Chapter 1: Introduction

1.1 Aging: Present scenario

An increase in longevity and decline in fertility have impact to people living much longer today than ever before in the last 50 years. Mortality rates have declined virtually in all the countries due to progress in preventing infectious diseases and improving hygiene and sanitation and over all social development and living standards. As a result, average life expectancy at birth in low income countries rise from around 45 years in the early 1950s to 64 years in 1990. The average life expectancy throughout the world is projected to reach 73 years in 2020. In India, life expectancy at the time of independence was 32 years and today it is 62 years.

The progressive increasing longevity in India is now creating a new challenge for ensuring the well-being of the enormous number of the elderly population. Ageing has a profound impact and implications for all facets of human life. In the economic aspects, it affects economic growth, savings, investment, consumption, labour markets, pensions, taxation and intergenerational transfers. In the social sphere, it influences family composition and living arrangements, housing demand, migration trends, epidemiology and the need for healthcare services. In the political arena, population ageing may shape voting patterns and political representation (UN Report, 2009).

Present scenario of our India is a Young India but what after 30 years? Ageing of the population has been one of the most important developments of this century all over the world and will be one of the major challenges for the next millennium. In 1950 there were approximately 200 million aged people of 60 years and above throughout the world, according to United Nation estimates.

Elders in this context are persons of age 60 years and over. The Elderly population in 2001 was 7.08% i.e. 71697634 and in 2011 it was 8.18% i.e. 9786907 persons. Predictions indicate that by 2025 the global population of this age group will double to 1.2 billion. One million people turn 60 every month and 80 % of these are in the developing world. At present one in every 12 Indians is elderly and this ratio is likely to be one in every five in 2050. This means that while the total
population over the period climbs to five times, the increase in the number of elderly would be 13 times.

“Global Health and Aging” of World Health Organization, “In 2010, reported an estimated 524 million people were aged 65 or older 8 percent of the world’s population. It reported that the most rapidly aging populations are in less developed countries. Between 2010 and 2050, the number of older people in less developed countries is projected to increase more than 250 percent, compared with a 71 percent increase in developed countries.”

Table 1.1 Aging populations in Census reports

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Source: Compiled by the authors from various Census of India

Among low income countries, the population projection shows that during the next 25 years many of them will be among the ten countries with the largest population of older persons in the world. For example, China (287 million), India (168 million), Indonesia (35 million), Brazil (33 million) and Pakistan (18 million). So the developed as well as developing countries are in the process of population ageing, India becoming the second largest country with respect to elderly population.

The problem of aging in India is emerging to some extent, due to the increasing proportion of the aged people in the population, but to a great extent, owing to the declining roles and status in old age in the changing Indian society (Desai et al., 1973). Due to the changing social structure and culture system following industrialization, urbanization and modernization process, the life of the aged people has become problematic. Since the knowledge and experience of the aged people are not considered necessary for the proper functioning of the rapidly changing new society, they are sidelined and their needs are neglected. Thus, aging is not a smooth process today, but a painful one, in which the aged are exposed to
the vulnerability of the aging process, in the threatening and challenging environment.

The report “Situation Analysis of the Elderly in India” (June 2011), of the Central Statistics Office of the Ministry of Statistics and Program Implementation of the Government of India has also noted that “the phenomena of population aging is becoming a major concern for the policy makers all over the world, for both developed and developing countries, during the last two decades but the problems arising out of it will have varied implications for under developed, developing and developed countries.

In India, the size of the elderly population, i.e. persons above the age of 60 years, is fast growing, although it constituted only 7.4% of the total population at the turn of the new millennium. For a developing country like India, this may pose mounting pressures on various socio-economic fronts, including pension’s outlays, health care expenditures, fiscal discipline, saving level etc. Again, this segment of population faces multiple medical and psychological problems. There is an emerging need to pay greater attention to aging related issues and to promote holistic policies and programs for dealing with the aging society.”

In India, we already have 100 million people in 60 plus category. According to the International Institute of Population Sciences, the 60 plus population will go up to 174 million in 2026. By 2050, according to various estimates, India’s 60 plus population is expected to make up about 14% of India’s total population.

1.2 Aging: Meaning and definition

Ageing, in fact is not a disease, or a negative condition that develops all on a sudden. As stated by Venkaraman (1998) it is a gradual developmental process that effects biological, psychological, sociological and behaviourlal changes which begins at the moment an individual is born. Ageing process also signifies the progression of changes in the biochemical process which determine the structural and functional alteration with age in the cells and non-cellular tissues.

Aging is the process of getting older and is characterized by changes in the biological, psychological and social functioning of an individual. A significant
feature of these changes is marked by decline and deterioration. From birth until death, human beings undergo dramatic changes which can be categorized into anabolic (building up) and catabolic (breaking down) processes. During the early years of our lives, particularly first two decades, the anabolic processes are at work whereas in the later years particularly in the old age, the catabolic processes operate on the human machinery. The subtle balance between the two processes can be observed during adulthood when a fine balance between anabolic and catabolic processes is rather notable (Becker, 1959).

Ageing has been defined by many thinkers, authors and scientists. As defined by Natarajan (1998) old age is the age of retirement, for it is at that time that the combined effect of ageing, social changes and diseases are likely to cause a break down in health.

The World Health Organization describes the persons who have attained the age of 60 years as old, for the purpose of identifying their specific health needs and medical attention (Tuli, 1996).

Birren and Renner (1977) proposed a definition of aging. According to them, aging refers to “regular changes that occur in mature genetically representative organisms living under representative environmental conditions as they advance in chronological age.” Their view of aging excludes disease and disability and takes into consideration changes which occur with the passage of time. Disease can occur at any age and therefore, the process of aging is characterized by decline and deterioration and not disease. After a gap of eight years, Birren and Cunningham (1985) stated, “The psychology of aging is concerned with differences in behaviour, changes in behaviour with age, and patterns of behaviour shown by persons of different ages in different periods of time.”

Aging, as defined by Jarry (1995) in Collins dictionary of Sociology is “the chronological process of growing physically older. However, there is also a social dimension in which chronology is less important than the meaning attached to the process. Different cultural values and social expectations apply according to gender and age group and therefore there are socially structured variations in the personal experience of aging”.
Hess (1976) defines aging as “an inevitable and irreversible biological process of life. Handler (1960) views that “aging is the deterioration of a mature organism resulting from time-dependents, essentially irreversible changed intrinsic to all members of a species, such that, with the passage of time, they become increasingly unable to cope with the stresses of environment, thereby increasing the probability of death”.

Aging is a natural phenomenon. It is any change in an organism over time. Aging refers to a multidimensional process of physical, psychological and social change (Hultsch & Deutsch, 1981). Aging can also be defined as the maximization and attainment of positive outcomes, and the minimization and avoidance of negative outcomes (Baltes & Carstensen, 1996). It can also be seen as the cumulative, progressive and degenerative changes that occur over a period of life (Ramamurti, 1995). These changes begin with infancy, continue through childhood and adulthood, and ultimately terminate with death.

### 1.3 Aging – A Conceptual Framework

Old age is the last phase of the human life cycle. According to Hurlock 1986) “old age is the closing period in the life span”. It is a period coining from more desirable periods or times of usefulness. Stieglitz (1960) has rightly observed that ageing is a part of living. It begins with conception and terminates with death. Traditional society looked positively at old age and maintained that ‘old is gold’, in terms of maturity, experience and wisdom. But today, old age is regarded negatively and the common expressions ‘old and sick’ ‘old and frail’ ‘old and poor’ ‘old and crabby’ ‘Old and crotchety’ ‘old and useless’ reflect the dependency and inactiveness of the aged. The aged are often described as “old and senile”. All these terms indicate that they have lost their capability to be economically and socially productive. Several terms are being used in recent years to describe them in a more positive manner such as ‘senior citizens’, ‘the elderly’, ‘third age individuals’ and ‘individuals in the twilight of life’. However, the Persons who possess skills in language, music or painting appear to develop and retain them with age. There is no decrease in their art or skill. Hendricks and Hendricks (1981) observed that intellectual
performance actually improves with age and, when a person grows to maturity, he develops values, attitudes and habits.

