CHAPTER - III

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The scientific study of aging is a twentieth-century phenomenon. A number of studies in the early part of the last century concerned biological aspects of aging and included old age within developmental framework (Birren and Clayton, 1975). G. Stanley Hall's Senescence, the Second Half of Life (1922) was an early classic on elderly. The perception of old age in the USA as a 'social problem' had emerged by the 1930s, and there was growing recognition of the need for collective action on behalf of the aged (Maddox and Wiley, 1976). Constitution of the Chicago Committee on Human Development of the Social Research Council in USA in 1949 provided a major impetus to the exploration of psychological and social aspects of aging. It was during the post-World War II era, however, that gerontological research began to accelerate, coinciding with rising life expectancy and the growing size of the older population.

The post-Independence period saw the emergence of gerontology as a branch of study in India. Aging today has become a subject of specialized scientific inquiry of interdisciplinary nature in which the social scientists, particularly the psychologists have started taking keen interest. Researchers have agreed on the fact that aging is a natural and inevitable phenomenon which has not only profound personal implications for the individual but also implications for the society.
A systematic review of literature is essential in any research, as it aids in conceptual clarification and formulation of hypotheses. Review of literature has been done under the following headings:

PSYCHOLOGICAL WELL-BEING AND LIFE SATISFACTION AS RELATED TO SOCIAL SUPPORT

In understanding well-being among the elderly, it is important to appreciate both environmental and personal factors that might influence adjustment. One key environmental factor is the amount of social support available to the person.

Numerous studies have attempted to examine the relationship between social support and psychological well-being and life satisfaction in the elderly. Observations in a variety of settings have highlighted the positive roles played by social attachment in psychological adjustment and health.

Since the early 1970s, the quantity and quality of social relationships have been increasingly recognized as risk factors of mortality and morbidity (Berkman, 1985; House and Kahn, 1985). It is thought that the social resources may moderate or buffer the effects of negative life events or chronic life strain on psychological distress and health (Kaplan et al., 1977).

Sarason et al. (1983) have observed the positive correlation between social support and psychological adjustment. There is some evidence for the stress-buffering role of social support (Cohen and Wells, 1985).

Some investigators suggest that elderly individuals are at risk of social isolation and low social network involvement because of financial limitations, poor physical health, loss of family members and friends, and transportation problems.
Under these circumstances the social assistance operates at least in part by bolstering feelings of control and self-worth that have been eroded by stressful experiences (Krause and Clark, 1994).

Other studies have documented the direct beneficial effects of social support and the negative effects of life strain and loneliness on general mental health and psychological well-being (Arling, 1987; Mullins and Dugan, 1990).

Research on the stress buffering properties of social support, however, contains a number of contradictory findings. Although some investigators report that assistance from significant others tends to offset or buffer the deleterious effects of stress, other researches have been unable to observe similar effects (George, 1989). Krause (1987) observed that excessive support may lead to feelings of dependence and enmeshment and decreased feelings of control over environment. At least part of this problem may be attributed to the fact that researchers have not developed a well-articulated theory explaining as to how social support functions. While quoting certain anthropological and demographic studies, which argue that receiving economic assistance from others may have an adverse impact on non-material aspects of social relationships, Liang et al. (1980) suggested a study of different dimensions of social support. Krause and Liang (1993) have also suggested that financial assistance may erode emotional support and create intergenerational conflict.

Segrin (1994), in a study on forty elderly subjects found a negative association between social skills and psychosocial problems. Diener (1984), reported that social contacts are positively correlated with measures of subjective
well-being among the aged. Kaplan et al. (1987), in a large prospective study of a community sample revealed that social isolation (i.e., few social contacts) was associated with an increased risk of depression. However, quantity of social support is not always significantly associated with psychological well-being (Liang et al. 1980; Ward et al. 1984). Horel and Deimling (1984) found that qualitative measures of social support were more crucially related to mental health of aged than quantitative ones. Individuals may have many relatives and friends in their lives and yet feel isolated. Conversely, an individual may have a limited circle but not feel lonely.

Strains and Chappel (1982) emphasized on the importance of qualitative dimension of social support, such as the availability of a confidant in social network. Holahan and Holahan (1987) demonstrated a positive link between the qualitative aspects of support and mental well-being and adjustment among the aged. Social integration, reassurance of worth and guidance were being considered qualitative facets of support.

