CHAPTER I

Introduction

Aging is the progressive decline in the function and performance, which accompanies advancing years. It is the process of growing old, resulting in part from the failure of body cells to function normally or to produce new body cells to replace those that are dead or malfunctioning. There are bio-medical and philosophical views about aging. Aging has been viewed differently by different people. Whereas to some it means power, authority, wisdom and respect, others consider it as a forced retirement leading to a state of dependency, loss of charm and of physical strength. To most, aging implies physiological and psychosocial changes that are reflected in their reduced income, lesser activities, and consequential loss of status, both in the family and in the society. The status of the aged person in contemporary times seem to have changed perceptively. Industrialization and urbanization have given rise to migration and emergence of nuclear families with increasing stress on individuality.

The phenomenon of large aging population has become one of the most dramatic and influential developments in the 20th century. This situation has profound significance for the society in both the 'developed' and 'developing' nations. As per the Global Population Profile: 2002 by U.S. Census Bureau, the estimated population of the world was 6.2 billion. Of this, about seven percent people could be classified as elderly, that is, those who were 65 year old and above.
Old age has been defined variously in different societies and also cross culturally. It is a relative concept and different meanings have been attributed in different contexts. A still more specific definition of aging was offered by Handler. "Aging is the deterioration of a mature organism resulting from time dependent, essentially irreversible changes intrinsic to all members of a species, such that, with the passage of time, they become increasingly unable to cope with the stresses of the environment, thereby increasing the probability of death" (Handler, 1960, p.200). Aging refers to the regular change that occurs in mature genetically representative organisms living under representative environmental conditions as they advance in chronological age.

The term 'aged' not only describes individuals but is also used as collective noun, and once individuals are identified as 'old' they are perceived exclusively as such. Hazan (1994, p.16) observes that there are several ways of defining aged, "one way is seemingly unproblematic self-definition: an 'old person' is someone who regards him or herself as such... Another definition of 'aged' is socially constructed, composed of an infinite number of overlapping points of view with regard to a given person. Changing circumstances and the dynamics of social relationships make it difficult if not impossible to use such a definition vigorously".

**Types of Aging:**

There are four types of Aging

(a) The biological age of an individual can be defined as an estimate of the individual's present position with respect to his potential life span. (b) Psychological age,
by definition, refers to the adaptive capacities of individuals, that is, how well they can adapt to changing environmental demands in comparison with the average (c) Functional age is closely related to psychological age. Functional age is an individual's level of capacities relative to others of his age for functioning in a given human society. (d) Social age refers to the roles and social habits of an individual with respect to other members of a society.

All individuals age, young children age, as do older adults. Aging is an universal experience for human with diversity in meaning and interpretation. Aging includes under its rubric, individual aging and population aging. First, individual aging refers not only to a person's interactions and inter-relationships but also involves performance in a sequence of socially prescribed roles, accumulation of experiences and changes in the physiological systems as well as in perceptual, cognitive, emotional and other psychological process: we age biologically, psychologically, and sociologically. The nature of aging among human beings as members of society is markedly affected by psychological, social and biological factors. These factors continue to differentiate individuals of any one chronological age within the life span. It is a normative process and not a fixed dimension of the life cycle. As individuals grow older changes are witnessed in the physical, cognitive and social realms. The 'aging experience' is determined by the unique interactions between the various clocks. Aging is not a homogeneous experience that affects every individual within the same society in the same way. It is generally viewed as bringing physical decline, emotional instability,
mental deterioration, forced retirement, and financial dependency. All society attaches
great significance to various stages of life cycle.

Age is as culturally constructed and personally negotiated as any other
attribute. Given that age, as opposed to physical capability, has no necessary
characteristics, such attributes as age are granted culturally. Society differentiates people
on the basis of age. Age is universally applied as major yardstick to judge the timing of
behaviour and to classify situations and life events in some temporal order. It is
understandable that every society will have some form of stratification and differentiation
based on age. As such age is a key dimension in the organization of the structure of
society. Different age groups experience different life situations that are further shaped
by people’s race, class and gender. There are unique social experiences and different life
chances for different age groups in society. Chronological age is not a determinant of
individual behaviour. It is not the intrinsic meaning of age itself that brings certain
specific life course patterns. Age is not an explanation of behaviour or a course of
change; it is, in fact, nothing more than the passage of time and a marker of stages in a
sequence.

Every society has had a concept of old age. Older people in various nations
and cultures experience aging quite differently. The age at which old age is thought to
start varies in different cultures. In Samoa, old age is usually defined as starting at 50; at
60 in Japan and Thailand, at 65 to 70 years in most western industrial countries. Whilst
the term old or elderly appears a near universal social category recognized throughout
recorded history, the twentieth century has seen a radical rethinking of what being old means. The pension and retirement policies that emerged during the first decades of the last century provided a new indicator of what it was to become an old person. Demographic change, state retirement policies and the emergence of Gerontology and Geriatrics as empirical disciplines studying old age produced a revolutionary shift in thinking about old age throughout most of the developed world rendering the physical determinacy of aging problematic. Being old is something that happens on an individual basis, the criteria for old age tend to be flexible, and transition may occur over a fairly long period of time. People age differently within their personal life contexts according to individual characteristics and histories that bring to the older adulthood.

THEORIES OF AGING

Many different views about the causes of aging have been proposed. Important among them are as follows.

Stochastic Theories

Stochastic theories: "Growing old is the result of living". The first group, Stochastic theories, also known as wear-and-tear theories of aging, suggest that we grow old because of cumulative damage to our bodies from both external and internal sources. Because such damage is completely not repaired, we simply "wear out" over time. One such theory emphasizes the role of free radicals-atoms that are unstable because they have lost electrons. According to this theory, these highly unstable particles are continuously produced by body metabolism; once formed, they react violently with other molecules in cell, thus producing damage. When this damage affects DNA, free radicals
can interfere with basic aspects of cell maintenance and repair. The theory proposes that this damage cumulate over time, thus producing the decline associated with aging.

Another Stochastic theory stresses the effects of damage to our DNA—damage produced either because cell division somehow "goes wrong", or by external causes such as viruses or toxins in the environment. As the number of cell damage DNA deterioration increases, we age and our internal systems gradually decline.

Indirect evidence for wear-and-tear theories of aging is provided by individuals who repeatedly expose their bodies to harmful conditions or substances, for instance, large doses of alcohol, various drugs, or harsh environments. Such persons often show premature signs of aging, presumably because they have over loaded their bodies capacities for internal repairs.

Programmed Theories

A second group of theories attributes physical aging primarily to genetic programming. According to these programmed theories of aging, every living organism contains a kind of built-in-biological clock that regulates the aging process. Very recent findings suggest that it may involve, at least in part, strips of DNA that cap the ends of our chromosomes—teleomeres (Gladwell, 1996). Each time a cell divides, the teleomere become shorter; when this shortening reaches some critical point, the cell can no longer divide, and this may contribute to the aging process.
Other programmed theories stress the fact that our immune system seems to "wind down" over time and that our endocrine system and the neural areas that control it, declines with increasing age. These systems regulate many basic processes (e.g., our metabolism); so, as they decline, our vitality drops too. Support for programmed theories is provided by several observations. First, each species has a characteristic maximum life span; this suggests that length of life is somehow built into different species genetic code. Second, longevity appears to be an inherited trait. One rough indicator of how long you will live is the life span of your parents and grandparents. This, too, suggest an important role of genetic factors in the aging process. Third, age-related changes in our bodies show a regularity that is hard to explain without reference to genetic factors. Finally some findings suggest that certain cells do indeed divide only a set number of times before dying. Moreover, no environmental conditions seem capable of altering this set number.

The Neuroendocrine Theory

First proposed by Professor Vladimir Dilman & Ward Dean MD, this theory elaborates on wear and tear by focusing on the neuroendocrine system. This system is a complicated network of biochemicals that govern the release of hormones, which are altered by the walnut sized gland called the hypothalamus located in the brain.

The hypothalamus controls various chain-reactions to instruct other organs and glands to release their hormones etc. The hypothalamus also responds to the body hormone levels as a guide to the overall hormonal activity. But as we grow older the hypothalamus loses it precision regulatory ability and the receptors which uptake
individual hormones become less sensitive to them. Accordingly, as we age the secretion of many hormones declines and their effectiveness (compared unit to unit) is also reduced due to the receptors down-grading.

One theory for the hypothalamus loss of regulation is that it is damaged by the hormone cortisol. Cortisol is produced from the adrenal glands (located in the kidneys) and cortisol is considered to be a dark-hormone responsible for stress. It is known to be one of the few hormones that increases with age. If cortisol damages the hypothalamus, then over time it becomes a vicious cycle of continued hypothalamic damage, leading to an ever increasing degree of cortisol production and thus more hypothalamic damage. A catch-22 situation. This damage could then lead to hormonal imbalance as the hypothalamus loses its ability to control the system. Such an argument demands the use of cortisol adjusters (such as DHEA, Gerovital-H3 ® or Phenytoin) to help slow down the cortisol accumulation.

