The Role of Living Arrangement in Life Satisfaction among Older People

By: Made Diah Lestari

Abstract

There are several definitions regarding the concept of successful aging. Previous research found that variables related to the concept also various. This chapter will specifically discuss the various environmental conditions around the older people and matters related with specific environmental condition. How living arrangement is then associated with life satisfaction and mental health in the older people. Living arrangement in the older age also vary among regions and cultures. A number of studies have found that living arrangements in old age has implications for physical and mental health conditions in older people. The important things are not the type of the living arrangement but also the amount of support that older people get in each type of living arrangement. Enhance positive thinking habit and family social support are two of critical variables that should be presented in every type of living arrangement. Positive thinking will help older people accept their decline condition and stay optimism in their late life. Utilizing indigenous perspective which related to local wisdom becomes a source of the development of positive thinking. In additional, family sosial support is source of strength for the older people. Family social support is built by instrumental support, informational support, emotional support, and support on self esteem.

Keywords: Successful aging, living arrangement, positive thinking, family social support.

1. Learning Outcome

After studying this chapter, you shall be able to:

- Learn more about successful aging concept.
- Know that there is a correlation between living arrangement and life satisfaction in late adulthood.
- Learn about different kind of living arrangement in late adulthood and identify kind of older people living arrangement in specific culture or country.
- Know that different living arrangement required different adaptation and sources among older people.
- Able to make a modality treatment planning for cultivating positive thinking habit among older people.
• Learn about family social support for older people and its dimensions.
• Identity level of family social support for older people in your environment.

2. Introduction

The concept of successful aging is not a new concept. Rowe and Kahn\(^1\) have revealed this idea since 1998, which states that the condition of successful aging requires three optimal conditions, i.e., away from diseases or disability associated with certain diseases, the treatment of physical and psychological functions, and social contact as well as sustainable productive activities. For some experts, this concept is perceived as a demand for the older people to remain in an optimum condition. In fact, not a few of studies show that the physical condition of an individual tends to decline in late adulthood, so it remains in optimal condition is that an attempt that is not easy for the older people coupled with the condition of external factors such as government policies which are not uniform in every region, where it also becomes an inhibiting factor for the older people. An example is the policy on health facilities, benefits for the older people, and the opportunity to work for this group. The concept of successful aging is also seen as an attempt to classify the older people into healthy and unhealthy groups.

On the other hand, this concept gives a new paradigm associated with the concept of aging in society. Stereotypes about the older people that are developing today are replaced by a new paradigm. With the concept of successful aging, the older people individual is seen as productive and not a burden to society. There are several variables that drive successful aging conditions. Depp and Jeste revealed 10 variables that are predictors of successful aging, namely a condition of disability, cognitive function, life satisfaction, productive social activities, the presence of disease, longevity, and self-perception against the health condition, personality, environmental conditions and financial conditions, and self-perception of the condition of successful aging\(^2\). Studies conducted by Depp and Jeste were in the form of a review of twenty eight studies on the definition of successful aging\(^2\). Basically there is no consensus related to successful aging. Of the studies, there are twenty nine successful aging-related definitions and related factors. Jordan and Staples further revealed that the most important and fundamental aspect of this study is how the older people look at successful aging from their point of view\(^3\).
3. Living Arrangement Among Older People

Based on the above description, this chapter will more specifically discuss the various environmental conditions around the older people and matters related with specific environmental condition. How living arrangement is then associated with life satisfaction and mental health in the older people. Papalia, et al. stated that there are several types of living arrangements of the older people\(^1\), namely:

a. **Aging in place.** Some older people people have the ability to regulate their own needs. Minimal assistance is required from their families and closest people.

b. **Living alone.** This happens because of the spouses of the older people had died so it requires them to live alone. Some of them do not have children and other family members.

c. **Living semi - independently.** Most of older people people feel they have to maintain their independence, one of them being the preferred place to live although basically the older people are no longer independent and have a stable income.

d. **Living with adult children.** In many countries in Asia, Africa, and Latin America, the older people live with their family members. One child will automatically be responsible for the condition of their parents in old age.

e. **Living in institutions.** Some people choose to live in an institution or nursing homes in their old age. Institutions or homes for the older people may belong to private or government institution.