Aging is a natural process of becoming older and older. It is a universal process of declining and it is the reality. It is defined in different ways by different authors and scientists with verity of concepts and theories.

Muttagi (1997) has studied the various theories of aging and described aging as a mutual dimensional process and specifies that aging in its demographic sense in not the same as the biological process of aging which is dynamic and continuous. Chronological age does measure physiological and psychological age. He further views that aging is generally associated with fatigue decline in functional capacity of organs of the body, decrease of ability to cope with the stress of disease or trauma.

Generally speaking ‘aging’ has three broad dimensions and each of is associated with another. These are:

1) Physiological aging
2) Psychological aging
3) Social aging

1. Physiological Aging-

Physiological aging is the product of biological process. It is a process by which physical and mental changes occur through growth and decline. In the early years of life ‘growth’ predominates and in the later years ‘decline’ predominates. Bhatia (1993) generally the changes which occur in physiological aging are visual or phenotypic. So an ‘aged’ is easily identified out of its physical appearance as in old age skin is wrinkled, head and body hair becomes grey, tooth falls, etc. Apart from these visual changes, some other changes also occur inside the body which are not visual, Rao (1994) has pointed out that in old age the immunological system, cardiovascular system, digestive system, nervous system, endocrine system, reproductive system, skeletal system, respiratory system and function of kidney deteriorate. Biological ageing, on the other hand, indicates the organic nature of the
individual. Determining the biological age involves knowing the functional capacities of a person’s vital organ system (Birren and Renner, 1977)

2. Psychological Aging-

Psychological aging is a process by which a person loses its mental ability. Most often psychological pressure or disturbances bring young people to look aged and it is reflected in body as an unnatural process. Poplin says that “one of the major problems of aging persons is the shock of growing old”. He further points out that “we are ‘aging’ may be the most profound shock we experience in our lifetime”. This ‘shock’ of course hardens the remaining life course and the persons get older much faster than the natural process because of this psychological trauma attached with the natural process of aging to the person. Wechsler (1955) states that “psychological capacities may show decline with age, but traits like interpretation and imagination may decline very little over the years”.

Psychological ageing refers to the state of mind of an individual or how he perceives his self. A positive attitude and continued interest in life and things around him help him in reducing the ageing process and staying young in his activities. People are motivated and interested in being healthy and youthful. Elders who are educationally, economically, socially well off may keep better mental health and positive attitudes towards self and life. The individual’s adaptive capacities help him to adjust effectively through learning, coping, controlling emotions, being motivated, thinking more competently, etc., which are considered to be attributes of keeping “psychologically young”. Those who do not adapt effectively become “psychologically old”. The mental health is responsible for the cognitive development of the individual and the functional ability is explained within a given environment. They require skills and abilities (both psychological and physical) to become effective in their day to day activities. A person has to perform a number of duties and it is not surprising that a 75-year-old is more self-sufficient than a 25-year-old. Given the fact that the chronological age is not perfectly related to the functional age, psychologists find it increasingly important to develop valid and reliable measures of a person’s functional ability.
3. Social Aging-

Social ageing denotes the changes in the behavioral pattern and the role and status of individuals in the family. It refers to social roles and expectations related to a person’s age. It is the behavior patterns, beliefs and other products of a particular group that are passed on from generation to generation. Bhatia (1983) says that “every society has its own conception of aging and age groupings. Through the process of socialization, the society ensures the transmission of social and cultural values from one generation to the next and enables its members to acquire necessary skills, values and norms etc. Social aging is a process by which a person acquires the superior knowledge and takes up responsible roles depending upon its age-status in the society. Relating to this, as the individual move from one age grade to the next, he acquires new roles in accordance with the prevailing practices. Age related roles, privileges and expectations are defined by the society. ‘Social aging, as distinct from biological and psychological aging, refers to the stage in the life span of the individual that is regarded as old age by the group. Each society has its own language, dress, work, customs and food habits. The cultural ageing gives importance to the role of an individual during his life span. The individual plays different roles according to the stage in life. During the childhood, early adulthood, middle adulthood people late adulthood they are supposed to play the role of the son/daughter husband/wife, father/mother and grandfather/grandmother. In the Hindu tradition the ‘Vanaprastha Ashram’ is considered the stage of old age once they have fulfilled the duties and responsibilities to the family, they retire from active life and move to the hermitage.

1.4 AGING: THEORIES

The earliest studies indicate that people in all times have tried to make sense of the way people age. A number of artists, historians, philosophers, physicians and social scientists have surveyed the literature on aging. The bible, cave drawings, classical drama, poetry, and early medical reports have drawn parallels and contrasts between how human beings in the past and present interpret facts of aging and explain variations in well-being and infirmity at various stages of life (Achenbaum, 1985; Achenbaum et al.,1996).
Aging is a universal phenomenon, but its impact and meaning are influenced by biological, psychological and sociological factors. It is believed that aging is determined by genetic and environmental factors. Accordingly, there are biological and psychosocial theories that try to explain the causes of aging.

1.4.1 Biological Theories of Aging:

Biological aging refers to changes with the passage of time in the structure and processes of tissues, major organs and systems of the body that can ultimately affect our health, behaviour, functional capacity and survival. Theories of biological aging provide clues to understanding the processes that occur in cells and the body. Biological theories of aging distinguish between external and internal events (Finch & Kirkwood, 2000). Some theories see aging as the result of external events, such as accumulated random reactive factors that damage cells or body system over time. For example, these factors might damage the organism due to wear and tear. Some theories see aging as a result of the internal event, such as built-in genetic program that is responsible for death. In both cases, the most likely interventions are those that would make sense depending on which theory best explains the facts about aging (Ludwig, 1991).

(i) **Wear-and-Tear Theory:**

Wear-and-tear theory suggests that changes associated with aging are a result of damage that accumulates over time. Each day, thousands of cells die and are replaced, and damaged cells are repaired too. The wear-and-tear theory sees aging as the result of change. Human body is the same as other multi-cellular organisms; it wears out and is also being repaired.

(ii) **Autoimmune Theory:**

The immune system is a defence for body against bacteria. It protects and preserves the body’s integrity by developing antibodies. Weakening of immune function is linked to age-related vulnerability. Thus, autoimmune theory is the idea that aging results from an increase in auto-antibodies that attack the body’s tissues. A number of diseases associated with aging, such as rheumatoid arthritis, are probably autoimmune in this way with advancing age (Key & Makinodan, 1981).
(iii) Aging Clock Theory:

According to this theory, one of the best examples of an aging clock in humans is the menstrual cycle, which starts with adolescence and ends with menopause. Investigators in this area are particularly interested in hormones produced by the pineal gland, which may help to regulate the “biological clock” that keeps time for the body. According to this theory, aging is seen as a normal part of sequence leading from conception through development to senescence, and finally to death. The aging clock theory has encouraged research on the role of hormones secreted by the thyroid, pituitary and thymus glands (Lamberts et al., 1997). These include human growth hormones.

(iv) Cross-linkage Theory:

This is the idea that aging results from accumulation of cross linked compound that interfere with normal cell function. Connective tissue in the body, such as the skin losses with advancing age are interpreted by us as wrinkling of the skin. The explanation for this change lies in a substance known as collagen (a natural protein found in skin, bones and tissues). Cross-linkage has been shown to increase with age and to be associated with disease.

