Chapter 3

An outline of study

When an individual comes into his old age, his physical and mental abilities start to decline. Due to the decline of abilities, the old age people often face different social and psychological problems. Social psychologists have long been engaged in exploring and studying the social and psychological problems arising due to old age. Among the various social and psychological problems adjustment in old age is studied extensively by different investigators. Mishra (1989) in his study of problems and social adjustment in old age observed that those old age people are better adjusted who are leading a life resembling the life of old age people in preindustrialist society in terms of having financial and physical security, satisfactory family relationships, social interaction and association with various groups of people, involvement of useful creative activities. Anantharaman (1979) found a positive relation between education and adjustment, occupation and adjustment, income and adjustment, social class and adjustment but he found negative relation between old age and adjustment. In their study of adjustment in old age Deoras and Janabandhu (1979) found that most of the subjects revealed the need of pension, regular fund and proximity of friends. Religiosity was increased among 38 percent, 64 percent developed anxiety and insecurity, 58 percent were fully prepared for death and 14 percent were afraid of it. Nandhini and Parvathi (1996) found no gender difference in their study of adjustment. They stated gender have no role in the adjustment, anxiety and sense of well being of senior men and women.

In old age, when people normally retire from their work, face a transition period. Psychologically this period can be said the transition between generatively versus stagnation and integrity versus despair. Thus the estimate of one’s contribution in the occupation and in the family gets the importance as the critical issue in the old age. The sense of productiveness, sense of satisfaction, and sense of achievement both in family and occupation, gives the sense of integrity, and security in the old age. In opposite way, a sense of stagnation and frustration will increase feeling of insecurity and anxiety. It can be stated that issues of generatively and integrity
are not merely issues of old age, instead these two stage of life cycle over-lap at this juncture of life.

The population of the aged is on growing curve. Progress in medical science and care, improvement in living conditions and the general equality of life and effective measures for birth control could be associated with global phenomenon. When the population of ageing people is increasing and the population of younger is decreasing, this can be said the ageing population.

Indian society is witnessing many aspects of transition whether it’s social or cultural or technological or demographic transition. The growing awareness about health care among the people increases the life expectancy which eventually leads to the increase in elderly population. Along with these developments the traditional family system of Indian society is vanishing. This puts aged at the high risk of vulnerability in terms of health and socio-economic status of the society. Elderly are the senior people who are bound to face this transitional period. As the transition from middle to old age is a transition of many factors, this transition creates many new problems for the elderly people in the process of their adjustment in changing society. India is agriculture –dominated economy where most of the population depends on agriculture and allied occupations. The aged people constitute 7-8 percent of the total population and most of them live below poverty line. In families which are dependent on agriculture, it becomes an obligation for elderly that they feel bound to work as agriculture workers and they have to work as long as they live. This problem worsens when their children start neglecting them and elderly start facing psycho-social problems coupled with health and economic problems.

The ageing population has resulted in emergence of ageing as a social problem. The “squaring of Demographic pyramid”, affects most of aspects of our lives such as economic, health care, labor force, social welfare, social attitudes and social institutions of a mention a few.

Due to its widespread effects ageing has acquired worldwide importance. In India the population of people who are 60 years older is increasing. And, this can be seen more precisely after 1961 onwards when the significant reduction in death rate and consequent improvement in life expectancy started happening. Another point which is important to be noticed here is the share of female elderly persons, on the whole seems to be larger than their male counterparts over a period of time. This gender difference in the population of aged people was more visible during the recent census period (2001). This is because of higher life expectancy of females than the life expectancy of male after 1990s. When this difference is studied in all kind of societies it
was observed that the increase in the population of female elderly was higher in rural areas than the increment in urban areas.

The decadal growth rate in the population of old people has shown that population has moved in the 80 plus age domain. The population of this domain has increased by 50 percent in 1981-91 period in compared to 32 percent in 1971-81 period. The old people are the fastest growing population of India and its predicted that 21 percent population of the country will be aged by 2050.