In addition to sharing living arrangement as above, some studies have also divided it into living alone, living with spouse only, living with spouse and adult offspring, living with children, non-empty nested, living with others, living in residential homes\(^4-7\). In cultures where extended family living together in one house more than one nuclear family, living arrangements of the older people are mostly living with adult children or family\(^8\).

Bali is one of the areas in Indonesia that embraces the extended family system. These systems have an impact on the living arrangement of older people who mostly live with their children, especially the eldest son due to the embraced patrilineal culture, where the lineage follows paternal line. Some were living in social institutions owned by the government and private sectors. Wulandari found varied neighborhoods are one of the characteristics of the older people in Indonesia\(^9\). Other studies in China by Sun, et al. also
found that in the previous period the older people in China were expected to live together with their children, but along with the rapid economic growth, the implementation of government policy on descent planning, internal migration is high, and an increase in housing facilities, many older people live alone without the presence of children. Kaida, Mayser, and Park said that living arrangement in old age is a product of cultural preference and economic constraints. The traditional families are more likely to live with their children and kin than the modern family.

A number of studies have found that living arrangements in old age has implications for physical and mental health conditions in older people. Based on research conducted by Wulandari in a city in Indonesia, namely Semarang, it was found that the number of occurrences of depression in the older people who lived with the family was 60% more than the number of occurrences of depression older people living in social homes which only amounted to 38.5%. Andini and Supriyadi found that older people who lived in social institutions had the ability to think positively and it was the basis for their assessment of their self-esteem. It was found that the correlation between positive thinking and self-esteem of older people amounted to 0.178.

Further Andini and Supriyadi revealed that with positive thinking, the older people will more easily make adjustments to the environment and peers. They will find it easier to adapt with the institution environment and enjoy the activities in the home. Positive thinking also helps them to appreciate the facilities they get such as health care and the opportunity to interact with peers. Sun, et al. stated that the older people who have the opportunity to interact with peers and surroundings were not easy to experience some psychological complaints such as anxiety, depression, and physical complaints such as pain in certain body parts. In contrast to the explanation of Sun, et al., Dow, et al. found that the older people who live in institutions are particularly vulnerable to stress, depression, dementia, and anxiety. The prevalence of depression in social institutions could reach 4% to 25% for major depression and 29% to 82% for minor depression.

Research conducted by Parasari and Lestari in Bali found the different results. Parasari and Lestari found that older people people who lived with the family also had strengths and were not easily susceptible to depression. From their research, they showed that the majority of subjects were not depression. Supporting factors which are owned by the older people in this study is a family social support. A negative correlation was found between family social support and the level of depression in the older people (r= 0.874). This discovery is in line with several previous studies in several regions in Indonesia. Family social support obtained by the older people who live with family contain of
instrumental support, informational, emotional, and support of the self-esteem that is felt by the older people\(^9\).

Social support derived from the families can reduce stress tendency because family social support is able to change the perception of the problems of stress in late adulthood. Families are able to be a source of strength, the interlocutor, and decision making\(^{13-14}\). Family social support is also a mediating effect between living arrangement and life satisfaction. The older people who are live together with a partner or with their children, have a higher life satisfaction than the older people who live with others. Life satisfaction increases when relationships within the family are warm and bring the necessary social support. If the family social support is inadequate, then it is better for the older people living alone compared to living with family\(^7\). Further Kooshiar, \textit{et.al.} said that three generations of a family living in a house is the most ideal conditions for an increase in life satisfaction of older people\(^7\). Older people who living in large and complex household have been largely viewed as advantaged compared with those in simple and nuclear family unites\(^{15}\). The several advantages are security and attachment, and also a symbol of wisdom and family history.