Dr. Dean also believes that the next-generation of hormone replacement therapy is the hypothalamus hormones (expected to be commercially available in the next few years). These types of natural supplements could present a whole new approach and concept to endocrine balance, control and improvement.
The Membrane Theory of Aging

The membrane theory of aging was first described by Professor Imre Zs-Nagy of Debrechen University, Hungary. According to this theory it is the age-related changes of the cells ability to transfer chemicals, heat and electrical processes that impair it.

As we grow older the cell membrane becomes less lipid (less watery and more solid). This impedes its efficiency to conduct normal function and in particular there is a toxic accumulation. This cellular toxin is referred to as lipofuscin and as we grow older lipofuscin deposits become more present in the brain, heart and lungs and also in the skin. Indeed some of the skin age-pigments referred to as liver or age-spots are composed of lipofuscin. It is known that Alzheimer Disease patients have much higher levels of lipofuscin deposits than compared to their healthy controls. The cells declining efficiency also means that the essential and regular transfer of sodium and potassium is impaired, thus reducing communication. It is also believed that electrical and heat transfer is also impaired.

Professor Zs-Nagy himself became involved in research to find substances that could aid in the removal of lipofuscin deposits and improve cellular lipidity and communication. The development was Centrophenoxine (Lucidril ®) which is perhaps the most efficient substance currently available; (interestingly, Professor Zs-Nagy is currently working on an analogue). Other substances that have shown an ability to remove lipofuscin include DMAE and the amino acids Acetyl-L-Carnitine and Carnosine.
The Hayflick Limit Theory

The Hayflick Limit Theory of Aging (so called after its discoverer Dr. Leonard Hayflick) suggests that the human cell is limited in the number of times it can divide. Part of this theory may be affected by cell waste accumulation (which is described in the Membrane Theory of Aging). Working with Dr. Moorehead in 1961, Dr. Hayflick theorized that the human cell's ability to divide is limited to approximately 50-times, after which they simply stop dividing (and hence die).

He showed that nutrition has an effect on cells, with overfed cells dividing much faster than underfed cells. As cells divide to help repair and regenerate themselves we may consider that the DNA & Genetic Theory of Aging may play a role here. Maybe each time a cell divides it loses some blueprint information. Eventually (after 50-odd times of division) there is simply not enough DNA information available to complete any sort of division.

We also know that calorie restriction in animals significantly increases their life span. In essence less fed animals live longer. Is this because they are subject to less free radical activity and therefore less cellular damage? Or is it that insulin and glucose damage is less prevalent in them than in overfed animals?

The Hayflick Limit indicates the need to slow down the rate of cell division if we want to live long lives. Cell division can be slowed down by diet and
lifestyle etc., but it is also surmised that cell-division can be improved with many of the protocols of the other aging theories described herein.

The use of ribonucleic acids (RNAs, the building-blocks of DNA), improve cell repair processes, enhance cellular capabilities and increase the maximum number of cell divisions in animals and vitro tests. Human clinical studies with RNA supplements such as NeyGeront ® and RN13 ® indicate that there are a number of biological, physiological and practical improvements for geriatric patients. If laboratory results prove true also for the individual, then Carnosine will be another potent Hayflick Limit extender.

**The Mitochondrial Decline Theory**

The mitochondria are the power producing organelles found in every cell of every organ. Their primary job is to create Adenosine Triphosphate (ATP) and they do so in the various energy cycles that involve nutrients such as Acetyl-L-Carnitine, CoQ10 (Idebenone), NADH and some B vitamins etc. ATP is literally the life-giving chemical because every movement, thought and action we make is generated from it. Yet very little ATP can be stored in the body. It is estimated that a 180 lb. man needs to generate an average of 80-90 lbs. of ATP daily. Under strenuous exercise the use of ATP may rise to as much as 1.1 lbs. per minute. But reserves of ATP are considered to be no more than 3-5 ounces, thus under those same strenuous exercise conditions that's approximately 8-seconds worth. Thus it becomes apparent that the mitochondria have to be very efficient
and healthy, in order to produce a continuous supply of essential ATP for the necessary repair and regenerative process to occur.

Chemically speaking, under normal conditions the mitochondria are fiery furnaces and subject themselves to a lot of free radical damage. They also lack most of the defenses found in other parts of the body, so as we age the mitochondria become less efficient, fewer in number and larger. Accordingly, ATP production declines. As organs cannot borrow energy from one another, the efficiency of each organ's mitochondria are essential to that particular organ's repair processes and functions. If a particular organ's mitochondria fail, then so does that organ (which of course can lead to death).

Enhancement and protection of the mitochondria is an essential part of preventing and slowing aging. Enhancement can be achieved with the nutrients, as well as ATP supplements themselves. Protection may be afforded by a broad spectrum of antioxidants substances, as well as substances such as Idebenone and Pregnenolone. Of particular use may be Acetyl-L-Carnitine and Hydergine, both of which have been proven in experiments to greatly improve the mitochondria condition of aged animals.

**The Cross-Linking Theory**

The Cross-Linking Theory of Aging is also referred to as the Glycosylation Theory of Aging. In this theory it is the binding of glucose (simple sugars) to protein, (a process that occurs under the presence of oxygen) that causes various problems. Once this binding has occurred the protein becomes impaired and is unable to
perform as efficiently. Living a longer life is going to lead to the increased possibility of oxygen meeting glucose and protein and known cross-linking disorders include senile cataract and the appearance of tough, leathery and yellow skin.

Diabetes is often viewed as a form of accelerated aging and the age related imbalance of insulin and glucose tolerance leads to numerous problems; these have been called Syndrome X. In fact, diabetics have 2-3 times the numbers of cross-linked proteins when compared to their healthy counterparts. The cross-linking of proteins may also be responsible for cardiac enlargement and the hardening of collagen, which may then lead to the increased susceptibility of a cardiac arrest. Cross linked proteins have also been implicated in renal disorders.

It is also theorized that sugars binding to DNA may cause damage that leads to malformed cells and thus cancer. The modern diet is of course a very sweet one and we are bombarded with simple sugars from soft drinks and processed foods etc. One obvious example to reduce the risk of cross-linking is to reduce sugar (and also simple carbohydrates) in one’s diet. Some pharmacological interventions that could help reduce the carbohydrate/ starch/ glucose intake and affect, include Acarbose and Metformin.

But other supplements are also appearing that show great promise in the battle to prevent, slow and even break existing cross-links. Two of the most important at present are Aminoguanidine and the amino acid Carnosine.
No one theory is supported by sufficient evidence to be viewed as conclusive. The best scientific guess at present is that aging is caused by several different mechanisms and results from a complex interplay between environmental and genetic factors.

PROBLEMS OF THE ELDERLY

Aging is a social problem and is often studied from the point of view of one or more of the basic perspectives. From the functionalist perspective, aging is a problem because institutions of modern societies are not working well enough to serve the needs of the dependent aged. The extended families which once allowed elderly people to live out their lives among kin has been weakened by greater sociomobility and a shift to the nuclear family as the basic kinship unit. As grand parents, for example, once played an important role in socializing the young, teaching them the skills, values, and ways of life of their people. Now these functions are performed by schools and colleges, for it is assumed that the elderly cannot understand or master the skills required in today's fast changing world. Instead, they most often are cared for either at home or institution such as old age homes, which free the productive member of society to perform other functions.

Interactionists view the term elderly as a stigmatizing level that suggest that older people are less valuable because they do not confirm to the norms of a youth-oriented culture. Interactionists view the elderly as victims of ageism- a form of prejudice and discrimination directed at the aged not only by individuals but also by entire social institutions.
Conflict theorists view the problems of the elderly as stemming from their lack of power to shape social institution to meet the needs of people who are no longer in their productive year and have not accumulated the means to preserve their economic and social independence.

Bhattacharyya (1995) outline several problems of the aged such as finance, physical security, loneliness, isolation etc. Moreover, loss of status, prevalence of corruption and indiscipline in various spheres of life create frustration and mental tension in them. The old age diseases like falling eyesight and hearing capacity, slow and faulting steps, declining energy, forgetfulness etc. make their life all the more miserable. Falling health and sickness, nutritional deficiencies and poor housing facilities affect their physiological and economic condition. The physio-social and environmental problems create feeling of neglect, loss of importance in the family, feeling of unwantedness and inadequacy etc. Elderly become intolerant, short tempered, sentimental, rigid and suspicious when they loose friends, spouse, power, influence, income and health. Thus their psychological make up makes their living and adjustment in society more problematic. Poor health, economic dependence and non-working status tend to create among them a feeling of dependency and powerlessness. The elderly in rural areas are worse off than those in urban areas. The gradual breakdown of the joint family system and consequent separation and migration of earning members to distant urban areas are other important aspects of the problem. As such, there is a total lack of
security, affection and mental satisfaction and they are left alone to face the problems of the advancing age.

