Chapter 3: Research Methodology

The most important component in any research is the construction of a well defined methodology. The present Chapter describes the research methodology and its design adopted for the conduct of the study such as the various processes involved in the collection, analysis and interpretation of the data.

3.1. STATEMENT OF PROBLEM:-

The problem is stated as: “A STUDY ON SENIOR CITIZION’S WELL-BEING BY CREATIVE AND GROUP THERAPEUTIC INTERVENTION”.

3.2. OBJECTIVE OF THE STUDY:

Major objective of the study was to assess the impact of therapeutic interventions on well being among senior citizens. The specific objectives of the study are:

(i) To study the effect of aging life pattern (Passive (Inactive or dependent Type), active and creatively active) on well being of elderly (Life Satisfaction, General well-being, Death Anxiety, Spiritual well-being, and Loneliness).

(ii) To study the effect of family type (Joint and Nuclear family) on Well-Being of elderly (Life Satisfaction, General well-being, Death Anxiety, Spiritual well-being, and Loneliness).

(iii) To study the impact of gender (Male and Female) on the level of Life Satisfaction, General well-being, Death Anxiety, Spiritual well-being, and Loneliness in elderly.

(iv) To study the effect of Intervention Programme Group Therapy and Art Therapy on experimental group.

(v) To study the correlation between well-being measures of elderly Life Satisfaction, General well-being, Death Anxiety, Spiritual well-being, and Loneliness.
3.3. RESEARCH DESIGN:

The Factorial design was adopted for the present study and pre-post test experimental design used for intervention in experimental group. The design of the study is 3x2x2 Factorial design, where Family Type, Gender and Life Style were Independent Variables and Well-Being, Death Anxiety, Life Satisfaction, Loneliness and Spiritual well-being were dependent variables of the study. The dependant and independent variables under study were:

- **Independent Variable**
  1. Aging Life Pattern /Life Style
     - Passive Type (Inactive or Dependent Type)
     - Active Type
     - Creative Type
  
  2. Family Type
     - Joint Family
     - Nuclear family
  
  3. Gender
     - Male
     - Female
  
  4. Therapeutic intervention (10 Sessions of Art and Group Therapy)

- **Dependent Variable**
  - Life Satisfaction
  - General Well-Being
  - Death Anxiety
  - Spiritual Well-Being
  - Loneliness.
The design of the present research work is as follows:

**Table 3.1 Showing Research Design of Present Research Investigation**

<table>
<thead>
<tr>
<th>Aging Life Pattern / Life Style On The Basis of Activity Level</th>
<th>GENDER (MALE) (B1)</th>
<th>GENDER (FEMALE) (B2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NUCLEAR FAMILY (C1)</td>
<td>JOINT FAMILY (C2)</td>
</tr>
<tr>
<td></td>
<td>N=30 (A1,B1,C1)</td>
<td>N=30 (A1,B1,C2)</td>
</tr>
<tr>
<td>(Inactive or Dependent Type)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PASSIVE TYPE (A1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N=30 (A2,B1,C1)</td>
<td>N=30 (A2,B1,C2)</td>
</tr>
<tr>
<td>ACTIVE TYPE (A2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N=30 (A2,B1,C1)</td>
<td>N=30 (A2,B2,C1)</td>
</tr>
<tr>
<td>CREATIVELY ACTIVE TYPE (A3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N=30 (A3,B1,C1)</td>
<td>N=30 (A3,B2,C1)</td>
</tr>
<tr>
<td>Pre-test</td>
<td>Intervention</td>
<td>Post-test</td>
</tr>
<tr>
<td></td>
<td>(10 sessions)</td>
<td></td>
</tr>
</tbody>
</table>

A therapeutic intervention of art and creativity was the independent variable and the impact of the intervention on the dependant variables formed the total study.
3.4. HYPOTHESES:

1. There will no significant effect of family type on:
   - Life Satisfaction
   - General Well-Being
   - Death Anxiety
   - Spiritual Well-Being
   - Loneliness

2. There will no significant effect of Aging life pattern on:
   - Life Satisfaction
   - General Well-Being
   - Death Anxiety
   - Spiritual Well-Being
   - Loneliness

3. There will no significant effect of Gender on:
   - Life Satisfaction
   - General Well-Being
   - Death Anxiety
   - Spiritual Well-Being
   - Loneliness

4. There will no correlation between Life Satisfaction, Subjective Well-Being, Death Anxiety and Spiritual Well-Being.

5. There will no effect of therapeutic intervention on well-being of experimental group.
3.5. OPERATIONALIZATION OF TERMS USED:

3.5.1 Aging:

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. It is a declining process after a limit of growth.