(v) Free-radicals:

Free radicals are unstable organic molecules that appear as a by-product of oxygen metabolism in cells (Armstrong et al., 1984). Free radicals are highly reactive and toxic when they come in contact with other cell structures thus, generating biologically abnormal molecules. The result may be damage to cell linkage in collagen. Free radical damage has been related to many syndromes linked with aging, such as Alzheimer’s disease, cancer, stroke, etc. An important point about this theory is the fact that the body itself produces anti-oxidants as a protection against free radicals. So, in short, free-radicals (unstable and highly reactive organic molecules) create damage that give rise to symptoms we recognize as aging.

Biological theories of aging have focused on the changes, growth, development and decline that happen within individuals as they age (Key & Makinodan, 1981;
Armstrong et al., 1984). These theories of aging emphasize the absence of disease (Stones et al., 1990), and good physical and mental functioning as imperative for successful aging.

1.4.2 Psychosocial Theories of Aging:

The psychology of aging has primarily focused on four major areas:

1. Cognitions (memory, problem solving and other mental abilities that occur with age);
2. Self and personality;
3. Social relations; and
4. Mental health.

Research in these domains focuses on losses in cognition, sense of self, and other social networks that lead to pathological psychological functioning, and helping individuals adapt to these losses. Like psychology, social gerontology is also concerned with the impact of human aging on all aspects of society. Social scientists believe that societal and cultural forces influence the aging process. They see individual lives as socially constructed. There are several psychosocial theories of aging. These have been discussed in detail here.

(i) Social Disengagement Theory (Cumming & Henry, 1961):

Disengagement implies the loss of roles, restricted social mobility and relationships. Therefore, the disengagement (withdrawal) adds to self reflection, transcendence, spiritual experience and high level of self absorption as a result of the detachment from social roles, relationships and obligations. Retirement from service marks the journey of an aging individual into a life of self detachment from the busy and materialistic life.

The three main characteristics of this withdrawal (disengagement) from social system are as follows-

1. It is a natural process
2. It is a universal process

3. It is inevitable

This theory also suggests that younger persons displace the aging individuals, who remain no longer useful. The aging individuals are aware and conscious of decline in their capacity and understand that the time to live is limited. This results in a self generated process of withdrawal. This theory is based on the notion that separation of older people from active role in the society is normal and appropriate. Older people should withdraw from the society thus, allowing the younger generations to step into vacancies. The process was supposed to be for the mutual benefit of the older people and the rest of the society thus, allowing the younger generation to step in.

This theory believes that aging is an inevitable disengagement resulting in decreased interaction between the aging person and the social system. For men, disengagement begins at retirement and for women, at widowhood. This theory considers disengagement as inevitable, whereas in reality, it is not. For example, after retirement, some men re-engage in new activities, while other enjoys the freedom and relaxation that retirement brings. Widows may remarry or widen their social networks. The ultimate form of disengagement is death. As aging people withdraw from social roles, they come closer to a final separation from social order and are free to die (Cumming & Henry, 1961) without disrupting the balance of the system.

Cumming & Henry (1961) have provided empirical support for their theory. They carried out a five-year study on people between the ages of 50’s and 90’s living in Kansas City in the United States. They found that older people do progressively disengage from the society.

(ii) Activity Theory (Havighurst, 1963):

In contrast to disengagement theory, this theory proposes that the more active elderly people are, the more likely they are to be satisfied with life. The activity theory basically says: the more you do, the better you will age. It makes a certain kind of sense, too. People who remain active and engaged tend to be happier,
healthier, and more in touch with what is going on around them. Same goes for people of any age. It also assumes that involvement in social networks and integration are positively related to life satisfaction. It is also proposed that people age most successfully when they fully participate in daily activities and also keep themselves busy (Lemon et al., 1972). Carstensen (1991) has suggested that it may beneficial for older people to become active in some aspects of their lives, and little disengaged in other aspects (Schaie & Willis, 1996). Langer & Rodin (1976) found that elderly people who were encouraged to be active and to look after themselves as much as possible, had greater psychological well-being and lived longer than those who were less active.

This theory suggests that it is important for aging individuals to be active in order to remain psychologically and socially fit. Aging extends from middle age and continues into the later years of a person’s life. The four main postulates of the activity theory are:

1. A high level of activity will ensure a lesser experience of role loss.

2. A high level of activity is associated with greater availability of support for the aging individual in order to maintain role identity.

3. Self concept is positively and directly related to role support.

4. A positive self concept is linked with greater life satisfaction and a high level of activity is related with better life satisfaction.

(iii) **Psychosocial Theory of Development (Erikson, 1968):**

Erikson’s psychosocial theory of ego development has provided an important framework for understanding development over the life course. He has divided life span into eight stages, which include infancy, childhood, middle childhood, school age, adolescence, adulthood, middle adulthood and old age. He has described potential crises that people go through during each stage, which must be resolved if a desired outcome is to be achieved. The impact of earlier experiences on later stages is important and influential. He has described the development of personality of the elderly as ‘integrity versus despair’. Integrity means to be
integrated in one’s attitude, beliefs, motives and experiences in such a way that fit
together comfortably, and enable an individual to unite his personality
characteristics and view of his life with content and satisfaction and also promote
a feeling of well-being. On the other hand, lack of resolution leads to despair; a
feeling that time is short for achievement of integrity. According to Erikson, the
outcome from resolution of the eight crises is wisdom. So, one can say that if the
elderly people integrate their personality traits adequately, they can lead satisfied
lives and gain the belief of wisdom.

(iv) Continuity Theory (Atchley, 1989):

This theory says that in aging, people are inclined to maintain, as much as they
can, the habits, personalities, lifestyle and relationships that they have developed
in the earlier years of life. According to this theory, older adults try to maintain
this continuity of lifestyle by adopting strategies that are connected to their past
experiences (Atchley, 1989). Bowling (2005) explains that it helps individual in
later life, and makes adaptations to enable them to gain a sense of continuity
between the past and present. The theory implies that this sense of continuity helps
to contribute to well-being in later life. More specifically, it can be viewed from
the functionalist perspective in which the individual and society try to obtain a
state of equilibrium. This theory also deals with the internal and external structure
of continuity to describe how people adapt to their situations and set their goals.
The internal structure of an individual such as ideas and beliefs remain constant
through the life course. This provides the individual a way to make future
decisions based on the internal basis of the past. The external structure of an
individual such as relationships, social roles provides a support for maintaining a
self concept and lifestyle.

So, in short, continuity theory of aging holds the idea that in order to age
successfully, people must maintain a balance of continuity and change in both, the
internal and external structures of their lives.
Levinson’s Life Cycle Theory (Levinson, 1978):

Levinson (1978) has described that the life cycle consists of a sequence of eras which include era of pre-adulthood (0-22 years), era of elderly adulthood (22-40 years), era of middle adulthood (40-65 years) and era of late adulthood (60 years till death). According to this theory, there are two extreme positions of life cycle. One extreme is that adult development proceeds from one life structure to the next with a rapid transition between successive structures. Another extreme argues that adult development involves almost constant change with little stability in life structure. There is a life cycle which consists of a sequence of periods. According to Levinson (1978), the notion of life cycle suggests that “there is an underlying order in the human life course; although each individual life cycle is unique, everyone goes through the basic sequence”. Levinson also believes in life structure which he has defined as underlying design of a person’s life. According to this theory, Levinson adopted a mid-position, according to which most adults spend about equal amount of time in stable life structure and in states of transition or change. Levinson has obtained evidence for his study from 40 male subjects (age range in 30’s and 40’s). There were 10 novelists, 10 biologists, 10 factory workers and 10 business executives. All participants were interviewed in order to find the way in which their life structures had developed during adulthood. Levinson found that there is a tendency to proceed through the same period and eras at the same ages.

