CHAPTER - II

REVIEW OF LITERATURE
This chapter deals with the review of literature pertaining to the well-being of aged and its correlates/determinants. For this purpose books and journals were consulted. In addition to this a retrieval search guided by correlates/determinants (i.e. social support, daily activity, financial support, perceived satisfaction from financial support etc.) among institutionalized and non-institutionalized, rural and urban aged was done from National Informatics Center, Planning Commission, Government of India, New Delhi. This search was from 1991 to 2001. In addition to this, libraries of Maharshi Dayanand University Rohtak and American Library, New Delhi were also visited. For literature before 1991, several books in this area were consulted. The review of the relevant researches is presented here in a tabular form under various headings. Well-being studies were divided into categories- Institutionalized and Non-institutionalized, rural and urban, gender, social support, activity, financial support and miscellaneous researches.

In table 2.1 (below) review of literature relating to the well-being of institutionalized and non-institutionalized aged is given
<table>
<thead>
<tr>
<th>Author (s) / Year</th>
<th>Study Description</th>
<th>Main Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamuna (1984)</td>
<td>Life Satisfaction among aged living with their family.</td>
<td>Elders living with their spouses and children expressed satisfaction and they were better adjusted in their lives.</td>
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<tr>
<td>Spivey (1986)</td>
<td>Depression and life satisfaction in institutionalized and non-institutionalized aged.</td>
<td>Institutionalized females were found to have less life satisfaction than non-institutionalized males.</td>
</tr>
<tr>
<td>Zorn &amp; Johnson (1997)</td>
<td>Religious well-being in non-institutionalized 114 elderly women aged 65+ years.</td>
<td>Well-being was positively correlated with social support and hope. Analysis revealed hope as the single significant predictor of religious well-being. The majority of women reported regular participation in religious activities, rated highly the value or influence of religious beliefs in their lives, and identified that religious beliefs become increasingly important with age.</td>
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<tr>
<td>Chadha (1989)</td>
<td>Impact of institutionalization on the psychological well-being and depression among the aged.</td>
<td>Non-institutionalized aged are better on psychological well-being and that their depression level was low as compared to their institutionalized counterparts.</td>
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<tr>
<td>Chowdhary (1990)</td>
<td>Examined the influence of self-esteem of 12 institutionalized older men (aged over 65 years)</td>
<td>Analysis indicated that having input in decision-making process could enhance institutionalized elderly male's self-esteem and contribute toward improving their quality of life.</td>
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<tr>
<td>Pinto &amp; Prakash (1991)</td>
<td>Quality of life in institutionalized and non-institutionalized aged.</td>
<td>Non-institutionalized elderly have more advantages than the institutionalized elderly in respect to daily activities, level of satisfaction, social contact and source of financial support thus enjoying a better quality of life than their institutionalized counterparts.</td>
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</table>
Chadha, Easwaramothy & Kanwara (1993)  
Well-being of institutionalized and non-institutionalized aged.  
Results revealed that the institutionalized elderly had more health problems than the non-institutionalized elderly. The non-institutionalized elderly were found to be enjoying better physical well-being than the institutionalized elderly. With regard to psychological well-being the non-institutionalized feel less loneliness and helplessness and more satisfied with their past, present and future life than the institutionalized elderly. The poor quality of life of the institutionalized elderly is attributed to many factors, such as relocation, lack of interaction with society, feeling of "dumped in" and institutional condition (apathy, submissiveness, inability to plan for the future, lack of individuality and sometimes atypical posture and gait).

Netz & Jacob (1994)  
Exercise and psychological state of institutionalized elderly.  
Indicated no lasting cognitive effect of long-term exercise for those who became mentally and physically impaired in old age and who could not tolerate strenuous exercise. Improvement in cognitive function was reported immediately after an exercise session among geriatric institutionalized patients. Suggested that physical activity does have some arousal effect on cognition in institutionalized elderly persons.

Bowling (1994)  
Social networks and social support among institutionalized aged and implications for emotional well-being and psychiatric morbidity.  
Results revealed a strong relationship between social support, network structure, health status, and risk of entry into institutional care.

Bullard, Powell & Mulligan (1994)  
Assessment of cognitive and physical function, life satisfaction, and intimacy in 45 institutionalized males aged 44-99 years.  
Reported that social intimacy was rated as most important and associated with life satisfaction by the institutionalized aged.

Lee, Lin & Living  
Investigated that under good health and financial
Chang (1995) arrangements of elderly in Asia. conditions many subjects expressed interest in independent living but had negative views regarding institutionalized living.

Depaola & Ebersole (1995) Meaning in life categories of 36 institutionalized elderly (average age 75.7 years). Results indicated that the residents reported family relationship as central, followed by pleasure and health. They don't report an absence of meaning in their lives and a sense of hopelessness doesn't prevail.

Tannock & Katona (1995) Minor depression in the aged: Concept, prevalence and optimal management. Reported that minor depression was twice as common as major depression with an increase in frequency in institutionalized or medical inpatients when compared with non-institutionalized elderly people. Impairment of well-being and functional disability is marked in minor depression.

Ghushu, Hyde, Stevens & Hyde (1996) Enhancing satisfaction in later life in institutionalized aged 44-97 years males. Findings showed that the "realization of expectations" mattered most for the later life satisfaction. Continuity of respect from the past and feelings needed were also significant. These findings point to the importance of identifying the institutionalized residents past roles and current values in order to help them meet their expectations for later life.

Kovach & Robinson (1996) The roommate relationship for the 43 institutionalized elderly aged 58-98 years. The results of the study indicated that roommate rapport predicted life satisfaction only for those who talked to their roommates. Perceived talk engaging in activities with one's roommate and talking about the topic of family predicted roommate rapport for the elderly. Nearly half of the elderly residents never talked to their roommates. Most of the reasons for this centered around physical barriers to communication such as hearing problems and speech impediments.

Haight, Michel & Hendrix (1998) Examined the short and long term effects of relocation in 256 institutionalized aged. Relocation to an institution places frail elderly at risk for developing depression and suicide ideation. Control group participants received friendly visit and those in experimental group received the intervention of life review. Results showed that those who received life review shows significant decrease in depression, hopelessness and psychological well-being with measurable increase in life satisfaction. Concluded that only health status had significant direct effect on life satisfaction and coping with humor while coping with humor had neither a direct effect on life satisfaction nor mediated between
and life satisfaction among institutionalized aged over the age of 65. Significant differences were found among the variables: race, marital status, education level, and social support.


Reported that non-institutionalized showed high depression than institutionalized. Life satisfaction was found to be significantly higher in institutionalized than non-institutionalized. Perceived number of available person for help was significantly more among non-institutionalized aged.


Revealed that the institutionalized were more depressed than non-institutionalized. Self-esteem was more in non-institutionalized aged.

From table 2.1 it is evident that there is a lack of studies relating to the well-being of institutionalized and non-institutionalized older people particularly in Indian context. However, the available studies indicate that there is a negative influence on the well-being of the elderly when they were relocated to institutional setups (Haight et al., 1998). Haight et al. (1998) have reported that relocation to an institution put them at greater risk for depression and suicidal ideation. They further reported that those who received life review (subjects were interviewed about their past life) showed significant decrease in depression and hopelessness and an increase in psychological well-being.

Studies of Tannock & Katona (1995), Lee et al. (1995), Chadha et al., (1993), Pinto & Parkash (1991), Chowdhery (1990), Chadha (1989), Spivey (1986) and Jamuna (1984) are in agreement with the findings that overall the
well-being of non-institutionalized aged is better than the institutionalized aged. Tannock & Katona (1995) reported that incidence of minor depression is twice as major depression. They also reported that the institutionalized elderly are more prone to depression than non-institutionalized elderly. Chadha et al. (1993) have reported that institutionalized aged had more health problem than the non-institutionalized. They further reported that the non-institutionalized aged enjoy better well-being, feel less loneliness and helplessness and more satisfied with their past life. Pinto & Parkash (1991) have reported that the old people living at home in their traditional form of social set ups have more advantage than the institutionalized elderly i.e. they are more active, have more social contacts, have high financial support etc. Lee et al. (1995) also expressed negative views regarding institutionalized living. Chowdhery (1990) have emphasized the role of the elderly in decision making process of the family in enhancing self-esteem and quality of life. Jamuna (1984) and Spivey (1986) found less life satisfaction among aged. Netz & Jacob (1994) suggested that physical activity does have some arousal effect on cognition in institutionalized elderly patients. Bullard et al. (1994) assessed cognitive and physical functions, life satisfaction, intimacy and revealed that social intimacy was rated as most important and associated with life satisfaction by the institutionalized aged. In a study Ghushu et al. (1996) showed that continuity of respect from the past and feelings needed was significant in the institutionalized elderly. Zorn & Johnson (1987) have emphasized the role of religious beliefs in well-being and life of the elderly and
further stated that religious beliefs become increasingly important with age. However, in a recent study Shyam & Yadav (2000) in a small study found that the elderly persons living in institutional setups are more depressed than the non-institutionalized elderly, the non-institutionalized however, are found to maintain a higher self-esteem than the institutionalized. Tannock & Katona (1995) also revealed that institutionalized had higher depression than the non-institutionalized aged. The review clearly indicates that there are small numbers of studies in which the institutionalized and non-institutionalized aged have been compared with respect to their well-being. Secondly, the available studies excepting a few have taken certain indices or parameters of well-being and not well-being as a whole. The available studies have other limitations as well. For example, taking subjects from one or two institutions, size of the sample etc. In addition to this, there is a disagreement e.g. Shyam & Yadav (2000) reported more depression in the non-institutionalized in contrast to the studies of Chadha et al. (1993) and Chadha (1989). Therefore, there is a need for a large scale study to examine the well-being of institutionalized and non-institutionalized aged. Present study is a small attempt in this direction.

