Chapter Two
ENVIRONMENT VIS-À-VIS ELDERLYS’ PERCEPTION

2.1 Studies on living arrangement and life satisfaction of elderly people

Housing and gerontology are multidisciplinary fields that draw on a variety of conceptual perspectives. A good environmental fit will stimulate and support on individual and enhance his or her functioning and well-being. As individuals grow older and their needs and capacities change, it is important to adapt to existing environments or ensure appropriate moves to new environments. The environmental psychology approach is often termed a microperspective because it emphasizes how individuals relate their residential environments.

A household, the basic unit of housing demand, is made up of an individual who lives alone or a group of people who live together. The composition of households has a major bearing on individual’s cost of living, responsibility for household duties, and proximity of social support. Relatively few older people move immediately after retirement, widowhood, or with the onset of disability. Although some older people choose to move to more appropriate housing, most prefer to make housing adjustments through “ageing in place”.

Life satisfaction is highly correlated with living facility and is also associated with humour coping and health status. In this context, to find out such relationship a study was conducted
where the relationships between health status and humour coping, and health status and life satisfaction were statistically significant (Celso, Ebemer and Bukhead, 2003). Life satisfaction is obviously related with residential satisfaction. So another study was conducted on person-environment fit as influencing on residential satisfaction of elders. This article focuses on impact of community settings, neighbourhoods considering four physical and two social domains of neighbourhood environments, viz., physical amenities or aesthetics, resources, safety, stimulation or peacefulness, homogeneity or heterogeneity and interaction or solitude – which are more important for determining residential satisfaction of the elderly persons (Kahana et al., 2003). Further analysis incorporated domains of ageing knowledge, life satisfaction, age, gender, and demographic variables. Four hundred young-old, middle-old and old-old adults were participants of this study. The greater knowledge of ageing, the higher the life satisfaction, the demographic variables, education, financial status, health, living arrangement and volunteerism were significant covariates for knowledge of ageing. Again knowledge of ageing is also associated with life satisfaction (Davis and Fiedrich, 2004). Bhatia (2002) carried out research on life satisfaction and values in Indian retired women. The findings revealed that well adjusted retired women emphasized values on personal growth as centrality of life satisfaction. Life satisfaction in retired people is a function of close family ties, focus on spiritual growth, physical well-being and involvement in greater number of social activities. Elderly people those who take a
positive attitude or an attitude of constructiveness, prepare and plan for retirement, maintain a sense of self, expand their role, involve themselves in the community and social activities and remained physically healthy / fit also adjust well to retirement. The problems generally faced by the retirees were shortage of money, too much free time, widowhood, feeling physically weak, fear of death, mental tension, and feeling of social neglect by family members, as well as, by friends (Raghani and Singh, 1970).

Attachment, a particular term which is positively related with sense of place. Place is an extensive concept with physical, geographical, architectural, historical, religious, social and psychological connotations (Canter, 1997). The three components; viz., “Place attachment”, “Place identity” and “Sense of place” are more important for psychological well-being of elderly in connection with their living environment. The term ‘Place attachment’ means the affective positive bond between a person and a place; more specially, a strong tendency of that person to maintain closeness to such a place (Hidalgo and Hernandez, 2001). Altman and Low (1992) proposed “Place attachment” as a generic theoretical concept in person-environment transaction. It is also a bond that we develop toward a place that embodies an emotional content (Giuliani, 2003). Place attachment has provided insight on the diversity of meanings humans associate with the physical environment in the United States. The two dimensions of place attachment, place identity and place dependence had opposing effects on the social
and environmental conditions and both are positively correlated. The term "Place identity" is environmental self-regulation, emphasizing the role of a "favourite" place in, e.g., maintaining a coherence in one's self (Korpela, 1989, 1992). Place identity is a "physical world socialisation of the self" (Proshansky, and Kaminoff, 1983). Another study has expressed the meaning of term "sense of place" as a multi-dimensional construct, an attitude, comprising the attachment dimension (Jorgensen and Stedman, 2001). The identity theory is related to people's bonds to residential environments (Twigger and Uzzell, 1996; Bonaiuto et al., 2002). All of the above studies have expressed that, 'Place attachment', 'Place identity' and 'Sense of place' are predominant characteristics for psychosocial well-being and residential satisfaction of the elderly persons. The dimensions of identity dependence is closely related with the dimensions of place attachment.

Besides this, another study investigates the relationship between some support factors and the well-being of the elderly in China. The analytical models identify and compare the effects of each type of factors on the sense of well-being of elderly Chinese across rural and urban settings. 20,083 persons aged 60 years and older were surveyed where pensions, health care, size of family, and living arrangements are the factors found to be significantly related to the perception of happiness among aged people in general. The strength of the effects of children and living arrangements varies depending on places of residency. The findings indicate the continuous role of the family support, and
the increasingly important role of state support in promoting a sense of well-being among Chinese (Pei and Pillai, 1999).