Bhattacharyya (1995) classified old people into two categories: (1) Those who have retired from an active service and are in receipt of pensions and other benefits. They do not generally suffer from financial constrains. They are in need of social support. (2) The other category is those who are poor. These people continue to work as long as they are physically capable and retire when the advancing age has full grip on them. They are often deprived of family support and left to themselves. A sense of insecurity and helplessness persist throughout the remaining days of their lives. Economic and social security are necessary for this category of people.

Old age brings ill-health, physical and sensory impairments, heightened sensitivity and increased susceptibility to disease (Birren & Renner, 1977; Jamuna & Ramamurti, 1990). Sensory and bodily impairments bring about varying amounts of disability too. They interfere with the day to day activities and self-help behaviour of the elderly in differing degree, making the elderly dependent on others.

INSTITUTIONAL CARE

Each gray hair can be considered as the reservoir of knowledge and experience. The brightness of the gray hair reflects the vast and wide knowledge that a person acquired throughout his life. The eyes of old people can visualize the pros and cons of
happenings. Senior citizens are really the guide to younger generation. It is our duty to make their "evenings" peaceful, pleasant and memorable.

It is the duty of the society to provide comfort, medical care and happiness to the old persons who are without family care. The lonely, desperate grandfathers and grandmothers really need our attention and care. The opinion and suggestion of the aged people are precious to the society because they originate from the totality of their experience and knowledge, which they acquired from various fields. But many people do not lend their ears to the aged. A few even ignore the old people and do not give due respect and care to them.

Just few decades back, in majority of cases, the institution of family was enough to take care of their aged. Urbanization, industrialization and modernization have, however, brought about exogenous as well as endogenous changes in the family system. Because of the ever growing economic difficulties, the newer concepts of small sized nuclear families have emerged and the idea of 'joint families' living under one roof is breaking down. The tendencies amongst the younger lot are growing wherein it is argued that the care of older member of the 'family' is not their responsibility. The values of life are increasingly becoming individualistic wherein the conjugal type of family, that is, the married couples and their unmarried children, offer limited care for older people (Amesur, 1959).
In recent past, family was looked upon as the only institution to take care of the elderly and provide both emotional and financial support to them. But changes in the living arrangements and family structure, migration of children for jobs outside, and more prominently, radical changes in the nature of people from accommodative to an independent, self-centered, and individualistic outlook with callous concern for even very near relations, have compelled many old people to live alone.

Institutional services for older persons are not new. In the second half of the nineteenth century, charity experts began categorizing the poor and moving people into specialized institutions. Those judged to be lunatics were confined to asylums for the insane. Destitute children were placed in orphanages. Homes for the deaf and blind were established (Rosenberg, 1987). As other categories of paupers were moved into specialized institutions, the almshouses increasingly became de facto old age homes for the impoverished elderly. By the end of the nineteenth century, one third of almshouse residents were aged; by 1923, 67 percent were (Haber & Gratton, 1994).

Charitable religious organizations have been managing homes for the elderly for centuries. These services have now been expanded considerably in the voluntary sector. There are three types of Old Age Homes: (a) state run homes, (b) homes run by voluntary organization with financial help from the government, (c) paid Old Age Homes which do not receive any financial assistance from the government and charge from the elderly. These homes are catering mainly to the affluent/upper class elderly. In some homes the old age pension received by the aged is taken as charges towards their expenses and,
therefore, they are financially need based and are partially subsidized. Old people consider shifting to old age homes as the last option (Tandon, 2001). Prasad (1987) also opined that in India the elderly would hardly like to live separately unless forced by circumstances. Old Age Homes no doubt have contributed in providing shelter and home like environment to the destitute and the needy persons but researches have amply proved that these are no substitute to family care. (Tandon, 2001)

**PSYCHOLOGICAL WELL-BEING**

The present study has been conducted to understand how institutionalized elderly could move forward towards enhancing their psychological well-being.

The roots of well-being can be traced from the beginning of human civilization. Since times immemorial men have prayed, “sarve sukhino bhavantu” (let all enjoy well-being). For centuries the emphasize have been on the negative aspect of well-being, emancipation from suffering – suffering from the consequences of events of actions, or suffering from the tensions of desire. Indeed any objective state of things to constitute a state of one’s well-being must be experienced by one self as satisfying. Rogers (1959) has emphasized man’s reality is what he experiences and perceives with a certain degree of dependable predictability, and one’s satisfaction consists in the satisfaction of one’s need as experienced in the field as perceived. Well-being, however, is not merely as self based experience. It is primarily affective and is largely of the nature of a feeling and essentially a positive or pleasant feeling, a state of happiness or satisfaction. Well-being may also be induced by qualities of one’s own or other’s behaviour. The sources of well-being are different in childhood, adolescence, youth, adult
and old age. Well-being is also associated with the historical period in which one lives, the part of the world to which one belongs, one’s nation, country, religion, occupational group, organization and family as well as one’s own personality. People also draw a lot of well-being from those with whom they come in contact physically, socially, intellectually or otherwise.

General well-being refers to the subjective feelings of contentment, happiness, satisfaction with life, experience of one’s role in the world of work, sense of achievement, utility, belongingness with no distress, dissatisfaction and worry, etc.” (Verma & Verma, 1989). In other words, general well-being implies hope, optimism, happiness and faith in the normal absolutes of truth, beauty and goodness, a proper perception of the means and ends related to the purpose of life and more than all a realization of the value of life. General well-being is a part of the broad concept of positive mental health which is not a mere absence of disease or infirmity (Verma, 1988). Verma (1988) opines that the absence of psychological ill-being / ill-health does not necessarily mean presence of psychological well-being. Most studies in the past defined "wellness" as not being sick, as an absence of anxiety, depression, or other forms of mental problems. The new conception emphasizes positive characteristics of growth and development. There are six distinct components of psychological well-being. These are:

(a) having a positive attitude towards oneself and one's past life (self-acceptance)
(b) having goals and objectives that give life meaning (purpose in life)
(c) being able to manage complex demands of daily life (environmental mastery)
(d) having a sense of continued development and self-realization (personal growth)
(e) possessing caring and trusting ties with others (positive relations with others), and
(f) being able to follow one's own convictions (autonomy).

**Western Perspective**

The work on subjective well-being or psychological well-being is carried out under the broad topic of quality of life. The concept of well-being has been defined variously by behavioural scientists. According to Campbell, Converse, and Rodgers (1976), the quality of life is a composite measure of physical, mental and social well-being. Levi (1987) defined well-being as a dynamic state of mind characterized by a reasonable amount of harmony between an individual’s abilities, needs and expectations and environmental needs and opportunities. The WHO has also declared health as a state of physical, psychological, and spiritual well-being (Verma & Verma, 1989)

Veenhoven's (1991) definition of life satisfaction as the degree to which an individual judges the overall quality of life as a whole favorably was extended to represent subjective well-being. Psychological well-being is a person’s evaluative reactions to his or her life either in terms of life satisfaction ‘cognitive evaluations’ or affect ‘ongoing emotional reactions’ (Diener & Diener, 1995)

Good life can be defined in terms of "subjective well-being" (SWB) and in colloquial terms is sometimes labeled as "happiness". Nishizawa (1996) interpreted the term "psychic well-being as the same as "happiness" along with one's cognitive appraisal of how satisfying his or her life has been and is, also encompassing positive future
prospect of life, "hope". Diener, Sapyta, and Suh (1998) stated that subjective well-being is not sufficient for the good life but it appears to be increasingly necessary for it. According to Diener (2000) "Subjective well-being refers to people's evaluations of their lives-evaluation that are both affective and cognitive. People experience abundant subjective well-being when they feel many pleasant and few unpleasant emotions, when they are engaged in interesting activities, when they are satisfied with their lives" (p 34). The field of subjective well-being focuses on people's own evaluations of their lives.

**Eastern Perspective**

The concept of well-being is well illustrated in the schools of Hindu philosophy. Budhism and Jainism represent a view of personality and describe methods for its growth into particular form of perception. Well-being is equated with the integration of personality.

Psychological well-being to the Hindu means, (1) integration of emotions with the help of an integrated teacher (a spiritual master, Guru), (2) acquiring a higher philosophy of life which helps to resolve inner tensions, (3) channeling basal passion directing the emotions to ultimate reality, (4) developing an attitude whereby everything is viewed as a manifestation of ultimate reality, (5) cultivation of higher qualities which replace negative qualities, and (6) the practice of concentration (Sinha, 1965).

The concept of well-being in Indian (Hindu) thought is significantly characterized by a state of "good mind" which is peaceful, quite, and serene. The
Bhagavad Gita speaks of being steady of mind (Sthitapragya) and of performing one's duties without being lustfully attached to the fruits of one's action (Karmayoga) as presenting a healthy person. The dissolution of the self or ego is considered the most evolved stage of mental health; further it is believed that the healthy mind acts but does not react and, therefore, is always watchful of the root cause of any disturbance. A mind, which is free from conflicts and hence is clear about its duties that are performed with a spiritual mission, is a mind, which enjoys well-being (Verma, 1998).