Labeling Theory:

The Labeling Theory has been mostly used in providing explanations for deviant behaviors. Bengston (1973) has indicated that the labeling theory can be employed in understanding aging as well. This theory indicates that labels are often used for aging individuals. These labels play a decisive role in deciding how an aging person is treated by others. Identity, roles and social position are significantly determined by such labels. These labels are relatively permanent indicators of an individual’s newly acquired identity, and, once formed labels are difficult to change.
Van Willigen and Chadha (1999) in their book, ‘Social Aging in a Delhi Neighborhood’ figure out the labeling of life span, that social aging means “the life-span process of change in the amount, content and meaning of a person’s social behavior produced by their adaptive decisions carried out in the structural context of the communities within which they live.” They further elaborate on five themes of social aging: life course perspective, cultural institutions, shaped by history, agency and power, and cognitive structures.

(vii) Exchange Theory

The Exchange Theory was suggested by James Dowd in the year 1975. This theory brings a fresh perspective in understanding the interaction (exchange) between the aging individual and the society. According to this theory, aging is characterized by decreased social interaction, diminished power and power dependent relationship. Further, there is reduced capacity to bargain as the aging individual exercises less control over the environment. The exchange theory (Dowd, 1975) provides a link between an individual’s personal resources and the nature of their social interaction. According to this theory, people enter into social relationships to derive rewards like recognition, security, love, etc. and in the process also incur costs like unpleasant experiences and fatigue. Power is usually derived from imbalances in social exchange, with maximizing rewards and minimizing costs. In the case of the elderly, there is often deterioration in their bargaining position and decreasing power resources, resulting in increasing their vulnerability to a multitude of psycho-social factors.

1.4.3 Indian Perspective of Aging:

The Indian traditional view of life is that a man’s life passes through four stages or ashrams (Bhatia, 1983). These four ashrams are:

(i) Brahmacharya ashrams : Learning age (birth to 25 years)

(ii) Grihastha ashrams: Married life and family (26 to 50 years)

(iii) Vanaprastha ashrams: The life of retirement (50 to 70 years)

(iv) Sanyasa ashrams: The stage of renunciation (70 to 100)
These ashrams prepare oneself for further journey of life, and an individual has to train oneself for certain periods of life in order to qualify for the next ashram of life. The disengagement theory can be compared with the ‘Vanaprastha ashram’, according to which an aged person between the ages of 50’s and 70’s is expected to withdraw from social roles of life and utilize their time for service to the community. This withdrawal from roles is followed by well-being (Sanyasa ashram).

1.5 IMPORTANCE OF THE THEORIES OF AGING:

Theories of aging have played an important role in the evolution of the field of gerontology which includes biology, psychology and sociology. During a person’s life span, development occurs through the course of life as a result of changing interactions of physical, social, cultural and psychological influences. These theories help us to interpret interactions in the meaning of growing old. On the other hand, psychological theories examine the ways in which social life is organized, and also the ways in which it affects individuals’ actions and behaviors at all ages.

According to United Nations report titled, “Current Status of the Social Situation, Wellbeing, Participation in Development and Rights of Older Persons Worldwide” (August 2010), “As the number of older person increases, there is a growing awareness of the significance of active ageing, although ageist stereotypes still persist. Older persons are gradually being recognized for their considerable contributions to intergenerational care giving, as well as their ongoing involvement in community life. Older persons have become a significant and growing political force, especially in developed countries, and organizations of older persons are helping to ensure that they have a greater voice in decision-making processes.

1.6 PROBLEMS OF AGING

Old age is the terminal stage in human life. Some people accept it gracefully with a positive attitude. But many face problems and adopt a negative attitude in their day to day life. The problems faced by the aged in any society largely depend on the
socioeconomic conditions and environment in which they live (Goyal, 1992). The problems of aged are multiple. It involves a multidirectional change in the physical, psychological and social spheres of personal existence. If the problems of the aged are unattended and unsolved, it will affect social development. These problems are very different from other social problems. They differ from individual to individual based on the socio-cultural, economic and health factors. The problems faced by senior citizens are plenty especially in under developed countries and backward rural regions.

1. Physical and Mental Deterioration: According to various Biological, Psychological and social theories aging is a declining process. This process brings human to the end through a developmental process but in aging mankind encountered with various physiological, psychological and social losses. Loss in sensory abilities, Memory loss and aging disease like dementia and Alzheimer. Declining physical activity and losses of sensory feelings is a problematic situation, one’s never accept in his or her aged life. Losses in eye sight, inability to hold things properly, damage in smell and taste tissues, these all are problem of aging. Weakness is another issue of physical deterioration which disables aged people to walk and stand easy. They become slower and slower going through increasing age.

2. Psychological problems: Most of the aged people face the problem of adjustment with changes of aging. Adjustment with family and society is become hard for them. It moved to their psychological balance and disturbs it through various anxiety and stress regarding life and its insecurity. They start feeling lonely and isolated. This stigma brings them to withdrawal process and loss of physical and recreational activities. Finally they feel sad and worthlessness. These problems push them towards live apart and unsatisfied life.

3. Living arrangement: In our country joint family is the one and all solution for many social and psychological problems. But modernization and industrialization brings family support to the end, changes of dynamic society and need of employment changed joint family into the nuclear family system.
Now day’s old parents either live apart or live in day care centers. Institutionalized people feel emptiness from the part of their family where other living alone feel insecurity and lonely. Most of the times they not even get basic facilities to be survive. We must understand not to leave them behind; they have played now turn is ours.

4. **Economical dependency**: The one important problem of aging is that how to survive with no income or inability to do job. They seen like unproductive population and government constitute some regulations for their welfare. Like Atal Pension Yojana,

5. **Abuse**: Aged people have problems of abuse at different level in their life.

   - Physical abuse: includes violence and sexual harassment with elderly.
   - Verbal abuse: is very general in our society. Due to some psychosocial intrapersonal circumstances people express their frustration and anger in verbally and its cause of mental abuse.
   - Economical abuse: Economical abuse covers all matters regarding money in old age like become unproductive or not getting pension or economical support from family. Sometimes the property also been take over unauthorized by relatives.
   - Disrespect: this is one of the types of abuse which is mostly done by near and dear people or some of the people have negative perception for elderly. Its impact brings elderly to the isolation and withdrawal symptoms.
   - Neglect: neglecting someone is also a type of abuse in terms of emotional disengagement which turns elderly to the loneliness and dissatisfaction.

1.7 **NEED AND CHANGES DURING OLD AGE:**

The utmost need of people in old age is often over looked, which includes proper care and support in terms of health and nutrition, social, economic and
psychological needs. They are also not provided with the comfort and support at the time of anxiety, loneliness and helplessness, by listening and intervening appropriately and effectively.

Family is the most important institution which can provide succor to the elderly. There was a time when aged persons were looked upon with reverence. But recent upheavals in the structure of the society and family have considerably changed their status and living conditions. For example, joint family to nuclear family increasing materialism and individual orientation, all these lead to problems with accommodation and care of the elderly in a family environment.

Old age homes were established in urban and rural areas under the initiative of both Governmental and Non-Governmental agencies, to provide shelter and support to the old destitute. At present such institutional care is a source of relief to the aged in our society. As Sreevals and Nair (2001) pointed out, in the absence of joint family system, the old parents are sometimes left with no other alternative than joining the old age homes. Studies conducted by Rajan (1999) and Dandekar (1996) in Kerala and Maharashtra state respectively also found that most of the inmates ended up in old age homes because of no one to take care at home.

1.8 LIFE SATISFACTION:

Life satisfaction generally refers to the summation of evaluations regarding a person’s life as a whole. For the most part there is consensus throughout the literature that measures of life satisfaction are cognitive (Pilcher, 1998). Life satisfaction is an overall assessment of feelings and attitudes about one’s life at a particular point in time ranging from negative to positive. It is one of the three major indicators of well-being: life satisfaction, positive effect, and negative affect (Diener, 1984).