Nowadays, the role of families in case of older person has declined due to structural changes which have taken place in the Indian society and the concomitant disintegration of the joint family system, which results in the rejection or neglect of the aged. Life in institutions need not be bad but it commonly is. This holds true everywhere in one of the major impacts of globalization is breaking up of traditional family system. In India, migrants from the villages and towns to cities predominate, resulting in breaking up of families into nuclear families. The aged who are left behind have to fend for themselves. This is leading to an increased danger of marginalization of the geriatric population due to migration, urbanization, and globalization. Another impact of the globalization is the increasing economic burden on the elderly, especially the women who have practically non-existent property rights and other social security measures (Bhat 2001). It is important that the state, civil society and community recognizes the rights and needs of the elderly women and make suitable polices legislations and effective implementation of health and security schemes which already exist. Specific state interventions are required for the aged women, they being most vulnerable and for the aged who are below the poverty line. There is a need to protect the human rights of the elderly and have gender just laws and policies to ensure adequate economic and social protection during disability and old age, especially where the aged lack adequate family support (Bhat2001). The elderly citizens are in need of urgent attention. They do not need our pity, but the understanding love and care of their fellow human beings. It is our duty to see that they do not spend the twilight years of their life in isolation, pain and misery. Older persons are, therefore, in need of vital support that will keep important aspects of their lifestyles intact while improving their over-all quality of life (Dandekar 1993).

The process of industrialization, urbanization and modernization is ushering changes in
value system and traditional family system. With decline of family solidarity various institutions have come up to take care of aged. Generally in India negative factors tend to predominate the decision to enter an old age home, while gerontology has its objective a “Livelier Longevity”, the question arises, what is the effect of old age homes on the well-being of the elderly

The concept of subjective well-being has ever been a matter of intense debate and it has always cogitated the minds of great thinkers all over the world ever since the inception of human civilization. Still it is difficult to define it comprehensively as to what constitutes good life. It varies from individual to individual as some people think material wealth is the source of happiness where as for others, it is renunciation. In fact, the Western and the Eastern cultures are markedly different on the issue of subjective well-being as the former has always gone for how much more it can have and the later struggled for the least requirement of life. Naturally, the dichotomy is science versus religion or more precisely, it is materialism versus spiritualism. The result is that the West has developed the empirical science and the East has excelled in spirituality. Thus, the overall culture influences the mass into grasping the philosophy of subjective well-being on the average. That’s why the count on subjective well-being may be subjected to external or internal factors like sense-pleasure, human relationship, love-needs, material gain or renunciation leading to spiritual upliftment.

Stock et al in their scholarly work defined happiness as: "The degree to which an individual judges the overall quality of his life as-a-whole favorably (Veenhoven: 1984). Further, it is clarified that:"Subjective well-being is an abstract, super ordinate construct entailing the affective reactions of individuals along a positive-negative continuum to their life experiences" (Stock, Okun, & Benin: 1986). Subjective well being is people’s their own evaluations and analysis of their own lives by their own parameters (Diener and Lucas 2000) either cognitive (e.g. overall life satisfaction) or affective (e.g. feeling of joy). ( Andrews and Withey 1976). Diener and Lucas (2000) pointed to suggestions that while concepts are different but are interrelated. This suggests that subjective well being can be divided into state (current well being) and trait (well being as measure of character). Warr (1999) demonstrated that self defined well being entails at least four factors : circumstance, aspirations, comparisons with others, and a person’s baseline happiness or disposition. Generally well being is defined in terms of happiness and satisfaction of life as a whole.

Sarvinaiki and Stonbock-Hult (2000) has focused on current circumstances and the day to
day operations of the individual life. It is also measured by five questions related to satisfaction with living area, economic situation, economic situation, and health. These data give some preliminary evidence to the model of quality of life (QoL) as well-being, meaning and self-worth. Practitioners of well being often use multi-dimensional measures to investigate the well-being of the individuals. For example, Wenger (1989) and Wegner and Shatahmasebi (1990) observed that locally integrated networks and wider community networks play a role in the well-being of the individual. Its contrast aged people who were more family oriented and dependent, self-contained and associated with private-restricted networks face greater loneliness and lower morale. Wenger (1992) in her later research found that social activities, friends and confidantes and better health status helped in promoting better state of well being. However, it should be taken in consideration that well being is difficult to be conceptualized and is merely defined coherently. It has been revealed that it is distinct from the concept of health related quality of life. (Ranzjin and Luszcs 2000, Spiro and Bosse 2000). Life satisfaction has been a consistent part of the study when it comes to psycho-social study of ageing. Its one of the most commonly accepted subjective conditions to denote the quality of life. Many research reports show that life satisfaction is strongly related to socio-demographic and psycho-social variables (Iyer 2003).