In table 2.2 (below) review of literature relating to gender differences in well-being are presented


<table>
<thead>
<tr>
<th>Author(s) / Year</th>
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<tbody>
<tr>
<td>Repka (1987)</td>
<td>The effects of an experimental group treatment on the life satisfaction of female religious retirees, having interactive processing of feelings, cognition, and experiences around the issues of ageing.</td>
<td>Environmental factors such as increased involvement in decision making, involvement and choice in activities of everyday living and interactional opportunities may possibly have played a role in devoted well-being scores for the experimental subjects.</td>
</tr>
<tr>
<td>Blazer, Burchett, Service &amp; George (1991)</td>
<td>The association of age and depression among 3,998 non-institutionalized elderly (aged 65+).</td>
<td>Depression was found to be associated with increased age, being female, lower income, physical disability, cognitive impairment, and social support.</td>
</tr>
<tr>
<td>Husaini, Moore, Castor, Nesper, Whitten, Linn &amp; Griffin (1991)</td>
<td>Social density, stressors and depression: gender differences among 600 non-institutionalized black elderly (aged 55-85 years).</td>
<td>Females become more depressed as the number of events increased and as level of contact with relatives and friends decreased than males. Poor ego and chronic medical problems were the common predictors of depression among both the males and females. Females with lower levels of social attachments, guidance and reliability were more depressed. None of these social support dimensions were related to depression among the males. These relationships tended to be stronger for those living alone than for those living with others.</td>
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<tr>
<td>Barnas, Pollina &amp; Cummings (1991)</td>
<td>Life-span attachment: relations between attachment and socioemotional functioning in adult women (65-87 years of age).</td>
<td>Findings revealed that aged women with insecure attachments to their adult children more often evidenced relatively extreme negative scores on measures of social, psychological, and physical well-being and reported using more strategies in coping with stress. Few effects were found but extreme score analyses revealed that insecurely attached women more often scored in the clinical range and mature women on depression and reported more responses in coping with stress when examined on the quality of attachments of young</td>
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</table>
Indicated that women employed outside the home have less chance of becoming depressed after retirement and the males have more chances of being depressed after retirement.

Results showed that income, education and marital status had significant stronger associations with functioning for men. Internal health and locus of control was stronger for women.

It was found that retired women and homemakers did not differ in well-being. Women who called themselves both had higher self-esteem and lower depression than single role women. Age, education, health and marital status were also important factors.

Significant higher self-esteem was found in men than women, among those who were older, and those who had higher life satisfaction.

Only women's good and fair health ratings remained significant predictors. Excluded people rate their health as poor on the objective basis of illness and disability. Better self-ratings of health had an increased mental association with survival for women, but only men with poor ratings had significantly worse survival than others. Poor ratings of health for both male and female were not significantly different from excellent health ratings in predicting survival.

Women were less likely than men to have relied entirely on their spouse for friendship and women seemed to be more adaptable to changed circumstances. For lone elderly women, friendship acted as a buffer, alleviating effects of their considerable disadvantage in material and health.
<table>
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<tbody>
<tr>
<td>Penning &amp; Stain (1994)</td>
<td>Gender differences in disability, assistance and subjective well-being in 1,406 non-institutionalized subjects aged 65+ years in Canada.</td>
<td>Results showed greater disability and greater use of personal assistance among women. Men showed reduced well-being for the reliance on others or on devices for assistance. Women showed reduced well-being for reliance on devices but not on personal assistance. The use of devices may be accompanied by feeling of frustration, embarrassment and stigma rather than increased independence.</td>
</tr>
<tr>
<td>French, Gekoski &amp; Knox (1995)</td>
<td>Gender difference in relating life events and well-being in 268 elderly individuals (aged 65+ years).</td>
<td>The finding indicated that the impact of life events on well-being appears to be greater for women than men. The nature of the relation between major life events and physical and psychological well-being is not only different for males and females but is also influenced by dimensions of life events.</td>
</tr>
<tr>
<td>Showers &amp; Ryff (1996)</td>
<td>Self-differentiation and well-being in a life transition.</td>
<td>Results showed that self-differentiation in life-transition explained variance in mood and psychological well-being that could not be accounted for by the positive or negative contact of that information. Evaluated differentiation of self-change was associated with greater psychological well-being among women whose positive domain were perceived to be important and with higher levels of depression. Where negative domains were important, evaluated differentiation was symmetric and correlated with good coping. Evaluatively differentiated subjects had extreme affective reactions to both their most positive and negative domains of change. Males were found to be reporting higher positive affect and life-satisfaction than females.</td>
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<tr>
<td>Nathawat &amp; Rathore (1996)</td>
<td>Examined the effects of gender, hardiness and social support on life satisfaction in 100 male and 100 female, upper middle class elderly (age 60-70 years).</td>
<td>Males differed significantly from females on the variables of overall life satisfaction in present and future life and no significant difference was found</td>
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</tbody>
</table>
Chadha & Shalini (1996) Intergenerational gap and psychosocial health among 120 aged people (60+).

Found significant difference between grandmother of joint family and nuclear family on the future aspect of life satisfaction. Grandfather had slightly higher score on past, present, and future aspect of life satisfaction than grandmother of joint and nuclear families. Grandparents of nuclear families viewed future more pessimistically than grandparents of joint families. Grandparents of joint families had higher life satisfaction as compared to grandparents in household structure which allows grandparents of joint families to have a higher level of activity.


Gender differences did not exist among senior citizens on adjustment, depression and sense of well-being. The levels of adjustment and sense of well-being were found to be positively related. The levels of adjustment and depression were negatively related.

Anklesaria, Pohujani, Ashar, Joshi & Gupta (1996) Demographic and clinical characteristic of 679 urban elderly (aged 48 to 92 years).

Women complained of weakness, fatigue, aches and pains more than men, which may be due to the neglect faced by women in society as they have no independent means of supporting themselves.


Depression and anxiety scores were found to be higher in winters. Unlike younger population, elderly women did not exhibit greater seasonality in well-being than did elderly men. Elderly people exhibit a small seasonal fluctuation in psychological well-being and there is no gender difference. The findings support that seasonal mood changes are most pronounced among females of reproductive age.

Satisfaction of 120 aged people (60+).

in the life satisfaction in past life. Males reported higher scores for happy period of life then females. Moreover, male group considered marital status, years of marriage, number of children in addition to major stresses and females showed that their life satisfaction is influenced by work satisfaction, cultural needs, number of children marital status and last years of marriage.

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<th>Summary</th>
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<tbody>
<tr>
<td>Mercier, Peladeau &amp; Tempier (1998)</td>
<td>Age, gender and quality of life in 90 men and 70 elderly women</td>
<td>Statistical analysis showed no difference between men and women on quality of life. Age was systematically related to satisfaction level with older participants being more satisfied with their younger counterparts.</td>
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<tr>
<td>Patel &amp; Broota (1998)</td>
<td>Examined the influence of children in the experience of death anxiety among 60 elderly (mean age 63.1 years)</td>
<td>Found no significant gender differences in the experience of death anxiety. Indicated that elderly with more children experiences less death anxiety than elderly with less and no children.</td>
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<tr>
<td>Quirouette &amp; Pushkar (1999)</td>
<td>Future ageing among middle-aged, university educated 74, aged 45-65 years</td>
<td>Reported that a typology of accommodation to future ageing, derived from the data on women's expectations and preparations captured four patterns of cognitive, affective, and behavioral dynamics. Women with different accommodation types differed primarily on well-being, neuroticism and employment histories.</td>
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<tr>
<td>Greenwood (1999)</td>
<td>Androgyny and adjustment in later life: 27 residents living in a veterans' home</td>
<td>Findings suggested that women who often hold high expectations for the interpersonal domain are more likely to experience adjustment problems than are men. Men, who may have lower expectations for friendship and intimacy, seem less likely to report dissatisfaction, regardless of gender characteristics.</td>
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<tr>
<td>Karkal (1999)</td>
<td>Impact of neglect and discrimination on well-being</td>
<td>Neglect and discrimination that females are exposed to, throughout their lives has a major impact on their health and well-being as they go through the process of ageing.</td>
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<tr>
<td>Puri &amp; Khanna (1999)</td>
<td>Health and nutrition of 100 middle class elderly women aged 60 years and above living in New Delhi</td>
<td>It is imperative to strengthen the economic security of women in order to provide a better quality of life to them.</td>
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<tr>
<td>Lehr, Seiler, &amp; Thomae</td>
<td>Ageing in a cross-cultural</td>
<td>No single variable can independently explain longevity and well-being in old age. Psychosocial</td>
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</table>
factors (socialization practices, cultural and ecological influences, personality factors, social status, and special lifestyles) interact with other and are a part of complex reciprocal causal network. Investigating well-being in late adulthood, only a few gender differences have emerged regarding the degree of life satisfaction (i.e., women frequently focus on social and familial networks, whereas men tend to stress on material issues and economic security).