3.5.2 Active Aging:

Active aging refers to its base concept of engagement in variety of activities in later years. Active in psychological, social, physical and economical activities defined as the active aging. A check list has been prepared by the researcher to classify senior citizens under three category of life style i.e. creatively active type, active type, passive type.

- **Creatively Active:** The persons who are engaged in creative activities and giving time to their hobbies. It includes creativity like music and dance, playing-composing, painting, designing, singing, gardening, drafting, decorating, writing and other creative skills. It also includes an attitude of readiness to give services to society by their skills.

- **Active Type:** The persons who are engaged in doing various tasks of general life and give support to the family and society. Further they believe themselves to support self and others.

- **Passive Type:** Inactive and dependent type people come in this category. The persons who are not doing various types of daily activities by their own and not providing support to the society. They have capacity and ability but they are not doing so. It also includes lazy type elderly persons who do not give their hands in family works.

3.5.3 Senior Citizens:

The senior citizens are those who have completed their 60 years of life span.
3.5.4 Life Satisfaction:

The Life satisfaction is the attitude that individuals have about their past, present and future in relation to their psychological well-being. It is related to positive evaluation of life’s achievements.

3.5.5 General Well Being:

The Well-being is not just the absence of disease or illness. It is tangible and amorphous concept and depends upon the person’s perception. Not surprisingly, the definition of well-being varies. The conceptualization of the state of well being is closer to the concept of mental health, happiness, full of life, vital, energy, interest, self actualisation of one’s full potential and prosperity as well as health.

3.5.6 Death Anxiety:

Death anxiety (Thanatophobia) is defined as a feeling of dread apprehension or solicitude where one thinks of what happens after death. 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.

3.5.7 Spiritual Well Being:

It is a personal matter involving values and beliefs that provide a purpose in our lives. Spiritual well-being is an integral part of mental, emotional and physical health. It is considered to be a primary coping resource on the journey of recovery and healing. Spirituality and faith provide an opportunity to detach from circumstances and observe life with clarity and integrity.

3.5.8 Loneliness:

The Loneliness is a negative outcome of a cognitive evaluation of discrepancy between the quality and quantity of existing relationship. 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.
3.5.9 Intervention Program:

An intervention is the act of inserting one thing between others, like a person trying to help. According to the present study the intervention program refers to organized settings of enhancement in well being of respondents through Art and Group psycho-therapy.

3.5.10 Creativity:

Creativity is defined as the tendency to generate or recognize ideas, alternatives, or possibilities that may be useful in solving problems, communicating with others, and entertaining ourselves and others. Creativity is the act of turning new and imaginative ideas into reality. Creativity is characterized by the ability to perceive the world in new ways, to find hidden patterns, to make connections between seemingly unrelated phenomena, and to generate solutions. Creativity involves two processes: thinking, then producing. If you have ideas, but don’t act on them, you are imaginative but not creative.

3.5.11 Group Therapy:

Group therapy is a form of psychotherapy in which one or more therapist and professional treat a small group of clients together, in such group clients interact within the group as well as with therapist to improve their interactional and societal aspects.

3.5.12 Art Therapy:

Art therapy is a form of expressive therapy that uses the creative process of making art to improve a person’s physical, mental and emotional well being. The creative process involved in art as expression, colour, position, words and activities which reduces mental negative issues and improves self esteem and awareness.

3.5.13 Nuclear Family:

The Nuclear family is a family where single married couple living with their unmarried children. For the research purpose researcher also included the institutionalized elderly and single elder to be as nuclear family.
3.5.14 Joint Family:

The joint family refers to the family in which senior citizens living with their married son and grand-children.