Attempts to describe the daily life of the very old in terms of frequency, duration, variety and social and physical contexts of activities; which examines the effects of background variables on late life activity engagement. A sample of 516 subjects (aged 70-105 years) was interviewed about their activities using the yesterday interview. The results indicated high frequencies at obligatory activities but also showed substantial time spent in discretionary activities, with TV viewing occupying most of the subjects leisure time. Most activities were done alone and at home. In bivariate and multiple regression analysis, age and residential states had the strongest association with activity, frequency, duration and variety, the oldest-old and those residing in long term care facilities had lower levels of activities engagements. The findings are discussed in terms of their relevance for successful ageing (Horgar, Wilins and Baltes, 1998).

Regarding personal goals and subjective well-being in later life, a study was conducted with a sentence completion technique, 708 elderly participants (aged 65-90 years) expressed 15,027 personal aspirations. These goals were classified according to their motivational content in ten major categories and their relationships with various aspects of subjective well-being were studied. Aspiration is one of them. Aspirations of self-development and interest in the well-being of others were
associated with feelings of well-being in later life (Lapierre, Bouffard and Bastin, 1997).

An analysis of official registration data (1993-1998) in Belgium shows that the living arrangements of older people are changing. It was also found that those who are widowed at a very advanced age change house or move very quickly to a greater extent. Since, very old-people with a disability appears to have an increasing performance for residential care and a lessening preferences for co-residence with relatives, these developments have consequences for both informal family care and public social services, so the principal destinations are residential carehomes and to a lesser extent, child’s households (Veerle, 2003). This changing living arrangement is also related quality of infrastructure, and health status. On the basis of comfortable survival of all members, co-residence with older adults is more likely to occur when needs are greatest, for instance, when health deteriorates or a spouse dies. The health events are most likely to trigger a living arrangement response for a woman. Functional limitations are also strongly, associated with living arrangement (Zachary, 2005). Another study conducted by Mutchler and Burr (2003) examines the effects of housing market conditions on the living arrangements of non-Hispanic. The results indicate that older persons’ and couples’ living arrangement decisions are responsive to housing affordability in that those who live in areas with high housing costs experience increased likelihoods of living with non-nuclear adults. For married couples, housing availability is also associated with living arrangement decisions, and for
single men and women, the relatives share of the housing market composed of small rental units is positively associated with residential independence. In addition, housing availability and affordability are positively associated with the likelihood of living alone as compared to living in group quarters or an institution.

2.2 Studies on social support and social relationship of elderly people

Old-age is the last phase of the life cycle. The timing of this phase, its impact on role relationships and the meaning attached to it vary in different societies and in different sub-groups within any given society. Differentiation in this sphere is effected by a complex combination of demographic, economic, social and cultural factors. In industrial societies, falling death rates and decreasing birth rates have resulted in a considerable ageing of the population. While the maximum span has changed very little, if at all and the range of variation of the percentage of old people in various countries is still wide, there is strong over all upward trend in the average length of human life (Sauvy, 1963).

Adjustment to retirement may often be difficult for individuals, as it requires adopting a new style, characterized by decreased income and activity and increased free time (Streib and Schreider, 1971). Furthermore, there is a potential for decreased psychological well-being, since one’s self-conception often resolves around one’s work role. Retirement causes extreme stress in males because a significant part of their identity lies with their
job. The loss of the job due to retirement results in a loss of self-esteem and self-worth (Havighurst, 1982).

The term adjustment in gerontology literature is tantamount to internal and external equilibrium of the human being (Rosow, 1967). On the other hand, George (1980) states that adjustment on an individual attempts to meet the demands of the environment; and second, the individual perceives and experiences a sense of general well-being in relation to the environment. The concept of adjustment has also been studied from the practical or empirical perspective and Donahue et al. (1960) have cited the following factors, such as satisfactory health, marital life, good family relationship, friendship, feeling of security, social status equal to that of what they have had previously and plan for the future, religiosity, and belief in rebirth to be positively associated with good adjustment in old-age. Mattila et al. (1988) undertook a survey and investigated adjustment to retirement and old age. The findings are: (1) An unhappy experience in childhood predicts poor adjustment, (2) Social withdrawal predicts poor adjustment (3) Compulsive activity predicts poor adjustment, (4) A social behaviour predicts poor adjustment, (5) Creative integrity predicts good adjustment, (6) Pre-retirement stress predicts poor adjustment and (7) Available social support predicts good adjustment in old-age and retirement.

The importance of social relations has been increasingly recognised as a critical element in the adaptation, adjustment, and well-being of older people. In the past 20 years the theoretical basis for the study of social networks, support, and integration has
expanded considerably, significantly advantaged by an accumulation of empirical evidence. The term social network refers to the structural or objective make-up of the social relationships maintained by the individual. Social support, on the other hand, refers to the actual exchange of something within the relationship and is also called functional support. It might be tangible or intangible. One often thinks of giving or receiving emotional support or instrumental aid from people with whom one feels close. This is what is commonly meant by the term social support. And finally, social integration refers to the degree to which the individual, by virtue of social relations with others, feels integrated into the community and society more generally. Social integration is the exemplification of adaptation, adjustment, and general well-being and might be considered as an outcome of optimally existing social networks and social support. The term social relations is sometimes used as an umbrella term for the three previously outlined concepts. An important issue when considering the role of social relations in the lives of the elderly is the processes through which social relations might operate.