Subjective well-being is an important and relevant theme in psycho-gerontological theory and practice. SWB is a measure of how good an individual feels about his or her life at a moment in time. Early research predicted that SWB was influenced by a host of socio-demographic variables that explained individual differences in SWB (Diener, Suh, Lucas, & Smith, 1999). The literature is consistent with higher levels of less negative emotional responses in older adults. Emotional experience is included in the component of emotional response of SWB. Carstensen, Pasupathi, Mayr, and Nesselroade (2000) explored age differences in emotional experience in adults 18 to 94 years old. This research provides another piece of converging evidence that negative affect seems to stop declining at best, and is perhaps increasing in advanced old age. Age and life satisfaction refers to the cognitive-judgmental aspect of SWB. While there is less literature on life satisfaction than on emotional response, Diener et al (1999) provide a summary of several studies on the age differences of life satisfaction. According to this summary, life satisfaction seems to stay the same, if not increase with age. This finding countered earlier conventional wisdom that older people were less satisfied because they
were unhappy with their unfulfilled lives as they reached the uselessness of old age. The increase in life satisfaction with age may be attributed to a trend in greater involvement in satisfying areas of life among older cohorts. Nonetheless, there seem to be a slight increase in life satisfaction from age 20 to age 80 with negative affect held constant. Considering that life satisfaction stays the same or increases in old age. Diener et al (1999) suggests that people become better at adapting to their conditions as they get older.

Psychological well-being is a multi-dimensional concept. Results of factor analysis done by researchers confirm this and instruments have been produced to measure it. Cheerfulness, optimism, playfulness, self-control, a sense of detachment and freedom from frustration, anxiety, and loneliness have been accepted as indications of psychological well-being by certain researchers (Sinha & Verma, 1994). McCulloch (1991) has shown that satisfaction, morale, positive affect, social support etc, constitute psychological well-being. In recent factor analysis study, Bhogle and Prakash (1995) have found that psychological well-being consists of twelve factors which include both positive and negative components such as meaninglessness, self-esteem, positive affect, life satisfaction, suicidal ideas, personal control, tension etc, and they can be tapped by their scale developed to measure psychological well-being. In other words, a person high in PWB not only carries higher level of life satisfaction, self-esteem, positive feelings and attitudes, but also manages tensions, negative thoughts, ideas and feelings more efficiently. In short, psychological well-being is not just a moderator variable to our
performance as reported by Sulthana (1996), rather it makes life meaningful and purposeful.

**RELIGIOUS PRACTICE:**

Practices based upon religious beliefs typically include:

- Prayer
- Worship
- Regular assembly with other believers
- A priesthood or clergy or some other religious functionary to lead and/or help the adherents of the religion
- Ceremonies and/or traditions unique to the set of beliefs
- A means of preserving adherence to the canonical beliefs and practice of that religion
- Codes for behaviour is other aspects of life to ensure consistency with the set of beliefs, i.e., a moral code, like the ten yamas (restraints) of Hinduism or the Ten Commandments of the Old Testament, flowing from the beliefs rather than being defined by the beliefs, with the moral code often being elevated to the status of a legal code that is enforced by followers of that religion
- Maintenance and study of scripture, or texts they hold as sacred uniquely different from other writings, and which records or is the basis of the fundamental beliefs of that religion
- Adherents of a particular religion typically gather together to celebrate holy days, to recite or chant scripture, to pray, to worship, and provide spiritual assistance to each other. However, solitary practice of prayer and meditation is often seen to be just as important, as is living out religious convictions in secular activities when in the company
of people who are not necessarily adherents to that religion. This is often a function of the religion in question.

Religion and medicine have long been focused in response to illness and death. Premodern healers in most societies were religious figures. Sacrifice, pilgrimage, prayer, and spirit appeasement were common prescriptions for a host of physical and mental maladies. The associations between an individual's religiosity and their mental health have been reported across a variety of populations. Frequency of church attendance has been reported to be negatively related to depression, with frequent churchgoers being about half as likely to be depressed as nonchurchgoers (Koenig, Hays, George, & Blazer, 1997).

The pioneer of the empirical experimental approach to human behaviour saw religion as a subject fit to study and eagerly wanted to prove that even this area of study can be studied scientifically. But after the rapid growth for half a century, the movement began to decline leading to its final extinction.

Freud's book 'The future of an Illusion' (1927) represents one of the most serious efforts made by a scientist of the 20th century, to think through the question of religion. Freud saw in religion and its beliefs a profound wish fulfillment that seemingly obsessed the human race, an illusion that bordered at least at times on the delusions. He viewed religion as a neurotic relic of the past whose own time had now passed (1927, p.44). He
described religion as an "illusion", a "universal neurosis" and a "narcotic" he hoped "mankind will overcome" (The Future of an Illusion).

Jung pointed out the importance of religious belief in psychotherapy. In his book 'Principles of practical psychotherapy' (1935) he wrote "Religious beliefs are viewed as forms of psychotherapy which treat and heal the suffering of the soul and the suffering of the body caused by the soul". He described the reason behind the hostility to religion. In his work 'The psychology of the transference' (1946) he wrote: "Modern man's hostility to religion is considered as increasing the danger of dissociation between the ego conscious and the unconscious".

There is substantial evidence to suggest that religion provide comfort and support. Numerous studies have demonstrated a positive association between religion and various indicators of health such as hypertension and cancer (McFadden, 1996). Studies of older adult’s mental health also suggest that religious beliefs have positive effect on well-being. One study of Mexican Americans aged 65 to 80 found that those who frequently go for religious services had higher life satisfaction and lower level of depression than those who did not (Levin, Markides, & Ray, 1996).

Through observing religious and spiritual practices elderly can be free from anxiety, depression, stress, isolation and alienation. Further more, religious and spiritual practices such as prayer, fasting, pilgrimage, worshipping god, mindful meditation, etc; might be beneficial for elderly as the potential ways into their spiritual and psycho-social
functioning, and for creating cognitive behavioural changes. For many older people, religion gives meaning to life that helps them transcend suffering, loss and knowledge of sure death (McFadden, 1996). There are numerous ways people express their faith, ranging from public experiences like attending church to private activities like praying or watching religious programs on Television. An individual’s belief and attitudes toward religion are also a part of his or her religiosity. Although attendance at church or synagogue is commonly used measure of religiosity, the non-organizational features of religion such as faith and spirituality are equally important.

Johnson and Mullins (1989) analyzed the relationship between the subjective and social dimension of religiosity and loneliness among elderly, with effects of involvement in various types of family and friendship relations controlled and compared with the effects of religiosity. Analysis showed that greater involvement in the social aspects of religion was significantly related to less loneliness than involvement in various family and friendship relations. In contrast, the subjective dimension of religiosity (i.e., the personal importance of religion and prayer) was not significantly related to loneliness.

Why might religious involvement have a beneficial influence on health and well-being? While researchers have suggested a wide range of possible mechanisms (Levin, 1994), one fruitful starting point may be the component elements of the life stress paradigm (Ellison & George, 1994). In brief, religious involvement may reduce
psychological distress and mortality, and may increase health status and psychological well-being, in several distinct ways:

1. By generating relatively high level of social resources, including social integration (e.g., social network size, frequency of interaction), formal and informal social support (e.g., exchange of goods and services, socioemotional support), and subjective support (e.g., satisfaction with support, perceived reliability of network members).

2. By enhancing valuable psychological resources, particularly elements of self regard (e.g., self esteem, personal mastery)

3. By shaping behavioural patterns and lifestyles in ways that reduce the risk of major chronic and acute stressors (e.g., health problems, family or marital discord, legal troubles, etc.), and

4. By providing specific cognitive resources that are useful in the problem solving or emotion regulating aspects of coping with stressors.

PRAYER

Prayer may be defined as the act of asking for something while aiming to connect with God or another object of worship. The American Heritage Dictionary states that prayer is a reverent petition, hope, thought or need, made to God or a deity. Praying for the sick or dying has been a common practice throughout history. Individuals or groups may practice prayer with or without the framework of an organized religion.
People may pray for themselves or for others. "Intercessory prayer" refers to prayers said on behalf of people who are ill or in need. Intercessors may have specific objectives or may wish for general well-being or improved health. The person being prayed for may be aware or unaware of the process. In some cases, prayers involve direct contact using the hands. Intercessory prayer may also be performed from a distance.

Clergy, chaplains and pastoral counselors are trained by their respective institutions to address the spiritual and emotional needs of physically and mentally ill patients, their families and loved ones.

It has been suggested that patients who pray for themselves or are aware that others are praying for them may develop stronger coping skills and decreased anxiety, which may improve health. Some people believe that prayer or positive thinking has beneficial effects on the immune, central nervous, cardiovascular or hormonal system.

Studies of the effects of intercessory prayer on health provide conflicting results. Most prayer research is not well designed or reported. Prayer is difficult to study for several reasons:

There are many types of prayers and religions.
Intercessors do not always know patients in studies and, therefore, the prayers are often nonspecific.
Controlled studies with "placebo prayer" are challenging.
There is no widespread agreement on how to best measure outcomes.
Prayer is not recommended as the sole treatment for potentially severe medical conditions, and it should not delay the time it takes to consult with a qualified health care provider. Sometimes, religious beliefs conflict with standard medical approaches, and therefore open communication between patients and caregivers is encouraged.