From table 2.2 above it is evident that there is a kind of controversy over the gender differences in well-being. Study by Mercier et al. (1998), Geetha & Parvati (1996) have reported that men and women are equal with respect to their well-being. But studies by Chadha (1996), French et al. (1995), Penning & Stain (1994) showed that men and women differ in their well-being status. Eagles et al. (1997) admitted that elderly people exhibit seasonal fluctuation in psychological well-being and there were no gender differences in it. Penning & Stain (1994) concluded that women experience reduced well-being for reliance on devices but not on personal assistance but men showed reduced well-being for reliance on others or on devices for assistance. The use of devices was accompanied by the feeling of frustration, embarrassment and stigma. French et al. (1995) showed that life events influence the well-being of women more than men. Whereas Husaini et al. (1991) concluded that females become more depressed as the number of events increased and as level of contact with relatives and friends decreased than males. Arber & Ginn (1994) revealed that, for lone elderly women friendship acted as a buffer, alleviating effects of their
considerable disadvantage in material and health resources. Quirottee & Pushkar (1999) showed that women differed in well-being with the difference in accommodation. Strawbridge et al. (1993) revealed that income, education and marital status had significant associations with functioning for men, whereas internal health and locus of control was stronger for women. Blazer et al. (1991) revealed that women are more depressed than men. Bernard & Weir (1992) reported that women employed outside the home have less chance of becoming depressed after retirement than males. The review shows that there is a small number of studies in which the male and female aged are compared with respect to their well-being. Moreover, the available studies excepting a few have examined only certain parameters of well-being and not well-being as a whole. Further, there is disagreement in studies regarding the well-being of male and female aged. Hence a kind of reexamination of this is needed.

Table 2.3
RURAL/URBAN AGED AND THEIR WELL-BEING

<table>
<thead>
<tr>
<th>Author(s) / Year</th>
<th>Study Description</th>
<th>Main Finding</th>
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<tr>
<td>Brooks (1985)</td>
<td>Social indicators and the life satisfaction of a group of institutionalized black rural and urban elderly Americans.</td>
<td>Significant relationship between social activity, social relations and life satisfaction was found. Regression revealed that subjective health and social relations accounted for 13.1% of the variance in life satisfaction. For rural aged, subjective health, social relations and distance from the nearest child accounted for 33.7% of the variance of life satisfaction. However, for the urban aged, subjective health, perceptions of social problems and objective social relations accounted for 16.5% of the variation in life.</td>
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<td>Reference</td>
<td>Summary</td>
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<tr>
<td>Ramamurti &amp; Reddy (1986)</td>
<td>Studied the attitudes of different generations toward ageing. Revealed from the study that rural woman's attitude towards ageing and aged individuals was more favorable as age advances than urban aged.</td>
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<tr>
<td>Varner (1986)</td>
<td>An assessment of the well-being status of rural older people in south-eastern Ohio. Well-being status was related to the perceived need for services in several categories. The differences in the well-being status of rural and urban elderly suggest that policy makers need to differentiate the programmes and policies for elderly people based on rural or urban location.</td>
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<tr>
<td>Jamuna (1989)</td>
<td>Examined the contributions to good adjustment among elderly women in a semi-urban Indian sample. Revealed that the contributions to adjustment among rural elderly women were good husband-wife communication, positive self-image, moderate finances, family interactions, externality, satisfaction with social happenings and satisfaction in life.</td>
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<tr>
<td>Felton &amp; Berry (1992)</td>
<td>The psychological impact of different kinds of social supports in the urban elderly (n=82). Findings showed that although most social provisions were valuable regardless of their source, reassurance of worth was distinctly more beneficial when provided by non-kin than by kin and reliable alliance, or instrumental assistance, was more strongly related to well-being when provided by kin than by non-kin.</td>
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<tr>
<td>Dufouil, Dartigues &amp; Fuhrer (1995)</td>
<td>Compared the prevalence of depressive symptoms and its correlates in urban and rural 2797 elderly in France. The risk of elevated depressive symptoms is slightly higher in the urban area. Factors associated with the level of depression in rural and urban aged are same and the magnitude of the effects is comparable.</td>
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<tr>
<td>Reddy (1996)</td>
<td>Health and attitude towards the health among 120 rural and urban elderly aged 60-80 years. Findings showed that rural elderly were worse in basic knowledge about the diseases than urban elderly. Further, stated that not the mere possession of knowledge but the commitment to good health motivated the individual to observe health practices.</td>
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<tr>
<td>Bhogle &amp; Reddy (1996)</td>
<td>Depression and family jointedness in urban and rural aged. Found greater depression in senior citizens. Urban upper group had lower depression than urban migrant and rural aged. High positive correlation was found in urban upper group and urban satisfaction. No difference was found in rural-urban life satisfaction.</td>
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Sreenivasa, Samiullah, Koteswaraiah & Basana (1996) The psychosociological problems of the 100 rural elderly. Explored effective transportation arrangements as a means of facilitating social integration of 737 individuals (aged 65 years and older) living in non-metropolitan areas of New York. Concluded that older rural residents continue driving to facilitate participation in social networks, community activities and social roles, and maintain access to goods, services, and facilities.

Anjla, Dhillon, & Sandhu (2000) An analysis on the life satisfaction of elderly in rural Punjab. Found significant association between income and role of financial decision in the family. Decline in life satisfaction of the elderly was found due to ill health, economic insecurity, being less useful, children neglecting them and settlement of children.

There are only 11 studies listed in the table 2.3. The available studies indicate the need for taking up such studies in Indian setups as the traditional joint family system is rapidly giving way to small nuclear families. More and more people are heading towards large cities and even to other countries for better avenues. The result is that the aged parents are left all alone. The rural aged may be more vulnerable to depression and other such conditions because they are largely dependent on unorganized sectors, having no pension or other financial benefits. Study of Bhogle & Reddy (1996) have clearly indicated this in their findings. Bhogle & Reddy (1996) have found more depression in rural migrants, family jointedness and depression. Depression is a common ailment in old age and increases with physical dependency. Particularly, upper and middle class families in urban settings are found to be victim of this pathological condition.
and urban migrant aged than urban higher income group aged. They further reported a high positive correlation in urban high-income group, urban migrant family jointedness and depression. Anjla et al. (2000) in a study of life satisfaction among the rural elderly in Punjab have reported that there is a significant association between income and role of financial decisions in the family. Decline in life satisfaction of the elderly was found due to ill health, economic insecurity, being less useful, children neglecting them and settlement of the children. Differences in the well-being of rural and urban aged and factors associated with well-being have been examined in the studies of Alam (2001), Bhogle (1996), Dufouil (1995) and Brooks (1985). There is a lack of consensus in the available studies e.g. Brooks (1985) have reported that subjective health, social relations and distance from the nearest child accounted for more variance in the life satisfaction in the rural aged whereas subjective health, perceptions of social problems and objective social relations accounted for more variation in life satisfaction of the urban aged. However, there was no difference in the life satisfaction of the rural and urban aged. Dufouil et al. (1995) have reported that the risk of elevated depressive symptoms is higher in the urban areas. On the contrary Bhogle & Reddy (1996) reported that urban upper income group had lower depression than urban migrant and rural aged. However, factors associated with level of depression are same and the magnitude of effects is comparable. Reddy (1996) compared the rural and urban aged in their health and attitude towards health. He found that rural elderly were
worse in basic knowledge about the diseases than urban elderly. Felton & Berry (1992) emphasized on the role of different kinds of social support in urban aged. They reported that though most social provisions were valuable regardless of their source, the reassurance of worth was distinctly more beneficial when provided by non-kin than kin. They further reported that the instrumental assistance was more strongly related to well-being when provided by kin then by non-kin. Glassgow (2000) emphasized on the role of social network and community activities in the well-being of the aged.

Thus, from the available studies it appears that there is a lack of studies in which the well-being of rural and urban aged have been thoroughly examined. The studies that are listed above have only considered one or two parameters of well-being. In a country like India where 80% of population lives in rural areas the need for such a study is much more. Verner (1986) reported that policy makers need to differentiate, based on rural or urban location, the programs and policies for elderly people.

In table 2.4 (below) review of literature relating to social support and well-being are presented

<table>
<thead>
<tr>
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<tr>
<td>Fredman &amp; Haynes (1985)</td>
<td>An epidemiological profile of the elderly.</td>
<td>Recognized the quality and quantity of social relations as determinants of well-being.</td>
</tr>
</tbody>
</table>
Friendship patterns and friendship expectations among 142 white middle class elderly aged (65 and over) living in New York City.

Religious well-being in non-institutionalized 114 elderly women aged 65+ years.

Genetic mediation of the relationship between social support and psychological well-being in 424 twin pairs.

Losses associated with ageing and reactions to vision loss among the elderly.

Social relationships and ageing well.

Self-perceived information needs and concerns of 176 elderly persons.

Results suggested that support relationships are related to a sense of well-being because behavioral norms have been established for the relationship and expectations are generally fulfilled at each encounter. It supported Kelley's personal construct theory which predicts that interpretation of others behaviors affect interaction outcome.

A high level of religious well-being was found among participants. Well-being was positively correlated with social support and hope. Analysis revealed hope as the single significant predictor of religious well-being. The majority of women reported regular participation in religious activities, rated highly the value or influence of religious beliefs in their lives, and identified that religious beliefs become increasingly important with age.

Analysis indicated that the relationship between the perceived adequacy of social support and psychological well-being (depression and life satisfaction) was mediated in part by genetic factors.

Losses associated with ageing include loss of a loved one, loss of social network, good health, economic security and work role, loss of self-confidence and self-reliance. Vision loss was found to have a significant negative impact on the psychological security and well being of the elderly.

Revealed that social relations have both main and buffering effect on well-being, depending on the developmental and situational characteristics of the episode under examination.

The results indicated that the most frequently mentioned information needs and concerns of elderly persons can be parsimoniously understood in terms of three underlying dimensions i.e. improving the quality of life vs. securing the necessities of life, health-related vs. not health-
Yamashita, Kobayashi, & Tsunematsu (1992) The influence of living alone on depressed mood and subjective sensation of well-being in the 113 elderly (60+) on Oki island.