Arling (1987), reported that elderly individuals with less education, more disability from chronic disease, more ADL (Activities of Daily Living) impairment and less instrumental support were more likely to report psychosomatic problems. He also found that intimate social contacts and instrumental support had direct negative effects on psychological distress. Elders with close social contacts with friends, neighbors and relatives and high instrumental support reported fewer symptoms of emotional distress.
Prospective studies consistently show increased risk of death among persons with low quality of social relations (Hessler et al., 1990; Steinbach, 1992). Suglsawa et al. (1994) found that social participation had a direct effect on the mortality of the Japanese elders.

Caplan (1981), noticed that provision of emotional support bolsters the feelings of control and self-worth among the elderly.

Revicki and Mitchell (1990) suggested that affective support in the presence of disability due to chronic medical conditions tends to moderate the effects of this disability on psychosomatic symptoms or distress. Measures of social contacts and instrumental support exerted small to moderate effects on life satisfaction, psychosomatic distress, and emotional distress.

Krause (1991), reported that perceived health problems are predicted to erode feelings of life satisfaction through time. These deleterious effects are thought to be offset or reduced because older adults seek out and receive support from members of their informal networks as well as assistance from formal sources.

Krause and Liang (1993) revealed that as the amount of emotional support received from others increased among adults in China, fewer depressive symptoms and an enhanced feeling of well-being were reported by the subjects. Krause and Clark (1994) suggested that supportive social relationships help elderly people to cope effectively with an almost unlimited range of problems and difficulties.

In India, Mohanty (1989) and Jamuna (1992) reported that increasing intergenerational gap, interactional stresses and strains may leave the elderly without peace of mind and thus, low level of life satisfaction.
Normally social support has a beneficial effect on the satisfaction elders derive from their lives. Receiving social support from significant others induces a sense of belongingness among the elderly and thus enhances their psychological well-being. Supportive environment and caring disposition of people around them bolsters a feeling of self-worth among the senior citizens.

Deficiency in quality of social support may lead to increase in social and psychological vulnerability among the aged. They may become subjected to anxiety over their future, falling health, declining mental abilities, depleted financial resources, etc.

**PSYCHOLOGICAL WELL-BEING AND LIFE SATISFACTION AS RELATED TO PERCEIVED CONTROL**

Several studies have revealed that the persons who believe that the events in their lives are under their own control are able to cope more effectively with life stress than individuals who believe that the events in their lives are controlled by luck, fate, or chance (Blaney, 1985). The transition from adulthood to old age is often perceived as a process of loss, physiologically and psychologically (Birren, 1958; Gould, 1972).

There is a constant debate over the role of biological and psycho-social factors in this change. Typically, the life situation does change in old age. Most often—such change is perceived to be negative as in loss of health, body vigour, role, perceived competence, social status, etc. Perception of changes in addition to actual physical decrement enhances a sense of aging and lowers self-esteem (Lehr and Pushner, 1963). In response to internal developmental changes, the aging
individual may come to see himself in a position of lessened mastery relative to the rest of the world, as a passive object manipulated by the environment (Neugarten and Gutman, 1958). Researches have proved that inspite of the biological decline that seem inevitable in old age, if one can sustain a sense of personal control, psychological losses are not inevitable (Parsuram, 1996).

The need for control is essential to human existence, even though the connotations of control may vary across cultures. Decharms (1968) states, "man's primary motivational propensity is to be effective in producing changes in the environment. Person strives to be the causal agent, to be the primary locus of, causation for, or the origin of, his behavior, he strives for personal causation, his nature commits him to this path and his very life depends on it." Innateness of this desire is emphasized by Skinner (1995) too. According to him, "All humans come with an inborn desire to interact effectively with the environment and so to experience themselves in producing desired and preventing undesired events."

A large number of psycho-socio-cultural factors contribute to the feelings of loss of control in old age. Labeling and stigmatization of elderly might actually confirm the behavior that actually authenticate prevalent stereotypes and lead to diminished feelings of control (Parsuram, 1996). As self esteem decreases, belief in one's environment also declines (Roden, 1980). Perceived lack of control leads to a feeling of helplessness and despondency and low self esteem that lowers satisfaction with life in general and makes it seem meaningless (Seligman, 1975). Loss of control and meaninglessness in life are being recognized as malaises of old
age, if left unresolved can lead to symptoms of anxiety, depression, hopelessness or physical ill-health (Klinger, 1977; Ruffin, 1984).

Holahan and Holahan (1987) in a longitudinal study on elderly found that a sense of perceived control aids in facilitating positive adaptation to aging, leading to social competency among the aged. Krause and Clark (1994) reported that elderly people who feel that they exert influence over their environment use their social resources more effectively than those with little control.