If viewed from the above description, each living arrangement requires a supporting factor for the older people to enable them to adequately deal with life. Positive thinking and family social support are two contributing factors required by life satisfaction among older people.

4. Positive Thinking in Older people

Positive thinking can be defined as a way of thinking that emphasizes the viewpoint and positive emotions to self, others, and the situation faced\(^{11}\). Positive thinking is assessed as a terminology that is difficult to define because it covers a very broad study, such as optimism, hope, confidence, and persistence. This terminology also includes a whole attitude that reflects the way of thinking, way of acting, feeling, and ways to talk\(^{16}\).

Thinking positively is required by every individual and is believed to be an important part of stress management. Aspects of positive thinking according to Albrecht\(^{17}\) are:

a. Positive Attention. Positive attention is associated with an individual's ability to change the negative things in him into things that are positive. The older people faced with a number of change, mostly refer to the condition of a decline in both areas of physical, cognitive, and other abilities. If at the previous stage of
development they are very confident and strong with the ability they have, at the stage of the late adulthood, gradually there is decrease in capability. This condition is very susceptible resulting in frustration and stress. The older people who are able to think positively will try to focus on the positive side of their developmental stages.

b. Positive expressions. They are associated with positive expectations, where there are four sub-aspects of positive expressions, namely, (1) self affirmation, relating to an individual's ability to highlight the advantages owned although basically individuals realize their shortcomings, (2) able to receive and describe his situation as it is, (3) adaptation to circumstances, (4) positive expectations.

To customarily positive thinking, the older people will more easily adapt to changes experienced related to physical, emotional, psychological and financial conditions. Positive thinking often attributed to the nature of optimism which is also believed to be associated with a variety of psychological and health constructs. Carver and Scheier found that positive thinking affects how people respond in different situations. Positive thinking can affect how a person behaves and assesses his condition. Kertajaya revealed that the benefits of positive thinking on the health of the older people are the increase in life expectancy, lower levels of stress and depression, the shape of the body's immunity, and one form of stress coping skills.

**4.1 Cultivating the Positive Thinking Habits on Older People**

Cultivating the habit of positive thinking in the older people can be done through the activities of modality treatments. Modality treatments are defined as a set of spare time activities for the older people with the aim of increasing social interaction, productivity, and quality of health of the older people. Forms of modality treatments in the older people may be group activity therapy, psychodrama, music therapy, life review, and religious activities.

One of the forms of modality treatments can be used to grow positive thinking in the older people and in combination with the techniques of positive thinking. There are some positive thinking techniques that can be performed by the older people such as goal setting, which training the older people to determine the meaningful life. This will motivate people to be more passionate in their life. Visualization can be started from the memory of life in the past and
the journey of life. Positive affirmations repeated continuously are expected to be settled, internalized, and have the potential to be realized in the future. Total surrender, handling over the entire results that have been done to the Lord\textsuperscript{11}

Table 1.
Modality Treatments of Positive Thinking in Older people

<table>
<thead>
<tr>
<th>No</th>
<th>Form of Modality Treatments</th>
<th>Positive Thinking Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Psychodrama</td>
<td>Demonstrating a scenario or psychodrama by a group of older people which presents problems requiring joint settlement, persistence, and self-confidence.</td>
</tr>
<tr>
<td>2.</td>
<td>Group Activity Therapy</td>
<td>Progressive relaxation exercises combined with life review and goal setting of the future.</td>
</tr>
<tr>
<td>3.</td>
<td>Music Therapy</td>
<td>Music and songs with the theme of optimism and enthusiasm. Performing visualization and positive affirmation of the better future.</td>
</tr>
<tr>
<td>4.</td>
<td>Religious Activity</td>
<td>Meditation and exercise total surrender to the Lord and Creator</td>
</tr>
</tbody>
</table>

The combination of modality treatments with positive thinking techniques can be trained on a regular basis to the older people. In the study of the indigenous, positive thinking exercises can also be associated with the local wisdom possessed by a region. Old age is often associated with a strong knowledge of the local wisdom\textsuperscript{19}. It becomes a source for the cultivation of positive thinking habit.