Life satisfaction is considered to be a central aspect of human welfare. It is the ultimate goal, and human beings strive to achieve this goal throughout their life. It is generally referred to as an assessment of the overall conditions of existence as derived from a comparison of one's aspirations to one's actual achievements.
According to Andrews (1974), "Life satisfaction represents an overarching criterion or ultimate outcome of human experience".

Life satisfaction for Sumner (1996) is, "A positive evaluation of the conditions of your life, a judgment that, at least on balance, it measures up favorably against your standards or expectations".

“Satisfaction in the human context is not merely a concept of need fulfillment, it is more complex, evolving a number of explicit and implicit parameters physical, social and psychological-while the important of drive reduction and need fulfilment can hardly be over emphasized in satisfaction, which are ultimately connected with being, this idiosyncratic experience of inner well being and tranquillity, aspirations, hopes, fears and apprehension (Milevsky, 2007). Satisfaction, among human being, is a multiplicative function of numerous factors, the upper most being the felt psychological experience, which is unique with each human. These differences tunes through the one’s perception and their personality.

When we refer to life satisfaction, we can assess the extent to which individuals feel that they are leading a meaningful life. It can help us in assessing social problems thereby, helping us in the formation of policies to overcome such problems. By the study of life satisfaction, we can monitor social progress. Life satisfaction of individuals in a particular group or country indicates the meaningfulness of life but when satisfaction declines, this indicates possible problems. An example of monitoring at the national level is Easterlin's (1974) analysis of the development of life satisfaction and economic growth in the post-war decades in USA. He observed stable life satisfaction in spite of a doubling of economic welfare, and concluded that money does not buy happiness.

Life satisfaction of the elderly is an area which has attracted the attention of a number of researchers. Elderly people see many ups and downs over the years. This affects their approach towards their life as well as their life satisfaction. It is important for us to understand life satisfaction from their point of view. Erikson (1963) has suggested that this development stage is characterized by the psychosocial conflict, i.e., ego integrity versus despair. Integrity means to integrate one's attitude, beliefs, motives and experiences in such a way that fit
together comfortably and the final outcome of integrity is a feeling of satisfaction with life. A feeling of satisfaction with life is an important factor for a general sense of well-being (Neugarten, 1982). Life satisfaction often refers to the attitudes that individuals have about their past, present as well as future in relation to their psychological well-being (Chadha & Willigen, 1995).

By the study of life satisfaction of the elderly, one can come to know as to how certain factors play a positive role in maximizing life satisfaction, and their crucial role in reducing the effects of stress. Research in this area has analyzed how life satisfaction is influenced by factors such as social support, financial status, physical health, community, income, recreation, social life, career, etc. However, it is evident that the presence of such factors does not ensure high life satisfaction. A number of psychological variables which are significant in determining life satisfaction must be considered first and foremost. Mostly personal, professional, economic, social, etc., all affect the degree of life satisfaction.

There are two types of satisfaction, whole or global life satisfaction and life domain satisfaction (Argyle, 2001; Salvatore & Munoz, 2001). Life domain satisfaction refers to satisfaction within specific areas of an individual’s life such as marriage, education, job, income, etc., whereas global life satisfaction is a broad concept which includes one’s judgment of life as a whole. People rely on domain satisfaction information when they evaluate their whole life events (Schwarz & Strack, 1991). The present study is based on evaluation of one's life globally or holistically.

Life satisfaction includes –

- Satisfaction related to self concept and self evaluation,
- Satisfaction related to interpersonal and social relationships,
- Satisfaction related to job and economical conditions.
1.9 WELL BEING:

Psychological well being attempts to understand people’s evaluation of their lives, pleasant emotion regarding their surroundings, positive social, familial and interpersonal relationship. Generally well being consists of factors like self esteem, positive effect, satisfaction, wellness, efficiency, social support, happiness. These are subjective experiences thus well being is based on subjective experience instead of objective life condition, it has both positive and negative affects and it is global experience (Okum and Stocks, 1987).

Psychological well being represents a proactive stance towards Health Happiness and Harmony in life. According to Hettler (1980) well being encompasses of six dimensions namely Social, Occupational, Spiritual, Physical, Intellectual and Emotional.

Psychological well being is a general term denoting feelings of high self-esteem, life satisfaction and lack of negative symptoms. Well being or positive health can be defined as consisting of those physical, mental and social attributes that the permit the individual to cope successfully with challenges to heal and functioning (Stephens and Antonovsky, 1993)

Shaffer and Shoben (1956) consider well-being as:

- good physical well being;
- accepting one’s strengths and weakness;
- accepting other people;
- seeking as well as having a warm feeling towards them;
- a confidential relationship;
- active attention;
- social participation;
- satisfying work;
creative experience and
Using the scientific method.

Schneider’s (1965) propound criteria of mental well being, which is as follows:

1. Mental efficiency;
2. Control and integration of motives;
3. Control of conflicts and frustrations,
4. Positive and healthy feelings and emotions;
5. Tranquility of peace of mind;
6. Healthy attitudes;
7. Healthy self concepts,
8. Adequate ego identity; and

If we look at the mental well being from social angle, the main purpose of mental well being is to prepare the individual to be happy and productive and useful to his fellow human beings and to enable him to contribute to a changing and challenging society.

Random House Dictionary (Stein, 1966) defined that well being is good or satisfactory condition of existence; a state characterized by health, happiness, prosperity and welfare.

Hettler (1984) viewed that spiritual dimension is one of the major elements of the well being and he suggested a six dimension model of well being. The main component of the model are intellectual well being, emotional, physical, social, occupational and spiritual well being.

The Oxford English Dictionary (Simpson and Weiner, 1989) stated well being as, “a state of being or doing well in life, happy, healthy or prosperous condition; moral or physical welfare. Rytt (1995) put forth a multi dimensional model of
well being which includes dimensions of self acceptance, positive relations with others, sense of autonomy, environmental mastery, purpose in life and personal growth. Singh and Gupta (1999) considered that being a very exhaustive term, well being covers all aspects of health—physical, mental, social, emotional and spiritual.

Pivot and Diener (2003) have defined well being as the subjective feeling of contentment, happiness, satisfaction with life’s experience and one’s role in the world of work, sense of achievement, utility belongingness and no distress, dissatisfaction or worry etc.

Thomson (2007) defined well being as:

- **Objective well being**: Well being is achieved if a large amount listed is available to the individual.

- **Subjective well being**: Well being is achieved if an individual feels positive about their life.

- **Psychological well being**: Psychological well being is linked with existential challenges of life. It has six dimensions: Self acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth.

Rijaves, Brder and Miljoric (2009) discussed various types of well being as:

1. **Hedonic approach**: Hedonic approach conception of well being which creates high levels of happiness and foster positive emotionality.

2. **Eudemonic approach**: This expands potentials and cultivates personal growth.

Thus the defined and conceptualized well being connotes individual’s feeling of contentment, happiness, satisfaction with life experience and one’s role in the world of work in terms of ‘physical’, ‘mental’, ‘social’, ‘emotional’, and ‘spiritual’ aspects.
1.10 DEATH ANXIETY:

Death anxiety (Thanatophobia) is defined as a feeling of dread apprehension or solicitude where one thinks of what happens after death. The process of dying, or ceasing to be, Belskey (1999) define “Death-Anxiety as the thoughts, fear and emotions about that final event of living that we experience under more normal condition of life”.

Speilberger (1966) has defined anxiety in two terms: trait anxiety and state anxiety. Trait anxiety is a tendency to respond emotionally to a wide range of non-threatening stimuli. It refers to a predisposition to respond with heightened arousal to certain class of stimuli. State anxiety, on the other hand, is the actual feeling of tension and nervousness.

Death Anxiety refers to the fear and apprehension of one’s own death. It is the neurotic fear of loss of the self which in intense state parallels feeling of helplessness and depression. One’s awareness of own death produces anxiety than can only be dealt which by recognizing one’s individuality. According to Fromm and the existential analysts, man’s awareness of death gives him the responsibility for finding meaning in life.