Among the most important and impressive research in this area is that documenting an association between health or well-being and social relations. Substantial evidence has accumulated over the years indicating that people who have larger social networks, more social supports, and are better integrated into the social fibre of their community are less likely to die. Similarly impressive research has documented the association between
social relations and various forms of morbidity including cardiovascular diseases, depression, symptom severity, hospital and emergency room utilisation, preventive health behaviours, and successful rehabilitation. Controversy exists concerning the exact nature or characteristics of social relations that are important. Additional evidence suggests that family and friends may function quite differently, although both play important roles in the well-being of the elderly. Family relationships, under normal circumstances, make an important contribution to well-being when conflict is minimal and normal positive relationships are maintained. Under these conditions, older people report relatively stable levels of well-being. When such relationships either do not exist or are conflictual, a negative impact on well-being is usually evident. Although family ties are often prescribed by roles and expectations, friends are free to enter into a relationship, as well as leave it, at any time. Family members are expected to provide support, therefore when they fail to do so or are unavailable, there is a significant negative impact. Friends, however, are not necessarily required by the relationship to be available for support, thus support from friends is perceived more positively. Also, in contrast to family relationships, friends are chosen rather than ascribed, and most often chosen on the basis of similarity of interest, experience, or personality. The act of choosing one another also brings with it feelings of being admired and linked over others, which also enhances emotional well-being.
Mishra (1989) investigated the problems of the aged, as well as, their social adjustment. The study was conducted in two cities of India using 800 retirees. The interview schedule assessed the social, financial and physical status of the retirees as situational factors. The attitudinal factors were attitude towards social change, non-interference in personal affairs of grown up children, as well as popular beliefs. The behavioural factors were routine activities, the relationship with family and friends, and involvement with other voluntary organizations. The study found that social status, income and physical fitness as situational factors contributed to the adjustment of retirees. The study reported a positive relationship between attitudinal factors and adjustment. The findings regarding the behavioural factors suggests that an "active" life style would lead to better adjustment.

It should be recognised that social networks, social support, and social integration can play a significant role in the maintenance of the health and well-being of an elderly individual. At the same time, social relations represent only one of many important factors contributing to the well-being of the elderly. Biological and physical factors also play an important role. However, neither exist in isolation and bidirectionality of influence appears to exist. While a great deal of research in recent years has improved our knowledge of both the conceptual and methodological characteristics of social relations, it must be recognised that because of the idiosyncratic nature of social relations, there are no absolutely correct singular
conceptualisations or measures. Research thus far suggests that social relations can improve the overall quality of life of healthy elder persons and can serve to improve the experience of the elderly as they face the physical and psychological challenges of ageing.

2.2.1 Social network and subjective well-being

Meta analysis is used to synthesise findings from 286 empirical studies on the association of socio-economic status (SES), social network and competence with subjective well-being (SWB) in the elderly. All three aspects of life circumstances are positively associated with SWB. Income is correlated more strongly with well-being than education. The quality of social contacts shows stronger associations with SWB than does the quantity of social contacts, whereas having contact with friends is more strongly related to SWB than having contact with adult children, there are higher associations between life satisfaction and quality of contact with adult children when compared with quality of friendships. Moderating influences of gender and age on the effects of SES, social network, and competence on SWB are also investigated (Pinquart, and Sarensen, 2000). Social network and illness is an important issue for the elderly persons. In this context a comparative study was conducted on social network characteristics which is related with widowhood and illness in France, Germany, Japan and the United States. This study also examined the association between normative late-life deficits and social network characteristics in these four countries. Findings revealed that the investigating socio-cultural factors mediate the
impact of resource loss and afford life quality in very old-age (Antonucci et al., 2001). The association of disability and socio-demographic background with the type of social network in which the elderly are embedded and considers the implications of such associations for network continuity. Analysis of data from a national probability sample of Jewish adults aged 60 and older in Israel suggest that network stability is most jeopardised when the oldest old become disabled. So, the social care as well as social network is an important characteristics for well-being of elderly (Litwin, 2003).

2.2.2 Social relationship and health

A recent scientific work has established both a theoretical basis and strong empirical evidence for a causal impact of social relationships on health. Experimental and quasi-experimental studies of humans and animals also suggest that social isolation is a major risk factor for mortality from widely varying causes. The mechanisms through which social relationships affect health and factors that promote or inhibit the development and maintenance of social relationship remains to be explored (House, Landis and Umberson, 2003). Perceived support and social ties – these two dimensions of social relationship are related to both physical and mental health of human beings, specially elderly. Using four waves of a survey of the elderly in Taiwan, the relationship between social ties and perceived support and four health outcomes, - mortality, functional status, self-assessed health and depression were examined. Finding indicates that domains of social relationship are related to health but many of the apparent
effects are attenuated in the presence of controls for prior health. The positive perception about support are protective of mental health. In general, the relationship between social support and health at the older ages in Taiwan is relatively modest (Cornman et al., 2003). A social portfolio contains diversified activities and interpersonal relationships that become sound social assets to carry through later life and it also maintain mental health in late life also (Cohen, 2003). Self-perception and ageing and health is highly interrelated. The mediating role of self-perception of health also support the positive perception of health (Jang et al., 2004).