3.7. SAMPLE

A sample is a portion of the population that has been selected to represent the population of interest. Very first a list has been prepared of institutions and places where senior citizens frequently visiting or staying. Multi-Stage Random Sampling was adopted as the sampling procedure in this study. The present study is confined to 360 senior citizens male and female respondents. As per the 3x2x2 factorial design the present study consisted of 12 experimental groups. Groups defined as followed:

- Group 1 (A1,B1,C1) confined to 30 passive type male respondents from nuclear family.
- Group 2 (A1,B1,C2) confined to 30 passive type male respondents from joint family.
- Group 3 (A2,B1,C1) confined to 30 Active type male respondents from nuclear family.
- Group 4 (A2,B1,C2) confined to 30 Active type male respondents from joint family.
- Group 5 (A3,B1,C1) confined to 30 creatively Active type male respondents from nuclear family.
- Group 6 (A3,B1,C2) confined to 30 Active type male respondents from joint family.
- Group 7 (A1,B2,C1) confined to 30 passive type female respondents from nuclear family.
- Group 8 (A1,B2,C2) confined to 30 passive type female respondents from joint family.
• Group 9 (A2,B2,C1) confined to 30 Active type female respondents from nuclear family.

• Group 10 (A2,B2,C2) confined to 30 Active type female respondents from joint family.

• Group 11 (A3,B2,C1) confined to 30 creatively Active type female respondents from nuclear family.

• Group 12 (A3,B2,C2) confined to 30 Active type male respondents from joint family.

3.8. LOCALE OF THE STUDY:

The geographical area of the study was the urban area of Udaipur division from Rajasthan State (India). Data were collected from Deogarh and Amet tahsil of Rajsamand district and Udaipur urban area.

3.9. INCLUSION – EXCLUSION CRITERIA:

3.9.1. Inclusion criteria

• Senior citizens age between 60 to 80 years,

• Literate senior citizens who can read write and speak Hindi,

• Senior citizens who are physically independent,

• Middle socio-economic status,

• Senior citizens from urban area.

3.9.2. Exclusion criteria

• Illiterate senior citizens,

• Physically dependent and handicap senior citizens,

• Senior citizens from Higher and lower socio economic status,

• Senior citizens from clinical care institutions,

• Senior citizens with chronic illness.
Senior citizens from rural and village area.

3.10. DESCRIPTION OF PSYCHOLOGICAL TESTS & SCALE

TABLE: - 3.2 showing description of psychological tests & tools

<table>
<thead>
<tr>
<th>S.NO.</th>
<th>Psychological tests &amp; tools</th>
<th>Developed by</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Personal Information Schedule</td>
<td>self prepared</td>
<td>2014</td>
</tr>
<tr>
<td>2</td>
<td>Activeness style scale</td>
<td>self prepared</td>
<td>2014</td>
</tr>
<tr>
<td>3</td>
<td>Life Satisfaction Scale</td>
<td>Pramod Kumar</td>
<td>1988</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jayshree Dhyani</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>General Well Being Scale</td>
<td>Dr. V.L. Chouhan and</td>
<td>2015</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R.K. Didwania</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Death Anxiety Scale</td>
<td>Self prepared</td>
<td>2015</td>
</tr>
<tr>
<td>6</td>
<td>Spiritual Well Being Questionnaire</td>
<td>Fisher &amp; Gomez (Revised)</td>
<td>2005</td>
</tr>
<tr>
<td>7</td>
<td>Loneliness Inventory</td>
<td>Prof. K. Krishna &amp; Uma &amp; Minakshi R.</td>
<td>2008</td>
</tr>
</tbody>
</table>

3.10.1.1. **Personal Information Schedule**: This schedule has been developed to collect basic information of respondents. It consist general information of respondents regarding their name, age, sex, marital status, living status, religion, frequency of visiting religious place, family type, socio economic status, and hobbies, interest, general health status, choice of any art form.