Prayer has been suggested for many health conditions. Available scientific studies have not proven prayer to be more safe or effective than other treatments. It is not recommended that a person rely on prayer alone to treat potentially dangerous medical conditions, although prayer may be used in addition to standard medical care.

Being socially integrated into a community provides a form of social support for people at every stage in the life course. Community involvement usually comes from participation in organizations. Religious organizations are available to most older people, and much of the organizational participation of older people is through their churches or synagogues. Research on the impact of religious involvement on adaptation to aging shows that it can improve health, reduce disability, increase self-esteem, reduce symptoms of depression, and enhance life satisfaction (Levin and Taylor, 1997). One study found that rates of depression were lower among older Catholics and Jews who attend religious services regularly (Kennedy, Kelman, Thomas, & Chen, 1996).

Prayer is the most universal religious activity. Surveys have shown that 90 percent of Americans say that they pray and 75 percent say that prayer is an important part of their daily lives (Poloma & Gallup, 1991). As organizational participation in religious activities declines because of failing health, people turn more to prayer (McFadden,
Older people pray more often than younger people and are more likely to stress the significance of prayer to them (Gallup & Jones, 1989). Prayer may be especially important in helping people adjust to chronic health problems and in facing death. Research suggest that the tangible benefits provided by such activities as attending religious services are exceeded by personal prayer (Levin & Taylor, 1997). Thus the noninstitutional expressions of religion - the intrapsychic aspects of religious life - provide as much support as the institutional features.

One of the most quoted scientific studies of prayer was done between August of 1982 and May of 1983. 393 patients in San Francisco General Hospital's Coronary Care Unit participated in double blind study to assess the therapeutic effect of intercessory prayer. Patients were randomly selected by computer to either receive or not receive intercessory prayer. All participants in the study including patients, doctors, and the conductor of the study himself remained blind throughout the study. To guard against biasing the study, the patients were not contacted again after it was decided which group would be prayed for, and which group would not.

It was assumed that although the patients in the control group would not be prayed for by the participants in the study, that others family members, friend etc., would likely pray for the health of at least some of the members of the control group. There was no control over this factor. Meanwhile all the members of the group that received prayer would be prayed for by not only those associated with the study, but by others as well.
The results of the study are not surprising to those of us who believe in the power of prayer. The patients who had received prayer as a part of the study were healthier than those who had not. The prayed for group had less need of having CRP (cardiopulmonary resuscitation) performed and less need for the use of mechanical ventilators. They had diminished necessity for diuretics and antibiotics; less occurrences of pulmonary edema, and fewer deaths. Taking all factors into consideration, these results can only be attributed to the power of prayer.

PIILGRIMAGE

Pilgrimage is the journey that brings people to a place of freedom and liberation - a place of 'not-self'. It helps people to move further and gives an opportunity to exercise their creative spiritual potential. This is a journey of exploration, which results in further enlarged self but in a loss of ego/self. A place where people go without boundary, without isolation, which leads to a deep experience of joy, equanimity, and of internal peacefulness. It is helpful to understand that each of us can move forward in our own psychological and spiritual growth and development through spiritual pilgrimage and experience. We extend our awareness and concern for the larger environment for all things. Since what has been experienced in a self/mind that includes all things and a personal self, body and mind, that momentarily dissolves and falls away.

SPIRITUAL PRACTICE:

The term spirituality is coined from the Latin word *spiritus*, meaning "breath of life". The definition of spirituality provided by the tenth edition of Oxford English
Dictionary is as follows: "the quality or condition of being spiritual, attachment to or regard for the thing of the spirit as opposed to material or worldly interest".

Spirituality has been variously defined by social scientists in terms of relationships, "the presence of a relationship with a higher power that affects the way in which one operates in the world" (Amstrong, 1995, p.3); the inner motivation, "our response to a deep and mysterious human yearning for self-transcendence and surrender, a yearning to find our place" (Benner, 1989, p.20); the existential quest, "the search for existential meaning" (Doyle, 1992, p.302); the prescriptions, the systematic practice of and reflection on a prayful, devout, and disciplined Christian life" (O'Collins & Farrugia, 1991, p.228).

We always have the choice to experience a greater life. Either we can keep repeating the same self-limiting patterns, or, we can move more deeply into the spiritual practices that change us on a core level. Peace, joy and abundance are our birthright and are achieved as we practice quieting and centering our mind. This, however, is often challenged in our attention-diverting society. Amidst the noise and confusion of the world, the voice of our deepest self, that "still small voice," is easily drowned out. It's akin to listening for a songbird's harmonious melody against the backdrop of a busy highway.

Spiritual practice for spiritual goals is necessary in the same way that ice-skating practice is necessary to land a triple-axel. Weightlifting sculpts the body. Meditation
quiets the mind. Selfless service reduces one's egotistical motives. Sincere devotional chanting opens the heart. It's all a matter of phenomena operating on phenomena.

Frankl (1963) emphasized that spiritual conflicts and distress are at the root of many of the clinical "pathology" of our days. Thus therapeutic psychology can not afford to ignore the spiritual dimension. If the loss of a spiritual perspective produces psychological problems, then the recovery of a spiritual perspective would seem to be the most obvious cure. Jung (1933) recognized this and said that he was able to cure those midlife patients who recovered a spiritual orientation of life.

Meditation and prayer provide a gateway to calm our minds and access answers beyond the level of the problem. Just as our bodies require regular workouts to maintain its strength, our minds need consistent practice in order to quiet its erratic thoughts and feelings. Silencing our minds through prayer and meditation allows us to connect with our core being so we may experience the peace and fulfillment within.

If we have been doing our spiritual practice regularly—prayer, meditation—we can look back over our lives and see how much we have changed. Look not only at the outward changes in our life, but at the inward changes that have occurred: negative patterns have been released, ineffective reactions and responses no longer exist, our heart is more open, judgments have lessened and we are closer to our true nature. It is these profound inward shifts that our spiritual practice is really all about.
Meditation and prayer enable us to elevate our thoughts by attuning to the highest voice within. So, make a commitment to some form of spiritual practice on a daily basis, and watch, as your deepest guidance becomes your guiding light. Some tips on silencing your mind include:

(1) ALLOW yourself to sink inward. "In," unlike "ascent," implies that all wisdom is already within you, rather than something outside of you that needs to be sought or earned.

(2) MAINTAIN a sense of importance and sacredness during your attempt. Affirm its benefits to yourself and others.

(3) PRACTICE meditation.

(4) TRUST and have faith. Know that a "bubbling up" of insight sometimes occurs and you will receive the results when you are ready.

(5) SURRENDER to your inner guide, knowing it will do Its part now that you have done yours.

Abraham Maslow was highly concerned with genuine spiritual values. In his book 'Religious values and peak experiences' (1970), he wrote: "I wanted to demonstrate that spiritual values have naturalistic meaning, that they are not the exclusive possession of organized churches, that they do not need supernatural concept to validate them that they are well within the jurisdiction of suitably enlarged science, and that therefore, they are the general responsibility of all mankind".
MEDITATION

Meditation is popularized as a practicing technique for centuries. According to Smith (1975) the term meditation refers to “a family of mental exercises that generally involve calmly limiting thought and attention”. Using attentional mechanisms as the basis for the definition, Shapiro (1982) defines meditation as “a family of techniques, which have in common a conscious attempt to focus attention in a nonanalytical way and an attempt not to dwell on discursive, ruminating thought.” Such exercises vary widely and can involve sitting still and counting breaths, attending to a repeated thought, or focusing on virtually any simple external or internal stimulus.

According to Smith (1976) any practice that is believed to produce a particular state is regarded as meditation. Meditation technique is not limited to one practice or a set of practices. Most of meditation research was carried out with subjects practicing Raja Yoga, Transcendental Meditation, Zen, or their adaptations by researchers such as Benson (1975) and Carrington (1977). The roots of various techniques currently studied may be traced to the Hindu and Buddhistic practices. Two types of meditation which have received great deal of attention from researchers and practitioners are concentrative and mindfulness meditation. In concentrative meditation, the emphasize is on focusing on a sound, prayer, phrase, or subject to control/minimize thought to other cognition. In mindfulness meditation, the practitioner is encourage to attend to, or focus on thoughts and sensation (Kabat-zinn, 1993).

Dua (1983) examined the various techniques and concluded that most meditation procedures included the following common elements: (1) Sitting or lying
down, in comfortable position, quiet and calmly, preferably with eyes closed. (2) Repetition of a prayer, words or sound. (3) Breathing control or Breathing exercises. (4) Removal of all distractions and all thoughts.