2.2.3 Social support and quality of life

The term quality of life and social support is highly correlated and depend upon each other. The main themes of quality of life are having good social relationships, help and support, living in a home and neighbourhood that is perceived to give pleasure, feels safe, engaging in hobbies and leisure activities, having a positive psychological outlook and acceptance of circumstances which cannot be changed, having good health and mobility, having enough money and control over life. Considering above a semi-structured survey was conducted by Gabriel and Bowling (2004) to measure the quality of life in older age. Findings suggest that social support might influence the quality of life in late life by which the elderly can accept their circumstances with positive psychological outlook, enjoy themselves and control over the life. The quality of life in older age focuses on the extent to which self-evaluations of global QOL are influenced by health, psychological and social variables, and social circumstances
The main independent predictors of self-rated global quality of life were social comparison and expectations, personality and psychological characteristics, health and functional status and personal and neighbourhood social capital. Another correlational research article on social support and quality of life determined what aspects of social relationships need to be measured by which support might influence quality of life specially in late life (Helgeson, 2003).

2.3 Family and Attachment

Family is the main source of care-giving to all its members. One's need for and ability to give care is negotiated by one's place in family's life cycle and one's social identity, male or female, grandparent, parent, child or spouse. It is argued that the availability of relative shapes, the type of care the family can provide for itself and what forms of care, it requires from outsiders. The social structure of family is culturally shaped and globally varied. The author suggested that most nations have had an upsurge in population ageing in the past 50 years that will likely last for the next 50. Thus, a major question is: How can the efforts of families to meet the needs of their elders be filled in culturally appropriate contact? It is concluded that the increasing diversity of family structure within and across nations will invite an assortment of local solutions drawing resources from multiple levels: individuals, families and communities (Johnson and Clime, 2000). The term attachment is related to family life cycle. In this context, the current cohorts of older women in the United States were raised with clear gender roles and expectations,
defining a woman's primary focus as her home and family (Shenk, Kuwahara and Zablotskyu, 2004).

The family is still the umbrella of the society protecting the elderly, anticipating socialization before retirement would enable the elderly to get adjusted to the society and also to channelize their social activities. The ageing process is associated with a number of factors like health status, economic independence, their role expectation in the family and status accorded to the elders in the family (Nalini, 1993). Wasson (1993) examined the status and role of retired women and aged housewives in the family and community with reference to loss of self-esteem and domination of authority. Problems of adjustment were more prominent among housewives as compared to retired women and marital status, socio-economic status, education, type of family and role of decision-making were important factors influencing adjustment. Finally she concluded that the problems of adjustment were found to be more among those aged women who were highly active, had more interaction and wanted to keep their hold on family affairs. On the other hand, those having reconciled with no responsibility and hence showing disengagement had less adjustment problems.

Family environment, takes an important role upon elderly people. Family is a sub-system of society which is perceived to be most relevant to mental health and mental health problems. Functions of the family are geared facilitating the promotion and preservation of health in general and mental health in particular. Hence different aspects of family climate are etiologically relevant: (a) unhealthy inter-personal interaction in the family
leading to dissatisfaction of physiological, emotional, security and social needs, (b) pathological and disturbing communication patterns and lack of support by the family members and cohesiveness in the family. Due to this, the elderly people feel alone, lack of social identity and they select old-age home according to their own choice. On the other hand, they are sometimes forced to go to old-age home.

2.4 Importance of home – Elderlys’ Perception
The attitudes of older people toward old age homes (OAH) in Hongkong and the factors which influenced their attitudes were investigated. 197 non 65 years and older were interviewed with a standard questionnaire. A quarter of them admitted to having thought about going into an OAH, although most had never visited one. Half of them would consider it if they were living with family, if they became disabled and required help from family, a third would consider an OAH, while a few opted for social services. If advised to go into OAH by doctors or family, about a half of the subjects would comply. On stepwise logistic regression, independent predictors of the desire for an OAH were agreeing with OAH placement if it was living alone with visits from family, admitting to being happy in an OAH, and previous experience with OAH. Findings suggest that older people in Hongkong were not in favour of an OAH unless there were physical disabilities and lack of family support. They were, however, vulnerable to external pressures (Knok et al., 1998).
In an increasingly mobile society, the importance of place can be forgotten in the process of making decisions about where older people should receive care. There is some evidence, however, that issues of location and place are important to older people, both in the developed and maintained through identification with places and through their ability to participate in activities. The findings revealed that how a sense of place shaped the process of moving (Reed et al., 1998).

