CHAPTER 3

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3 REVIEW OF RELATED RESEARCH

In this chapter an attempt is made to present the available research on the relationship of socio-demographic factors, family correlates, and religiosity or spirituality with the adjustment of the elderly. Family correlates as meant here are living arrangement, marital status, family type, family relationships and so on. An attempt is also made to present some relevant reports on the effect of counselling intervention on the adjustment of the elderly.

3.1 Relationship between Family Correlates and Adjustment of the Elderly

The literature on family life in later life documents that late-life family relationships are influenced by a number of familial factors, such as living arrangement, marital status, family type, spouse relationship, intergenerational ties, frequency and quality of interaction between parents and children and grand-parenting. This section covers: 1) Relationship between living arrangement, marital status, family type and adjustment of the elderly, and 2) Relationship between family relationships and adjustment of the elderly.

3.1.1 Relationship between Living Arrangement, Marital Status, Family Type and Adjustment of the Elderly

The importance of relationship between living arrangement and well-being of the elderly is highly emphasised in the literature (Rajan et al., 1995; Bali, 1996; Sreenivasa Rao et al., 1996; Kumar Panda, 1998). A number of
researchers have described 'homes' as becoming increasingly salient to the elderly, and remaining in one's own home becomes more important as one becomes older (Cooper, 1976). A study on social network structure among the institutionalised elderly by Chadha and Mongla (1990) reveals the importance of the family to the elderly, where friends provide support when family members are not present.

In a comprehensive study among 500 elderly above the age of 60 years, Kutner et al (1956) explored the relationship between marital status, frequency in seeing children and adjustment. A Guttman type of 7-point morale scale was used to measure the adjustment pattern. The scores were combined and were divided into three levels of adjustment, high, medium and low. The study revealed that the aged parents who saw their children less often tended to have high morale than those who saw them often. This experience was true particularly of higher socio-economic status group. It was also found that married persons had a higher morale than those who were single or widowed.

Ramamurti's (1968a) investigation on factors related to adjustment of urban aged in Madras City is a pioneer study in India. A random sample of 247 urban aged men who were educated beyond middle school were included in the study. In order to differentiate the well adjusted from the poorly adjusted individual, three measures of adjustment were used, viz., 1) The problem Inventory, 2) Adjustment Inventory, and 3) Life Satisfaction Indices (Havighurst et al., 1961). The adjustment and problem inventories were developed by the investigator himself. With regard to family type and marital status, results
indicated that the individuals living in joint families were found to be significantly better adjusted than the individuals living in non-joint families. The individuals who had their spouses living were found to be better adjusted than those without. In a later study among 1050 individuals (men and women) in four decadal groups - 35-45; 45-55; 55-65; and 65-75 from urban and rural areas of Chittoor district, Andhra Pradesh, Ramamurti (1972) found that the individuals in joint families had a higher role activity than those in the nuclear families. Those who had their spouses living showed more role activity and satisfaction than those who did not.

Jackson et al (1977) tried to identify the correlates of subjective well-being of black adults across the life cycle, using data from 16 surveys comprising a total of 4635 respondents. Among the demographic or socio-economic variables, marital status was found to be an important predictor of life satisfaction and happiness in all age groups including the aged people. Married respondents indicated a greater well-being than the respondents who were either widowed, divorced, or single. Hence the study concluded that even the marital status itself is a predominant factor for the life satisfaction of the elderly.

Vinick (1978) explored social, situational, and personal factors associated with widowhood and remarriage in old age as well as role changes associated with marriage. The study was done through in-depth interviews with 24 remarried elderly couples. Results showed that the elderly older men had a more difficult time after the loss of spouse than did older women. Female elderly exhibited closer relationship with children and other relatives than did
men. More men than women responded that they had felt intense loneliness during widowhood. It was found that a desire for companionship was the most frequently cited reason for re-marriage among respondents. For the male elderly, marital satisfaction was associated with internal states, including past attitudes toward re-marriage, and mental and physical health. For women, marital satisfaction was associated with external states, including current living situation and interactions.

Faucher (1979) studied the impact of living arrangement on life satisfaction among the elderly women. For this purpose, 50 demographic variables were assessed for 109 women aged 65 or older, and not living with a spouse. The living arrangements were: 1) maintaining one’s own home, 2) living with one’s children, and 3) living in a care facility. Life satisfaction for the two community groups was similar and it was significantly higher than that of the care facility group. Findings indicated that the person in her own home was more socio-economically advantaged, had better health and transportation, and was more socially active (both formally and informally) than the person in a care facility.

Ramachandran et al (1981) studied the relationship between family structure and mental illness in old age. The subjects were 181 people aged over 60. The family structure, family cohesion of the subjects and their living conditions were studied intensively. The families were divided into ‘joint’, ‘nuclear’ and ‘loosely knit’, based on living arrangement, financial support and other helps received. Functional disorder was found high in subjects living in
nuclear families and living alone. On the whole, it was found that family cohesion and living condition were significant factors affecting the mental health and adjustment of the elderly.

Chandrika and Anantharaman (1982) made an attempt to find out the differences if any, in adjustment and life changes in three groups of older people, viz., non-institutionalised, institutionalised and geriatric patients. 30 subjects in each group were administered Life Satisfaction Index A (Havighurst, 1961) and a Schedule of Recent Experiences (Holmes and Holmes, 1970). The results indicated that the non-institutionalised elderly living with children were better in adjustment than the other two groups. They experienced lesser number of life changes, when compared to the other two groups. Moreover, there was no significant difference in adjustment between institutionalised and hospitalised geriatric patients. The investigators emphasised the importance of co-residence with children for the elderly. The main reason for the poor adjustment of institutionalised and hospitalised geriatric group, they stated that, these elderly people were surrounded by other elderly, who experience dejection and loneliness in their lives. The finding that the non-institutionalised elderly were better adjusted than the institutionalised elderly was also supported by Lohmann (1977), Anantharaman (1980a), Gomathy et al (1981) and Mathew (1993).

Atchley (1985) compared various dimensions of widowhood among 72 widowers, and 233 widows; all 70 to 79 years old. The study found that: 1) The widows were significantly more likely to suffer with high anxiety than the
widowers. 2) The widowers were more likely to have a high level of anomie. 3) The widowers were more likely to have increased participation and increased contacts with friends than the widows. 4) Sex differences in response to widowhood were greater among working class respondents. 5) The Widows were more likely than the widowers to be isolated and to have inadequate income. Atchley found income inadequacy in widowhood as the key element to produce lower social participation, higher anxiety and loneliness.

Achamamba (1987) investigated the social and emotional problems of urban working and non-working older men and women from both joint and nuclear families. The sample consisted of 120 elderly men and women (60 each from working and non-working groups). Appropriate questionnaires were used to assess the various problems. In a comparison made between working and non-working men and women it was found that the women who stay in joint families had more problems of adjustment than those from nuclear families. In line with this finding, Jamuna (1984) also found that the elderly women from nuclear families were better adjusted than those from joint families and women with spouses were better adjusted than the widows. Lakshmi Narayanan and Gurudas (1989) and Eswaramurti (1991) also reported that the aged who were, living with spouse were better adjusted than those who were widowed. However, Eswaramurti found that male aged living with spouse were more adjusted than the female aged in this category. Moreover, no significant difference was found between widows and women who were living with spouses.
Venkoba Rao (1987) studied psychiatric illness of the aged in the context of different living arrangements. Living arrangements were classified as elderly in the joint or extended family, elderly living alone and those who were staying in institutions. With respect to family integration and social integration, some interesting findings emerged in relation to elderly persons who were psychiatrically ill and those who had no such problem. The study revealed that support was available to many elderly from the family and also from other social network. Nevertheless, the lack of family and social integration was significantly more among the psychiatrically ill patients. It was also found that the number of the elderly in the psychiatric group living alone was more than in the non-psychiatric group. It follows that the existence of psychiatric illness is more or less related to the absence of family jointness and social integration. The study concluded that living within the family does not necessarily ensure a healthy integration. Similarly, living alone is not a barrier against social integration.

In a study on perception of community supports in relation to the adjustment and roles among the aged, Subramanian (1989) examined the relationship between marital status and adjustment. The sample consisting of 654 aged (348 males and 206 females) between 55 and 80 years were drawn from Malabar, the northern part of Kerala State. The adjustment pattern was measured through an Adjustment Inventory, developed by the investigator. Apart from general adjustment, the inventory covers home, social, emotional, self and health adjustments. The study observed a significant difference between spouse living and spouse not living groups of males in home, social,
emotional and general adjustments. In the case of females, significant
difference between spouse living and spouse not living groups was observed in
social, emotional, self, health and general adjustments. Further, it was also
found that spouse living groups of males tended to differ from spouse living
group of females in all the dimensions of adjustment except home adjustment.
However, in the case of spouse not living males and females, difference
seemed significant only in home and health adjustments. Among males and
females, the spouse living group was better adjusted than those living alone.