Shapiro (1982) has grouped attentional strategies into three categories; a focus on a specific object within a field, a focus on the whole field, and a shifting back and forth. Broadly, all the meditation techniques can be classified into two basic approaches: concentrative meditation and mindfulness meditation. In concentrative meditation the attention is focused on the breath, an image, or a sound (mantra), in order to still the mind and allow a greater awareness and clarity to emerge. This is like a zoom lens in a camera where focus is narrowed to a selected field. Mindfulness meditation involves expansion of the attention or awareness to become aware of the ongoing of sensations and feelings, images, thoughts, sounds, smells, and so forth without becoming involved in thinking about them. Mindfulness meditation can be likened to a wide-angle lens where you are aware of the entire field. In integrated meditation a shifting back and forth of attention occurs (Shapiro, 1982).

Meditation is a technique which enables us to relax our body and our mind and, besides, to free our mind of unnecessary thoughts and brain activity. For us Meditating is not an end in itself or a special experience, but just a very efficient technique, which helps us to control our mind and to relax our body. In general any form of meditation rests on the following three principles:
In order to concentrate our mind we focus on one thing or object. This focus could be our breathing, a word that we repeat, sensations in our body, or even our thoughts. When meditating we often concentrate on our senses. When we smell, feel, listen or taste we escape from our puzzling thoughts and we live again in the now.

When our thoughts start to wander, we take them back to our object of Meditation or focus. We do not try to hide our thoughts or suppress them. Fighting to bring rest to our mind has nothing to do with relaxing. The whole process looks like focusing a camera on an object. The object comes to the fore and all other things are present but they disappear into the background. Every time we are distracted by objects in the background we again focus on our object in the foreground. This process may be repeated an endless number of times during a Meditation session.

During our Meditation, we ignore all irrelevant thoughts and sensations. When we meditate, we still hear the sound of passing traffic, we still feel yesterday's hangover, we still think of the jobs we will have to do tomorrow, etc. The big difference is that these distractions do not disturb us any longer. During our Meditation, we try not to judge, not to draw conclusions or to think of trivial matters. We accept the present moment as it is.

Meditating differs from other forms of relaxation in the sense that during Meditation we are more awake, more alert and better focused. We are relaxed and still alert. Research has proved that the longer we keep practicing Meditation the more we become relaxed. At the same time we also become more observant and more aware, something that other ways of relaxation do not achieve because they do not train our powers of concentration. For with such activities we are not concentrated and alert. And
During Meditation we focus on what happens now, at this very moment. Every thought has by definition to do with the past or the present and diverts us from what is happening NOW. When we focus we give our mind but one single command. Because we only have to deal with one command this costs us little trouble and little energy. We are not faced with an emergency or a stressful situation and therefore our body and our mind can start to relax. As we are relaxed we can enjoy our experiences in a more conscious way and we become more aware about everything we do. Think of what this can mean for all the beautiful moments of your life and how intensely you can enjoy nice hobbies and simple things like pleasant moments. You will admit that all the best moments of your life take place when you are not thinking, but experiencing and thus are living the present moment. Joan Borysenko, a pioneer in the field of mind/body medicine, defines Meditation as any activity that brings us to the present and keeps us there. The methods of Meditation we can also easily practice in our daily lives. Meditating teaches us to become more aware and more observant, so that we spend more and more time in the NOW and the quality of our life improves. We achieve our end by simply BEING and not by doing something. That is the essence of Meditation.

TECHNIQUES OF MEDITATION

Meditation is one of the Five Principles of Yoga. It is the practice by which there is constant observation of the mind. It requires a person to focus his mind at one point and stilling the mind in order to perceive the self. Through the practice of Meditation, we will achieve a greater sense of purpose and strength of will. It also helps us achieve a clearer mind, improve our concentration, and discover the wisdom and tranquility within ourself. Meditation is also one of the Eight Limbs of Yoga which leads to Samadhi or
Enlightenment. Research shows that the practice of Meditation contributes to our physical and psychological well-being. It can reduce Blood Pressure and relieve stress and pain. Meditating also brings our mind to a level of consciousness that promotes healing or what is known as the alpha state. Achieving the alpha state can help decrease anxiety, depression and other mental, psychological, or emotional problems. Thus meditation process is good to induce relaxation response.

People often get confused about the "right" way to meditate. However, there is no scientific approach for silencing the mind. Too often, we feel guilty for not taking the time to meditate "properly." Yet it's important to recognize that meditation can occur in various ways: listening to music, walking in nature, sitting in silence—whatever causes us to move into the center of our heart and disregard the clamoring of our intellect.

**Transcendental Meditation**

It is one the techniques of meditation which was propagated by Maharshi Mahesh Yogi. The transcendental meditation taught by a teacher, and involves "turning the attention inward towards the subtler levels of thought, until the individual transcends the experience of the subllest state of the thought and arrives at the source of the thought. This expands the conscious mind and at the same time brings it in contact with the creative intelligence that gives rise to every thought" (Seeman, Nidich, & Banta, 1972). During the TM the practitioner sits comfortably with eye closed, is given practice and individualized instructions, and practices a thought at progressively earlier and more satisfying steps in its development. Eventually, the practitioner experiences a state of
complete mental calmness in which there is no thought but the consciousness is maintained.

**Vipassana Meditation**

One of the most systematic and intricately laid out Eastern psychology is classical Buddhism, known as *Abhidhamma* in the Pali, the middle Indo-Aryan language of north Indian origin spoken in the Buddha’s time. The *Abhidhamma* or *Abhidharma* (in Sanskrit) means “the ultimate doctrine” elaborates original insights of Gautama Buddha (536-438 B.C.) into human nature. As a prototype of Asian psychology *Abhidhamma* presents us with a set of concepts for understanding the working of mind (Goleman, 1977). Over the period, Buddha’s teachings have been refined and evolved into the various lineages, teachings, and schools of Buddhism. Each school of Buddhism has developed its basic psychological insights into different systems of theory and practice.

Vipassana meditation is one of India’s most ancient meditative techniques, long lost to humanity, it was rediscovered by Gautama Buddha 2500 years ago (Goenka, 2001). Vipassana meditation has its origin in Theravada and Mahayana Buddhism. Vipassana in Pali means insight. To see things as they really are, in their true perspective, in their true nature. The word *Vipassana* is combination of two words *Vi* and *Passana*. *Vi* means “in a special way” and *Passa* means to see, to observe. Hence *Vipassana* means, “observing in a special way”. There are four other concepts relevant to *Vipassana* namely Sati (mindfulness), Samadhi (absorption), Panna or wisdom, and Bhavana (meditation including Sati, Samadhi and Panna). Vipassana meditation is also known as insight or awareness or mindfulness meditation. Mindfulness is the English translation of Pali word
Sati and synonymous to being conscious or aware, taking heed, taking note of, observing, and paying attention.

Buddha not only evolved a new technique of meditation, the Vipassana but also recommended that meditation must be essential part of life as a continuous process. Buddha gave a totally new vision of meditation to the world. Before Buddha, meditation was something that you had to do once or twice a day. Buddha gave a totally new interpretation to the whole process of meditation. Meditation cannot be something that you can do apart from life just for an hour or fifteen minutes. Meditation has to become something synonymous with your life; it has to become like taking breath. It should become such a constant phenomenon, only then it can transform you (Osho, 1984).

The Buddhist text Maha-Satipattana Sutta (The Great Discourse on the Establishing of Awareness) deals with the technique of Vipassana meditation in detail. It describes and discusses four foundations of mindfulness in terms of four satipathanas: Kayanupassana satipathana (awareness of body parts and functions such as breathing), Vedanupassana satipathana (awareness of sensations), Cittanupassana satipathana (awareness of mind, thoughts), and Dhammanupassana satipathana (awareness of mental contents and hindrances).

The Anapanasati (mindfulness of breathing) is an important and integral component of Vipassana meditation that has been described under Kayanupassana satipathana. It involves awareness of incoming and outgoing breathing. The meditator is
not supposed to regulate his breathing rather he has to observe his natural process of breathing. The \textit{Anapanasati} has formed the basis for developing the model for clinical applications of Vipassana meditation (Carrington, 1978).

\textbf{Yoga Meditation}

This technique may be performed by assuming various postures during various exercises and emphasize the maintenance of calm mind in daily living (Brownstein & Dembert, 1989). During yoga meditation, the practitioner sits with eye closed, engages in breathing exercises, and concentrates on a word, picture or sound.

\textbf{Relaxation response}

Benson has proposed a non-religious technique of meditation which he called the "Relaxation Response". The relaxation response as he called it, is a low arousal hypometabolic state which can be produced by a variety of techniques. Physiologically it is described as an integrated hypothalamic response with parasympathetic dominance and decreased sympathetic activity. In Benson's method, the meditator, after some muscular relaxation exercises, sits in a quite environment and passively concentrates on his breathing, counting 'one' each time he exhales. When distracting thoughts come up the meditator is asked to ignore them and count 'one' coordinating with outer breath, (Beary and Benson, 1974; Benson, Beary, & Carol, 1974).