Abel and Hayslip (1987) revealed internal locus of control to be positively correlated with retirement adjustments and life satisfaction among the aged. Maiden (1987) also reported that a sense of helplessness in the adulthood was found to be closely related to depressive symptoms. Reker et al. (1987) also found internal locus of control to be positively correlated with psychological well-being among the aged.

It has been shown by Geer et al., (1970) that perception of effective control, even if not veridical can significantly decrease the effects of aversive experience among elders.

Among others, Langer and Rodin (1976) have demonstrated that enhanced personal responsibility and choices given to a group of nursing home residents, resulted in a marked improvement, relative to a comparison group in factors such as general alertness, active participation, and a general sense of well being.

Shultz (1976), has found that the introduction of predictable and controllable positive life events produces a significant therapeutic impact on the well being of
institutionalized aged. Sherman (1981), has reported the importance of perceived control for well-being of the aged.

Bengtson and Kuypers (1985) have reported life satisfaction and personal control as two important indicators of successful aging. Lachman (1985), too reported that internality can be related to life satisfaction among older adults. Perceived control contributes to successful aging by increasing one's general satisfaction with life. Persons high on personal control over environment are more satisfied with their optimistic outlook (Baltes and Baltes, 1986).

Roberts et al. (1995) reported that greater independence in ADLs and greater perceived control of events significantly attenuated the adverse effects of strain on psychological well-being.

Parsuram (1996), suggested that in India, Hindu belief in 'Karma' may be influential in determining the strength of belief in perceived control. Belief in 'Karma' is a belief about control, the conditions of life and the final destiny are a function of the past and present deeds. She reported a significant positive correlation between perceived control and life satisfaction (important indicator of successful aging) among the aged. Among other things, perceived control was found to be an important factor that tended to moderate anxiety level. It was reported that elders with a high-perceived control score had lower death anxiety than those with a low perceived control score.

Whatever be the source of one's stronger belief in perceived control, an assumption shared by many theorists is that control over life situations and outcome is desirable. Perception of unaccountability and passive disposition results in
profound psychological upset, i.e., a feeling of helplessness, which is an important contributing factor in the development of various psychological problems. Having a sense of command and responsibility over surroundings aids the elderly in successfully coping with various environmental and personal hazards.

PSYCHOLOGICAL WELL-BEING AND LIFE SATISFACTION AS RELATED TO MULTIPLE ROLES

Research on social roles and well-being generally suggests that with some exceptions occupying multiple roles is associated with higher levels of psychological well-being. In role theory, social roles are defined as "A pattern of expectations which apply to a particular social position and which normally persist independently of the personalities occupying the position" (Sieber, 1974). Although there are several different categories of social role including functional group roles (e.g., mediator) and value roles (e.g., hero, traitor, saint), nearly all role research and theory has concentrated on either basic roles (e.g., gender and age), and, particularly in relation to physical and psychological well-being, structural status roles that include occupational, family, and recreational roles attached to a position in organizational setting (Turner, 1990).

Two theoretical domains bear on the relation between social roles and well-being. The role strain hypothesis (Goode, 1960; Merton, 1957) proposes that multiple roles produce conflict due to incompatibility or quantity of role demands. The role accumulation hypothesis argues that multiple roles are beneficial by providing complementary resources across role domains or through the buffering
effects of one role on stresses experienced in another (Gove, 1972; Gove and Geerken, 1977; Marks, 1977).

Although proponents of the role accumulation view agree that part of the benefit of multiple roles to well-being depends on the nature of specific roles an individual holds, the core of the hypothesis is that there are distinct and direct benefits to individuals from number of roles alone. Sieber (1974), argued that "the greater the number of roles, the greater the number of privileges enjoyed by an individual. Moreover, multiple roles provide buffering against failure in any single role domain through diversification of social investments."

Gove and Geerkan (1977) further specified multiple role theory and produced the early research on social roles and psychological well being which also supported the role enhancement perspective.

Thoits (1983), condensed the benefits of role accumulation into the concise statement that "roles give the aged the opportunity to express their diverse skills and also to gain access to social supports, resources, and social stimulation, and help to maintain physical and mental health.

Erikson, Erikson, and Kivnick (1986) argued that although reworking the past is an essential task of late life, optimal adjustment also involves continued vital involvement in roles and activities such as paid work, education, creative leisure pursuits, volunteering, grand parenting and even household work.