Pinto and Prakash (1991) reported a pilot study among the elderly
aged 60 years and above in Mangalore. The study was an investigation to find
out the reasons for institutionalising the elderly and to compare the quality of
their life with that of homebound elderly. Using a semi-structured interview
schedule, 25 inmates from old age homes and 25 elderly living in their own
homes, were interviewed individually. Lack of family support, dissatisfaction
with the children, absence of children, lack of spouse and ill health were found
to be the reasons for institutionalisation. The study also found that the
homebound elderly were more active, more satisfied and had more social
contacts and hence were in a more advantageous position than the elderly in
old age homes.

Vijayakumar (1991) examined the health status of the elderly, aged 60
and above in relation to their marital status and living arrangements. The study
was based on the assumption that changes in the family system had left the
elderly in a neglected state. The study was done among 200 randomly selected
samples from a rural sector in Chittoor District. Significant difference was observed in the health status of the aged living in joint, nuclear and post-parental families. When compared with their counterparts in nuclear and post-parental families, the aged in joint families were getting better personal and health care from their family members.

Tran (1993) examined the relationship between family living arrangement and social adjustment among a sample of 258 elderly Indo-Chinese refugees, aged 55 years and above in the United States. The findings revealed that the elderly who lived within the nuclear or extended family had a better sense of social adjustment than those living outside the family context. The elderly who lived in overcrowded households and in households that had children under the age of sixteen experienced a poorer sense of adjustment.

Samat and Dhillon (1992) made a comparative study on the emotional states of the institutionalised and the non-institutionalised elderly. They compared 60 institutionalised elderly with 60 non-institutionalised elderly residing in Delhi. Level of depression, loneliness, hopelessness and frustration of the elderly from the two groups were compared. The relationship between these psychological variables and some selected demographic variables (age, income and education) were also studied. The findings revealed that the institutionalised elderly had greater feelings of loneliness, depression and hopelessness compared to the aged who were living either with their children or independently. Aged females, irrespective of institutionalisation, felt more depressed, lonely and pessimistic than aged males. However, no significant
difference was observed between the sexes on reaction to frustration. Moreover, a significant positive relationship was observed between age and loneliness, depression, and hopelessness, and a significant negative relationship between income, education and the psychological variables except frustration among the non-institutionalised elderly. On the other hand, among the institutionalised elderly, age was found to have no significant effect on any of the emotional states; education was found to be significantly negatively related to loneliness, and a significant relationship was found between loneliness, depression, hopelessness and income. The study clearly pointed out that the elderly living in the community – living in families or independently had better emotional health than the elderly living in institutions.

Jamuna et al (1996) made an attempt to study the psychological aspects of forward (FC) and scheduled castes (SC) elder widows and non-widows. The sample consisted of 600 rural widows and non-widows in the age group of 60-70 years. The average length of widowhood was four years. One of the primary objectives of the study was to examine the problems of adjustment in the family, economic, emotional, social and miscellaneous areas among widows. The results showed that by and large the widows had greater number of economic, emotional familial and social problems; moderate to poor physical and mental health problems; poor self-concept and greater intensity of survival needs. The non-widows, as the results showed, had uniformity and better adjustment in almost all areas.
Sreenivasa Rao et al (1996) conducted a study to identify the psycho-social problems of the rural disabled elderly in relation to their living arrangement. A sample of 100 rural disabled aged (equal number of men and women) from ten villages of Chandragiri block, Chittoor district were selected for the study. An intensive case study method with an interview schedule to measure the various psycho-social problems was used to collect the data. The results indicated that the elderly living with their spouses and children expressed greater satisfaction than those who stayed alone.

Sankardass and Kumar (1996) conducted a study on 85 elderly (58 males and 27 females) who were sixty years and above. The sample was from the visitors of the Geriatric clinic at All India Institute of Medical Science, New Delhi. The study found mainly four patterns of living arrangement among the elderly: 1) living alone, 2) living with spouse, 3) living with the child(ren), and 4) living with sibling(s). Their findings indicated that to a large extent support in the form of general care, that is, help in personal care, advice, economic support and companionship on a regular basis comes from the immediate family – spouse and children. Sibling support to the elderly is limited primarily because in most cases the siblings themselves belong to the ‘support-seeker’ category. Non-kin group, such as neighbours and friends, was found to be more of social companions. The study explained the following factors that guide the existence of support networks: 1) the availability of a local family, 2) specific family relationships available, 3) the closeness of ties with local family, and 4) the pattern of interaction the elderly develop with non-kin members. The study
concluded confirming the strong influence of family, particularly spouse and children, on the well-being of the elderly.

Peters and Liefbroer (1997) studied the well-being in old age in the light of a life course perspective. For this, the relationship of partners' history and marital status with loneliness was examined using data from the Dutch Survey conducted in Netherlands in 1992. The sample consisted of 3390 aged people between 55 and 89 years of age. Loneliness, the variable for well-being was measured by the Jong Gierveld Loneliness Scale (1987). The results revealed the following: 1) The well-being of older adults was not only influenced by marital status but also by aspects of their partner's history. 2) The older adults who are currently not involved in a partner relationship were lonelier than the older adults with a partner. 3) Loneliness increased with number of union dissolutions that older adults have experienced and decreased with the time elapsed since the last dissolution. 4) Loneliness was more severe for males without a partner than for females without a partner, but no gender difference in loneliness was found among older adults with a partner. 5) No difference in loneliness was found between widowed and divorced older adults. 6) The difference in loneliness between older adults with and without a partner was smaller for the older old than the younger old. It may be noted that all these differences remain after controlling for age, health, network size, income and educational environment. However, the well-being is interpreted here only in terms of one of the aspects of well-being – loneliness. Research is needed to
examine whether the results are true for other aspects of well-being of older adults.

3.1.2 Relationship between Family Relationships and Adjustment of the Elderly

An assumption runs throughout the gerontological literature is that active relationship with family members is better than not having them. Companionship, mutual caring and care taking become highly valued in the marital relationship of the elderly. A number of studies (e.g., Johnson, 1983; Johnson and Catalano, 1983; Stone et al., 1987) indicated that both husbands and wives become primary care givers whenever necessary. Lack of companionship provided by the spouse results in psychological distress among the elderly (Grover and Grover, 1987).

Research has revealed that marital satisfaction, rather than marital status itself, is the important factor in global well-being of the elderly, with marital satisfaction being the best predictor of mental health and global happiness for both men and women (Glenn and Weaver, 1981; Gove et al, 1983). Gender difference also affects marital satisfaction. In a longitudinal research, Field et al (1993) found that over time, husbands reported greater marital satisfaction and more affection than wives did. In general, studies found that men tended to be more satisfied with their marriage, while marital satisfaction is a strong predictor of mental health for women than for men (Weisshaus and Field, 1988). Several studies indicated that older men generally
have difficulty in establishing close relationship to anyone other than wife (Lowenthal, 1975).

The interaction between aging parents and children or grand children also contributes to the global well-being of the elderly. A number of studies (e.g., O'Brien and Wagner, 1980; Blieszner and Mancini, 1987; and Thomas, 1988) provide evidence of the mutual expectation held by older parents and their children. Having affectionate and obedient children, no matter they stay together or not, was the main reason found in Kaur et al (1987) study for elderly parent's satisfaction. The role of family interaction on the adjustment of the elderly is also discussed in the literature. Researchers have pinpointed that it is not the frequency of contact that counts, but the qualitative factors in relationships for the well-being and morale of the elderly (Arling, 1976; Glenn and McLanahan, 1981; Bankoff, 1983). However, there are some evidences to indicate a relationship between satisfaction and frequency of interaction also (Edwards and Klemmack, 1973; Mancini and Blieszner, 1989). The relationship between residential proximity and quality of relationships is also noted (Shanas et al., 1968). But the study by Sirboon et al (1994) on the Thai elderly, who do not co-reside with their children, projected that their daily contact with children was not significantly different from that of the elderly who live with children. However, there are studies which have found little or no relationship between family availability interaction and subjective well-being of older persons (Larson, 1978; Hoyt et al., 1980; Glenn and McLanahan, 1981). The quality of relationship between the elderly and the daughters / sons-in-law (particularly
mother-in-law and daughter-in-law) for the well-being of the elderly is noted in a few Indian gerontological studies (Swarajyalakshmi and Ramamurti, 1973; Ramamurti and Suryanarayana, 1980-81; Jamuna and Reddy, 1992). The role of intergenerational ties or solidarity for the adjustment of the elderly is also marked in the Indian literature (Chadha and Mongia, 1997).

