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SELF-ESTEEM AND LOCUS OF CONTROL AS MODIFIERS

OF THE RELATIONSHIP BETWEEN

OBJECTIVE HEALTH AND SUBJECTIVE HEALTH IN THE ELDERLY

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ABSTRACT

An investigation was undertaken to explore the function of self-esteem and locus of control as possible moderators of the relationship between objective health and subjective assessments of health in the elderly. Subjects were 102 individuals, aged 60 to 94 years, drawn from seven preselected residences for the elderly, in two communities. Each subject was interviewed and measures of objective health, subjective health, personality and well-being were taken as well as demographic information. The hypothesis predicted that the personality variables, self-esteem and locus of control would each interact with objective health, to moderate between objective health and subjective assessments of health. The results of analyses revealed that neither self-esteem nor locus of control consistently interacted with objective health to predict subjective assessments of health. The main effects of self-esteem and objective health were, however, found to demonstrate strong and independent relationships to subjective assessments of health. Of the two types of variables objective health was found to have the strongest relationship to subjective assessments of health. This finding is in accord with previous research. Implications of the relationship between both variables and subjective health were discussed, as were methodological implications of the study.

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CHAPTER I

INTRODUCTION

Research into an individual's subjective health and his or her subjective health assessments is relatively new. Defined as a measure of an individual's health perception, subjective health assessments received no real interest from researchers until 1958, although examination of the literature prior to then reveals a few studies which did mention subjective health indirectly (cf. Suchman et al, 1958).

Two reasons account for the lack of interest an individual's subjective health received before 1958. Firstly subjective health was a topic of research outside of medicine's philosophical tradition of positivism. Subjective health, as data distinguished by subjective experience was thus regarded as suspicious and unworthy of investigation. Secondly, an individual's subjective health and subjective health assessment were viewed as filling no particular need, and as such were again ignored by research.

However, two factors in the late 1950's created interest in an individual's subjective health. One of these was the difficulty of conducting physical examinations on large numbers of individuals, as required in health programs. Whether a person's own estimate of his or her health could serve in the place of a physician's became an important topic of research. The second factor was a growing interest in subjective experience as important and valid data.

The first direct study concerning subjective health was carried out by Suchman et al (1958). This study investigated the validity of using subjective assessments of health as measures of objective health. The findings of this and later studies revealed a positive and consistent relationship between objective and subjective assessments of health; however the magnitude of the relationship was not strong. Later studies found demographic and other non-medical variables to be associated with subjective assessments of health in the elderly, although to a lesser extent than objective health. To the current date, however no research has been conducted on the possible influence of personality on an individual's subjective health.

Recently, personality has been found to be an important variable in explaining seemingly confusing relationships between objective events and an individual's objective and subjective reactions to these events (Antonovsky, 1979; Kobasa, 1979).

An individual's personality, for example, may explain why two individuals given the same objective health and demographics report differing levels of subjective health. One possible explanation is that personality variables moderate the effects of objective health in an individual and therefore explain his or her subjective health.

The purpose of the present study is to explore the relationship between objective health and subjective health, and the moderating effects the personality variables, self-esteem and locus of control have on this relationship.

These personality variables were chosen for investigation because research has shown them to concepts of major importance to the functioning of the elderly (Hunter et al, 1982; Palmore & Luikart, 1972).

The elderly were chosen as the focus for this investigation in line with previous research, because of a) the high number of health problems the elderly suffer and b) the saliency health thus has for them over other issues.

Chapter 2 will now discuss the objective health of the elderly.