\textbf{Clinically Standardized Meditation (CSM)}

Carrington (1977) devised her own type of "Mantra" meditation that could be used in clinical practice and research. In CSM the choice of the mantra is left to the individual who chooses one among the sixteen mantras in Sanskrit that Carrington
collected. It is even possible for the meditator to concoct his/her own mantra by following some simple rules.

The following instructions illustrates the CSM practice "Having selected your mantra, sit-down comfortably with eyes open resting upon some pleasant object such as a plant, say the mantra out loud to yourself, repeating it slowly rhythmically. Enjoy saying your mantra. Experiment with the sound. Play with it. Let it rock you gently with its rhythm. As you repeat it, say it softer and softer, until finally you let it become almost a whisper".

"Now stop saying mantra out loud, close your eyes, and simply listen to the mantra in your mind. Think it, but do not say it. Let your facial muscles relax, do not pronounce the word, just quietly "hear" the mantra, as, for example "Ah-nam"..."Ah-nam"..."Ah-nam"...That is all there is to meditating just sitting peacefully, hear the mantra in your mind, allowing it to changes any way it wants - to get louder or softer - to disappear or return - to stretch out or speed up....Meditation is like drifting on a stream in a boat without oars - because you need no oars - you are not going any where", (Carrington, 1977, pp. 79-80).

**Mindfulness Meditation**

In mindfulness, we observe inward, watching our thoughts without attachment to them. The practice is quite simple. To begin, set your timer or stopwatch for 5 minutes. Then sit in a comfortable position, close your eyes, and focus on your breath. FEEL the breath coming and going, going and coming, through your nose. Your breath becomes the vehicle to carry you towards peace. Now notice how easily you become distracted from
the feel of your breath. A thought travels through your mind. That thought leads to
another, and another. Finally, you remember that you are supposed to be feeling your
breath, and you return. But from where did you return? Where does the mind go?
Experiment again and this time you feel a pressure or pain in your body. You follow that
pain and another series of thoughts results. And again, you return to the breath. Each time
you return to the sensation of your own breath on your nose you have gained a little more
control over your own mind.

Our own mind carries us away. Our thoughts are like unruly children, constantly
pulling us here and there. And this constant pulling is the source of our stress and pain.
Mindfulness is the skill that allows us to watch our thoughts and feelings without being
pulled by them. Initially in practice all this mental chatter preoccupies us. Then we begin
to realize that we do have control. By noticing and observing, we stop reacting. And it is
our reactions to our thoughts that bring us emotional stress and physical disease.

**Simple Meditation**

(1) Choose a quiet spot where you will not be disturbed by other people or by the
telephone.

(2) Sit quietly in a comfortable position.

(3) Eliminate distractions and interruptions during the period you will be meditating.

(4) Commit yourself to a specific length of time and try to stick to it.

(5) Pick a focus word or short phrase that's firmly rooted in your personal belief system.
A non-religious person might choose a neutral word like one, peace, or love. Others
might use the opening words of a favorite prayer from their religion such as 'Hail Mary
full of Grace', "I surrender all to you", "Hallelujah", "Om", etc.
(6) Close your eyes. This makes it easy to concentrate.

(7) Relax your muscles sequentially from head to feet. This helps to break the connection between stressful thoughts and a tense body. Starting with your forehead, become aware of tension as you breathe in. Let go of any obvious tension as you breathe out. Go through the rest of your body in this way, proceeding down through your eyes, jaws, neck, shoulders, arms, hands, chest, upper back, middle back and midriff, lower back, belly, pelvis, buttocks, thighs, calves, and feet.

(8) Breathe slowly and naturally, repeating your focus word or phrase silently as you exhale.

(9) Assume a passive attitude. Don't worry about how well you're doing. When other thoughts come to mind, simply say, "Oh, well," and gently return to the repetition.

(10) Continue for 10 to 20 minutes. You may open your eyes to check the time, but do not use an alarm. After you finish: Sit quietly for a minute or so, at first with your eyes closed and later with your eyes open. Do not stand for one or two minutes.

**Walking Meditation**

According to Jon Kabat-Zinn, Director of the Stress Reduction Clinic at the University of Massachusetts Medical Center, one simple way to bring awareness into your life is through walking meditation. "This brings your attention to the actual experience of walking as you are doing it, focusing on the sensations in your feet and legs, feeling your whole body moving," Dr. Kabat-Zinn explains. "You can also integrate awareness of your breathing with the experience." To do this exercise, focus the attention on each foot as it contacts the ground. When the mind wanders away from the feet or legs, or the feeling of the body walking, refocus your attention. To deepen your
concentration, don't look around, but keep your gaze in front of you. "One thing that you find out when you have been practicing mindfulness for a while is that nothing is quite as simple as it appears," says Dr. Kabat-Zinn. "This is as true for walking as it is for anything else. For one thing, we carry our mind around with us when we walk, so we are usually absorbed in our own thoughts to one extent or another. We are hardly ever just walking, even when we are just going out for a walk. Walking meditation involves intentionally attending to the experience of walking itself.

**Vibration Meditation**

Also called sounding meditation, this technique uses the repetition of a word or sound as its focal point. Vibration meditation has appeal to those who find that making noise is a path to inner quiet. We are taught to be nice and quiet as little children. Releasing sound and noise helps us release stress. Get on your feet. Stand with your feet shoulder-width apart, your knees slightly bent and your hips centered, as though you are about to squat. Or, if you wish, sit or lie down. Keep your body loose and comfortable with your arms at your sides or on your hips. Begin by taking a few cleansing breaths. Pick a word, any word. Choose a word that alternates vowels and consonants-like "serenity." The word that you select does not necessarily have to be a spiritual one. It just has to feel good when you say it. Repeat after yourself. Repeat the word, chant the word, focus on nothing but saying the word repeatedly. Let the sound of the word vibrate through your body. Let the word resonate up from your abdomen and let it go to your hands, your feet. Let your muscles move as you chant the word. Some people have a tendency to clench their muscles when they are tense. It is important to roll the sound
through your body so that you can clear out the tightness in your muscles. Doing so promotes the meditative state of relaxation that feels like a natural high.

**Mantra Meditation**

Prepare for your meditation as usual. A mantra is a word or a phrase that is repeated over and over as a means of achieving focus and concentration for deep meditation. The failsafe method of meditation is with mantras. No matter how much trouble you are having concentrating or getting time, a mantric meditation will always get you meditating quickly. It is also the easiest. ‘Aum’ is the most powerful mantra. It is able to reveal all the qualities of the soul. But choose a mantra you would like to use. Repeat it aloud or to yourself. Feel that the source of the mantra is in the deepest, inmost recesses of your heart and that you have to really focus, really concentrate to open the floodgates of that quality. Use the flow of your breath if you like to create the rhythm of the flow of energy.

For this exercise, try three different mantras. Invariably 'Peace', 'Love' and 'Aum' are the most popular – so try them. For each of these mantras you feel that you are not creating the quality but rather that the quality exists in infinite measure within you and all you are doing is allowing it to be channeled into your consciousness. For example, try 'peace'. Close your eyes and imagine a fountain of peace flowing from the inmost recesses of your heart. You might visualize it as a light or even a rainbow that is shining from deep within and flowing out into every atom of your being. With each repetition of 'Peace' feel that flow of energy. Try and remember that this flow is not your possession -
it is the channeling of the infinite peace that is the nature of the kingdom of heaven and rises from within each of us.

Repeat the mantra out loud for 2-4 minutes then for the same time silently to yourself. Take a moment or two to contemplate what you have felt at the end of each mantric exercise.

Repeat the process with the mantra 'love'. You might imagine that your repetition of the mantra is allowing you to connect to that most powerful connecting force, love.

Finally with the mantra, ‘Aum’, you might simply recall that ‘Aum’ is said to be the closest sound to the actual vibration to the soul. That every quality is present in ‘Aum’ and the wonderful thing is that whatever we need will be presented to us with the repetition of this most powerful of all mantras.

**Journey Meditation**

Journey Meditation combines imagery and visualization to achieve a meditative state. This form of Meditation appeals to those who find peace by picturing themselves in a peaceful place.

Sit up straight. Get into a comfortable position. Either sit on the floor with your back against a wall, or sit in a chair with your feet on the ground and your hands resting on your knees or thighs. Have a pad and pencil nearby. Write down the worries, concerns or problems that you are afraid will distract you from Meditation, and promise yourself
that you'll deal with them when you're done. Take a few Cleansing Breaths. Breathe in slowly and deeply for five counts, then exhale slowly for five counts.

Find a peaceful place. Close your eyes and concentrate on a soothing, tranquil place where you feel safe and calm. As distractions flutter through your mind, remind yourself that you will deal with them when you are finished Meditating. A quiet beach is an ideal mental destination for most people. Picture yourself resting on the sand. Feel the sun on your skin, hear the water lapping the shore, listen for the sounds of seagulls or see the ships gliding out to sea. You can use the same routine for any beautiful, serene place that calms you.