One of the earliest studies on adjustment of the aged in relation to their family relationship was made by Morgan (1937). The study was conducted among 381 elderly who were above the age of 70 in New York. She observed that good adjustment and happiness in old age were found to be associated with pleasant, social and emotional relations with the members of one's family, and the privacy and independence provided by living in their own home. However, she concluded that statistical relation between the adjustment and the frequency with which old people see their children was not evident and neither was there a significant difference between the happiness score of those who would like to see their children more often and those who would not. Landis (1942) also found that the preference for living with children was one of the variables positively related to the adjustment of the elderly. Surabanek (1969) also substantiated this aspect in his study where he found living in family as one of the factors related to happiness and adjustment of the elderly.

Wilson et al (1978) studied the effect of childlessness on familial satisfaction in later years. 1247 persons aged 65 or above were the subjects of the study. It was found that those who were married, were living with their spouses, and had children, were the most satisfied with family life. The divorced
or separated or those having no children were found to be the least satisfied. The important predictors of family satisfaction of the elderly were found to be satisfaction with friends, satisfaction with living arrangement and having children.

Cooner et al (1979) conducted a study on the role of social interaction in influencing life satisfaction and personal adjustment among the elderly. The sample consisted of 218 non-institutionalised persons who were 70 years and above. Their findings indicated that both the number of persons interacted with, and the frequency of this interaction were of little importance for the adjustment of the elderly. Controlling for the effects of income, health status produced significant relationships between life satisfaction and 1) number of siblings and other relatives seen; 2) exclusively in scope of interaction with immediate family members; and 3) exclusively in scope of interaction with siblings and other relatives. These results prompted them to suggest that it is the quality of interactions rather than the quantity that is crucial in understanding adaptation in old age.

Manchini (1979) studied the impact of family relationships on the morale of the elderly, 65 years of age and above. The role of variables - both qualitative as well as quantitative - was tested. The results indicated that qualitative variables, such as perception concerning marital satisfaction and effectiveness and involvement as a spouse or parent were positively related to morale than the quantitative variables.
A unique study was made on the effects of offspring on the psychological well-being of older adults by Glenn and McLanahan (1981). Data from six U.S. National surveys, conducted from 1973 to 1978, were used to estimate the effects of having had offspring on the happiness, and five dimensions of satisfaction of persons of age 50 and older who had no children under the age of 18 living at home. The five dimensions of satisfaction were satisfaction with the community, satisfaction with the network activities, satisfaction with friendship, satisfaction with family life and satisfaction with health and physical condition. Separate estimates were provided for each sex-race sub-population and, for whites, each sex-education and sex-marital status sub population. All estimated effects on global satisfaction were either negligible or negative, the strongest negative effects being for the high-educated white males. The estimated effects on the dimensions of satisfaction were mixed and generally moderate in magnitude, being most distinctly negative for black males and high educated white males and most distinctly positive for unmarried white females. The researchers arrived at a conclusion that having a child or children has no effect on the psychological well-being of older Americans. Overall, there is little evidence that important psychological rewards are derived from the later stages of parenthood.

Lee and Ellithorpe (1982) examined the relationship between intergeneration exchange and subjective well-being among the elderly. Two hypotheses were tested accordingly. 1) Aid given by elderly parents to their adult children is positively related to the morale of the parents; and 2) Aid
received by elderly parents from their adult children is negatively related to the morale of the parents. These hypotheses were tested on a sample of 403 parents aged 60 and above (207 males and 196 females). No relationship between the morale of the parents and the exchange of aid were found. The results were in line with previous study by Lee (1979) in which he found no relationship between the morale of the elderly and the frequency of interaction with either children or siblings.

A long-term longitudinal study conducted by Mussen et al (1982) found that men and women differ in their personal and social factors that contribute to life satisfaction in old age. In this study, persons aged above 70 were interviewed with 'Life Satisfaction Rating Scale' (Neugarten et al., 1961). The study was a longitudinal one in the sense that the same men and women had been interviewed forty or fifty years before when they were young parents. In this way a series of correlation of available ratings were made, when they were aged thirty and when aged seventy. Marital adjustments and satisfaction with the husband's work were found to be important for the life satisfaction of both elderly men and women. The strongest predictors of life satisfaction for the elderly men were their own emotional and physical well-being and their wives' emotional characteristics, particularly the latter. On the other hand, women's life satisfaction was related more to life circumstances, such as income and leisure time. Unlike men, personality traits of their spouses were not very important to the later life satisfaction of women. The investigators concluded in affirming that
emotional well-being during early years of marriage is predictive of relatively high life satisfaction for both sexes in later life.

Quinn (1983) studied personal and family adjustment in later life. The primary purpose of the study was to develop and to test a theoretical model of qualitative dimension in the relationship between older parents and adult children. Furthermore, the impact of these dimensions on the personal and family adjustment was also assessed. Data were collected from interviews with 171 parents, 65 years and older and from 143 mailed questionnaires returned by adult children. A path analysis procedure was performed and health was found as the strongest predictor of the psychological well-being of older parents, followed by the quality of their relationship with the children. Moving backward in the recursive model, affection and communication positively influenced the quality of relationship, filial responsibility held by the child had a positive impact on affection and communication, and filial expectations by the parent had a negative influence on communication. Several additional predictor variables representing the condition and life circumstances of aged parents indicated some moderate inter-relationships and indirect effects on the parent-child interaction and psychological well-being of aged parents.

Jamuna (1984) made a study in the rural areas of Chittor District in Andhra Pradesh on certain familial factors related to adjustment of middle aged and older women. The sample consisted of 300 literate women between 40 and 70 years of age, hundred from each of the three decades, and belonging to two levels of educational, economic and family status. The study showed; 1) a
positive relationship between increasing age and level of communication between husband and wife among middle and older women; 2) a positive relationship between level of husband and wife communication and levels of adjustment among middle aged and older women; and 3) a positive relationship between sex satisfaction and adjustment among middle aged and older women.

Gold and Quirouette (1992) examined the relationship between spousal variables and the psychological well-being of husbands and wives in older couples to determine if spousal characteristics were more important determinants of well-being for wives than for husbands. The sample for the study was 120 elderly men and women aged 50 years and above living in the community. The variables investigated included education, verbal intelligence, personality, physical health, marital adjustment, psychological well-being as well as response bias to marital defensiveness. Spousal variables were found significantly predicted wives well-being ($R^2 = 29\%$) with the three most influential predicted variables, namely, the husband's perception of the marriage, positive dimension of well-being and physical health. In contrast, spousal variables did not significantly predict husband’s well-being. The study supported the hypothesis of differential responsiveness of men and women to spousal variables. Hence, the study highlighted the importance of marital adjustment for the psychological well-being of older wives. Gender differences were found for couples on psychological well-being and marital adjustment which were consistent with findings of previous investigations, i.e., women experience more negative effect and less satisfaction in their marriage than do men.
Santhosh (1994) explored the problem of aging in Kerala by making a study among 500 elderly from Trichur district. The study found that the frequent contacts with their children and frequent interaction with their grand children were the prominent factors for the well-being of elderly women. But for elderly men, it was not significant. The study indicated that elderly persons with a good number of living sons and living in joint families without losing their status in the family were happier than those who were in nuclear families.

A cross-sectional study was conducted by Lee et al (1995) to investigate the relationship between depression among elderly parents and facets of the relationship between these parents and their adult children. The study also aimed to find out the exchange of assistance between generations, and the expectations older parents had for assistance from children. The sample included 338 elderly, aged 65 years and above (138 males and 250 females). The results showed that filial responsibility and expectations are positively related to depression. Further, both aid received from children and aid given to children increase depression among parents. The directional flow of the exchange relation is unrelated to depression when parent health is controlled; but among ‘balanced’ exchangers, the amount of aid exchanged is positively related to depression.

Mishra (1996) in a study on coping with aging at individual and societal levels identified some of the important correlates of good adjustment. For this, 720 retired employees were selected and were personally interviewed by the researcher. Adjustment was measured through the life satisfaction
scales suggested by Havighurst (1961). It was observed in the study that, positive attitude towards various social changes occurring in the Indian society and the non-interfering attitude towards personal affairs of grown up children had a strong positive association with life satisfaction. However, the study found no positive association between interaction with family members or relatives and adjustment of the elderly.

The impact of intergenerational social support on the psychological well-being of the elderly was examined by Silverstein et al (1996). The sample consisted of 539 older participants in the University of Southern California. The study found that receiving support from adult children enhances positive mood up to a threshold point, beyond which greater involvement reduces well-being. This pattern was more characteristic for the unmarried — mostly widowed than married parents. On the other hand, the findings revealed that providing support to children reduced the greater depression associated with being widowed. The study stated that the tendency to receive support may be more to a function of the family environment, and the proclivity to provide support may be more a product of personality factors, such as altruism, initiative and competence. The study also suggested the intriguing conclusion that intergenerational over-support is a more harmful phenomenon than intergenerational under-support. The excessive support from family members may increase distress by inducing dependence and eroding autonomy of the older recipient. At the same time excessive support provided to family members may increase distress of the old by being burdensome to the older provider. Thus, the study finally concluded
that intergenerational social support, although beneficial for the psychological well-being of older parents at moderate levels, may be harmful at high levels.