Hong & Duff (1994) Examined the role of social contexts, social interaction and well-being among elderly widows.


Results revealed a strong relationship between social support, network structure, health status, and risk of entry into institutional care.

Social support was found to be more effective at moderating a decline in positive well-being than at offsetting an increase in negative well-being. Instrumental and expressive support was related to changes in positive and negative aspects of older parent's psychological well-being. Intergenerational coresidence and instrumental support caused declines in positive moods among older parents who were married. Lack of instrumental and expressive support influenced declines in well-being related to poor health and widowhood.

Life satisfaction was inversely related to the ratio of married to widows in the community. Frequency of seeing friends was higher than that of the married in communities with widow majorities. While their frequencies of participating in activities was lower than that of the married in community with married majorities. Findings suggest a link between community context, social interactions and life satisfaction in retirement communities.

Reported significant difference between the type of meaning of the elderly nursing home residents and those of younger adults. Results also indicated that elderly nursing home residents do not report absence of meaning (mean age 81 years) in their lives and were not hopeless.

Concluded that living alone is more depressing and less satisfying than living with a partner, single group was found to have higher depression and significant higher morale than the married.
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Study Title</th>
<th>Summary</th>
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<tbody>
<tr>
<td>Preston (1995)</td>
<td>Marital status, gender roles, stresses and health in the 900 non-institutionalized elderly (aged 65-94 years).</td>
<td>Married females were found to be in the poorest health and most vulnerable to stress. For these females, social support in terms of both numbers of confidants and access to helping networks was not protective.</td>
</tr>
<tr>
<td>Welsh &amp; Stewart (1995)</td>
<td>Relationship between women and their parents: implications for midlife well-being.</td>
<td>The quality of women's relationships with their fathers did not predict subsequent well-being, perhaps because of fathers decreased involvement in their adult daughters lives.</td>
</tr>
<tr>
<td>Adams &amp; Blieszner (1995)</td>
<td>Ageing well with friends and family.</td>
<td>Emphasized on the examination of structure (e.g. size of friendship, network or family) and process (i.e., cognitive, affective, behavioral) dimensions of friend and family relationships and predictors of outcomes on each dimension. This information provides the context within which elderly people make choices about relationships that contribute to or detract from ageing well.</td>
</tr>
<tr>
<td>Newsome &amp; Schulz (1996)</td>
<td>Social support as a mediator in the relation between functional status and quality of life in 4,734 older adults aged 65 and older.</td>
<td>Lower reported social support is an important reason for decreased life satisfaction and increased symptoms in older people. Impairment was found to be associated with fewer friendships contacts, fewer family contacts, perceived tangible aid, but only measures of perceived support predicted depressive symptomatology.</td>
</tr>
<tr>
<td>Lundh &amp; Nolan (1996)</td>
<td>Factors associated with quality of life.</td>
<td>Older people were maintained in their own homes for longer periods and at increasing levels of frailty since the widespread introduction of community care policies across Europe. In order to sustain a good quality of life such individuals were more reliant on support from both informal (family) and formal sources. Emphasized on the need for a better understanding of how older people maintain their self-esteem, so as to provide them the appropriate assistance.</td>
</tr>
<tr>
<td>Nathawat &amp; Rathore</td>
<td>Influence of social support on well-</td>
<td>Reported that aged and elderly with high social support were more satisfied with life, than with low</td>
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<tr>
<td>Author(s)</td>
<td>Year</td>
<td>Study Details</td>
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<tr>
<td>Lanier</td>
<td>1997</td>
<td>Attachment style, social support, and psychological adjustment among the elderly. Concluded that the construct of attachment is applicable to persons in the later years of life; working models of attachment appeared to be a key component when examining an elderly person's capacity to utilize and access his or her social support system; elderly persons with preoccupied and fearful working models faced more difficulties associated with challenges of old age.</td>
</tr>
<tr>
<td>Peacock</td>
<td>1997</td>
<td>Early familial disruption and subjective well-being in 328 aged. Findings revealed that experiencing the event of early familial disruption did not have a lasting effect on subjective well-being 55 years later. Interaction terms, reflecting environment of the family of origin (socioeconomic status and parental marital happiness) and reflecting gender differences in young adulthood (sex and respondents' ages at the birth of their child), both contributed to subjective well-being, but the components of these interaction terms did not, when analyzed individually. Further findings indicated that subjective well-being is not a unitary concept, but must be examined in separate life domains.</td>
</tr>
<tr>
<td>Chen</td>
<td>1997</td>
<td>Examined the relationship between depressive life stress and social support. The findings reconfirmed significant associations among affective functioning (depression), life stress and social support. Chinese and Chinese-Americans differed though the results do not lend themselves to the myth that Chinese culture is associated with extremely low rates of depression.</td>
</tr>
<tr>
<td>Ingersoll, Morgan &amp; Antonucci</td>
<td>1997</td>
<td>Examined the effects of positive and negative social exchanges on 718 middle aged and older adults (aged 50-95 years.) Positive exchanges were found to be associated with positive affect, and negative exchanges were associated with negative affect. However, among the subgroup that had experienced more life events, there was a significant stronger relationship between negative exchanges and negative affect.</td>
</tr>
<tr>
<td>Takahashi, Tamura &amp; Tokoro</td>
<td>1997</td>
<td>Patterns of social relationships and psychological well-being among 148 elderly over Results showed no differences in psychological well-being between family-dominated and friend dominated participants. But those who lacked affective figures had lower scores in subjective well-being than did their family dominant</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Title</td>
<td>Summary</td>
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<tr>
<td>Vailliant, Meyer, Mukamal &amp; Soldz</td>
<td>Examined the role of social support in physical health and well-being</td>
<td>Concluded that while social support plays a significant role in maintaining physical well-being in late life, much of the association between poor social support and mortality may be mediated by alcoholism, smoking and pre-morbid psychopathology.</td>
</tr>
<tr>
<td>Holicky &amp; Charlifue (1999)</td>
<td>Ageing and spinal cord injury: The impact of spousal support in 225 British aged.</td>
<td>The results demonstrated that married individuals have less depression, greater life satisfaction and psychological well-being and better perceived quality of life. When controlling for age, duration of injury and gender, marital status was a significant predictor of better-perceived life satisfaction and quality of life.</td>
</tr>
<tr>
<td>Leviatan (1999)</td>
<td>Contribution of social arrangements to the attainment of successful ageing: The experience of the Israeli Kibbutz.</td>
<td>Support for the importance attached to social arrangements was illustrated by the negative effects on well-being that result of structural changes, experienced by some kibbutzim in the direction of becoming more similar to the rest of society. It was suggested that many of the kibbutz principles of social policies and arrangements could be emulated by the rest of industrial societies to improve chances of &quot;successful ageing&quot; among their elderly populations.</td>
</tr>
<tr>
<td>Guse &amp; Masesar (1999)</td>
<td>Factor associated with quality of life among 32 residents (aged 65-84+years).</td>
<td>Although experiencing health problems and disability, residents were found to be optimistic about their health. Quality of life included interaction with family and friends, personal qualities, room and board items and aspects of well-being.</td>
</tr>
<tr>
<td>Bisconti &amp; Bergeman (1999)</td>
<td>Examined the process by which subjects facilitate better health outcomes in older adulthood.</td>
<td>Results indicated that perceived control mediates the support outcome relationship in two independent samples, illustrating the strong replicative nature of the findings. It was concluded that social support might facilitate well-being in older adulthood by focusing on the internal structures that may play a crucial role in the utilization of the social support.</td>
</tr>
</tbody>
</table>
Mendes, Carlos, Glass, Beckett, Seeman, Evans & Berkman (1999) Examined the relationship of social networks with disability and recovery risk. Network variables related to relatives and friends were significantly associated with disability and recovery risks, but those related to children or a confidant were not.

McAuley, Blissmer, Marquez, Jerome, Kramer & Katula (2000) Social relations, physical activity and well-being in 174 formerly sedentary adults (age 60-75 years). Social relations were related to increase in satisfaction with life and reductions in loneliness. Improvements in social relations and exercise frequency buffered decline in satisfaction with life at 1-yr follow-up. It is concluded that social relations integral to the exercise environment are significant determinants of subjective well-being in older adults.

Adams & Jackson (2000) Examined the contribution of hope to the quality of life among 607 African Americans (aged 18-78 years). Increased frequency of contact with friends and family help were found to be the most important contributors to high satisfaction. All age groups reported that family satisfaction and contact with friends were the most important factors in contributing to life satisfaction.


Table 2.4 shows the studies related with social support and well-being of the aged. Social support is characterized as the degree of support in the times of need by persons involved with them i.e. spouses, family, friends, neighbours, co-workers etc. From table 2.4 it is evident that social support is an important predictor of well-being amongst the aged. Several studies (Nathwat, 2000;
Vailliant et al., 1998; Nathawat & Rathore, 1996; Yamashita et al., 1992; Zorn & Johnson, 1987; Fredman & Haynes, 1985) have outlined the significance of social support, social relations, social networks etc in maintaining and enhancing the well-being. Fredman & Haynes (1985) have emphasized the role of social relations in the well-being of the aged. Jones et al. (1992) have indicated that the most frequently mentioned information needs and concerns of elderly persons can be parsimoniously understood in terms of three underlying dimensions i.e. improving the quality of life vs securing the necessities of life, health related vs not health related and individual vs societal responsibility. Takahasi et al. (1997) did not found any difference in psychological well-being of the family dominated and friend dominated participant. However, those who lack effective figures have lower scores in subjective well-being than their family dominant counterparts. Vailliant et al. (1998) reported that though social support plays a significant role in maintaining physical well-being in late life, yet the association between poor social support and mortality is mediated by alcoholism, smoking and a premorbid psychopathology. Leviatan (1999) have emphasized the contribution of social arrangements to the attainment of successful ageing. Giving the example of Isreali Kibbutz, he said that some of the principles of social policies and arrangements of the Kibbutz could be emulated by the rest of the industrial societies to improve chances of successful ageing. Bisconti & Bergeman (1999) have emphasized on the role of perceived control in the well-being of the aged. He said that perceived control mediates the
support outcome relationship. MacAuley et al. (2000) have reported that social relations were related to increase in satisfaction with life and reduction in loneliness. Further, it is also reported that social relations and exercise frequency buffered decline in satisfaction with life at one year follow up.