Even less than a century ago, death was a common and familiar event in everyday’s life. Here was no widespread technology to control infection and medicine could not do much for most diseases. As death is the final stage of life cycle, it can be approached naturally by dying individuals and their families. Death and dying can be seen as part of the life process, or they can be viewed as a dramatic, painful, tortured experience both for the patients and the families. Increasingly, more research reports are being presented on the nature of death and dying. Research on exactly when death occurs, how the dying should be treated, and how their families might better cope will continue for many years (Lefton, 1982).

Death anxiety can possess several dimensions such as fear of death of self, fear of dying of self, fear of death of other and fear of dying of others. The various factors psychologists have studied in attempting to measure death anxiety include age,
environment, religious faith and ego integrity, or a personal sense of fulfillment and/or self-worth.

Kubler (1969) had found that Dying is a process, the end point of which is death. In this sense dying is a terminal part of living. The coping responses during this particular segment of life are shaped by previous experiences with death, as well as by cultural attitudes and beliefs. In the majority of persons, almost regardless of age, the personal reactions to imminent death pass through five phases – Denial, Anger, Bargaining, Depression and Acceptance. Dying and death, like other major aspects of human life are also every important cultural and social phenomenon. Kubler-Ross postulates five stages that many dying patients pass through from the time they first become aware of their fatal prognosis to their actual death:

(i) Denial

On being told that one is dying, there is an initial reaction of shock. The patient may appear dazed at first and may then refuse to believe the diagnosis or deny that anything is wrong. Some patients never pass beyond this stage and may go from doctor to doctor until they find one who supports their position.

(ii) Anger

Patients become frustrated, irritable and angry that they are sick. A common response is, ‘Why me?’ They may become angry at God, their fate, a friend, or a family member. The anger may be displaced onto the hospital staff or the doctors who are blamed for the illness.

(iii) Bargaining

The patient may attempt to negotiate with physicians, friends or even God, that in return for a cure, the person will fulfil one or many promises, such as giving to charity or reaffirm an earlier faith in God.

(iv) Depression

The patient shows clinical signs of depression - withdrawal, psychomotor retardation, sleep disturbances, hopelessness and possibly suicidal ideation. The
depression may be a reaction to the effects of the illness on his or her life or it may be in anticipation of the approaching death.

(v) Acceptance

The patient realizes that death is inevitable and accepts the universality of the experience. Under ideal circumstances, the patient is courageous and is able to talk about his or her death as he or she faces the unknown. People with strong religious beliefs and those who are convinced of a life after death can find comfort in these beliefs (Zisook & Downs, 1989).

1.11.1 Managing Death Anxiety

Human beings have a basic self-preservation drive. Combining this drive with the realization that death is inevitable creates in them a paralyzing terror of death. How human beings cope with the terror of death, and how they overcome death anxiety through a great variety of conscious efforts and unconscious defense mechanisms? Taking into consideration all these factors, it becomes necessary to help people manage death anxiety in such a way that facilitates growth. Following are some of the most commonly used techniques to deal with death anxiety.

In old age, people must confront the possibility of their own death as well as the death of loved ones. Death may also be considered in statistical terms, which supplies us with significant figures and facts. Even though death most commonly occurs in later years, it may happen at any stage in life. Accidents and suicides are major causes of death among younger persons, in later age its causes through various declining process.

Janet Belsky (1999) defines "death anxiety" as "the thoughts, fears, and emotions about that final event of living that we experience under more normal conditions of life". In other words, as people live their lives day to day, they suffer different degrees of anxiety about death. A complicating aspect of studying death anxiety is that actually "measuring" anxiety as it relates to these variables has been difficult. The studies used in examining death anxiety do not experimentally manipulate the variables, thus limiting conclusions to correlations.
1.11 SPIRITUALITY & SPIRITUAL WELL BEING

The term ‘spirituality’ was first used in ancient times as diversity to materialism. The word spirituality comes from the Latin word “Spiritus” which means breath of life is a way of being and experiencing that comes about through awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to self, others, nature, life and whatever one considers to be ultimate (Elkins 1998). The word ‘spirituality’ derives from the Latin word ‘spiritualitas’ that means the state or nature of being spiritual. It demonstrates the relationship between the human spirit and the Divine Spirit. Here, spirituality can be described as the nature of the spirit or the soul, or the Spirit of God or the nature of God. It is an acknowledgement, understanding, appropriation and participation in the supernatural realm (Sathyanadh, 2002).

World Health Organization (1998) has incorporated spiritual dimension in its latest definition of health. WHO defines health as dynamic state of complete physical, mental, spiritual, and social well being and not merely the absence or infirmity?

Spirituality can also be described as whatever calls us to self transcendence.

It is that which motivates us away from self-focus or self seeking, and inspires us to give priority to the welfare of another (Richard, 1996). Spirituality means believing in a higher power and action on a value system beyond self interest. It is a guiding force, which provides a sense of purpose and support in everyday life and during difficult times (Thames & Thomson, 2000). They pointed out –

- Spirituality provides hope, support and sense of purpose to life.
- Spirituality provides tools and models for building good relationships in the family. It is the key element in establishing strong caring families.
- It provides a way to deal with successes and failures especially in relationship with family.
Unruh et al. (2002) explored definitions of spirituality by comparing and contrasting definitions from diverse professional literature. Analysis of these definitions revealed seven thematic categories:

(a) Relationship to God, a spiritual being, higher power,
(b) Not of the self,
(c) Transcendence or connectedness unrelated to a belief in a higher being,
(d) Existential, not of the material world,
(e) Meaning and purpose in life,
(f) Life force of the person, integrating aspect of the person, and
(g) Summative, multiple features of spirituality.

Although there appear to be some commonalities within the peculiar definitions spirituality has been construed as an individual pursuit, Multidimensional and subjective in nature that is personal in outcome (Adams & Benzer, 2000; Hill et al., 2000; Spilka, 1996). In finding, spirituality has been defined as an element of religious practice, that is, spirituality sits within the broader domain of religion (Pargament, 1999b). Religiosity and spirituality have been used interchangeably, or synonymously, in psychological research (Mattis, 2002; Zinnbauer et al., 1997).

Such a definition of spiritual well being is by its very nature, holistic. It is a view of spirituality that demonstrates an awareness of oneself as well as our relationship with everything that is not oneself (Meehan, 2002).

Hawks and colleagues (Hawks et al., 1995) broaden the definition of spiritual well being by defining it as

(a) A sense of relatedness or connectedness to others which provides terms for meaning and purpose in life,
(b) The fostering of well-being through a stress buffering effect, as well as
(c) Having a belief in and a relationship with a power higher than the self.
Transcendence is defined as the ability to reach or exceed the limits of the usual experience, the capacity, willingness or experience of rising above or overcoming bodily or psychic conditions of the capacity for achieving wellness and / or self healing that is, the spiritual person believes in the “more” that what is seen is not all there. He or she believes in an unseen world and the harmonious contact with, and adjustment to this unseen dimension is beneficial.

Kuhalampi (2010) lists the following central features of spirituality.

- Meaning of the ontological significance of life; making sense of situations; deriving purpose in existence.
- Value beliefs and standards that are cherished; having to do with the truth, beauty, worth of a thought, object or behavior; often discussed as ultimate values.
- Transcendence experience and appreciation of a dimension beyond the self; expanding self –boundaries.
- Connecting relationship with self, others, God and the environment.
- Becoming an unfolding of life that demands reflection and experience; including a sense of who one is and how one knows.
- Hope a prospect of confidence and trust towards the future.