3.2 Relationship between Socio-Demographic Factors and Adjustment of the Elderly

The relationship between socio-demographic variables and well-being or adjustment of the elderly is well documented in the literature on gerontology. In a review on thirty years of research on life satisfaction, morale and related constructs, Larson (1978) reported that life satisfaction in elderly is strongly related to health and socio-economic factors. George (1978) found a higher positive correlation between socio-economic status and well-being of the elderly. A study conducted by Edwards and Klemmack (1973) revealed that the primary determinant of life satisfaction is socio-economic status, particularly family income. Ramamurti et al (1996) in the unique study conducted at Tirupathy (Tirupathy Centenarian Study) established socio-economic status as the chief determinant of long life. Several investigators in the west like Rose (1964), Pfeiffer (1970) demonstrated high education level and high status occupation, as two factors working together to make favourable longevity. On the contrary, there are also studies, which found no association between life satisfaction and socio-economic status (Bowling et al., 1991).

Summarising a number of findings, Abrams and Savage (1977) reported that old elderly people are more likely to be satisfied with their lives than young elderly. However, Manuel (1982) reviewing research in the United States, commented that while some studies reveal a negative relationship
between satisfaction and increasing age, others have shown a positive relationship or no relationship at all. In this context Harris (1975) opined that age alone does not augur a decline in well-being of the elderly.

Gender difference in adjustment of the elderly was also observed in many researches. Maas and Kuypers (1974) (cited in Chapter 2.7.2) found that the life style of elderly fathers were different from that of elderly mothers. A long-term longitudinal study by Mussen et al (1982) suggested that there are gender differences in personal and social factors that make adjustment in old age. According to Nigel (1986), the determinants of satisfaction and happiness differ systematically between men and women. On the contrary, Palmore and Kivett (1977), Linn et al (1979), and Liang (1982) found no systematic sex difference in adjustment among the elderly. However, Prakash (1997) treated the adjustment of the aged people on a gender-based issue.

Most of the gerontological literature revealed that financial status, health and education have an important role to play in the lives of the elderly. Tissue (1972) observed that financial hardship is the most important and genuine problem among older people and their social adjustment. According to Hudson and Strate (1985), economic status is more influential than chronological age. The National Sample Survey (42nd round, 1991) underscores the importance of economic status for the elderly. D’souza (1971) in his study on changing roles of older people in India concluded that wherever the older persons are still in occupation or in leadership positions it is mainly because of their larger wealth or higher degree of education rather than their old age.
McKenzie and Campell (1987) observed that education is more influential than income on adjustment of the elderly. Harsha (1987) also indicated that overall life satisfaction increases with age and education. Regarding health, a good number of studies showed that good health and freedom from physical disabilities lead to a better adjustment in older persons (e.g., Morgan, 1937; Britton and Britton, 1951; Anantharaman, 1981). One of the established findings in social epidemiology is the inverse relationship between socio-economic status and health adjustment (Bali, 1997).

Conkey (1933) studied the adaptation pattern in old age among 50 men and women. The study emphasised three important factors relating to good adjustment: 1) strong and varied interests or activities, 2) economic independence and security, and 3) freedom from physical handicaps. She also observed that good adjustment in old age is largely a product of good adjustment prior to old age. The better-adjusted aged also wished more frequently to re-live their lives. These conclusions were reinforced by the subsequent investigations of Morgan (1937) and Landis (1942).

One of the most widely quoted studies in the area of personal adjustment of old people is that of Cavan et al (1949). The sample comprised of over 2000 old people between the age range of 60 and 90 years. 'Your Activity and Attitude' Inventory (Burgess et al. 1949) was used to measure adjustment. The results showed that there was a low but positive relationship between present measured adjustment and the earlier recalled history of adjustment. An important finding was that there was a decline in happiness, zest for life and
content in life for people above 60 years. Moreover, the study found physical condition as an important factor in personal adjustment.

Pressey and Simcoe (1950) reported a study based on case studies of 349 successful and 204 problem old people. The study made the following observations: As compared to the poorly adjusted, a greater number of better-adjusted people lived in smaller towns. They had better health and were also economically well off. Many of them had been employed. A greater proportion of the sample was actively participating in social activities and was having many hobbies and varied interests.

Shanas (1950) studied personal adjustment of 127 men and 261 women above the age of 65 years. On the basis of scores on the adjustment, the investigator divided the sample into 4 groups. The study revealed that the following socio-demographic factors were related to better adjustment: 1) economic status, 2) greater leisure-time activities, 3) number of friends, and 4) better health. Women were found to be better adjusted than men.

Britton and Britton (1951) explored the correlates of good and poor adjustment in 161 retired Y.M.C.A Secretaries. The study found health and economic security were important determinants of adjustment of the retired. In a later study on personal adjustment of 114 retired school teachers, Britton (1953) found higher correlation within the area of economic security and health. The impact of sex difference on adjustment was also reported in the study.

In the study on factors of adjustment of the elderly among 500 individuals, aged 60 and above, Kutner et al (1956) (cited in Chapter 3.1.1)
brought out the cardinal importance of socio-economic status for adjustment. Low economic status was associated with low morale. Health did not significantly differentiate morale among the higher status group. But poor health significantly affected morale in the low economic group. On the question of isolation, it was revealed that those elderly from low economic status were more isolated. The study reported a gradual systematic decrease in morale as age advanced.

Beckman et al (1958) studied correlates of adjustment in 118 men and women of 45-84 age range. An index of adjustment specially constructed for the purpose was used. The authors reported the following findings: 1) There is high positive correlation between education and adjustment, 2) Adjustment score was found to be lower with increasing age, and 3) Adjustment was low among low socio-economic status group.

The extensive studies of Kanas city studies on factors that influence life satisfaction and adjustment by Neugarten and his associates (Cumming and Henry, 1961) is worth noting. They studied the relationship of 'life style' of the middle aged and aging people to other variables like sex, age, socio-economic status and personal adjustment. Personal adjustment was observed by a simple attitude inventory adapted from Chicago Attitude Inventory. Results of the study among a sample of 234 people, 110 men and 124 women between the age of 40 and 70 years, reported a high correlation between personal adjustment and role performance. The correlation was higher for women than for men, probably
indicating that for good personal adjustment, men are probably less dependent than women upon the level of their social competence.

Ramamurti’s (1968a) (cited in Chapter 3.1.1) study in Madras City also concentrated on the impact of socio-economic status on the adjustment of the elderly. The study among 247 elderly revealed that individuals in the higher income group were significantly better adjusted than individuals in the lower income group, and individuals with higher educational status were significantly better adjusted than individuals of lower educational status. The analysis of age trends of adjustment revealed a significant deterioration of the level of satisfactory adjustment around the retirement period and an increase in the level of adjustment thereafter. However, there was again a slow but steady deteriorating trend in the late sixties. The investigator cautioned that the result should be interpreted only in relation to a representative sample of literate, male, lower, middle and upper middle class population.

Palntal (1969) examined the emotional and social adjustment among aged men, at Bangalore. The subjects were 94 registered medical practitioners representing lower, middle and upper socio-economic status group. The age groups were 45-54, 55-64 and 65-74. The results showed that adjustment declined with increasing age. Poorly adjusted men reported worsening of health and complained of many physical and psychological difficulties. As compared to the poorly-adjusted men, the well-adjusted men had good health, good social and family relations. They were also economically secure, socially active, satisfied with their achievements, happily disposed, highly hopeful and held
themselves with regard and confidence. The poorly adjusted subjects reported feeling more bored and lonely than well-adjusted subjects. One third of the sample was poorly adjusted, pointing to the intensity and magnitude of the problem of adjustment of older people. Better physical health was related to good adjustment, particularly after the age of 55. This study found that economic security did not discriminate the two adjustment groups in any of the age groups. However, a reduced sense of economic security due to aging was found in the well-adjusted men.

Purohit and Sharma (1972) in a study of the elderly persons in rural areas of Rajasthan, found that the dependency of the aged was higher in the higher age groups due to their incapacitation and disability. In addition, they observed that the proportion of dissatisfied or unhappy aged was higher among the female respondents than their male counterparts and their unhappiness increased with the increase in age. The study concluded by stating that the aged were viewed as a 'socio-economic burden' by the younger respondents, which in turn contributed great difficulty for the adjustment of the elderly.

A follow-up study, on the trends in adjustment of 250 urban aged men between the age of 50 and 70, was conducted by Ramamurti (1976). The study was made 5 years after the first study. The findings confirmed, to a very large measure, the results obtained in the first study. The two studies pointed to the same trend, particularly in relation to age, viz., a deterioration in adjustment around the period of retirement followed by an improvement till mid sixties and thereafter a gradual decline in adjustment which becomes marked after 70.
Atchley (1977) in a study determined the predictors of morale in later life, using path analysis on survey responses from 1106 persons 50 years or older. Variables tested were recent retirement, recent widowhood or divorce, self-rated health, functional health, self-rated income, adequacy, total activity level, activity deficit, total goal space or ratio of job related goals to goal space. Results indicated that self-rated health was the most important predictor of morale and was the prime predictor of the second and third most important predictors, activity total and activity deficit.