It is evident that social support or social relations or networks is positively associated with indices of general well-being. Studies (Newsome & Schulz, 1996; Silverstein & Bengtson, 1994; Antonucci & Akiyama, 1991) have reported that social support or network of social relations have a kind of moderator effect or buffering effect on the well-being of the aged. Orr (1991) have examined the relationship between losses in life e.g. loss of a loved one, loss of social network, good health, economic security and work role, loss of self-confidence and self-reliance. In one study Welsh & Stewart (1995) examined the relationship between women and their parents and reported the quality of women relationship with their fathers. Lundh & Nolan (1996) have reported that older people are being maintained in their own homes for longer periods and at increasing levels of frailty since widespread introduction of community care policies across Europe. They further emphasized on the need for a better understanding of how older people maintain their self-esteem in order to provide them the appropriate assistance. Guse & Masesar (1999) have also emphasized on the role of interaction with family and friends in the quality of life and well-being of aged. Bergeman et al. (1991) have reported that the relationship between the perceived adequacy of social support and psychological
well-being (depression and life satisfaction) was mediated in part by genetic factors. Lanier (1997) examined attachment style, social support and psychological adjustment among the elderly and reported that the construct of attachment is applicable to persons in the later years of life; working models of attachment appeared to be a key component when examining an elderly person's capacity to utilize and access his or her social support system. Elderly persons with preoccupied and fearful working models face more difficulties associated with challenges of old age.

Studies have also examined the relationship between disruption in early life and subjective well-being of the aged. Peacock (1997) have reported that experiencing the event of early familial disruption did not have a lasting effect on subjective well-being in later years. He further reported that interaction terms, reflecting environment of the family of origin (socioeconomic status and parental marital happiness) and reflecting gender differences in young adulthood (sex and respondents' age at the birth of their child), both contributed to subjective well-being, but the components of these interaction terms did not, when analyzed individually. Chen (1997) in a cross sectional study examined the relationship between depressive life stress and social support and found that there was a significant association among affective functioning (depression), life stress and social support. The effect of positive and negative exchanges on affect have been examined (Ingersoll et al., 1997) and it was found that positive exchanges were related with positive affect and negative exchanges with
negative effect. They suggested that to understand the affects of social exchanges, it is important to consider the context of life events. Study of Mendes et al. (1999) has examined the relationship of social networks with disability and recovery risk and found that network variables were related to relatives and friends were significantly associated with disability and recovery risks, but those related to children or a confident were not.

The available studies reviewed above indicate clearly that social support has a positive impact on the well-being of the aged. There may be situations where there are persons available for support but the person may not be satisfied with the available support. In the above review there is an absence of studies relating to the perceived/actual availability of persons for support and the satisfaction one derive from available support and their relationship with well-being and quality of life.

In table 2.5 (below) review of literature relating to activity and well-being are presented

<table>
<thead>
<tr>
<th>Author(s) / Year</th>
<th>Study Description</th>
<th>Main Finding</th>
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<tbody>
<tr>
<td>Repka (1987)</td>
<td>Examined the effect of a group treatment on the life satisfaction of 44 female religious retirees.</td>
<td>Subjects who participated in the group treatment had significantly higher life satisfaction than the controls. Environmental factors such as increased involvement in decision making, involvement and choice in activities of everyday living and interaction opportunities may possibly have played a role in elevated well-being scores for the experimental subjects. Self-esteem was not found</td>
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<tr>
<td>Author</td>
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<td>Summary</td>
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<td>Lawton (1991)</td>
<td>Functional status and ageing well.</td>
<td>Presented the model of well-being which asserts that autonomous contributions to overall quality of life are made by competent performance of activities of daily living and other behaviours.</td>
</tr>
<tr>
<td>Brown (1992)</td>
<td>Reviewed the relationships between physical activity, ageing and psychological well-being.</td>
<td>Reported that although there was an association between exercise and mental well-being in the elderly there was little experimental evidence to support the conclusion that physical activity was causally related to enhanced psychological well-being in the elderly. Further reported that methodological problems, a paucity of well controlled studies, and equivocal findings make it premature to conclude that physical activity leads to enhanced mental health in elderly persons.</td>
</tr>
<tr>
<td>Shephard (1993)</td>
<td>Exercise and quality of life in the elderly patients.</td>
<td>Exercise played an important role in enhancing the quality of life of the older patient although regular physical activity does not significantly lengthen life expectancy. Improved physiological and psychological function helped to maintain personal independence and reduced demands for acute and chronic care services.</td>
</tr>
<tr>
<td>Bevil, O’conner &amp; Mattoon (1993)</td>
<td>Leisure activity, life satisfaction and perceived health status in 32 retired older adults (aged 65-86 years).</td>
<td>Findings indicated higher level of life satisfaction associated with greatest number of activities, further benefiting physiological, psychological, socio-cultural, developmental and spiritual areas.</td>
</tr>
<tr>
<td>Huijsman, Wielink, De-Klerk &amp; Righter (1994)</td>
<td>Reviewed the effects of physical activity in the elderly.</td>
<td>Results showed that exercise has an impact on simple and complex physical functions, physical ageing process, cognitive functioning, and psychological well-being.</td>
</tr>
<tr>
<td>Langhout (1995)</td>
<td>Examined the relationship among subjective well-being, role activity, self-esteem and functional health</td>
<td>Significant relationships were revealed for role activity, self-esteem and functional health with subjective well-being and for role activity and functional health with self-esteem. A two-step multiple regression analysis revealed that 31 percent of the subjective well-being variance could be explained by self-esteem, functional health and</td>
</tr>
</tbody>
</table>
in 189 aged in a large metropolitan area.


Mishra (1996) Coping with ageing at individual and societal levels (n=720).


A significant change in feelings of fatigue was revealed over time but exercise effects on affect were shown to be moderated by perceptions of efficacy and age. More efficacious subjects reported significantly more positive well-being and less psychological distress during and following exercise. Older subjects were less efficacious and experienced more negative responses to exercise. Subjects who experienced less psychological distress and more positive well-being during activity were more efficacious post exercise.

Result revealed that people can reach their maximum life span while maintaining good levels of functional capacity inspite of advanced chronological age. One major aspect of functional status in the upper ranges of the human life span is the everyday competence in the activities of daily living.

Activity leads to higher morale of the aged only when their financial and health conditions are comfortable.

Results showed a positive correlation between time structure and well-being. The highest correlation was between well-being and the component of effective organization in time structure. Time structure and well-being were both negatively correlated with age. It was also observed that engagement in activities of some formal/informal organization after retirement led to better structuring of time and well-being.

Those institutionalized aged who adopted and maintained physical activity experienced improvements in anxiety, depression, overall psychological well-being and self-esteem relative to those who did not.

Unger, McAvay, Bruce, Berkman, & Seeman (1999) Studied variation in the impact of Social network characteristics on physical functioning in elderly persons (70-77 years).

Wahl, Schilling, Oswald & Heyl (1999) Psychological consequences of age-related visual impairment: Comparison with mobility-impaired 168 older adults (aged 65 years and older).


McAuley, Blissmer, Marquez, Examined the effect of walking or stretching and

Outdoor leisure activity was found to be associated with increased risk for depression. Social engagement and health accounted for most of the explained variance in life satisfaction. Earlier levels of physical activity (walking and household work) contribute significantly, although moderately, to longitudinal changes in morale. Physical activity contributed independently to the promotion and maintenance of psychological well-being in later life.

The beneficial effects of social ties were stronger for male or those who had lower levels of baseline physical performance.

Compared with the mobility-impaired, the visually impaired demonstrated lowered instrumental activities of daily living competence but no difference was found in emotional adaptation. The long term adjustment of the visually-impaired remained relatively stable in the behavioral domain, although compared with the unimpaired elders.

For women, social activities and those engaged in to pass the time predicted well-being while for men, physical activities predicted well-being. Health played an important role in the relationship between activity and well-being particularly for the adult sample.

Reported that encouraging older people to participate in community activities is vital for their subjective well-being.

Results revealed that subjective well-being significantly improved over the course of the exercise interventions, which was then followed by
Jerome, Kramer & Katula (2000)  
 toning on changes in subjective well-being and the role played by the physical activity, participation and social support in changes in subjective well-being over time.

Kunzmann, Little & Smith (2000)  
 Examined age and functional health constraints as predictors of individual difference and inter individual change in subjective well-being (n=718, aged 70-103 years).

 Well being in Canadian seniors (N=10,263, above 65 years).

Nair (2000)  
 Compared the conceptual understanding of the self-esteem and well-being of the elderly on the dimensions of activity, involvement, and control, as viewed by 60 undergraduates.