Coleman, et al. (1987) found higher levels of well being among adults with more roles compared to those with fewer. Barnett and Baruch (1987) and Thoits
(1987) concluded that, overall multiple roles are beneficial to adult well-being but they are less strongly beneficial to women as compared to men.

Verbrugge (1997) reported that there are monotonic connections between the number of roles on the one hand and good health on the other. She also noted that women suffer poorer health than men as a consequence of both fewer roles and less positive feelings about their lives.

In a study on 3,617 aged subjects, Adelmann (1994) revealed that multiple roles were positively related to eight variables of physical health. Mancini (1977) examined the relationship between role competence and psychological well-being among the elderly. Competence in marital, parental, friend, neighbor, active social-involvement, health and physical independence roles was found to be positively correlated with psychological well-being.

Rushing and Ritter (1992) and Burton et al. (1993) reported that multiple roles are related to higher well-being for both Blacks and Whites.

Andelmann (1994), found that older adults occupying up to eight multiple roles experienced higher levels of psychological well-being than those with fewer roles. This was true for present life satisfaction and self-efficiency.

One can conclude that the roles an individual plays provide meaning to his life. Being engaged in multiple roles has a positive effect on self worth and self-esteem and thus, leads to greater sense of life satisfaction and well being. Decreased role involvement can prove inimical for elderly's self image, identity, and social behavior. It often poses a challenge to the individual and requires immense cognitive and behavioral adjustments and adaptations.
The concept of productive aging is premised on solid scientific evidence that aging is keyed to the level of vigour of the body and continuous interaction between levels of body activity and levels of mental activity. In fact, age-related deterioration in most mental functions can be reversed. Research in gerontology and neuropsychology reveals that mental activity makes neurons spout new dendrites with which to establish connections with other neurons. The dendrites shrink when the mind is idle (Srinivasan, 1998).

Two opposite views expressed in theoretical models have explained life satisfaction on the basis of disengagement and activity. Cumming and Henry (1961) have propounded 'disengagement theory' according to which high satisfaction in old age is normally found in those individuals who accept the inevitability of reduction in social and personal interactions.

Disengagement is believed to be satisfying to both individual and society. It provides release to individual from normative constraints or expectations (e.g., high performance on job). From the perspective of society, disengagement permits younger members to enter functional roles, thereby facilitating turnover without intergenerational conflict (Cumming and Henry, 1961).

On the other hand, 'activity theory' emphasises that the old people who lead an active life derive greater satisfaction from their lives (Havighurst, et al. 1968).

Activity theory grew in part from the empirical finding that more active older people tended to be happier and better adjusted (Havighurst and Albrecht, 1953;
Tobin and Neugarten, 1961). The theory argued that older people find social approval and ego involvement through their participation and involvement in social activities (Neugarten and Havighurst, 1969).

Cavan (1962) argued that engagement in productive activity is important because of its positive relationship to health and subjective well-being of the elderly. Other evidence supports a positive relationship between physical health and physical activities (Berkman and Breslow, 1983; Metzner et al., 1983) and an association between activities and cognitive functioning (Arbuckle et al., 1986; Craik et al., 1987).

Youmans (1969), on the basis of investigation into the well-being of the elderly reported that continual engagement in activities is important to the mental health of the older people.

Lemon et al. (1972) offered empirical evidence to the activity theory as the variable of informal activities among the aged was positively related to life satisfaction.

Longino and Kart (1982) reported that indulgence in activities would exert a positive effect on life satisfaction of the elderly. Reitzes et al. (1995) suggested that participation in activities with friends and leisure had a favorable influence on self-esteem among the aged.

In a study conducted by Herzog et al. (1989), a positive correlation was reported between activities and well-being of the aged. Reid and Ziegler (1977), rated activities as a major factor contributing towards perceived well-being among the elderly.
Other critiques and empirical investigators have also argued that at least for many older individuals continued activity is important for their well being (Hochschild, 1975). Lomranz and Eyal (1988) examined the relationship between reported level of activity and measures of well being in old age. For males, significant positive correlation between well-being and both indoor and outdoor activities was found and a significant negative correlation was found between depression and activities. For females, a significant positive correlation was obtained between well-being and outdoor activities.

Andelmann (1994), also reported results which lend support to activity theory of late life and do not support disengagement theory.

Ho and Chan (1995) reported participation in social activities and functional independence as factors associated with a higher life satisfaction.

Marked reduction in activities during old age can lead to dissatisfaction and a sense of helplessness, which is detrimental to the psychological well being of the person. Being involved in voluntary activities provides a sense of adequacy to the elderly. There is little empirical support for the fact that decreased interactions or disengagement is related to life satisfaction and morale. It may pave the way for isolation, loneliness or passivity, making life miserable for the elderly.