Chatfield (1977) examined the relative importance of income, health status, and such sociological factors as worker roles and family setting in explaining the life satisfaction of the aged. A sample of retired individuals was taken from the Columbus-Ohio area. The survey gathered detailed economic and social data in conjunction with 'Life Satisfaction Index Z'. Results of the survey indicated that the lower life satisfaction of the recently retired resulted primarily from the loss of income and not from the loss of a worker/producer role. Furthermore, the greater life satisfaction of those living in a family setting seems to result from the higher income available to the household resulting from this living arrangement. The data also supported the proposition that higher income reduces the impact of health problems on life satisfaction.

Jackson et al (1977) (cited in Chapter 3:1:2) assessed the background factors of subjective well-being in black adults. The results showed that self reported happiness and life satisfaction tended to increase across the life cycle. Self reported good health was positively related to the well-being in all the age
groups, but it was a more important independent predictor of life satisfaction for the middle aged and the aged groups. The uniqueness of this study is that, in contrast to the previous studies, sex, religion, degree of urbanity, income and education did not emerge as significant predictors.

Anantharaman (1979a, 1979b, 1981) studied some of the correlates of adjustment in relation to psychology of aging. Data was collected from 172 older men between the age of 55-89 in the city of Bangalore. A modified version of 'Your Activities and Your Attitudes' (Burgess et al., 1949) and Life Satisfaction Index (Havighurst, 1960) were administered individually to the subjects. The results indicated that adjustment was positively related to education, income and social class, but negatively with age. With regard to health, it was found that those who rated their health as good or excellent, those who perceived no change in their health when compared to 45 years of their age and those who did not have any physical problem were better in adjustment. The results also revealed that there was a significant relationship between activity and adjustment – more number of activities led to better adjustment. Hence the study supports the activity theory for successful aging.

Markides and Harry (1979) conducted a study on life satisfaction among the elderly. They applied path analysis to data from interviews with 141 elderly, 60 years and older, with predictor variables, such as self-reported health, income, education and activity index. The study revealed that for both sexes, health and activity were strongly related to life satisfaction. Income was
found to be only indirectly significant via activity. Education was found to be the least significant variable influencing life satisfaction.

Lee and Lassey (1980) studied the impact of economic, social and subjective factors on the psychological well-being of rural and urban elderly. Certain variables like health, activity, income and other demographic variables were found to influence the psychological well-being of the urban elderly. However, these variables were relatively less important for the rural aged. Interestingly, as a supportive data for the finding, a previous study by Youman (1977) on rural aged noted that with respect to personal resources like income and health, the rural elderly were relatively more disadvantaged than their urban counterparts. In contrast to the above findings, Liang and Warfel (1983) from a study on urbanism and life satisfaction among elderly reported that social integration like social bonds and kinship, neighbourliness and informal friendship ties which may give life satisfaction exert a relatively stronger effect on the morale of the rural than the urban elderly.

Sasi and Sanandaraj (1982) conducted a study on certain variables of adjustment of the institutionalised old people. Sample of 58 elderly aged between 60-88 years of age was divided into two groups on the basis of their duration of residence in the institution. Group 'A' comprised of elderly who had spent 3-6 months and those in group 'B' had spent 7 months to 28 years in the institution. To elicit data, they were administered the Bell Adjustment Inventory and a Socio-Economic Scale. Findings showed that there was a significant difference in adjustment between those in the different age groups. The health
adjustment became worse as age advanced. There was a positive relationship between the respondent's health and emotional adjustment. The most frequent problems reported by the elderly were difficulty with vision and hearing and memory defects, depression, loneliness, anger and headaches. However, the institutional care and rehabilitation helped the inmates to modify and improve their adjustment as the investigators reported.

McGhee (1984) examined the impact of qualitative assessment of the social and physical environment on the morale of a community sample of 231 rural elderly. It was hypothesised that qualitative assessment would make a significant contribution to morale after the application of controls for background influence and activity participation. A preliminary examination of the bi-variate correlation among all variables showed that with the exception of sex of the respondent, all independent variables – physical mobility, health, income, age, marital status, educational background were related to life satisfaction, the criterion of morale. Of all the variables studied, income exerted the most important influence on morale. The findings revealed that among the aged, a lower income was associated with lower education, reduced mobility, being unmarried, being older and female.

Randhawa and Bhatnagar (1987) studied social adjustment among the retired persons of Patiala city of Punjab. The level of social adjustment was measured by using the Life Satisfaction Index of Havighurst. The results showed that the better educated, economically well off and persons with an urban background had secured high scores of social adjustment.
In a study, Subramanian (1989) (cited in Chapter 3.1.1) examined the impact of certain socio-economic variables, such as age, sex, income, education and location of residence on different dimensions of adjustment. With regard to age, the study revealed that the young-old group, both males and females were better adjusted than the middle-old or old-old groups in all dimensions of adjustment (home, social, emotional, self, health and general). Gender difference was evident only in the case of young-old persons. Young-old males were found to be better adjusted than young-old females in all measures of adjustment. In the case of income, both among males and females, those from high-income families were found to be better adjusted. A significant gender difference was observed in home, emotional, self, health and general adjustments. Generally, in all the income groups males were found better adjusted than females. Regarding the variable education, both males and females hailed from the three groups of educational level differed significantly among themselves in social and general adjustments. As with males, education was unrelated to home, self and emotional adjustments. Gender differences were found significant in the emotional and general adjustments of the elderly with lower primary education. Illiterate males and females also showed significant difference in health adjustment. In the case of elderly with comparatively better education, gender difference was found to be not significant in the matter of adjustment. The study also observed significant difference between urban and rural males in the areas of emotional, self, health and general adjustments. Urban males were found to be better adjusted than
rural males. In the case of females, significant difference between rural and urban group was found in social adjustment – women from urban background were better adjusted than women from rural areas. A significant gender difference was observed in the case of rural as well as urban elderly: both urban and rural males were better adjusted in social, self, health and general adjustments than females.

Sunanda and Ushasree (1989) examined the adjustment and self-confidence of 120 illiterate old women, aged sixty years and above belonging to different communities (socio-economic background). The Adjustment Inventory developed by Ramamurti (1968) and Self-confidence Inventory developed by Basavanna (1975) were used to measure adjustment and self-confidence respectively. The sample consisted of three caste groups from the rural settings: forward caste, backward caste and scheduled caste. The analysis was done controlling the educational and economic status of the sample. The results showed positive and significant correlation between adjustment and self-confidence. Significant difference was found among women belonging to different cultures with regard to their life adjustment and self-confidence. Forward caste women were found to be better adjusted than backward class and scheduled caste women. However, the backward caste women and scheduled caste women were found to be similar with regard to their adjustment.

Anuradha and Prakash (1991) examined the relationship between life satisfaction, social interaction and loneliness among the elderly. 338 subjects
who were 45 years and above drawn from both rural and urban areas of Bangalore district formed the sample of the study. Life Satisfaction Index A (Neugarten, 1961) was used to measure life satisfaction. Social interaction was assessed using the concerned items from "Your Activities and Attitudes Scale" (Burgess et al., 1964). Loneliness was measured using a four-item scale developed by Ishin-Kuntz (1987). An item based on Lowenthal and Hansen (1968) was utilised to ascertain the presence or absence of a confidant. Health status was assessed using a self-rated five-point scale. The study showed that there was a significant positive relationship between health, friendship, interaction, having a confidant and life satisfaction. The study confirmed the activity theory proposition that informal activity is closely related to satisfaction. The results also indicated a significant gender difference in their social interaction, having a confidant, life satisfaction and health. Compared to women, more men reported high-level life satisfaction, having friends and confidants and rated their health as better. Significant difference was found between rural and urban subjects in all the variables. More respondents from urban area reported frequent interaction with friends or family and having a confidant than those from the rural area. Rural elderly rated their health as poorer than their urban counterparts. Loneliness was found to be negatively related to all variables under study. The study concluded that social interaction of the elderly is the major source of life satisfaction among the elderly.

Bowling et al (1991) investigated the effects of social network type and health status on life satisfaction among 1415 elderly people from three
independent but comparable surveys. The two groups were from urban area and the other was from rural area. There was no significant difference with age for men and women analysed separately in relation to life satisfaction. There were no significant differences between rural and urban samples, and there were no associations with current life satisfaction and socio-economic grouping.