Findings suggested that later well-being is multidimensional and variable. Seniors well-being is robust in terms of the dimension of autonomy, which is resilient to the physical and social circumstances of later life. But, as seniors age, they experience declines in their sense of purpose in life and opportunities for personal growth, in part, due to socio-economic factors. Good health and functional status are important for seniors' sense of mastery over their surrounding world.

The results supported that the undergraduates conceptual framework for older persons differed significantly from that of the elderly sample. Results also showed that happiness in the way the elderly were living their life was incorporated with the activity dimension for older persons.

Age and functional health constraints were found to be negatively related to positive affect but unrelated to negative affect. Controlling for functional health constraints reversed the direction of the relationship between age and positive affect and produced a negative association between age and negative affect.
and a cross-section of 71 seniors in Singapore.

The studies given in the table 2.5 deals with the activity/functional competence and its relation with well-being of the aged. A perusal of the studies reveals that there is a lack of consensus regarding the effect of activity/functional competence on the well-being of the aged. Some studies (Clarke et al., 2000; Nair, 2000; Prakash, 1999; Langhout, 1995; Huijsman et al., 1994; Shephard, 1993; Brown, 1992; Lawton, 1991) have reported strong association of activity/functional competence of the well-being of the aged. Repka (1987) have reported that self-esteem was significantly correlated with self-perceived health, pre-retirement preparation, social contact, relationships with god, and self-perceived happiness, but not with regular physical exercise. Brown (1992) reported that although there was an association between exercise and mental well-being in the elderly. There was little experimental evidence to support the conclusion that physical activity was causally related to enhanced psychological well-being in the elderly. Shephard (1993) have reported that exercise plays an important role in enhancing the quality of life in older patients, although it does not significantly lengthen life expectancy. Huijsman et al. (1994) also reported that physical function, physical ageing process, cognitive functioning and psychological well-being are influenced by exercise. Langout (1995) reported significant relationship of role activity, self-esteem and
functional health with subjective well-being of the aged. He further reported that functional health and role activity are significant predictors of subjective well-being. Parkash (1999) explained the role of assistive technologies for improving quality of life of older people and reported that encouraging older people to participate in community activities is vital for their subjective well-being. Clarke et al. (2000) reported that well-being is a multidimensional concept. They also reported that good health and functional status are important for seniors' sense of mastery over their surroundings.

Studies of (McAuley et al., 2000; Stewart et al., 1998; Morgan & Bath, 1998; Ranjinjn et al., 1998; Bauco et al., 1996; McAuley et al., 1995) have reported positive influence of activity/functional competence on the well-being of the aged. McAuley et al. (2000) revealed that frequency of exercise participation was a significant predictor of improvement in satisfaction with life. Stewart et al. (1998) indicated that those institutionalized aged who adopted and maintained physical activity experienced improvements in anxiety, depression, overall psychological well-being and self-esteem. Morgan & Bath (1998) revealed that physical activity contributes independently to the promotion and maintenance of psychological well-being in later life. Bauco et al. (1996) revealed that people can reach their maximum life span while maintaining good levels of functional capacity despite of advanced chronological age. McAuley et al. (1995) revealed that more efficacious subjects reported significantly more positive well-being and less psychological distress during and following
exercise. Sinha & Singh (1997) reported a positive correlation between time structure, activity and well-being. He reported that engagement in activities of some formal/informal organization after retirement led to better structuring of time and well-being. Review of studies clearly indicates that there is a positive correlation of activity with well-being.

Table 2.6
FINANCIAL SUPPORT AND WELL-BEING

<table>
<thead>
<tr>
<th>Author(s) / Year</th>
<th>Study Description</th>
<th>Main Finding</th>
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<tbody>
<tr>
<td>Thoits &amp; Hannan (1979)</td>
<td>Income and psychological distress. The impact of an income-maintenance experiment.</td>
<td>Reported that increased income often led to increased levels of distress.</td>
</tr>
<tr>
<td>Kohaut (1984)</td>
<td>Relationship of income and health and well-being of aged: a metaanalysis.</td>
<td>The results suggested that while as in past research, health and income were important determinants of life satisfaction for most subjects. However, these relationships did not hold across all subjects. Notable differences were found among subjects regarding the religiosity, fear of death, perceived control and social interaction.</td>
</tr>
<tr>
<td>Diener, Horwitz &amp; Emmons (1985)</td>
<td>Happiness of the very wealthy.</td>
<td>Found wealthier people more happier that the poorer people, but the effects were small.</td>
</tr>
<tr>
<td>Britton (1986)</td>
<td>Indebtedness and life conditions as related to mental health of 197 elderly.</td>
<td>Indebtedness reported to be stress producing, leading to poor mental health.</td>
</tr>
<tr>
<td>Gregg (1992)</td>
<td>Human wealth-span: The</td>
<td>Suggested that financial well-being can be affirmatively influenced by actions taken even in</td>
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</table>
### Financial Dimensions of Successful Ageing

The relationship between income and well-being: Relative or absolute.  

- **Diener, Sandvik, Seidlitz & Diener (1993)**  
  Found a correlation between income and subjective well-being. Explained that when income remains stable over an extended period of time, individuals may adopt to a particular level of wealth. Subjective well-being may temporarily increase or decrease, if changes in income occur.

### Mental Health, Gender, Age, Education, Marital Status

Subjects who perceived themselves as less adequate in financial status, having more chronic disease, low self-care capability tended to have more mild psychiatric disorder symptoms than their counterparts. Best predictor for depression was psychosomatic complaints. Financial status was strongest determinant of mental health status.

- **Chi (1995)**  
- **Mishra (1996)**
- **Mack, Salmoni, Viverais, Porter & Garg (1997)**  

### Coping with Ageing

Activity leads to higher morale of the aged only when their financial and health conditions are comfortable.

### Perceptions of Non-Institutionalized Older Adults

Examined the perceptions of non-institutionalized older adults. Reported that factors such as finances, health, family support, a sense of identity and a feeling of independence were perceived by older adults to contribute to their ability to remain living in the community.

- **Mack, Salmoni, Viverais, Porter & Garg (1997)**  

### Happiness and Economic Performance

Found that there was virtually no increase in subjective well-being in nine European nations during a period of rapid economic growth.

- **Oswald (1997)**  

### Measuring Quality of Life

Reported long term trends in subjective well-being from 1946 to 1990. Further reported that despite economic growth in France, Japan, United States there was no increase in mean reports of subjective well-being.

- **Diener & Suh (1997)**

### Materialism and Revealed that who value money more highly than

- **Sirgy (1998)**
Boey & Chin (1998) - Assessment of psychological well-being of the old-old in Hong Kong

Shmotkin, Lomranz, Eyal & Zemach (1999) - The contribution of personal resources to physical and mental health looking into age and gender effects in an Israeli national sample.

Results indicated significant and meaningful relationship of depression with social support, physical health and financial status. Results showed that, for men, the effects of socioeconomic and psychological resources on physical and mental health were strong in the older, but not in the younger group. For women, socioeconomic resources had non-significant effects whereas psychological resources had strong effects on mental health in both age groups. Psychological resources also had a moderate effect on physical health in the older group. It is suggested that the contribution of personal resources to health is regulated by the joint impact of age and gender.

Studies reviewed in this section relate to the relationship of income/financial support with well-being. The studies reviewed here clearly indicate that there is a lack of consensus with regard to the relationship of income with well-being. Studies of Diener et al. (1993), Britton (1986), Gregg (1992), Chi (1995), Mishra (1996), Mack et al. (1997), Boey & Chin (1998). Similarly Diener et al., (1985), Mishra (1996), Mack et al. (1997) have also emphasized on the role of financial status in well-being. In an Indian study Mishra reported that activity leads to high morale of aged only when their health and financial status are comfortable. On the other hand, there are certain studies which have reported that either there is lack of any relationship of financial factors with well-being e.g. Dienar et al. (1999) or the availability of income had an impact on some individual only and not for all (Kohout. 1984). Dinear et al.
(1999) in a review article reported that there is a progressive linear increase in income from 1949-99, yet there is a kind of stability in the well-being scores of the American people. Shmotkin et al. (1999) have reported that financial resources influence well-being but in interaction to sex. They found for men the effect of socio-economic and psychological resources on physical and mental health were strong in the older people and not in younger ones. Thoits & Hannan (1979) reported that increased income often led to increased levels of distress. Oswald (1997) found that there was virtually no increase in subjective well-being in nine European nations during a period of rapid economic growth. Sirgy (1998) reported that people who value money more than other goals were less satisfied with their standard of living and with their lives. Thus, from the review of studies, it appears that there is lack of consensus over the influence of financial support over the well-being of the elderly. Some studies reported that it is not the simple effect rather than the interactive effect which is more important.
### Table 2.7

**MISCELLANEOUS STUDIES OF WELL-BEING**

<table>
<thead>
<tr>
<th>Author(s) / Year</th>
<th>Study Description</th>
<th>Main Finding</th>
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<tbody>
<tr>
<td>Fransworth (1987)</td>
<td>Compared divorced and widowed elderly on measures of well-being and assessed the influence of self-esteem on subjective well-being of 109 divorced and 110 widowed individuals over 50 years of age.</td>
<td>The results indicated that well-being of divorced and widowed individuals was similar except that the divorced experienced more anger, guilt and confusion, while the widowed individuals were more depressed. Self-esteem influenced subjective well-being and the influence was similar for divorced and widowed individuals. This influence was always in the direction of high self-esteem being associated with more favourable scores on the various measures of well-being. The individual's perception of one's personal health was the major indicator of subjective well-being following either divorced or widowed.</td>
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<tr>
<td>Lawton (1988)</td>
<td>Extension of previous conceptions of links between residential environment and psychological well-being.</td>
<td>Suggested three functions of residential environment i.e. stimulation, maintenance and support which are especially relevant to the elderly because biological and social ageing may redefine personal needs and realign person environment transactions. Some residences served one function better than another, and the environment is important because it is a vehicle for the balance of the critical elements of psychological health, positive and negative affect.</td>
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<tr>
<td>Kercher, Kosloski &amp; Normoyle (1988)</td>
<td>Reconsideration of fear of personal ageing and subjective well-being in 595 subjects, aged 55-89 years.</td>
<td>Reported fear of ageing as a reflection of personal worries (often designated as negative affect) and as an indicator rather than a determinant of subjective well-being.</td>
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<tr>
<td>Ryff (1989)</td>
<td>Discussed various approaches to the study of successful ageing.</td>
<td>Presented an alternative approach that draws on the convergence in life-span developmental theories, clinical theories of personal growth, and mental health perspectives and identified 6 criteria of well-being from this integration i.e. self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and...</td>
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Outlined themes and theories about ageing and spirituality, shifting its focus from religiosity to spiritual well-being to spirituality. The concepts of cohort and period effects provided the framework to identify additional sources of differences in ageing and spirituality.