3.10.2. **Activeness Style Questionner**: This scale has been developed by the researcher. It has 42 items related to everyday life activities, responsibilities, duties and hobbies or some creative works. It has been
developed to identify and classify the passive or under active type, Active type and creatively active type respondents. Respondents were asked to choose their nearest option which represents their engagement to that activity more relatively using 3 point rating scale, ranging from 2 (always/mostly), 1(sometimes), 0(rarely). This scoring reverses for statement 14 and 36.

3.10.2.1. General Well Being Scale (GWBS-CVRD 2015): The general well being scale developed by researcher purposely to measure the overall well being of respondents. It has 50 items which covers 12 dimensions of human life. These twelve dimensions are Physical well being, Psychological and emotional well being, social well being, happiness, spiritual well being, cultural and religious well being, active life style, positive attitude, economical independency, self awareness, family relation and environmental adjustment. Respondents have to select one response from given 5 point rating scale ranging from strongly agree to strongly disagree. This scale has 36 positive and 14 negative statements. The reliability of this scale found 0.78 (Cronbach’s alpha) and 0.72 (test – retest reliability). Validity of this scale has also been found satisfactory 0.83(correlation coefficient) with PGI general well being scale.

3.10.2.2. Death Anxiety Scale: This is a self developed scale by researcher. It is based on the interview schedule and questioner which were prepared to study the death related anxiety in respondents. It has five major factors like fear of death, fear of pain, depression, bargaining with dying process and acceptance of death universality). It includes 26 items in which 22 are negative and 4 statements are positive as per framing of statements. Respondents were asked to choose the options which represent their nearest feelings for that statement. Scoring was done according to 4 point rating scale, often feel this way (rated as 3), some time feel this way (rated as 2), rarely feel this way (rated as 1) and never feel this way (rated as 0). For the statement 9, 15, 20 and
scoring was reversed. Reliability and validity of the scale with other death anxiety scales were found satisfactory.

3.10.2.3. Life Satisfaction Scale (Dr. Pramod Kumar & Dr. Jayshree Dhyani 1988): the scale of life satisfaction has been developed by Dr. Pramod Kumar & Dr. Jayshree Dhyani in 1988. On the basis of the interview schedule 74 items were taken further for item analysis and 60 items were finalized as the high discriminative ability. These 60 statements were divided further into five major areas of satisfaction like mental, job, social, marital, family and health. A numerical value of 3, 2 and 1 is assigned to the ‘True’, ‘Partially True’ and ‘Not true’ response category for all the items, except for negatively worded items, i.e. 1, 3, 4, 6, 7, 14, 26, 27 and 34 in which case reverse scoring is applicable. The test – retest reliability of the scale was 0.67 and split-half reliability, correlating odd-even items was found 0.68.

3.10.2.4. Loneliness Inventory (Prof. K. Krishna & Uma, Minakshi R. 2008): The present tool was constructed and standardized to measure the loneliness. This inventory consists of nineteen items in which eight positive and eleven negative worded statements. Split half method was used to calculate the reliability of the inventory and it found 0.72 as per even-odd pattern. Content and item validity also were found satisfactory and high discrimination power of statements were found. Scoring for the positive statements was as followed: a numeric value given 5 to ‘Never’, 4 to ‘Rarely’, 3 to ‘sometimes’, 2 for ‘Many a time’ and 1 for ‘always’. Scoring is direct reversed to negative statements. Norms were prepared on the basis of percentile of respondents scored on loneliness inventory.

3.10.2.5. Spiritual well-being questionnaire (SWBQ; Gomez & Fisher, 2005): The Spiritual well-being questionnaire has scales for personal, communal, environmental, and transcendental spiritual well-being. In all there are 20 items, with five items for each of the four scales. To allow for self-ratings of these items, respondents are asked to indicate
how they feel the statements in the items describe their personal experience over the last 6 months, using a five-point Likert scale, ranging from very low (rated 1) to very high (rated 5). The personal items are “developing a sense of identity”, “developing self-awareness”, “developing joy in life”, “developing inner peace”, and “developing meaning in life”. The communal items are “developing a love for other people”, “developing forgiveness for other people”, “developing trust between individuals”, “developing respect for others”, and “developing kindness towards other people”. The environmental items are “developing connection with nature”, “developing awe at breathtaking view”, “developing oneness with nature”, “developing harmony with the environment”, and “developing a sense of magic in the environment”. The transcendental items are “developing a personal relationship with God”, “developing worship of the Creator”, “developing oneness with God”, “developing peace with God” and “developing prayer life”.

