000					
	Sigt. Others	.600	.210	.134	2.857	.005					
	Aesthetic	.301	.093	.138	3.228	.001					
	Theoretical	.295	.092	.136	3.205	.001					
	Political	.197	.081	.102	1.447	.015					
	Social	.449	.213	.095	2.112	.036					
a Dependent Variable: Well-Being											
b. Predictors in the Model: (Constant), Prst. A											
c. Predictors in the Model: (Constant), Prst. A, Significant Others											
d. Predictors in the Model: (Constant), Prst. A, Significant Others, Aesthetic.											
e. predictors in the Model: (Constant), Prst. A, Significant Others, Aesthetic, Theoretical											
f. Predictors in the Model: (Constant), Prst. A, Significant Others, Aesthetic, Theoretical, Political.											
g. Predictors in the Model: (Constant), Prst. A, Significant Others, Aesthetic, Theoretical, Political, Family											

The present table reveals regression of Personality factors (Type A& B), Social Support Factors (Significant Others and Family) and Value factors (Aesthetic, Political, Theoretical) on Well-Being. The predictor variables explain about 50% of variance which =.138,.136,1.02 for Aesthetic, Theoretical and Political Values respectively. But here the influence of personality type A is negative on Well-Being. Where as Social Support and Value factors are positively correlated with Well-Being. Further the table reveal that all the factors individually also contribute significant variance at  $\leq .01$ . The overall  $F=49.05$  and is significant at  $\leq .01$ .

These results are supported by previous findings. Shaygannejed et. al., (2013) It was found that 65% of the subjects were of Type A personality and that their behavioral pattern reported having more stress, nervousness and exigent tendencies. It was concluded that MS patients had more characteristics of Type A than type B.



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Gupta (2009), found that formal and informal sectors of family and social support can develop and plan effectively to maintain health, well-being and productivity in the growing population of older people and their family. According to Berkman (2009) and Glass (2000), the social network has several functions including the provision of emotional, instrumental, appraisal and financial support. Social network may involve both negative and positive interaction with resulting health and well-being. Thus, the hypothesis that there will be significant interrelationship between social support factors and values and the two predictor variables explain significant amount of variance to well-being is proved

On the basis of the nature of the motivational goals underlying the values, it has been theoretically postulated that values expressing intrinsic goals of autonomy, relatedness, and competence [Deci EL, Ryan RM.,1990] as well as growth needs [Bilsky W, Schwartz SH.,1994], that is, Self-direction, Stimulation, Universalism, Benevolence, and Achievement, should enhance SWB [Haslam N, Whelan J, Bastian B., 2009]. In contrast, values expressing extrinsic goals such as wealth and fame [Deci EL, Ryan RM.,1990], or deficiency and self-protection needs, that is, Power, Security, Conformity, and Tradition, should have a negative impact on SWB [Sortheix, FM, Schwartz SH.2017; Haslam N, Whelan J, Bastian B., 2009].

In view of the above findings, the null hypothesis stands rejected and the alternative hypothesis that there is significant relationship between Personality type A and B, Social Support factors, Values and Well-Being of elderly people, and Personality type A & B, Social Support factors, Values significantly contribute to predict Well-Being among elderly people, stands proved.

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