Oberoi and Seema (1991) examined the satisfaction level of rural and urban aged, for various needs, among 100 respondents (50 rural and 50 urban) living with family and alone in Samastipur District, Bihar State. Data were collected through personal interview method. Results indicated that satisfaction level of the urban aged living with families was higher as compared to the rural aged in this category. The study found that both groups were highly satisfied with primary needs, such as food and clothing.

Joseph (1991) explored and compared the adjustment pattern of home living elderly, in connection with his research on problems and personality of the aged in Kerala. The sample consisted of 411 home-living elderly, aged 60 years and above was drawn from Kottayam District. Adjustment was measured through a sub-scale on Maladjustment devised by Mathew (1976). The study revealed the following conclusions: 1) The home living old females were more maladjusted than the home-living old males, 2) The unhealthy home living old were more maladjusted than the healthy home living old, and 3) The economically dependent home-living old were more maladjusted than the economically independent old people. The findings suggest that gender, health and economic security are important for the adjustment of home living elderly.
Krause et al (1991) studied the impact of financial strain on emotional adjustment among the American and Japanese elderly. The purpose of the study was twofold: 1) to replicate the findings with the data provided by a nation wide survey of 1,523 elderly people in the United States. The findings of the nation wide survey had shown that stressful events created psychological distress among older adults by eroding their sense of personal control and by diminishing their feelings of self-worth. 2) To compare the above findings with results obtained from a nation-wide survey of 1,517 older adults in Japan. The findings indicated that it was financial strain that made the elderly to erode feelings of control and self-worth in both cultures, and the weakening of these personal resources in turn tended to increase depressive symptoms.

Patil et al (1991) examined the differences in life satisfaction of elderly women in relation to their income and area of residence. A sample of 228 elderly subjects from Dharward City, Karnataka, was interviewed. Life satisfaction was measured through five questions pertaining to the feelings of loneliness, frequency of worrying, feelings of non-usefulness, feelings of happiness and present life satisfaction. Income and area of residence were found to have a significant impact on life satisfaction. The study indicated lower life satisfaction with the lower income and with widowhood. Compared to the rural elderly, majority of the urban respondents had a low life satisfaction due to socio-economic problems.

Dhillon and Chhabra (1992) conducted a study among 90 elderly males of three socio-economic classes (high, middle and low) to investigate
how elderly come to terms or cope with the problems of life and old age. The sample was drawn from different colonies of Delhi. The socio-economic status was measured by Kuppuswamy's Socio-economic Status Scale (1962) and coping strategies were assessed by Westbrook's 'Coping Strategies Scale' (1979) covering 6 coping strategies: Action, Escape, Optimism, Seeking interpersonal help, Fatalism and Passivism and Control. The study found that there was a significant difference in the degree of use of the six coping strategies by the elderly of three social classes. The aged from the lower social class were more passive, fatalistic and escape oriented as compared to the aged of the other two classes. The elderly from the middle social class were the most action oriented, while the aged from the high social class were the most optimistic and control oriented. The investigators concluded that in spite of the fact that the aged in general, irrespective of social class, employ the strategy of seeking interpersonal help to deal with the stresses in life, still the coping strategies used by the aged are determined significantly by the social class of the aged. The study indirectly showed that the three social classes differ significantly in the degree of adjustment and satisfaction in life. The high socio-economic status group could be the most adjusted or satisfied in life followed by the middle and the low socio-economic status group.

Dhillon and D'Souza (1992) conducted a study on 240 married men and women comprising of three groups, 30-40 years, 45-55 years and 60 years and above, to test the effect of age and sex on social adjustment. Each age group consisted of 40 married men and 40 married women from various
occupations or professions. Social Adjustment was measured by Deva's Social Adjustment Inventory (1982). In this inventory, social adjustment is assessed by two components: Emotional Adjustment and Social Maturity. The findings revealed that age had no significant effect on adjustment. However, the results indicated a significant effect of sex on social adjustment. The females had a better adjustment than the males, irrespective of age. A separate analysis of social maturity and emotional adjustment showed that age had a significant effect on both dimensions: the subjects in the age group of 45-55 were the least socially matured followed by the subjects in the age group of 60 years and above and then the subjects in the age groups 30-40 years. But the results revealed that the subjects in the age group 45-55 years had a better emotional adjustment than the subjects in other groups. The results also showed that people in the age group of 30-40 years were the least emotionally adjusted. Sex wise comparison of social maturity indicated that females were socially more mature than males. Though the main effect of sex had no significant influence on emotional adjustment, the interaction effect of sex and age was significant. Males in the age group 30-40 years were slightly emotionally better adjusted than females of this age group, whereas, in the other two groups males were better emotionally adjusted than females.

Dhillon and Kumar (1992) made an attempt to investigate the effect of socio-economic status and sex on emotional maturity. The study was done on 240 elderly in the age group 65 years and above belonging to three social classes: High, Middle and Low. Socio-economic status was determined using
Narain Rao's (1973) 'Socio-economic Rating Scale' and emotional maturity was measured by employing Singh and Bhargava's (1984), 'The Emotional Maturity Scale'. The study revealed that the main effect of socio economic status was not significant on the overall emotional maturity and its four dimensions: emotional instability, emotional regression, personality disintegration and lack of independence. However, females had significantly a greater degree of emotional maturity than males, irrespective of social class. The interaction effect of social class and sex was found to be significant on three dimensions of emotional maturity: emotional regression, personality disintegration and lack of independence.

Dhillon and Singh (1994) in a study of 50 retired class I civilian officers aged between 60-70 years investigated the factors that determined their adjustment in life after retirement. Besides an adjustment inventory, scales measuring physical health, leisure activities, social supports and life events were administered. The impact of variables, such as health, social support, education of self, bone disorders, death of a close friend, listening to music, writing letters, performing voluntary acts, digestive tract problems, speak over phone with friends and attending community events on adjustment was studied. Step-wise multiple regression analysis of the data revealed leisure activities as the most significant predictor of adjustment followed by overall health, life events and overall social support. However, among the personal variables, only education of self made a positive impact towards adjustment in the life after retirement.
Chadha (1996) made a comparative study between male and female elderly on life satisfaction, loneliness, health, social support network, leisure-time activities and on selected demographic variables. The sample size was 120 elderly, 60 years and above in which males and females were equally represented. The study found no significant difference between males and females in terms of loneliness. However, in the area of life satisfaction and social support network, a significant difference was observed between males and females. In both cases, the elderly males occupied a favoured position. It may be commented that the study was an attempt to combine both psychological and social aspects of the problem of aging in the Indian context.

Mishra (1996) (cited in Chapter 3.1.1) made an attempt to identify the correlates of good adjustment. The study found that educational level, pre-retirement occupational status, present monthly income, and health status all had a positive association with the present level of life satisfaction. It was also demonstrated by the study that there was a positive association of the total time spent in activities, such as occupational activities and hobbies and all activities with happiness. Moreover, interaction with friends, members of voluntary organisations and a total interaction with non-family members had either a moderate or strong positive association with adjustment. However, age of the elderly was found to have either weak or no positive association with adjustment.

Reddy (1996a) explored the factors influencing health adjustment among 120 elderly men between 60 to 80 years of age. Results indicated that
apart from certain personality factors, knowledge of health significantly influenced health attitudes during old age. Wide individual variations were observed in their attitude. The rural elderly were found to be worse than urban elderly with regard to physical health. Another study by the same investigator (1996b) also showed that locality, socio-economic status and educational level were some of the factors that influenced the adjustment among the elderly.

3.3 Relationship between Religiosity, Spirituality and Adjustment of the Elderly.

An important variable frequently associated with the adjustment of the elderly is religiosity. Generally, it is believed that religion becomes increasingly important with the onset of late life. For many elderly people, spiritual well-being can relate to basic life and death questions that may become more frequent and urgent in the later years (Thorson, 1983). Both Western and Indian studies report that religiosity is a salient feature in the lives of the elderly despite the lack of organized religious participation (Ramamurti and Jumuna, 1993b). Researchers acknowledged that elderly people tended to be more religious in their behaviours and attitudes than non-elderly (e.g., Moberg, 1970; Taylor, 1986) and there was higher incidence of belief in God among older people (Creed and Simons, 1977). Kumar (1987) commented that elderly population is religious minded and spiritually well oriented. Kaur et al (1987) and Mathew (1993) also found a similar trend in their studies.

Gangrade (1988) observed that most of the older generation place value on religious dogmas and observance of rituals. Increasing religious
participation in old age is a matter of observation in the study by Singh et al (1987). According to Bhatia (1983), the relevance of religion can be seen from two different but mutually interrelated goals of old people, namely, the desire to experience sociability and communality and the need to keep oneself mentally and physically engaged in socially acceptable activities in the later years as long as physical health permits. Summarising some of the findings on religiosity in old age, Palmore (1969) observed that it is probably true that the aged are more orthodox, religious and believe more in the importance of religions, but this is not carried through to a greater religious activity, perhaps because of increasing physical infirmities.