Life satisfaction has been a consistent part of the study when it comes to psycho-social study of ageing. It is one of the most commonly accepted subjective conditions to denote the quality of life. Many research reports show that life satisfaction is strongly related to socio-demographic and psycho-social variables (Iyer 2003). The life expectancy in India is less than 60 years. And, most Indians have tendency to declare themselves old even far earlier than 60 years psychologically and Indian female tend to declare themselves old even earlier than their male counter-parts. (Monstress et al 2006). Mayor (2006) says that some people use their chronological age as a parameter for their own ageing. And, some people use their reduced physical energy such as failing eye-sight or hearing, tendency to increase fatigue, decline in sexual potency as a parameter of their own ageing.

The acceptance of the fact that they are old eventually develops in an old age complex, (Antonelli et al 2002). Like elsewhere the life expectancy in India has increased due to better medical and improved nutrition (Kanwor 1999). As a result life span of people is increased and they live longer. They have a lot of experiences and wisdom obtained from the long lived life. And, they are the knowledge oriented resources of the society which can play a role in the moral
development of the society. The traditional Indian family structure fulfils the adequate needs of the older generation. Family is a platform to give care of all the members. One’s need for and ability to give care determines one’s space in the family. In the globalized world, the meaning of old age is passing from a transition phase across the cultures, countries and families. (Bergeron 2001).

“Do people get less happy as they get older?” This question has been addressed by researchers who focus on aging and subjective well-being (SWB). SWB is used to describe the subjective experience, as opposed to the objective conditions, of life (Okun and Stock, 1987). What matters most in this regard is how people perceive life rather than the actual circumstances of their lives. SWB has both an affective (emotional) and a cognitive (mental) component (Diener et al., 1999). The affective component of SWB involves people’s moods and emotions that represent their feelings about their current experiences. If one were to inventory the amounts of positive affect and negative affect that a person experienced, one could arrive at an index of happiness by subtracting the amount of negative affect from the amount of positive affect. Happiness refers to the degree to which positive affect exceeds negative affect. The cognitive component of SWB is primarily an evaluation (or mental judgment) concerning how well one’s life has turned out. This judgment reflects the degree to which people are satisfied with their lives (Okun and Stock, 1987).

Death anxiety is a depressive state in which anxiety over dying and fear of death (Thanato Phobia) are the salient Symptoms. Several researches had been reported in which difference in death anxiety was studied in relation to aging and the aged. Templer (1971) for example, in a article entitled “Death anxiety as related to depression and health of retired persons” attempted to determine the correlation between depression, death anxiety and health of a population of elderly, the findings revealed a positive relationship between depression and death anxiety but health status and death anxiety were not found to be related. The researchers concluded that aging as such did not result in psychological regression but sickness and dependency compelled an individual to face the dying process resulting in denial of death anxiety.

Death is an inescapable fact of life that touches everyone at some time. So all counselors, regardless of their work setting or client, will be faced with the need to help someone adjust to death, whether their own or the death of a parent, spouse, child, or friend. Helping old persons copy with death may be made easier for those counselors who are familiar with the known
psychosocial aspects of death among the elderly.

Theorists concerned with the psychology of aging have considered awareness of death, its increasing certainty, and its temporal nearness as central to their formulations (Butler, 1963; Cumming & Henry, 1961; Erkson, 1950) Empirical study, however, has not been clearly based on these formulations. Rather, what we find is a whole array of studies, diverse in conceptualization and methodology, spanning almost three decades that are difficult to sort out and integrate. Even so, we seem to have today the beginnings of a tentative knowledge based and a clearer understanding of the problems than we did before. This review is based on the existing literature on the following areas as they relate to the elderly: talking about death, death fears, dying, suicide attitude toward death, and bereavement. Adult children find it difficult to broach the subject of death with their ageing parents. Health care personnel in hospitals and nursing homes often manage to avoid the topic, sometimes resorting to bizarre behaviors and practices (Sudnow, 1967; Taylor, 1977); Until recently even experts on aging tended to avoid the subject (Was & Scott, 1977).

A number of studies, however, report that non institutionalized elderly persons think and talk ready about death (Beard, 1961; Jeffers, Nichols, & Eisdorfer, 1961; Riley, 1968; Wass, 1977): Half of all institutionalized elderly persons are reported to talk about death in one study (Roberts, Kimesey, Logan & Shaw, 1970); another show that elderly residents talk about death in a group situation (Saul & 1973); and a third study reports that they talk about the subject frequently among themselves (Matse, 1975) Persons near death in geriatric facilities make frequent positive reference to death when given the opportunity (Kastendaum, 1967).