Chou and Chi (2000) examined difference between 105 Hongkong Chinese elderly people living alone (ELA) and 149 elderly living with others (ELO). The results indicate that ELA differ from ELO in terms of aged and marital status, with ELA being younger and more likely to be single, divorced or widowed. Also, ELA rate their health as being poorer despite the fact that ELA and ELO are similar in terms of functional capacity, cognitive functioning, somatic complaint and chronic illness. ELA appear to have a smaller network of relatives, have less emotional and instrumental support. Further, ELA have a higher level of financial strain, report more depressive symptoms, and have a lower level of satisfaction with life. Buys (2001) investigated whether older adults living in retirement village or in the indoor community. Residents engaged in several weekly visits with village friends and maintained regular contact with community friends through telephone calls. Few residents engaged in community out-lings or participated in village activities with either village or community friends. The nature of living in close proximity with other people, influences the amount
of informal contact they have with friends. It is suggested that for those older individuals who seek alternative accommodation due to isolation or loneliness, relocation to congregate style accommodation may increase their social contacts and have a positive impact on their well-being. Although the topic of relocation of the elderly has generated considerable research, few studies have investigated its consequences on the content at the self-concept and on the levels at self-esteem. 60 institutionalised and 60 non-institutionalised elderly men and women (aged 64-92 years) participated in an investigation which assessed their spontaneous self-concept by means of the twenty statements test and their level of self-esteem by means of the Rosenberg Scale. The results indicate that the institutionalised elderly have a more negative self-concept, lower levels of self-esteem, and a more restricted inter-personal self when compared to the non-institutionalised elderly (Antonelli, Rubini and Fassone, 2000).

Meeks et al. (1999) addresses demographic trends, economic resources, care-giving relationships, long term care issues, and housing alternatives in the context of the 5 principles for the UN International Year of old persons: independence, participation, care, self-fulfilment, and dignity. Five countries were selected for comparison purposes: Brazil, India, Norway, Tanzania, and U.S. These countries represent all of the regions of the world. The numbers of elderly are growing around the world with many elderly living considerably longer than in past times. Developed countries are struggling with the high cost of maintaining support programmes, and developing countries face dissolution of traditional care system without institutional replacements. Women
around the globe typically live longer than domain, often without the economic resources to maintain independence. As nations adapt to their ageing population, a partnership among policy makers, family members, and older persons themselves is needed to offer alternatives to meet the needs of elders.

Another study on ageing examined the social role identities of 92 older adults both before and after their move into a new continuing care retirement community based on identity and life-course theories. The results obtained through interviews show that the congruence between actually enacting a role identity varied with the role. Current role behaviours and satisfaction predicted role identity for two institutionalised, public roles (voluntary and church/synagogue member) but were less related to two move private roles (parent and friend). Cluster analysis reveals a typology of three discrete groups, based on serial role identities; an involved group with a high number of role identities, a group focussed on family role identities at the three groups changed in different ways after moving to the community care retirement community (Moen et al., 2001).

Elston and Mullins (1999) examined the social interactions, older persons have with their children, spouses, and/or friends, the perceived emotional closeness present in these social relationships and the extent to which these relationships influence feelings of loneliness. Findings reveal that those who were married with no children or friends experienced the greatest loneliness, and that the emotional closeness experienced within social relationships
may not be as important in understanding loneliness as in the single existence of these relationships.

2.5 Ageing – From Psychosocial Point of View

Description and explanation of adult behaviour as it evolves over the life-span is the subject matter of the psychology at ageing. This includes the study of capacities, perception, learning, problem solving, feelings, emotions, skills and social behaviour as they emerge and change. There are three kinds of ageing: biological, social and psychological. Psychological age refers to the position of individuals relative to some population with regard to adaptive capacities as observed from measurements of behaviour. Psychological age may also include subjective reactions to development (Birren, 1960). To understand psychological wellness in old-age will become ever more important with the population shift toward greater number of long-lived persons. Prior studies have delineated diverse components of positive psychological functioning. Research on relocation among ageing women shows how changes in self-concept can enhance well-being during a life transition.

Anxiety disorders have been reported to decrease with age, while anxiety feelings have been reported to be as common as in younger age groups. In order to explore further this relationship and variables associated with anxiety, 966 elderly persons (aged 78+ years) were examined. Subjects underwent an examination by a physician including a structured psychiatric interview. Results show that anxiety feelings were strongly associated with
psychiatric disturbances (anxiety disorder or depressive disorders). Moreover, the feelings were associated with dementia, a history of psychiatric disorders (most often depression), being female and being dissatisfied with social network. Few of those with a psychiatric disorder were adequately treated, in spite of the fact that most of them had seen a physician during the past month. After excluding an anxiety disorder, one of the most important things to consider in a very old person with anxiety is whether depression is present or not. Generally, there is a need for more education of physician concerning the common mental disorders in the elderly in order to improve their management (Forsell and Winblad, 1998). The purpose of this investigation was to modify an existing ageing anxiety scale to produce an instrument specially designed to assess ageing anxiety in an elder population. Existing instruments fail to consistently orientate ageing associated threats into the future and this poses a significant problem for the measurement of ageing anxiety in the elderly population. It is proposed that this factor has confounded reports of the relationship between ageing anxiety and advancing age. An existing valid and reliable instrument, the anxiety about ageing scale was modified for use with elderly respondents and tested on 123 independent community dwelling elderly individuals (aged 65-87 years). Results indicate that the modified scale provides a valid assessment of ageing anxiety in the elderly (Watkins et al., 1998).