Previous research yielded conflicting findings regarding the relationship between religiosity and adjustment in older adults (Devine, 1980; Poon et al 1992). Most studies showed that religiosity is stable over the life span but religiosity may or may not be related to such factors as physical and mental health, life satisfaction and adjustment. Several studies were conducted on the role of religion and the extent of religiosity or spirituality during old age. Religion and religious organizations provide companionship and counselling help (McDonald 1973), reduce the fear of death (Blazer and Palmore, 1976) and give solace to the sick and bereaved (Moberg, 1970). Wolf (1959) reported that religious belief, prayer and faith in God all help the aged to overcome loneliness and grief. It also helps the aged to fulfill the need for integration and the affirmation of oneself.
Creen and Simons (1977) suggested that religious belief relieve the feeling of guilt, dependency, depression and withdrawal associated with self-esteem decline in old age. Hanzon (1984) reported that religion is a survival strategy which lessens the general problems associated with old age, such as illness, sufferings, anomie, feelings of meaninglessness and fear of death.

Studies in the West showed a high correlation between adjustment or morale and religiosity (e.g., Witter et al., 1985; Koenig et al., 1988). For Indian elderly, religion plays an important role particularly to face death with equanimity (Pitamber and Varghese, 1971). Ramamurti (1989) found religiosity as one of the markers of successful aging in the Indian aged.

Though a number of studies reported a positive relationship between religiosity and adjustment in old age, there are reports, which found no such relationship. Two different studies using the Chicago Inventory of Activities and Attitudes showed little or no association between religious attitudes and different aspects of satisfaction (Havighurst, 1951). Barron (1958) found no correlation between religious attitudes and worrying about getting older. Mishra (1996) also found no positive correlation between religious beliefs or religious activities and adjustment in old age. However, despite some counter evidences, most of the studies agree that church attendance and religious activities are associated with good personal adjustment in old age. Palmore (1969) emphasized that certainly religious beliefs and activities usually continue to be important for the adjustment of those aged for whom religion was important earlier in life.
The following reports include different aspects regarding the role of religiosity or spirituality in the lives of elderly and its impact on their adjustment.

In a study on personal adjustment in old age, Cavan et al (1959) found that for both men and women above 60 years, there was a high positive correlation between adjustment and the frequency of attending religious services. However, attitude towards religion correlated least with adjustment. But Britton and Britton (1951) found a positive association between favorable attitudes toward religious activities and better personal adjustment. Kuhlen (1959) also found a positive correlation between religion and adjustment.

Riley and Foner (1968) examined the role of parish clergy and some religious factors in personal adjustment of the aged. While 30 percent of those above 60 years of age showed an increase in their attendance of church service, the rest of the sample reported no change in their attendance pattern. The study also indicated that women, regardless of age, attended religious services more frequently than men. The study found that religious indicators, such as attending church frequently, reading Bible at home, believing in life after death and listening to religious programmes, correlated with high personal adjustment, high morale and high satisfaction.

Blazer and Palmore (1976) in their longitudinal study on aging reported that there is a strong relationship between religious activities and feelings of happiness, usefulness and adjustment in old age. Individuals who were well adjusted were more religiously active. According to them, religion offers many individuals an 'alternate reality' – a reality different from the one
forced on them by health or economic circumstances. An alternative reality may be necessary for those living in desperate circumstances. The study concluded that religion is one of the primary factors in having a happy old age.

Steinitz (1978) examined the role of religion in the lives of the elderly people and their well-being. The study found that none of the measures of religiosity employed could consistently predict the dependent variables. Age was found to be a better predictor of the variables of personal well-being and life satisfaction than religion or religiosity. However, he observed that people above 65 were more religious than people under 65, and this might be due to cohort factors of life cycle.

Van Haitsma (1986) studied the prediction by Allport (1963) that an intrinsic religious orientation is related to the personal adjustment of the aged. A measure of personal adjustment and a religious motivation scale were administrated to 85 residents of retirement home. The results showed that the respondents were highly intrinsic and relatively satisfied with their lives. It was inferred that religious orientation was a theoretical and methodological concept in the study of personal adjustment of the aged.

Poon et al (1992) studied the relationship between religiosity and adaptation in the oldest old. The uniqueness of this study is that this study included centenarians among the sample. The preliminary research findings of this study support earlier finding that religiosity does not change significantly as one age although there was a trend in the results that suggested otherwise. The results also indicated a significant relationship between religiosity and physical
health. But no significant relationship was observed between religiosity and mental health and life satisfaction. However, the study claimed that religiosity and coping were strongly related, and religious coping mechanism was important in the oldest old.

Ramamurti and Jamuna (1993a) examined how religiosity and externality were related to adjustment in old age. Subjects of the study were 120 urban aged men in the age group of 60 years and above. Adjustment was measured by using Adjustment Inventory (Ramamurti, 1968), while locus of control was measured using I-E Locus of control (Rotters, 1986). Religiosity was measured using the Religiosity Scale (Raja Manikom, 1976). The results indicated: a) a low but a positive correlation between religiosity and adjustment, b) a low but positive association between adjustment and externality, and c) a positive correlation between externality and religiosity. In short, the results revealed that religiosity and externality are positively associated with good adjustment.

Gerwood et al (1998) examined the relationship between spirituality and the purpose in life among 120 elderly who were 65 years and above from both Protestant and Catholic denominations. Purpose-in-Life test was designed to measure the degree to which a person has found meaningful goals around which to integrate his or her life. The aim of the test - which was an attitude scale based on Frankl’s theory of logo therapy - was to identify existential vacuum in the elderly. It may be considered as an indirect measure of morale or adjustment. Spirituality was measured on a 7-point likert scale. Results
suggested that whether the person was Protestant or Catholic, had no significant effect on Purpose-in-Life test scores, with mean scores almost identical. What seemed to be important was how meaningful spirituality was to the person. Those who scored high on an Index of Spirituality also scored high on the Purpose-in-Life test. Hence the study confirmed that there is positive relationship between spirituality and purpose-in-life of the elderly.

3.4 Researches on Counselling Intervention with the Elderly

Counselling with older adults is an area in which there is not much scientific knowledge about both the therapeutic approaches and how these approaches may influence the aged. However, very early in the history of gerontological research some of the gerontologists described certain aspects of counselling with older persons (e.g., Lawton, 1948; Stern, 1948; Kent, 1956; Britton, 1963). Shock (1957) in his bibliography of gerontology cited a few titles in relation to vocational and employment counselling with the aged. The works of Birren (1959), Burgess (1960) and Tibbits (1960) provided some scientific and conceptual bases for practical programmes with the aged.

In the second Chapter (2.8) it was noted that one of the main goals in counselling with older adults is to help them to enhance self-esteem, which in turn lead them to develop integrity. Therefore, the importance of self-esteem is stressed in all the intervention programmes (Fry, 1984). This may be because personality factors represent important mediators in later life adjustment (Lieberman, 1975, Scholossberg, 1981). There is an increasing empirical evidence to support that personality mediational factors are more critical than
life events themselves in predicting later life adjustment (George, 1978). Old age is a critical period of self-assessment, a time to re-evaluate one’s successes and failures. Therefore, maintaining self-acceptance (Huyck, 1974), positive self-concept and self-esteem (Schwartz, 1975; Hurlock, 1976; Jamuna, 1984) are important for successful aging. The association between self-concept and well-being in late life was stressed in a number of studies (Kutner, 1956; Trimakas and Nicolay, 1974; Anantharaman, 1980b). Yet another personality factor that needs to be considered in an intervention programme is locus of control. A good number of studies found positive association between internal locus of control and late life adjustment. (Niederehe, 1977; Linn and hunter, 1979; Jumuna and Ramamurti, 1988). With these preliminary observations, the following reports of intervention researches are presented.

Lewis (1971) explored the role of reminiscence in adapting to stress in aged individuals. Lewis hypothesized that when faced with a socially threatening situation, reminiscers would show a greater consistency in self-concept than non-reminiscers. The study was conducted with 24 men over 65 years. From an analysis of a taped non-directive interview, subjects were designated as reminiscers, when over 40% of their sentence units referred to events five or more years in the past. Measures of one’s past self-concept and present self-concept were recorded prior to, and after placing the subjects in a stressful situation. Reminiscers, when their expressed opinions were threatened, showed a significant increase in the correlation between their past and present self-concepts compared to non-reminiscers. Lewis concluded that
reminiscing might contribute to successful aging by supporting the self-concept in times of stress.

Lieberman and Falk (1971) explored reminiscence with three samples of aged: those who were living in a community setting; those waiting to enter homes for the aged; and those who were long term residents of institutions. They found that those in an unstable life context facing imminent change (i.e., the waiting list sample) were considerably more involved in reminiscence and adaptation to stress than either of the other samples. Reminiscence and adaptation did not show any significant relationship with the stress of moving into an institution. The finding that scores on reminiscence indices were unrelated to subsequent adaptation or non-adaptation to stress led the investigators to conclude that 'the adaptive function of reminiscence activity is questionable.'