Other studies have shown that nurses respond more slowly to the bell call from terminal patients than from conterminal patients (Bowers, Jackson, Knight, & Leshan, 1975). At regional, metropolitan, and geriatric hospitals and particularly in nursing homes, family visits are often very limited. This seems to be particularly the case when the dying period is protracted (Glaser & Strauss, 1968). Thus old persons often have little opportunity to talk with their loved ones about their impending death and to express their thoughts and feelings about is, and they obtain little emotional support from interaction with other. May researchers have noted that old persons not only were willing to talk about their death but actually welcomed the opportunity (Feifel, 1959; Jeffers et al., 1961Rebert et al, 1970 saul & Saul, 1973; Wass, 1977) in addition; advocates for older persons who are dying are pleading for better caring and support (Butler, 1975; Kubler-

It seems, then, that in general both institutionalized and non institutionalized old persons think about death and are likely to talk about it when given the chance. These findings are consistent across several techniques of assessment using interview schedules, questionnaires, and observation. There are, of course, exceptions and particular situations in which the above does not hold true. A counselor quickly will discover these when working with an elderly client. The important thing is to establish clearly whether there is discomfort with the subject and if so, who is uncomfortable, the client or the counselor.

From the above discussion the importance of studying subjective well-being and death anxiety among institutionalized and home based elderly people becomes self-evident. Numerous studies on the effect of aging have been published. However a critical survey of these studies reveals that no studies on the impact of subjective well being and death anxiety among institutionalized and home based elderly people have been carried out. The present investigation has been planned in this direction. The study of subjective well-being and death anxiety among institutionalized and home based elderly people these variables may lead to better understanding of the problems of old age. It may ultimately help us in formulating the programmers of welfare for senior citizens.

**Objectives**

Following objectives were formulated for present investigation. The specific objectives of the study leading to the achievement of the main objectives were:

- To explore the difference between institutionalized and home-based elderly people on subjective well-being.
- To explore the difference between male and female elderly on subjective well-being.
- To explore the interactional effect between residential status and gender on subjective well-being.
- To explore the difference between institutionalized male and home-based male elderly on subjective well-being.
- To explore the difference between institutionalized female and home-based female
• To explore the difference between institutionalized male and institutionalized female elderly on subjective well-being.
• To explore the difference between home-based male and home-based female elderly on subjective well-being.
• To explore the difference between institutionalized and home-based elderly people on dimensions of subjective well-being.
• To explore the difference between male and female elderly people on dimensions of subjective well-being.
• To explore the interactional effect between residential status and gender on dimensions of subjective well-being.
• To explore the difference between institutionalized and home-based elderly people on death anxiety.
• To explore the difference between male and female elderly on death anxiety.
• To explore the interactional effect between residential status and gender on death anxiety.
• To explore the difference between institutionalized male and home-based male elderly people on death anxiety.
• To explore the difference between institutionalized female and home-based female elderly on death anxiety.
• To explore the difference between institutionalized male and institutionalized female elderly on death anxiety.
• To explore the difference between home-based male and home-based female on people death anxiety.

Hypothesis

Keeping in view the above objectives, following hypotheses were formulated for present
investigation:

- There would be significant difference between institutionalized and home-based elderly subjects on subjective well-being.
- There would be significant difference between male and female subjects on subjective well-being.
- There would be significant interactional effect between residential status and gender on Subjective well-being.
- There would be significant difference between institutionalized male and home-based male elderly participants on subjective well-being.
- There would be significant difference between institutionalized female and home-based female elderly subjects on subjective well-being.
- There would be significant difference between institutionalized male and home-based female elderly subjects on subjective well-being.
- There would be significant difference between home based male and home-based female elderly subjects on subjective well-being.
- There would be significant difference between institutionalized and home-based elderly subjects on dimensions of subjective well-being.
- There would be significant difference between male and female elderly participants on dimensions of subjective well-being.
- There would be significant interactional between residential status and gender on dimensions of subjective well-being.
- There would be significant difference between institutionalized and home-based elderly subjects on death anxiety.
- There would be significant difference between male and female elderly subjects on death anxiety.
- There would be significant interactional effect between residential and gender on death anxiety.
- There would be significant difference between institutionalized male and home-
based male elderly subjects on death anxiety.

- There would be significant difference between institutionalized female and home-based female elderly participants on death anxiety.
- There would be significant difference between institutionalized male and home-based female elderly subjects on death anxiety.
- There would be significant difference between home-based male and home-based female elderly subjects on death anxiety.

Variables of the study

Independent variables

1. Residential Place
   (i). Institutionalized
   (ii). Home based

2. Gender
   (i). Male
   (ii). Female

Dependent variable

1. Subjective Well-being
2. Death Anxiety