1.12 LONELINESS:

Loneliness often considered a major problem for growing older. The study of loneliness raises a number of issues and problems. It is unlikely that loneliness is the same for any two people and it is not possible to know what is meant exactly when loneliness is reported. The knowledge of the effects of loneliness is complicated by studies which measure constructs that are similar to loneliness or may include aspects of loneliness such as being alone, lack of closeness, lack of confiding relationship and social isolation. It is broadly agreed that loneliness is
not directly connected to any thing like social isolation living alone etc. but it is the absence of relationships with other people.

Loneliness is defined as the negative outcome of a cognitive evaluation of a discrepancy between (the quality and quantity of) existing relationships and relationship standards. A sense of loneliness is associated with an individual’s evaluation of their overall level of social interaction, and describes a deficit between the actual and desired quality and quantity of social engagement. Three related but not identical concepts should be distinguished: ‘being alone’ (time spent alone), ‘living alone’ (simply a description of the household arrangements) and ‘social isolation’ (which refers to the level of integration with individuals and groups in the social environment). Whilst there is some commonality between these concepts, not all the overlaps are clear and the terms should not be used interchangeably (Townsend 1968; Andersson 1998; De Jong Gierveld 1998; Victor et al. 2000; Holmen and Furukawa 2002).

Loneliness is one of the main indicators of social well-being. It reflects an individual’s subjective evaluation of his or her social participation or isolation.

Loneliness and social isolation of older people are topics which are relatively under-researched. There has been considerable attention on providing a sound research base for estimating the benefits of prevention, but this has largely focused on tangible benefits and cost savings, particularly on the broad topic of health, and has not shed much light yet on the relatively complex set of benefits which could come from alleviating loneliness in older people.

While the terms ‘loneliness’ and ‘isolation’ is sometimes used as if they were synonymous, they refer to two different concepts. Isolation refers to separation from social or familial contact, community involvement, or access to services. Loneliness, by contrast, can be understood as an individual’s personal, subjective sense of lacking these things to the extent that they are wanted or needed. It is therefore possible to be isolated without being lonely, and to be lonely without being isolated. For instance, an older person can be physically isolated (living on one’s own, not seeing many other people etc.) without feeling lonely. For some, physical separation is even a result of choice.
Operational definition splits the concept of loneliness into four key elements: feeling lack of companionship, feeling left out, feeling isolated from others and feeling in tune with people.

There are so many ways of a person feeling accepted or rejected, but feeling lonely can be described as the most unfortunate thing. It's an awful experience when a person feels left alone in life, that is when bad actions and ideas come to mind.

Many of the results from ELSA (Wave 2) also confirm links we might expect. For instance:

• Loneliness increases with age, the loss of friends and poor health

• There is a strong connection between low contact with family members and loneliness

• Loneliness is strongly allied to perceived poor quality of life. But it also points out specific issues that may not be as predictable and that may be of particular use in planning services to combat loneliness.

• Contact with children is an especially effective antidote to loneliness. This appears to apply to cross-generational contacts in general, i.e. contact with children and young people as well as contact with one’s own (grown-up) offspring.

• having children but not feeling close to any of them is associated with higher rates of Loneliness than being childless

• having friends is a more important factor in warding off loneliness than frequent contact with these friends.

• There is a clear and significant correlation between low socio-economic status and loneliness

• Although wealth is an important determinant of people’s life satisfaction, its effect declines over the age of 75.
Criteria for determining which members of old age are likely to experience loneliness:

1. Older members of old age homes and isolated elderly in old age homes may be lonely. (Bernard & Meade, 1993,)

2. Depression, Anxiety – Mood Disorders

3. Personality Traits/ Disorders

4. Difficulty moving through the developmental phase of ageing e.g. continued control over their lives associated with avoidance of intimacy may also result in loneliness. (Bernard & Meade, 1993,)

5. Avoiding social relations and intimacy with others because of distressful relationships in earlier life – parent/ child; husband/ wife etc. (Bernard & Meade, 1993,)

6. Gender (Bernard and Mead (1993)

7. Family size and involvement (Peter and Peace (1993)

8. Widowed persons (Lopata’s (1973), Bowling & Cartwright’s study (1982))

9. Those with limited social relations, in other words, those with few or no friends. (Bond, Coleman & Peace, 1993)


Talita Vermaak 2003 has given a guideline in identifying elderly possibly suffering from being lonely

1. Older inhabitants
2. People who for whichever reason fully or partially isolated socially or physically. For example…

- People with hearing disabilities.
- People with limited sight.
- People with dementia or Alzheimer’s.
- People with limited mobility.
- Chronically ill people.
- People experiencing problem with incontinence.
- People with small or uninvolved families.
- People with few friends and death of friends.
- People who do not attend joint meals.

3. Inhabitants with financial limitations.

4. People with emotional problems. For example…

- People with depression.
- Anxious people.
- People who had to struggle through traumatic experiences such as death or serious illnesses.
- People exposed to war or devastating natural or other disasters.
- Who constantly complains about everything and refuses involvement in general.
- People careful to become involved in social relationships and who for example were exposed to complex relationships in the past.
- People who were or still are addicted to alcohol or drugs.
• People with self-esteem problems.

• People experiencing any psychological irregularities/problems.

5. People who value independence, who won’t simply accept help, i.o.w. people wishing single-handedly to control their lives as long as possible.

6. women

7. People not eating well/sufficiently.

8. People who feel they have no self-worth.

9. People with limited social skills. Even people naturally shy can be considered.

10. People neglecting their personal tending.

11. People prone to passivity i.o.w. inactive people or people with little to no interests.

12. People who feel they don’t fit in or they don’t belong in an old age home. Also those who feel they have no one to talk to, nobody shares their interests or is capable of having a meaningful conversation with them.

13. Possibly also those experiencing frustration or merely bored individuals.

1.13 ART THERAPY: A PSYCHOLOGICAL HEALING PROCESS OF CREATIVITY

The idea of using the arts as an adjunct to medical treatment emerged in the period from the late 1800s to the 1900s alongside the advent of psychiatry. During this time the movement to provide more humane treatment of people with mental illness began and “moral therapy” included patient involvement with the arts (Fleshman & Fryrear, 1981). While late-19th-century programs were transitory, the ideas behind them resurfaced in the early 1900s. For example, documented
uses of music as therapy can be found following World War I when “miracle cures” were reported, resulting from reaching patients through music when they responded to nothing else. Joseph Moreno (1923), the founder of psychodrama, proposed the use of enactment as a way to restore mental health. He also described the use of positive creative imagery, role reversal, and “monodrama” (in which a participant enacts all parts of the self). At the same time, Florence Goodenough (1926) studied children’s drawings as measures of cognitive development, and others, like Hans Prinzhorn, became interested in the art of patients with severe mental illnesses (Vick, 2003). Finally, the fields of sand play, sand tray therapy, and the foundations of play therapy were present in Margaret Lowenfeld’s “World Technique” in the 1920s (Lowenfeld, 1969). Lowenfeld began her training as a pediatrician and subsequently began to make observations about children’s play, developing a method of using toys to understand psychosocial aspects of child clients.

The creative arts therapies became more widely known during the 1930s and 1940s when psychotherapists and artists began to realize that self-expression through nonverbal methods such as painting, music making, or movement might be helpful for people with severe mental illness. Because there were many patients for whom the “talking cure” was impractical, the arts therapies gradually began to find a place in treatment.

The creative art therapies are defined in this text as the use of art, music, dance/movement, drama, poetry/creative writing, play, and sand tray within the context of psychotherapy, counseling, rehabilitation, or health care.

*Art therapy* uses art media, images, and the creative process, and respects patient/client responses to the created products as reflections of development, abilities, personality, interests, concerns, and conflicts. It is a therapeutic means of reconciling emotional conflicts, fostering self awareness, developing social skills, managing behavior, solving problems, reducing anxiety, aiding reality orientation, and increasing self esteem (American Art Therapy Association, 2004).