Another study examined the influence of activities of daily living (ADL) and frequency of social contacts on the loneliness
and social relationships is a sample of very elderly individuals. Association between functional ability, social contacts and emotional loneliness and social loneliness were also associated. The sample was composed of 221 participants, age 80 to 105 years, residing in the greater Bergen area in Norway. Results demonstrate that dependence on the environment in ADL is related to low level of emotional loneliness, whereas only dependence in activities of toileting and transferring corresponded with low level of social loneliness. High frequency of social contacts with family, friends or neighbours was negatively related to both emotional and social loneliness. Results show that frequency of such contacts appeared to buffer the effect of continuance on emotional loneliness and the effect of toileting and transferring on social loneliness (Bondevile and Skogstad, 1998). Hector and Adams (1997) investigated factors related to state and trait loneliness with 505 subjects (aged 60-90 years) from New Zealand who completed the UCLA loneliness scale. Neither age nor gender was predictive of state and trait loneliness scores. Less education, insufficient income, and living alone were predictive of state but not trait loneliness. The experience of the death of a spouse within the past year was predictive of trait but not state loneliness. The predictive variance for all, health outcome variables was lower for trait than state loneliness. A study on the impact of social support and self-esteem on adjustment to emotional and social loneliness in later age was examined by Van and Bema (2002). According to the theory of relational loneliness, the partner’s death leads to a loss of identity, thus increasing emotional loneliness, and social support does not
mitigate emotional loneliness following a less. In total, 101 participants, aged 55-89 years were interviewed. As hypothesised, resulting in higher emotional loneliness and social loneliness, that is perception of less support. Supportive personal relations reduced emotional loneliness.

Living alone is related to decreased levels of both perceived social support and feeling lonely after adjustment for potential confounders. Lack of social support is common among the elderly community who live alone. Considering this a study conducted by Yeh, Jennifer and Lo (2004) examined how living alone relates to feeling lonely. 4,859 elderly individuals living in Kaohsiung, Taiwan were interviewed. Results indicate the loneliness is linked to physical and mental health problems, increasing social support and facilitating friendship should be factored into life cycle management for communities of elderly.

On the premise that social relationships among elderly adults differ in terms of the most significant, dominant figure, this study aimed to examine: (1) whether there were qualitative differences, in supportive functions between family – dominant and friend – dominant affective relationships, and (2) whether "loneliness", who were deficient in human resources, had difficulties in maintaining their well-being. A total of 148 Japanese, over the age of 65, both living in communities and in institutions were individually interviewed about their social relationships using a self report type method, the picture affective relationships test, and their well-being was assessed using depression, self esteem, life satisfaction and subjective health scales. Results showed that
there were no differences in psychological well-being between family-dominant and friend-dominant participants, but those who lacked affected figures had lower scores in subjective well-being than did their family-dominant and friend-dominant counterparts (Takahashi et al., 1997).

To further understand loneliness among older persons, a conceptual model, predicted on a social support perspective was examined. Results were based on 1,071 participants in the congregate and home-delivered meal programmes of the series citizens, nutrition and activities programme in Hillsborough Country, Florida. A series of stepwise multiple regression analysis showed that loneliness was greater among men, those with no children, those with no friends, those more physically disabled, those who subjectively felt that their health was poorer, and those who subjectively felt that their economic condition was inadequate. Not directly related to loneliness but with indirect influence were age, race, education, mental status, and poverty status. Those variables with no direct or indirect effect included rural or urban location, identification of emotional closeness with existing children or friends and living alone (Mullins et al., 1996).

Considering adaptive changes in the self-concept during a life transition, an investigation was conducted to find out the ways in which psychological centrality can change, and how these changes are associated with psychological well-being in 100 women (aged 55-88 years) who had experienced community relocation. Theories about the self-concept suggest that different aspects of the self are organised according to importance, or
psychological centrality. Self-concept was measured before and after the move, with regard to five life domains (health, family, friends, economics and daily activities). It was hypothesised that well-being is maximised by increasing the psychological centrality of life domains in which one is doing well and by lowering the psychological centrality of life domains in which one is doing poorly. The hypothesised, adaptive psychological centrality shifts emerged in the health and friends domains for select outcome measures. Centrality shifts with different patterns of directionality were observed for other three domains and/or interpreted as reflecting problems-focused coping (Kling, Ruff and Essex, 1997).