Bergeest et al (1977) evaluated the psychotherapeutic effectiveness of client-centred therapy among 45 elderly whose average age was 72 years. Nine encounter groups with younger persons whose average age was 32 years were formed. Psychological changes were judged on the basis of responses on a questionnaire. Results were compared with the data obtained from 38 older persons who subsequently formed four homogenous (age-wise) encounter groups. Excerpts from group discussions were evaluated according to certain characteristics. The findings indicated that older persons in mixed groups reported constructive results, including: 1) decrease in loneliness, 2) less emotional deprivation, and 3) less resignation to aging. Groups of mixed age
proved to be more helpful than groups of homogenous age. The reason for this, as the investigators pointed out, was that in discussion with younger persons, the older clients entered into more significant confrontation with themselves, showed improved levels of self-exploration, and accepted themselves more readily.

Hendricks (1978) investigated the relationship between life review process and increased life satisfaction index scores in persons, aged 55 years and older. The investigation was done through workshops. The analysis indicated that an increase in life satisfaction was related to frequency of workshop attendance. This shows that life review process has a unique bearing on life satisfaction.

Jessurn (1978) assessed the effects of group counselling among geriatric institutionalized patients on three measures of self-concept – activity, interaction and concern for physical appearance and hygiene. Results indicated that while group counselling appeared to have a definite effect on the self-concept of the respondents, the contribution of group experience per se could not be accurately assessed. The study concluded that the self-concept behaviour observed was capable of changes and the negative effect of aging and institutionalisation on the elderly could be, at least partly, reversed.

The adaptive role of reminiscing in combating depressive moods in later adulthood was demonstrated experimentally by Fallot’s (1979-80) work with normal subjects. Fallot randomly grouped participants aged forty-five years and older to two groups. In the interviews, participants in one group were asked
to speak about their past, and in other about their present and future. It was found that participants in the second group rated themselves in a Mood Scale as having significantly more depressed mood than participants in the first group.

Lakin et al (1982) examined the effectiveness of group therapy for older people by comparing them with younger adult clients. They found that older adults talked with relative ease about fears of abandonment, problems of widowhood, and feelings of rejection and vulnerability in the face of apparent indifference and hostility in the environment, while the younger clients were less descriptive and generally more defensive. Furthermore, the group process was found smoother in the older group than in the younger group.

France (1984) in a counselling intervention study presented a step by step description of the development and implementation of a group on responding to loneliness for the elderly. In the counselling process of responding to loneliness, France focussed on five main areas or sessions: building positive self-esteem, learning social and personal skills, managing stress and anxiety, developing problem solving strategies, and building a social network. The reaction of the participants to the programme was positive in all sessions. The outcome of the group approach was that each member in the group understood that every one was alone and was responsible for what is done about it. The group participation initiated each one for a continuous personal growth.

Anderson (1985) conducted an intervention programme based on three socio-psychological concepts: 1) availability of a confidant, 2) social
comparison, and 3) personal control. The study was designed to strengthen the social network of participants and dispel loneliness. Out of 207 women (mean age 77 years) who were interviewed, 108 elderly acknowledged experiencing loneliness 'sometimes'. 68 women were randomly assigned to an intervention programme and 40 to a control group. The intervention took the form of small group meetings. The size of the group ranged from three to five persons. Interviews were held with the participants before and six months after the participation in the programme. Compared with non-participants, the participants were found to be higher in socioeconomic status, better off in physiological competence, but worse off in self-esteem. The results of the intervention showed that persons in the sample experienced less feeling of loneliness and meaninglessness, more social contacts, higher self-esteem and greater ability to trust in themselves than others.

In an intervention study programme, Venkoba Rao (1989) presented a total health care model for the rural aged. The intervention was conducted among 1910 elderly in a geriatric clinic. Following an intervention, subjects were followed up for a period of three years. The intervention was carried out in the direction of physical and mental morbidity, aspects of family, psychosocial factors in the aged, and in offering health education. The results showed a significant improvement in health, status in family and social integration.

Bachar et al (1990) investigated the therapeutic effect of reminiscing in group psychotherapy for the severely depressed, aging and hospitalised patients. The study compared two techniques of group psychotherapy: the
traditional approach, i.e., reflective and non-directive and reminiscing. In reminiscing approach, patients were asked to share memories from more than five years ago. Patients rated themselves as significantly less depressed and benefiting more after sessions of the ‘reminiscing’ group in comparison with the ‘traditional’ group.

A study was conducted by Wong and Watt (1991), to investigate what types of reminiscences were associated with successful aging and to resolve the controversy regarding the adaptive benefits of reminiscence. On the basis of prior research and context analysis, six types of reminiscence were identified: integrative, instrumental, transmissive, narrative, escapist and obsessive. Successful aging was operationally defined as having higher than average ratings in mental and physical health and adjustment was determined by an interviewer and a panel of gerontological professionals. Reminiscence data were gathered from 88 men and women judged to be aging successfully, and 83 men and women judged to be aging unsuccessfully. All subjects were between 65 and 95 years of age, with approximately half living in community and half in institutions. The results showed that successful agers showed significantly more integrative and instrumental reminiscence but less obsessive reminiscence than their unsuccessful counterparts. Community dwellers also showed more instrumental and integrative reminiscence than the institutionalized elderly. Hence the study concluded that only certain types of reminiscence, such as instrumental and integrative reminiscing are beneficial.
Ramamurti et al (1992b) made an intervention programme among a random sample of 40 urban retired men in the age group of 62-76 years, drawn from an ongoing research project on ‘Markers of Successful Aging’. The forty subjects were randomly divided into experimental and control groups, each having 20 members. Both groups were assessed initially on the five variables under study: 1) self-acceptance of aging changes, 2) self perception of health, 3) activities of daily living, 4) familial and social relationships, and 5) flexibility in behaviour. Then the experimental group was subjected to an intervention programme which was in the form of five simple group counselling sessions spread over two weeks discussing one variable at one session. After a lapse of two more weeks the subjects were tested on the same five variables. The results indicated a 17-42 percent improvement in the four markers on pre-post tests, viz., self acceptance of aging changes, self perception of health, activities of daily living, and familial and social relationship. The change in flexibility was only marginal. The findings showed that the largest amount of change was brought about in self-acceptance of aging changes. The counsellors advocated that it was possible to improve human resources among the elderly through appropriate interventions.

Sherman (1994) explored the possibility that the manner and form in which the elderly tell their narratives might be indicative of their morale and adjustment in later life. In-depth interviews were conducted with a sub-sample of 40 respondents (aged 60 – 94 years). The sub-sample was selected based on the patterns of adjustment indicated by an ego-integrity measure and the
affect balance scale. Life narratives were analysed for experimental level and social psychological scheme for narrative structure. Quantitative findings suggest that recognition of the experimental level and structure of life narratives may help gerontological practitioners in assessing adjustment and facilitating life review process in the elderly.

Dave (1996) conducted an intervention study on the positive value of group reminiscences among 72 aged individuals in the age group 70–95 years. They were invited to participate in group sessions twice a week. The respondents were encouraged to reminisce their past experiences. In the individual interviews, each respondent was asked how he thought of the present vis-à-vis the past. 37 respondents expressed better experiences in the past. 32 of the group were in favour of the present life as better. The rest of the sample found happiness in the present as well as in the past. The counsellor’s opinion on this study is that this group experience was the first reminiscing experience they ever had in their life. Moreover, such an experience helped most of them to ventilate their pent-up feelings and provided a catharsis to the elderly and worn-out minds.

The foregoing brief reports of related research on the dynamics of adjustment in old age indicate the following: Studies carried out in the West and in India, by and large, revealed deterioration in adjustment with age. Notwithstanding, some studies pointing to the contrary. It also revealed that there was a significant relationship between adjustment and socio-demographic factors, such as gender, location of residence, income, education, health,
were also observed between institutionalised and community living elderly. Though there are a good number of studies related to marital status or family type of the elderly, studies pertaining to the impact of family relationship of old people on their adjustment are absent in India. In general, the literature on specific studies related to adjustment of the aged living in varied home-living arrangements are not many; and none of this kind has been reported in India. Some of the studies also made it clear that religiosity or spirituality of elderly has an impact on their adjustment. Nevertheless, whether high spirituality goes with good adjustment is always a proposition that needs further scrutiny in the light of further researches. An examination of the review of research regarding counselling interventions with the elderly revealed that most of the interventions were done with groups and focussed on the therapeutic effects of reminiscence. The review of reports also pinpoints that there is a dearth of researches in India based on an eclectic model of counselling focussing on aged individuals.

The studies and literature surveyed here in have helped the investigator in designing the study, in the choice of the tools and in the interpretation of the results. A detailed description of the methodology followed is given in the following chapter.