All therapies, by their very nature and purpose, encourage individuals to engage in self-exploration. Creative art therapies encourage not only self exploration, but
also use self-expression through one or more modalities as a central part of the therapeutic process. Gladding (1992) notes that using the arts in counseling may actually speed up the process of self exploration and those expressive modalities allow people to experience themselves differently.

Art therapists generally do not seek to interpret individuals’ drawings, movement, poems, or play, but instead try to facilitate their clients’ discovery of personal meaning and understanding. For that reason, self-expression in an expressive therapies session also generally involves verbal reflection in order to help individuals to make sense of their experiences, feelings, and perceptions.

1.13.1 Active Participation

Art therapies are defined by psychology as “action therapies” (Weiner, 1999,2003) because they are action-oriented methods through which clients explore issues and communicate their thoughts and feelings. Art and music making, dance and drama, creative writing, and all forms of play are participatory and require individuals to invest energy in them. All expressive therapies focus on encouraging clients to become active participants in the therapeutic process. The experience of doing, making, and creating can actually energize individuals, redirect attention and focus, and alleviate emotional stress, allowing clients to fully concentrate on issues, goals, and behaviors. Finally, in addition to promoting active participation,

1.13.2 Healing Through Mind-Body-Soul Connection:

Group therapy is a form of psychosocial treatment where a small group of patients meet regularly to talk, interact and discuss problems with each other and the therapist. Group therapy attempts to give individuals a safe and comfortable place where they can work out problems and emotional issues. Patients gain insight into their own thoughts and behavior, and offer suggestions and support to others. Therapeutic recreation uses treatment, education, and recreation services to help people with illnesses, disabilities, and other conditions develop and use their
leisure in ways that enhance their health, functional abilities, independence, and quality of life. Art therapy services use various interventions to treat physical, cognitive, emotional, and social conditions associated with illness, injury, or chronic disabilities. Art therapy includes an education component, which enables individuals to become more informed and active partners in their health care by using activity to cope with the stress of illness and disability. Furthermore, these services assist individuals with managing their relationships so they may achieve and maintain optimal levels of happiness, productivity, and well-being and enter/re-enter the mainstream of community life.

According to Warren (1993) creative therapy involves the use of artistic and creative activities to help individuals accommodate a specific disability, or recover from a specific medical or surgical procedure, or simply improve the quality of an individual’s life.

“The power of a word like ‘therapy’ changes with its familiarity, usage and adaptability. Since the late 1960’s ‘therapy’ has come to mean anything from clinical rehabilitation to an afternoon catnap for an executive under stress” (Cambell, 1991, p.95). It is possible to say that an interest in creative therapy is an integral aspect of this very broad conceptualization. An interest in other modes of group therapy may also help those patients who have a difficult time with interpersonal relationship. They get benefit from the social interaction with in groups that are a basic part of the group therapy.

When we talk about aging, if one considers the fact that the elderly may be the population who are the most vulnerable to the overemphasis on the medical model, an alternative mode of therapy may be worth considering and the elderly may be a group worth focusing on. One may argue that they are mostly prone to the overemphasis of the medical model as they may for instance be forced to use medication for various reasons due to the ageing process. Thus, overmedication may become a problem. Music in art therapy may reduce the need for chemical and physical interventions and may also be a powerful tool in decreasing pain, loneliness and depression, and increase group cohesion, self-expression and self-esteem. Finding an alternative mode of therapy may lead the elderly towards
“healthful individuation” (Nelson and Weather, 1998) Furthermore, the tendency to only see the older person as someone set out for medical scrutiny may be avoided to some extent.

If creative modes of group therapy are incorporated in therapy, the client may become more involved in the process of group therapy, thus ‘owning the problem’. Therefore the person may contribute more to his/her own wellbeing. If the client is not seen as someone who does not know what may possibly aid his/her wellbeing, medical scrutiny and the overemphasis of the medical model as well as the overemphasis of professional expertise may be avoided to some extent. The therapist may be less able to objectify the client as the therapist may not always be able to assume the position as the expert. The therapist may have to become part of the creative process. In such a way professionals may become aware of their limitations and they may avoid situations of control.

The rationale behind this study is that art may be an experience that is uplifting or just fun, and this experience may create the ground for personal change that may include moving away from feelings of loneliness to a more creative way of responding to the world. Pickett (1976) stated that music and other form of arts can fulfill the most profound needs of people to stay well, whether they are professional creator or simply amateurs who take part in creative art therapy. In creative art therapy, the prospect of creation in these performing arts is reliable and the phenomena to create new or experiment are the basic requirements of creative arts. To experiment, there is a need of a creative mind and experience to avoid disasters to make possible the new ideas as successful experiment.

Form of Art seems to provide people with a bridge of communication and possibly by sharing with others, may help those elderly who feel isolated, alienated or lonely. Art is also used by art therapists, psychotherapists and clinical psychologists as art therapy. The Diagnostic Drawing Series, for example, is used to determine the personality and emotional functioning of a patient. The end product is not the principal goal in this case, but rather a process of healing, through creative acts, is sought. The resultant piece of artwork may also offer
insight into the troubles experienced by the subject and may suggest suitable approaches to be used in more conventional forms of psychiatric therapy.

### 1.13.3 Reasons to Use Group Therapy

The key advantages of group therapy includes:

- **Group therapy allows people to receive the support and encouragement of the other members of the group.** People participating in the group are able to see that there are others going through the same thing, which can help them feel less alone.

- **Group members can serve as role models to other members of the group.** By seeing someone who is successfully coping with a problem, other members of the group can see that there is hope and recovery is possible. As each person progresses, they can in turn serve as a role model and support figure for others. This can help foster feelings of success and accomplishment.

- **Group therapy is very cost effective.** Instead of focusing on just one client at a time, the therapist can devote his or her time to a much larger group of people.

- **Group therapy offers a safe haven.** The setting allows people to practice behaviors and actions within the safety and security of the group.

- **By working in a group, the therapist can see first-hand how each person responds to other people and behaves in social situations.** Using this information, the therapist can provide valuable feedback to each client.

### Need of the study

The WHO report points out that “Aging is taking place alongside other broad social trends that will affect the lives of older people. Economies are globalizing, people are more likely to live in cities, and technology is evolving rapidly. Demographic and family changes mean there will be fewer older people with
families to care for them. People today have fewer children, are less likely to be married, and are less likely to live with older generations. With declining support from families, society will need better information and tools to ensure the well-being of the world’s growing number of older citizens.”

**RESEARCH GAP**

After reviewing the literature from international as well as in Indian context, major gaps has been identified. Limited number of studies has highlighted the role of either demographic, socio-economic, social support or creative aging. As per our information there are no such studies which have completely addressed the issue of art and group therapeutic intervention. Present study is an attempt to fill this existing gap in the literature and provides a linkage between all the major factors such as demographic, socio-economic, social support and creative and well being of senior citizens.

Aging phenomenon characterized by a slowing down of reflexes and a decrease in physical and/or mental abilities over time. Most of the studies have been conducted on the behaviour of elderly. Some studies have been conducted on retired Govt. employees and retired Non-Govt. employees. Many studies have been conducted with the variables of physical as well as psychological, on old people living in nursing and day care institutions. But well being of elderly is less noticed, and similarly the comparisons of certain psychological variables of old age people living with the joint family and nuclear family have not been found. The variables such as Well Being, Death Anxiety, Life Satisfaction, spiritual well being had been very less studied. The effects of activity level, family type and gender on psychological variables have been less. So further research is required in which family type and activity type could be studied.

The concept of joint and nuclear family is also new. The fact that life is a continuous process of growth, beginning from infancy and coming to the old age through childhood and adulthood and that it ultimately terminates with death of an individual, is an obvious phenomenon and need not be emphasized. Age and aging are positively related to level and engagement to the activity which varies at different age-stags of the members of a society. These all facts emphasise and give direction to present research investigation.