A cross-cultural studies on loneliness among older adults have rarely taken in Netherlands, Italy and Canada by Van, Havens and De Jong (2004). Differences in the level of loneliness were hypothesised on the basis of national differences in partnership, kinship and friendship which were assumed to be related to cultural standards within a society. It was examined among married and widowed older adults aged 70 to 89 years living independently in the Netherlands, Tuscany, Italy and Manitoba, Canada. Here, they interact with friends and availability of a partner relationship were observed. Another cross-sectional and longitudinal analysis examined by Jylha (2004) was on old-age and loneliness. The findings revealed that loneliness does increase with age, not because of age bars, but because of increasing disability and decreasing social integration. European and Canadian studies of loneliness also proved that old
age is associated with increasing of loneliness. A discrepancy model of loneliness is used as a key framework for explaining several points, including why objective social isolation and loneliness don’t always go together (Perlman, 2004).

The consequences of widowhood, childlessness and institutionalisation on the social relationships and loneliness of elderly people are also examined. Three aspects were investigated: (1) the distribution of role relationship with kin and non-kin; (2) the extent to which the old people give or receive certain forms of social support; (3) loneliness as a possible result of social isolation. The findings are based on the accounts of the Berlin Ageing study subjects which reveal that it is incorrect to assume that the social integration at older adults is marked by a lack of role in society or that social relationships remain unchanged in quality and quantity into very old-age. There is a high degree of childlessness among those aged 85 years or older, but this can primarily be interpreted as a cohort effect. Although the loss at relatives from one’s own generation is a common occurrence in very old-age, the experience of being a great-grand parent also gains in importance. The social network of widows and widowers has a structure similar to that of married people. However, the childless have smaller networks than parents and the institutionalised have smaller network than those living in private household (Wanger et al., 1999).
2.6 Economic well-being of ageing

Economic well-being of old-age is an important issue in the gerontological research. A group of occupational therapists involving the work towards the attainment of well-being with their older clients seems three key points emerged from literature review are important for the elderly, i.e., (1) the dimension of well-being is usually assumed and a range of similar terms such as happiness and life satisfaction are interchangeable (2) the well-being has been measured in research which may not capture the complexity of concept, and (3) the perspective of the older person (Stanley and Cheek, 2003). The transition from work life to retirement is an event for the life cycle of old-age. People who enter the working world in early adulthood and leave it in their early 60s are likely to spend at least one-third as many years in retirement as they did at work, the retirement years are for more likely to include serious manifestations of illness and disability. The existing structure to prepare for retirement is limited. Individual health and government planning might both benefit if individuals approach retirement age and had the benefit of a comprehensive assessment of their health and of unbiased advice about and preparation for the life cycle changes of retirement (Nusbaum, 2003).

2.7 Value — What it means

Value is a term frequently used in social psychology and is of relevance in understanding social behaviour. Value influences behaviour, both social and non-social. They are acquired as a
result of learning and experience and provide basic principles guiding large segments of our behaviour. In fact, people tend to develop specific value system which provides a consistent frame to behaviour in most situations. On the other hand, each interpersonal or dyadic relationship involves two individuals, each with a past history and expectations and hopes for the future, it involves cognitive, affective and behavioural components, each of which influences the others, it exists over time, and it has no clear boundaries, being constantly affected extra-dyadic influences.

A value is an enduring belief that a specific model of conduct or end state of existence is personality or socially preferable to an opposite or converse mode of conduct or end state of existence. A value system is an enduring organisation of beliefs concerning preferable modes of conduct or end states of existence along a continuum of relative importance (Rokeach, 1973). An important function that values serve is to provide standards that guide behaviour in various ways. For instance values may influence own attitude and own commitment to particular ideologies, religious and political. Moreover, values serve as standards in the persuasion process and in social influence generally since they provide a basis for determining what is with arguing about or whether it is worth trying to influence other in order to effect a change in their opinions.

Values serve an important function in the way one rationalises thoughts and actions that would otherwise be personally and socially unacceptable, so that one’s feeling of
competence and morality can be unaffected and one’s self-esteem maintained or even enhances. Value systems are also assumed to function as general plans that can be used to resolve conflicts and as a basis for decision-making. Any given situation may activate a number of different values some of them in conflict with others. One’s organized hierarchy of values enables one to resolve these conflicts. Rokeach (1973) remarks that not all values in a person’s value system are simultaneously activated at any one time. Rather a person’s value system is a generalised plan.

The term values may also refer to interests, pleasures, likes, preferences, duties, moral obligations, desires, wants, needs, aversions and attractions, and many other modalities of selective orientation. Values, in other words, are found in the large and diverse, universe of selective behaviour. In the broader view, anything good or bad is a value, or a value is anything of interest to a human subject (Stephen, 1958; Perry, 1954). One of the more-widely accepted definitions in the social science literature considers values to be conceptions of the desirable, influencing selective behaviour. Values regulate impulse satisfaction in accord with the whole array of hierarchical enduring goals of the personality, the requirements of both personality and socio-cultural system for older, the need for respecting the interests of others and of the group as a whole in social living. Values also is criteria for judgement, preferences and choice (Kluckhohn, 1951).