3.10.3. INTERVENTION PROGRAM:

Intervention program was decided according to theories of Art and Group therapy. For this various artist and art professionals were contacted to find out, how and what type of healing their art form is delivering. As per their suggestions and responses a module was prepared and it was cultivated with Art and Group psychological therapies. It consists 10 sessions in which Art therapy and Group therapy was provided to 10 percent sample of the study. Who were of passive type. Find it in annexure.

3.10.4. PROCEDURE:

The investigation was conducted in two sessions where pilot study was done covering a sample of thirty respondents to try out the psychological test and scales and efficacy of procedural presentation of all scales. This sample was not included in final study. On the basis of pilot study following sequence was decided:
### Table 3.3 Showing Process of Tool Administration

<table>
<thead>
<tr>
<th>S.NO.</th>
<th>Psychological tests &amp; tools</th>
<th>Time duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Personal Information Schedule</td>
<td>5 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Activeness style scale</td>
<td>10 minutes</td>
</tr>
<tr>
<td>3</td>
<td>Life Satisfaction Scale</td>
<td>15 minutes</td>
</tr>
<tr>
<td></td>
<td>Break for 10 minutes</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>General Well Being Scale</td>
<td>15 minutes</td>
</tr>
<tr>
<td>5</td>
<td>Death Anxiety Scale</td>
<td>10 minutes</td>
</tr>
<tr>
<td>6</td>
<td>Spiritual Well Being Questionnaire</td>
<td>5 minutes</td>
</tr>
<tr>
<td>7</td>
<td>Loneliness Inventory</td>
<td>5 minutes</td>
</tr>
<tr>
<td></td>
<td>Total time Taken</td>
<td>75 Minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1Hr. &amp; 15 Minuts)</td>
</tr>
</tbody>
</table>

After establishing proper rapport with the respondents following instructions were given as per manual of the test/scale:

- **Instructions for activity scale**

अगले पृष्ठ पर आपको सामान्य जीवन से संबंधित कुछ दैनिक तथा अभिरूचि से संबंधित कथन दिये गये हैं। आपको इन कार्यों को करने की बारबारता के अनुरूप दिये गये विकल्पों में से उपयुक्त विकल्प चुनकर प्रतिक्षा देना है। कृपया...
सभी कथनों के प्रतिउतर दें। आपके द्वारा दिये गये प्रतिउतरों को पूर्णतया 
गोपनीय रखा जायेगा।

• Instructions for life satisfaction scale

व्यक्ति के जीवन के विभिन्न पहलुओं जैसे वैवाहिक जीवन, परिवार अथवा व्यवसाय से 
सम्बंधित कुछ कथन लिखे दिए गए हैं। प्रत्येक कथन को ध्यान में रखते हुए, आपको अपनी 
सहमति या असहमति के आधार पर अपना उत्तर उस कथन के सामने दिये गये 3 विकल्पों 
में से सही का निशान लगा कर देना है। इस अवसर पर आपको प्रत्येक कथन के संबंध में 
उत्तर देना है। आपके उत्तर पूर्णतया गोपनीय रखे जायेंगे।

• Instructions for general well-being scale

अगले पृष्ठ पर सामान्य अद्धिक पे संबंधित 50 कथन दिए गये हैं। प्रत्येक कथन को 
ध्यानपूर्वक पढ़े तथा आप उस पर अपना उत्तर दिये गये 5 विकल्पों: यथा, पूर्णत: सहमत, 
सहमत, अनिश्चित, असहमत तथा पूर्णत: असहमत में से जो विकल्प आपके मत के 
निकटतम हो, उसके आगे सही का चिह्न लगा दे। आपके उत्तर पूर्णतया गोपनीय रखे 
जायेंगे।