Discussed psychological approaches (Mechanistic and Organismic) to spirituality and ageing. Reported that contextual approach demonstrate the dimensions of spirituality can influence one’s physical condition, psychological well-being, interactions with others and changing cultural beliefs.

Well-being was related only to taking responsibility for solutions. The elderly compared with the young adults assumed less responsibility for problem cause and solution. They also preferred helping and coping models that assume less self-responsibility for solutions.

Introduced the concept of successful ageing by debunking the myths associated with old age and discussed innovations in the ability to delay or reverse some of the negative aspects of ageing. These myths are that the elderly are sick and sedentary, sexless, senile, and impoverished. Perhaps the most persistent myth of old age is that mental decline is a normal part of ageing. However, research indicates that the losses of memory associated with usual ageing are reversible and perhaps avoidable.

Higher scores for age-related losses and hopelessness were found to be associated with higher loneliness scores and higher scores for self-transcendence and existential spiritual well-being were found to be associated with lower loneliness scores.

Emphasized the role of self-determined wisdom, self-transcendence, meaning, accepting the totality of life, the revival of spirituality and exit and existence as dimensions of spiritual well-being.
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Reference</th>
<th>Study Description</th>
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<tbody>
<tr>
<td>George &amp; Clipp</td>
<td>(1991)</td>
<td>Reported that cooperation among religious groups have facilitated the well-being of older adults regardless of their religious orientation.</td>
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<td>Reported that subjective well-being had a hierarchical factor structure with a 2nd-order factor, well-being, explaining variance in 1st-order dimensions labeled agitation, loneliness dissatisfaction, and attitude toward one's own ageing. This factor structure varied within individuals over time.</td>
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<td>Research on subjective well-being showed that the majority of older persons are satisfied with their lives; levels of life satisfaction tend to be stable over time; and that life satisfaction is related to objective life conditions, but these relationships are far from perfect. It is argued that understanding of subjective components of ageing well can be enhanced if 3 major limitations are overcome: an overemphasis on objective conditions underlying subjective well-being, stereotypical, unidimensional views of well-being; and an overly narrow conceptualization of well-being. Subjective assessments of the self and of the meaning of life are proposed as 2 additional components of the subjective dimension of life that merit attention.</td>
</tr>
<tr>
<td>Ryff</td>
<td>(1991)</td>
<td>Persons whose patterns of labour-force participation (non-participation) reflected their personal preference with higher levels of physical and psychological well-being than those whose level of labour-force involvement was constrained by other factors. No difference was found between gender, age (65 years and older vs. 55-64 years) or occupation.</td>
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<td>Young and middle-aged adults were found to have considerable improvement in themselves from the past to the present and on all dimensions of well-being. The elderly, however, indicated largely a perception of stability with prior levels of functioning. Future ratings showed that the 2 younger groups expected continued gain in the years ahead, whereas the oldest respondents-</td>
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</table>
Seniors as media advocates: Building confidence and competence

Disagreed with the media projected image of the elderly i.e. they are passive and dependent, on the contrary, he reported that they (aged) are active, and contributing community members.

Examined the impact of socio-economic status on objective and sub indices.

Reported that morbidity and mortality and living environment, as well as subjective indicators such as psychological well-being, are all influenced by socioeconomic status.

Explored the meanings that older persons attach to autonomy and decreases in physical abilities using in-depth interviews with 19 persons (aged 80 + years).

Concluded that gerontological views of autonomy promote a cultural ideal that does not reflect elders' perspective and that the notion of frailty has the potential to stereotype elders, with negative effects on well-being.

The ageing self: Stabilizing and protective processes.

Proposed that preservation and stabilization of a positive view of self and personal development in later life basically involve 3 functionally interdependent processes. These included instrumental and compensatory activities that aim at preventing or alleviating losses in domains which are relevant to self-esteem and identity. The 2nd type included accommodative changes and readjustments of personal goals and aspirations, which dampen or neutralize negative self-evaluations. The 3rd type included immunizing mechanisms, which mitigate the impact of self-discrepant evidence. Concluded that the widespread assumptions, which relate psychological ageing to reduced well-being, loss of control and problems of self-esteem received little empirical support.

Multiple roles and psychological well-being in

Multiple roles were associated with higher life satisfaction and self-efficacy and lower depressive symptoms. A significant interaction showed larger...
Moneyham & Scott (1995)  
1,644 Subjects aged 60 years and older in America.  
Anticipatory coping in the elderly.

Johnson (1995)  
The significance of religion for ageing well.

Brown (1995)  
A conceptual model of ageing assessing the effects of poverty environments on elders' subjective well-being.

Parker (1995)  
Reminiscence: A community theory framework.

Mishra (1996)  
Coping with ageing individual and societal

coefficients for roles among men and women on life satisfaction.

Revealed that concerns about the future are a major source of stress for older adults. Contrary to popular opinion older adults are capable of coping with threats to their well-being. Suggested that health care providers can assist older adults in identifying the issues of concern to them and planning strategies to either prevent or minimize the losses they expect to occur in the future.

Religion provided added resources for elderly person in modern society where other sources begin to fade. Concluded that although both subjective and behavioral dimensions of religious commitment have significant effects on ageing well, the empirical support seems favour the importance of behavioral dimensions.

Proposed a model of ageing which considered cumulative personal and suprapersonal environment characteristics as predictive of residential satisfaction and subjective well-being among urban, non-institutionalized elders. The model characterizes the individual as possessing various degrees of competence in 4 spheres: biological health, sensorimotor functioning, cognitive skill, and ego strength. Individual adaptive behavior and subjective well-being are considered to be balanced when the demands of the environment do not exceed the level of individual ability to manage the demands.

Reported that there is a lack of agreement over the role of reminiscence in the well-being of elderly. Some studies dealing with the therapeutic functions of reminiscence viewed it as a positive intervention for individuals who are depressed and experience adaptational difficulties, while others maintain that it has little influence on well-being.

Coping with ageing individual and societal

Activity leads to higher morale of the aged only when their financial and health conditions are comfortable.
A cluster analysis on sources of meaning revealed three groups each with a different pattern of meaning. Group I (n=23) found most meaning in values that indicate self-preoccupation. Self-transcendent sources of meaning were on the top of the hierarchy of values of the Group II (n=123). The Group III (n=23) valued self-transcendent sources of meaning which indicated self-realization. The three clusters also differed with regard to ultimate meaning (Group I having the highest and Group III the lowest well being) (Group I having more depressive feelings and more feelings of anxiety than Group II and Group III), coping with ageing (Group III reporting most instrumental coping) and death attitude (group II having the most positive attitude).

Reported that differences in spiritual perspective were gender-related. Ageing men have less spiritual perspective than ageing women, dying men, or dying women. Different patterns of relationships were identified for each group. Greater purpose and self-transcendence were positively associated with greater well-being, more positive and fewer negative symptoms in transition, and more power for ageing adults.

Moderate correlation with self-transcendence and female gender older age, and higher self-report of health status were found. Self-transcendence was correlated with sense of coherence, self-esteem, hope and variables assessing emotional well-being.

Suggested research agenda that can produce important insights on the dynamics and consequences of the retirement transition, including the mechanisms and conditions linking withdrawal from employment to changes in health and well-being.

Argued that creativity is not a time bound act. Engagement in the creative process and creative acts can help the elderly put into place the meaning of life and the meaning of ageing. Results indicated that older adults participating in the creativity acts have better well-being and life-satisfaction.
Lapirre, Bonffard & Bastin (1997)  
Personal goals and subjective well-being (SWB) in later life of 708 elderly (aged 65-90 years).  
Analysis revealed that aspirations centered on self-preservation were associated with poor self-rated physical health, being burdened by difficulties, lack of meaning to life dissatisfaction with life and negative expectations for the future. Aspirations of self-development and interest in the well-being of others were associated with feelings of well-being in later life.

Pinquart (1997)  
A meta-analytic study of the integrated statistical effects in cross-sectional research on the effects of age differences and ageing on self-concept and psychological well-being.  
A meta-analytic study of the integrated statistical effects in cross-sectional research on the effects of age differences and ageing on self-concept and psychological well-being. Global dimension showed no age differences, older persons had a higher subjective age, more negative future conceptions and less internality.