Few of local wisdom is associated with positive thinking as \textit{gambarimasu}, \textit{ganbatte kudasai} in Japanese culture, which means do your best and never give up. Bushido philosophy that always instills the values of sincerity, honesty, and moral relationships between family members and other people can serve as a criterion of how the older people interact with their environment. In the Javanese culture, Indonesia, there is a principle of \textit{menang tanpa ngasorake} meaning humblity. In India, also known as \textit{Satyagraha} and \textit{Swadharma} launched by Mahatma Gandhi, which means independence.

5. Family Social Support for Older People

Taylor, Peplau, and Sears define social support as the information sought and appreciated by someone\textsuperscript{20}. Azizah defines social support to the older people as all forms of
information, advice, or behavioral assistance provided by people close to the older people in their neighborhood, including emotional support and having its effect on the formation of the older people behavior\(^\text{13}\). One of social supports for the older people could come from the family. A family according to Olson and Defrain is a system that develops continually, comprehensively, and mutually dependent and related\(^\text{8}\). Specifically Maclin went on to explain that the nuclear family consisting of a husband, wife, and children who live in the same household\(^\text{21}\)

Sarafino and Taylor went on to explain that there are four dimensions of family social supports\(^\text{9}\), namely:

a. **Instrumental support.** The support includes providing materials, could be in the form of money, goods, food, and services. Instrumental support is very necessary with money, goods, or services.

b. **Informational support.** The support includes the provision of information, advice, feedback related to the circumstances faced by individuals. The examples are to provide information relating to health, services for the older people, and certain news needed by the older people.

c. **Emotional support.** The support that is associated with emotional support are strengthening the aims to make the older people feel comfortable, at ease, feel needed and loved by the family.

d. **Support on self-esteem.** This support to the older people is in the form of positive appreciation, encouragement, agreeing with them, and making comparisons that are positive for the older people.

There are several factors that affect the provision of family social support, namely the potential recipient of the support, the potential provider of support, as well as the composition and structure of social networks\(^\text{22}\). From the standpoint of potential recipients of support, it can be seen that if someone needs a support, he must let others know that it is in need of such support, he is also to be social minded, and also has similar concerns to those around him. From the side of the support provider, one must have something needed to provide support and the physical and mental state stable to provide support. The composition and structure of the social network in question can vary depending on the size (the number of people who are often associated with the older people), the frequency of relations (how often older people meet with these people), composition (whether friends,
family, professionals), and the closeness of the relationship between receivers and support providers.

Parasari and Lestari built a scale that is able to assess family social support received by older people using aspects of social support for families of Sheridan, Rachmacher, Sarafino and Taylor. This scale was developed by Likert model and consists of 33 items. The scale reliability was 0.986. The scale is negatively correlated with the level of depression of the older people with a correlation coefficient of -0.847 through Spearman Rank correlation test.

Table 2.
Sample of Family Social Support Scale Item

<table>
<thead>
<tr>
<th>No.</th>
<th>Dimensions</th>
<th>Sample of Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Instrumental Support</td>
<td>I often forget to eat because my family never prepared my meals.</td>
</tr>
<tr>
<td>2.</td>
<td>Informational Support</td>
<td>My family gave an advice when I faced problems.</td>
</tr>
<tr>
<td>3.</td>
<td>Emotional Support</td>
<td>My home is the most comfort place in the world.</td>
</tr>
<tr>
<td>4.</td>
<td>Support on Self Esteem</td>
<td>My family never appreciated my achievements. I was neglected by my family.</td>
</tr>
</tbody>
</table>

6. Summary

There are several important things that we can conclude regarding the chapter:

- The concept of successful aging has given a new paradigm on the concept of aging in society.
- On the other hand the definition of successful aging is various among researchers and there is no consensus among the concepts.
- The important thing is how the older people look at the successful aging from their point of view.
- There are several variables related to successful aging. These variables namely a condition of disability, cognitive function, life satisfaction, productive social activities, presence of diseases, longevity, self-perception of the health condition, personality, environmental and financial condition, and self-perception of successful aging.
- Living arrangement is one of the variables which related to environment condition.
• There are five kinds of living arrangement, namely aging in place, living alone, living semi-independently, living with adult children, and living in institutions (Papalia, et al., 2007). Other researchers give another form of living arrangement among older people, namely living alone, living with spouse only, live with spouse and adulth offspring, living with children, non-empty nested, living with others, and living in residential homes.

• Living arrangement is associated with life satisfaction and mental health in late adulthood. A number of studies have found that living arrangement in old age has implication for health condition, physical condition as well as mental health conditions.

• Furthermore each living arrangement requires supporting factors for the older people to enable them deal with life adequately.

• Positive thinking and family social support are two contributing factors required by life satisfaction among older people.

• Positive thinking contain of two aspects, positive attention and positive expressions.

• Positive thinking has a correlation with lower levels of stress and depression. Positive thinking is one form of stress coping skills in older people.

• The combination between modality treatments and positive thinking techniques can be an alternatives form of cultivating positive thinking habits among older people such as psychodrama, music activity, group activity therapy, music therapy, and religious therapy.

• Utilizing indigenous perspective which related to local wisdom becomes a source for the treatment. Namely gambarimasu, ganbattekudasai in Japanese culture, menang tanpa ngasorake in Javanese culture, and Satyagraha and Swadharma in India which launched by Mahatma Gandhi.

• Older people often correlated with prior knowledge of local wisdom in each culture.

• Family is a system that develops continually, comprehensively, and mutually dependent and related. Nuclear family consisting of a husband, wife, and children who live in the same household.

• Family social support defines as all forms of information both verbal and non-verbal, advice, real, or behavioral assistance provided by family member.

• There are four dimensions of family social support namely instrumental support, informational support, emotional support, and support on self esteem.

• There are several factors that affect the provision of family social support, whereas the potential recipient of the support, the potential provider of support, as well as the composition and structure of social networks.
References


EDITORIAL

DR. J. R. JOSHI
Professor and Head, Department of Geriatric Medicine, AIIMS, New Delhi

DR. ARSHISH GORKHI
Assistant Professor, Department of Medicine, AIIMS, New Delhi

DR. N. N. PRAMOON
Senior Resident, Department of Geriatric Medicine, AIIMS, New Delhi

Dr. VAGESH MULTIGRA
Senior Resident, Department of Geriatric Medicine, AIIMS, New Delhi

Dr. VIJAY RANJAP
Senior Resident, Department of Geriatric Medicine, AIIMS, New Delhi

TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Table of Contents</td>
<td>156</td>
</tr>
<tr>
<td>2</td>
<td>1. The Conceptual Framework of Successful Aging</td>
<td>55</td>
</tr>
<tr>
<td>3</td>
<td>2. The Conceptual Framework of Successful Aging</td>
<td>35</td>
</tr>
<tr>
<td>4</td>
<td>3. The Conceptual Framework of Successful Aging</td>
<td>25</td>
</tr>
<tr>
<td>5</td>
<td>4. The Conceptual Framework of Successful Aging</td>
<td>20</td>
</tr>
<tr>
<td>6</td>
<td>5. The Conceptual Framework of Successful Aging</td>
<td>15</td>
</tr>
<tr>
<td>7</td>
<td>6. The Conceptual Framework of Successful Aging</td>
<td>10</td>
</tr>
<tr>
<td>8</td>
<td>7. The Conceptual Framework of Successful Aging</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>8. The Conceptual Framework of Successful Aging</td>
<td>1</td>
</tr>
</tbody>
</table>