• Instructions for death anxiety scale

आपके समक्ष व्यावस्था में महसूस किये जाने वाले कुछ विचारों को रखा जा रहा है। 
आपको ये विचार अनुभव करते हुए इसका चुनाव सामने दी गयी श्रेणियाँ में से करना है। 
O = बहुधा या अधिकतर | S = सामान्यतया | R = बहु तकम | N = बिल्कुल नहीं। आपके उत्तर 
पूर्णतया गोपनीय रखे जायेंगे।

• Instructions for spiritual well-being

नीचे सामान्यतया अनुभव किये जाने वाले विचारों को रखा जा रहा है। आप ये विचार 
कितना करते हैं इसके सम्बन्ध में दिए गए सबसे अधिक निकटतम मत का चुनाव दिए गए 
विकल्पों में से कीजिये। आपके प्रतिउतर मात्र शोध के उद्देश्य से लिए जा रहे हैं एवं ये 
पूर्णतया गोपनीय रखे जायेंगे।
• Instructions for loneliness Inventory

निचे दिए गए जीवन के सामान्य अनुभवों को आप कितना महसूस करते हैं इसका चुनाव
नीचे दिए गये 5 विकल्पों में से कीजिये। आप निश्चित होकर अपने उत्तर दीजिये। आपके
प्रतिउत्तर मान्यता शोध के उद्देश्य से लिए जा रहे हैं एवं ये पूर्णतया गौरवनीय रखे जायेंगे।

In this way the data was collected and scoring was done as per the manual of the
scale for interventional programme 10 percent of the total sample was taken as per
the secondary objectives of the investigation pre-test post-test scores were assessed
for the dependent variables as per the following table:

Table 3.4 Representing pre-test post-test intervention design

<table>
<thead>
<tr>
<th>Pre testing</th>
<th>Intervention</th>
<th>Post testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Satisfaction</td>
<td>10 Sessions Of Art &amp; Group Therapy</td>
<td>Life Satisfaction</td>
</tr>
<tr>
<td>General Well-Being</td>
<td></td>
<td>General Well-Being</td>
</tr>
<tr>
<td>Death Anxiety</td>
<td></td>
<td>Death Anxiety</td>
</tr>
<tr>
<td>Spiritual Well-Being</td>
<td></td>
<td>Spiritual Well-Being</td>
</tr>
<tr>
<td>Loneliness</td>
<td></td>
<td>Loneliness</td>
</tr>
</tbody>
</table>

Those respondents were selected for intervention programme who obtained less
scores in general well-being scale, life satisfaction scale, spiritual well-being scale,
and higher scores on death anxiety and loneliness scale. Meaning there by those
senior citizens who were not feeling well psychologically and spiritually along with
higher feeling of loneliness and anxiety related to death were given intervention
sessions of art and group therapy. Where 36 senior citizens were selected randomly
from senior citizens canters (Udaipur and Deogarh). To give intervention six
groups were formed on the basis of their interest in particular art form. Each group
consist of 6 senior citizens. They were continuously contacted at their respective
centres. Sessions were given from 4 pm to 5:30 pm on every Saturday and Sunday.
continues to 10 weeks. Various art professionals and psychologists have taken these sessions along with investigator. After one month of completion of intervention programme psychological test and scales were administrated to collect post Intervention data. During the intervention sessions all 10 females and 5 male candidates were found irregular, so they were excluded from the final Intervention program and 20 male senior citizens were taken, to study the impact of intervention programme.

3.10.5. ANALYSIS OF DATA:

The data analysis was predominantly done using the Statistical Package for Social Sciences, Version 16.0 (SPSS 16.0). Descriptive statistics like frequency tables and diagrams are used to present this data as well as the levels of well being, loneliness, death anxiety, life satisfaction and spiritual well being. Tests like F-test ANOVA, Correlations were used to test the hypotheses proposed in the study.

3.10.6. ETHICAL CONSIDERATION:

The respondents were informed in detail regarding the study and their consent was obtained before the study. Confidentiality was strictly observed on the responses. Only randomly selected subjects from less active type group were provided therapeutic intervention.