Value may be described from different point of view. According to psychologist the value means attitude, needs, sentiments, dispositions, interests, preference, motives, valences
Anthropologists have spoken of obligation, ethos, culture pattern, themes and life style (Brandt, 1961). Sociologists and political scientists have referred to interests, ethics, ideologies, mores, norms, attitudes, aspirations, obligations, rights and sanctions. Values are not the same as norms for conduct. It premise "equality" may enter into norms for relationships between husband and wife, brother and brother, teacher and student, parents and children, young and elder and so on, on the other hand the norm a teacher must not show favouritism in grading may in a particular instance involve the values of equality, honesty, humanitarianism, and several others. Oppositions and conflicts of value are present in all societies. Under conditions of rapid social change, special strains are placed upon value integration. When serious conflicts arise over basic values, it is doubtful that either suppression or compromise is effective in producing new integration as is the expansion of interests to rearrange and recenter value priorities (Allport, 1959). Intra-cultural and cross-cultural variations were comprehended in the schema used for comparative statistical analysis of five cultures in New Mexico. Differential preferences, within different societies, are assumed with respect to variations of a set of basic value orientations: (1) conceptions of the character of innate human nature: evil, neutral or mixed, good; and mutable of immutable; (2) the relation of man to nature and super-nature, subjugation, harmony, mastery; (3) temporal focus of human life: past, present, future; (4) modality of human activity: being, being in becoming, doing and (5) the modality of man’s relationship to other men: linearity, collaterality, individualism.
2.8 Intergenerational Exchange – Few Studies

A study addresses the issue of the quality of life of the Korean elderly in the present day by looking at the relationship between the patterns of support exchange across generations and the subjective well-being of the elderly as measured by the overall life satisfaction index. This study was hypothesised as in contrast to the elderly who only receive; the elderly who both give and receive and more satisfied with life; while the elderly, who only give, who do not exchange any support with their children, are less satisfied. The findings suggest that the elderly as well as the younger generations put more value on two way intergenerational relations based on mutual care and assistance, rather than simply following the traditional norm of filial piety (Kim and Kim, 2003). Another study on ethnocultural diversity and intergenerational support, examining factors that shape the attitudes of young adults toward sharing a home with an elderly parent. Results indicates there is a close relationship between intergenerational support in young adult and elder parents (Mitchell, 2003).

Intergenerational exchange and mental health in later life was to consider the contribution of intergenerational exchange to mental health. The analysis demonstrates that reciprocal intergenerational exchange may be a contributory factor to better mental health in later life, and should be addressed as such (Litwin, 2004). Elder respect among young adults is another issue. This study, comparing young adults in the United States and Young Korean adults in East Asia, explores the specific
behaviour forms of elder respect that are cross-culturally equivalent and other forms that are culture specific. Study provides insights, the typology of the forms presented here can be used to explicate young people's propriety toward the elderly, as well as assess the quality of elder and the moral aspect of intergenerational relationships (Sung, 2004). Another study reveals the consensus and diversity between generations and genders in basic values. The prior research had indicated that rating abstract value items could produce misleading findings, concrete belief and behavioural practice items were used from which four value dimensions were extracted using principal components analysis. These were: openness to change, conformity and benevolence, exclusiveness and self-direction, and relationship-focussed security. Value consensus between generation and genders was found only for the conformity and benevolence factor, while the other three factors revealed value diversity with significant interactions between gender and generational groups. The interactions typically involved traditional gender differences in the older generation either disappearing (openness to change, exclusiveness and self-direction) or being reversed (relationship-focussed security) in the younger generation. In addition, irrespective of gender, younger participants were higher in openness to change than older ones, though the difference was considerably greater for females. Discussion focussed on possible reasons for these effects and their possible social implications (Na and Duckitt, 2003).
Research on perceptions of intergenerational communication across cultures was held in Northern and Southern Italy. According older adults more deference, all cultural groups perceived older adults as more rigid and non-accommodating than younger adults. Exchanges with older adults were reported as having more negative affect than were those with other young adults, and were also more likely to be avoided. As a Path-analytic investigation, 'mother-daughter elder-care and changing relationship' were examined on a group of 122 caregiver daughter (mean age 47.2 years) and 122 care recipient mothers (mean age 72.9 years) who were interviewed individually to investigate the factors underlying positive, adaptive elder-care relationships. The 2 elder-care outcome variables were controlled or examined, viz., care-giving pairs' degree of congruence in role expectancies and perceived personal growth personalising. Path analysis results supported the both role related and individual difference factors in understanding 'what works' (Hollis and Lisa, 2003). Another study conducted by Jelence and Steffons (2002) was the implicit attitudes towards elderly women an which examined 80 college students' attitude towards elderly people. The tool IAT (Implicit Association Test) was used. This tool revealed a general preference for younger as compared to elderly women and men. In contrast, the elderly in general were judged as negatively as a negative sub-group.