Foster (1997)  
A qualitative exploration of factors that contribute to hardiness in successfully adapted older adults.  
Results indicated that there were different patterns of successful adaptive styles but participants integrated moderate level of histrionic and / or narcissistic personality traits into their adaptive style. Other factors, found to be associated with successful ageing included : self-discipline, persistence, anticipation, humor, social networking, creative productivity, prudence, pragmatism, physical health, attractiveness and economic stability.

Multidimensional patterns of ageing: A cluster – analytic approach in 335 Ss from the Gothenburg, Sweden Health-70 study of 70-years olds.  
Results showed that group membership at age 70 was predictive of later performance suggesting that there is utility in typologies of ageing individuals and /or trajectories of ageing. The study supported a multidimensional approach to the study of variability in ageing.

Kim & Mueller (1997)  
Memory, self-efficacy and adaptability in Korean American  
Results showed that self-efficacy, psychological well-being and memory had a unique pattern of the interplay of these cognitive and affective variables. The findings suggested that perceptions of memory
elder adults: A collective study of four cases of 64-81 year old Korean Americans.

functioning and psychological well-being are mitigated by the adaptability of the ageing self, rather than being directly related to the experiences of age-related losses or to actual memory performance.


It revealed the positive influence of religion at the personal and social levels on the adjustment process in later life. Religion served as an important instrument of integration in old age only if it had been part of the childhood socialization process and had been sustained the adult of the individual.


Reported well-being in the context of age-related symptoms which can be achieved explicitly through tenacious self-monitoring and self-management of physical and cognitive effort, and implicitly through minimizing or distancing of symptoms.


Results suggested that doubt is associated with greater psychological distress and diminished feelings of well-being. Moreover, the results revealed that the deleterious effects of doubt are greater for younger than for older people.


Model comparison revealed that health did not mediate the relationship significantly but that self-reported loneliness itself mediated between personal characteristics and perceived health. Perceived loneliness mediates the effects of anxiety, frequency of telephone contact and age on self-assessed health. Feelings of loneliness decrease one's evaluation of physical well-being.


Age and functional health constraints were found to be negatively related to positive affect but unrelated to negative affect. It is suggested, two qualifications to the average stability of overall subjective well-being: Only some dimensions of subjective well-being remained stable, while others decline; age per se is not a cause of decline in subjective well-being but health constraints are.
Spiritual intelligence as indicator of psychological well-being. Psychological well-being, values, morality, self-control affect, coping and many other healthy attributes of personality are influenced by spiritual dimension of personality.

Identified psychological, biological and sociographical predictors of well-being. Psychological well-being was not affected by age. Identified psychological, biological and sociographical predictors of well-being.

Studies (Wetle, 1991; Hill et al., 1994) often projected the old people by stereotypic notion that they are frail, senile, unwanted and are a burden. However, empirical finding do not support this. Wetle (1991) tested these projected notions that the elderly are sick and sedentary, sexless, senile and impoverished and reported that these are simply myths. He further reported that the most persistent myth of old age is that mental decline is a normal part of ageing. Hill & Leonard (1994) also disagreed with the projected image of the elderly and reported that they are as active and contributing members of the community. Moneyham & Scott (1995) suggested that contrary to the popular opinions older adults are capable of coping with the threats to their well-being. Media has an impact on the psyche of the people and people tend to form their attitudes and belief on the basis of the media coverage. Therefore, there is a need to revise their perception about aged. Foster (1997) have reported that there were different patterns of successful adaptive styles but participants integrated moderate level of histrionic and / or narcissistic personality traits into their
adaptive style. He also reported factors which are found to be associated with successful ageing included: self-discipline, persistence, anticipation, humor, social networking, creative productivity, prudence, pragmatism, physical health, attractiveness and economic stability.

Several investigators (Nathawat, 2000; Mehta, 1997; Walton et al., 1991; Blazer, 1991; Krause et al., 1999; Payne, 1990; McFadden & Gerl, 1990) have investigated the relationship between spirituality and well-being. Lower level of loneliness is found to be associated with higher level of self-transcendence and existential spiritual well-being (Walton et al., 1991). Blazer (1991) suggested the self-determined wisdom, accepting the totality of life etc. as dimensions of spiritual well-being. Krause et al. (1999) found religious doubt associated with psychological distress and lower well-being. Nathawat (2000) revealed that spiritual dimension of personality influenced the psychological well-being, values, morality, self-control, affect and coping. However, Mehta (1997) pointed towards the positive influence of religion only when practiced since childhood. Studies of Johnson (1995) and Megaffic (1996) reported that ageing men have less spiritual perspective than women. Payne (1990), McFadden & Gerl (1990) have discussed psychological approaches to spirituality and ageing and reported that contextual approach demonstrates how the dimension of spirituality can influence one’s physical condition and psychological well-being.

On the basis of the above studies it appears that spirituality or religion has important relationship with well-being of the aged. Some studies (Megaffic,
1996) have however, emphasized the role of gender and the time religious practices were started practicing. Johnson (1995) emphasized on the significance of religion for ageing well and reported that religion provide added resources for elderly person in modern society where other sources begin to fade.

Studies (Fees et al., 1999; Kercher et al., 1988; Sherrard, 1998; Kim & Muller, 1997; Lapirre et al., 1997; Ranst & Marcoen, 1996; Coward, 1996; Ryff, 1991; Fransworth, 1987) have tried to relate self-transcendence, self-esteem, hope, sense of coherence, personal worries, perception of self, self-preservation with the well-being of the aged. Fransworth (1987) reported that self-esteem influenced subjective well-being equally for divorced and widowed individuals. The influence was always in the direction of high self-esteem being associated with more favourable scores on the various measures of well-being. He further reported that individual's perception of one's personal health was the major indicator of subjective well-being. Kercher et al. (1988) reported the fear of reflected personal worries and suggested that these are an indicator rather than determinants of subjective well-being. Ryff (1991) have tried to relate self-evaluation as dimension of psychological well-being. Results revealed that future ratings show more decline on aspects of well-being among the aged than the younger groups. They also compared the ideal self and actual self of the subjects. It was observed that the self-ratings for ideal and actual-self are found to be influenced by age. i.e with age, individuals achieve a closer fit between
their ideal and their actual self-perceptions. Lapirre et al. (1997) revealed that aspirations centered on self-preservation were associated with poor self-rated physical health, being burdened by difficulties, lack of meaning to life, dissatisfaction with life and negative expectations for the future. However, aspirations of self-development and interest in the well-being of others were associated with feelings of well-being in later life.

Self-transcendence has been found (Coward, 1996) to be related with sense of coherence, self-esteem, hope and variables assessing emotional well-being. Self-efficacy has been found to be related with well-being. Fees et al. (1999) reported that feelings of loneliness decreases one's evaluation of physical well-being.

Studies of Moen (1996) and Herzog et al. (1991) have examined the relationship of retirement to health and well-being. While Herzog et al. (1991) did not found any difference between gender, age and occupation. Moen (1996) have suggested that research agenda that can produce important insights on the dynamics and consequences of the retirement transition, including the mechanisms and conditions linking withdrawal from employment to changes in health and well-being. Hickson & Housley (1997) have examined the relationship between creative acts and meaning of ageing. They found that the older adults participating in the creativity acts have better well-being and life-satisfaction. Creativity is not a time bound act and if older people are engaged in such activities it will certainly enhance their meaning in life, hope and well-
being. Parker (1995) reported that there is a lack of agreement over the role of reminiscence in the well-being of elderly and suggested that in some studies reminiscence was found to have therapeutic functions while in others it has little influence on well-being.

Studies of (Maxson et al., 1997; Brandtstaedter & Greve, 1994; McCulloch, 1991; George & Clipp, 1991; Ryff, 1989) are related with the concept of ageing and have suggested that it is multidimensional. Maxson et al. (1997) have reported the utility in typologies of ageing individuals and/or trajectories of ageing. They further emphasized on the multidimensional approach to the study of variability in ageing. McCulloch (1991) have reported that subjective well-being have a hierarchical factor. George & Clipps (1991) have argued that understanding of components of ageing well can be expanded if three major limitations are overcome i.e. an overemphasis on objective conditions underlying subjective well-being; stereotypical, unidimensional views of well-being; and an overly narrow conceptualization of well-being. Subjective assessments of the self and of the meaning of life are proposed as two additional components of the subjective dimension of life that merit attention. Brandtstaedter & Greve (1994) have reported that positive view of self and personal development in later life basically involve three functionally interdependent processes. These include are instrumental and compensatory activities that aim at preventing or alleviating losses in domains which are relevant to self-esteem and identity, the accommodative changes and
readjustments of personal goals and aspirations, which dampen or neutralize negative self-evaluations. The immunizing mechanisms mitigate the impact of self-discrepant evidence. They also reported that the widespread assumptions, which relate psychological ageing to reduced well-being, loss of control and problems of self-esteem receive little empirical support. Ryff (1989) discussed various approaches to the study of successful ageing and presented an alternative approach that draws on the convergence in life-span developmental theories, clinical theories of personal growth, and mental health perspectives. He also identified 6 criteria of well-being from this integration i.e. self acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Andelmann (1994) examined multiple roles and psychological well-being and reported that multiple roles were associated with higher life satisfaction and self-efficacy and lower depressive symptoms. A significant interaction of gender was found.

Review of studies in this section clearly indicates that the studies of ageing and well-being of the aged have been investigated from several angles. Studies have clearly delineated certain factors as correlates of well-being amongst the aged. Spirituality and religiousity have been reported to be significant predictor of well-being in later years. The review is also indicative of the multidimensionality of ageing and it has been emphasized that studies relating to ageing may be multidimensional in nature.