PSYCHOLOGICAL WELL-BEING & LIFE SATISFACTION AS RELATED TO RELIGIOSITY

A substantial number of gerontologists have explored the variable of religiosity to better understand how the feelings of subjective well-being emerge and are maintained in later life. Although well-being may be operationalised in a number
of different ways, a cluster of studies focus on the relationship between religious involvement and life satisfaction. Some investigators have reported that more religious involvement is associated with greater life satisfaction (Koeing et al. 1988).

Religion is social attitudes of individuals or communities towards the powers which they conceive as having ultimate control over their interests and destinies (Pratt, 1959). Gertz (1973), emphasized that the primary function of religious beliefs is to provide symbols with which to formulate a world order that allows comprehension of life's ambiguities and unexplainable events and gives them meaning. Hangund (1982), also endorses that religion has arisen as a result of internal and external human needs. Holcomb (1975), noted that crisis situations were better faced by those with some religious conviction. Religiosity is composed of three major components: organizational, subjective, and religious beliefs (Krause, 1993).

The fact that religion has been shown to exert significant direct effects on well-being of the aged suggests that it is reasonable to assume that it functions as a coping resource (Peterson and Roy, 1985). Krause and Tran (1989) conducted a study on nationwide sample of older Black Americans to determine whether religious involvement helps to reduce the negative impact of stressful life events. The data indicated that although life stress tended to erode feelings of self-worth and mastery, these negative effects were offset or counterbalanced by increased religious involvement.

Philosophers and Psychologists are of the view that belief in God fulfills a psychological need. Initially, Malinowski (1948) suggested that one of the functions
of religion is to evolve ways of dealing with life's uncertainties, tragedies, and conflicts. He further maintained that religious beliefs persisted over time because of their psychological efficacy or "functional truth" and because of their role as an integrative and organising role in society. Wolf (1959) reported that religious belief, prayer, and faith in God, all helped the aged to overcome many of the common problems of old age, such as loneliness, grief, or unhappiness.

Riley and Foner (1968) reported that religious commitment may increase with age and it plays an important role in management of crisis. Neighbors et al. (1982) suggest that elderly are likely to turn to religion in times of intense stress.

Tilak (1990) opined that cultural and religious patterns provide clues to the meanings of aging since the self, body and world are bound to each other, not only in their implications for each other but also in their fundamental structure by a symbolic reality formed by acquisition of language and systems of meaning. Dhillon (1996) suggested that a religious framework allowed the aged to understand the crises more clearly and ultimately enabled them to survive the crises with fewer emotional scars.

It is generally observed that religion becomes significant in the life of the elderly. Empirical evidence also indicates that with gradual increase in age, particularly in the middle years of life and after, greater percentage of people turn to religion, probably when they begin going through the gradual process of coming to terms with the inevitability of their death, an event which earlier had seemed impossibly distant (Harris, 1975; Hunsberger, 1985).
Blazer and Palmore (1976) confirmed the strong relationship between religious activity and feelings of happiness and adjustment in old age. Hunsberger (1985), also observed a moderate positive relationship between religiosity and life satisfaction.

Swenson (1961) found that persons with more fundamental religious convictions looked forward to death more than those who have less fundamental beliefs. Hinton (1969) found that individuals who are intensely religious tend to accept death more easily than others. Jeffers et al. (1961) reported that fear of death seemed to be a factor more pronounced in people who consider themselves non-religious.

Parshuram and Sharma (1990) examined the relationship between belief in life after death and death anxiety among subjects in the age range of 60-70 years of three religious groups: Hindus, Muslims and Christians. Results indicate that Hindus have strongest belief in life after death followed by Christians and Muslims. On the other hand, Christians have the highest death anxiety followed by Muslims and Hindus.

Krause (1993), found that as feelings of subjective religiosity intensify, the older adults report being more satisfied with their lives. Religion, thus, plays an important role in the life of the elderly. It provides means to them in coping with uncertainties, tragedies and anxieties which old age often brings along with it.

Thus, religion is considered as multifunctional or purposive providing the elderly emotional, spiritual and psychological security, consolation and strength to face the misfortune and loss of every kind (Kaur, 1996).
It can be concluded that as a cultural institution, religion has a utilitarian role in most societies. It has the potential to provide a sense of security, a readily available social group and a social role for the older individuals. Religious faith and participation can also assist the elderly in coping with grief and death anxiety.