Do it twice a day. Most persons will benefit from a 5- to 15-minute Meditation practiced several days a week. A good rule of thumb for practicing Journey Meditation is to do it in the morning and then again later in the day. A peaceful Meditative Journey as you wake up can improve the whole tone of your day. Journey Meditation is also an excellent antidote for afternoon slump. Most people find that at about 3.00 PM, they are at their lowest energy level for the day. This is a good time to take a short nap or to take a short journey break. In as little as ten minutes, you'll find that you've refreshed yourself.

**Body Scan Meditation**

Body Scan Meditation is often used by people who want to try a more formal type of mindfulness without attending a Yoga or Tai Chi class. Lie on your back with your legs uncrossed, your arms at your sides, palms up, and your eyes open or closed, as you wish. Focus on your Breathing, how the air moves in and out of your body. After several
deep breaths, as you begin to feel comfortable and relaxed, direct your attention to the toes of your left foot. Tune into any sensations in that part of your body while remaining aware of your Breathing. It often helps to imagine each breath flowing to the spot where you’re directing your attention. Focus on your left toes for one to two minutes. Then move your focus to the sole of your left foot and hold it there for a minute or two while continuing to pay attention to your breathing. Follow the same procedure as you move to your left ankle, calf, knees, thigh, hip and so on all around the body. Pay particular attention to any areas that cause pain or are the focus of any medical condition (for Asthma, the lungs; for Diabetes, the pancreas). Pay particular attention to the head: the jaw, chin, lips, tongue, roof of the mouth, nostrils, throat, cheeks, eyelids, eyes, eyebrows, forehead, temples and scalp.

Finally, focus on the very top of your hair, the uppermost part of your body. Then let go of the body altogether, and in your mind, hover above yourself as your breath reaches beyond you and touches the universe.

**Breath and Navel Meditation**

Breath and Navel Meditation is the oldest Meditation Method on record in China as well as India. It is also the method usually taught to Beginners. Breath and Navel Meditation works directly with the natural flow of breath in the nostrils and the expansion and contraction of the abdomen. This Taoist Meditation is a good way to develop focused attention and one-pointed awareness.
(1) Sit cross-legged on a cushion, on the floor, or upright on a low stool and adjust the body’s posture until well balanced and comfortable. Press tongue to palate, close your mouth without clenching the teeth, and lower the eyelids until almost closed.

(2) Breath naturally through the nose, drawing the inhalation deep down into the abdomen and making the exhalation long and smooth. Focus your attention on two sensations, one above and the other below. Above, focus on the gentle breeze of air flowing in and out of the nostrils like a bellows. In exhalation, try to ‘follow’ the breath out as far as possible, from 3 to 18 inches. Below, focus on the navel rising and falling and the entire abdomen expanding and contracting like a balloon with each inhalation and exhalation. You may focus attention on the nostrils or the abdomen, or on both, or on one and then the other, whichever suits you best. From time to time, mentally check your Posture and adjust it if necessary. Whenever you catch your mind wandering off or getting cluttered with thoughts, consciously shift your attention back to your breath. Sometimes it helps to count either inhalations or exhalations, until your mind is stably focused.

Central Channel Meditation

Central Channel Meditation is an ancient Taoist method modified and taught by Master Han Yu-mo at his Sung Yang Tao Centers in Taiwan and Canada. It is a simple and effective way for Beginners to rapidly develop a tangible awareness of internal energy and a familiarity with the major power points through which energy is circulated and exchanged with the surrounding sources of heaven and earth. It relaxes the body, replenishes energy, and invigorates the spirit.
(1) Adopt a comfortable Sitting Posture. First, take a deep breath and bend forward slowly, exhaling audibly through the mouth in order to expel stale breath from the lungs; repeat three times. Then, sit still and breathe naturally, letting the abdomen expand and contract with each breath. However, instead of focusing attention on the flow of air through the nostrils, focus on the beam of energy entering the crown of the head at a point about two inches above the hairline, called the 'Medicine Palace'.

(2) Feel the beam of energy flowing in through this point as you begin each inhalation and follow it down through the Central Channel into the Lower Elixir Field below the navel, then follow it back up the Central Channel and out through the Medicine Palace point on exhalation. The sensation at the crown point is most noticeable at the beginning of inhalation and the end of exhalation and feels somewhat like a flap or valve opening and closing as energy flows through it. There may also be feelings of warmth, tingling, or numbness in the scalp, all of which are signs of energy moving under the scrutiny of awareness.

(3) After practicing this method for a while, your head may start to rock spontaneously back and forth or from side to side after fifteen or twenty minutes of sitting, or else your entire body may start trembling and shaking. This is a good sign, for it means that your channels are opening and that energy is coursing strongly through them. Try neither to suppress nor encourage these spontaneous tremors.

After practicing this method for a few weeks or months and developing a conscious feel for energy as it moves through the Medicine Palace point, you may start to work with other points of exit during exhalation, always drawing energy in through the crown point.
on inhalation. For example, you may bring energy in through the crown and down to the abdomen on inhalation, then push it back up and out through the 'Celestial Eye' point between the brows. This point usually brings rapid results - a distinct tingling or throbbing sensation between the brows. The Celestial Eye is the point through which 'psychic vision' perceive aspects of the world that are hidden to ordinary eyesight. The mass of magnetite crystals between the forehead and the pituitary gland is sensitive to subtle fluctuations in surrounding electromagnetic fields. In other words, psychic vision perceives by virtue of its sensitivity to electromagnetic energy rather than the light or sound energy perceived by eyes and ears. So-called 'psychics' are those who have learned how to interpret the electromagnetic signals from the magnetic organ between the eyes in terms of ordinary perception and rational thought. In addition to the brow point, you may also practice expelling energy on exhalation through the points in the centers of the palms, the centers of the soles, and the perineum point midway between genitals and anus. In each case, look for sensations of warmth or tingling at the point of exit.

**Microcosmic Orbit Meditation**

This is the classic Taoist Meditation method for refining, raising, and circulating internal energy via the 'orbit' formed by the 'Governing Channel' from perineum up to head and the Conception Channel from head back down to perineum. Activating the Microcosmic Orbit is a key step that leads to more advanced practices. Taoists believe that Microcosmic Orbit Meditation fills the reservoirs of the Governing and Conception channels with energy, which is then distributed to all the major organ-energy meridians, thereby energizing the internal organs. It draws abundant energy up from the sacrum into the brain, thereby enhancing cerebral circulation of blood and stimulating secretions of
vital neurochemicals. It is also the first stage for cultivating the 'spiritual embryo' or 'golden elixir' of immortality, a process that begins in the lower abdomen and culminates in the mid-brain. This is probably the best of all Taoist methods for cultivating health and longevity while also 'opening the three passes' to higher spiritual awareness.

(1) The first step is to still the body, calm the mind, and regulate the breath. With this settled mind, sit alone in a quiet room, senses shut and eyelids lowered. Turn your attention within, and inwardly visualize a pocket of energy in the umbilical region; within it is a point of golden light, clear and bright, immaculately pure. Focus attention on the navel until you feel the 'pocket of energy' glowing in the umbilical region. The breath through your nose will naturally become light and subtle, going out and in evenly and finely, continuously and quietly, gradually becoming slighter and subtler. When the feeling is stable and the energy there is full, use your mind to guide energy down to the perineum and back up through the aperture in the coccyx.

(2) Steadily visualize this true energy as being like a small snake gradually passing through the nine apertures of the coccyx. When you feel the energy has gone through this pass, visualize this true energy rising up to where the ribs meet the spine, then going through this pass and right on up to the Jade Pillow, the back of the brain.

(3) Then imagine your true spirit in the Nirvana Chamber in the center of the brain, taking in the energy. When this true energy goes through the Jade Pillow, press the tongue against the palate. The head should move forward and tilt slightly upwards to help it. When you feel this true energy penetrating the Nirvana Chamber, this may feel hot or
swollen. This means the pass has been cleared and the energy has reached the Nirvana Center.

(4) Next, focus attention on the Celestial Eye between the eyebrows and draw energy forwards from the midbrain and out through the point between the brows. This may cause a tingling or throbbing sensation there. Then the center of the brows will throb - this means the Celestial Eye is about to open. Then move the spirit into the center of the brows and draw the true energy through the Celestial Eye. If you see the eighteen thousand pores and three hundred and sixty joints of the whole body explode open all at once, each joint parting three-tenths of an inch, this is evidence of the opening of the Celestial Eye. This is what is meant when it is said that when one pass opens all the passes open, and when one opening is cleared all the openings are cleared.

(5) You may wish to stay and work with this point for a few minutes, before letting energy sink down through the palate and tongue into the throat to the heart. This may feel as though there is cool water going down the Multistoried Tower of the windpipe. Do not swallow; let it go down by itself, bathing the bronchial tubes. Then the vital energy will bathe the internal organs and then return to the genitals. This is what is called return to the root.

(6) From the heart, draw it down through the Middle Elixir Field in the solar plexus, past the navel, and down into the Ocean of Energy reservoir in the Lower Elixir Field, where energy gathers, mixes, and is reserved for internal circulation. Then begin another cycle up through the coccyx to the mid-spine behind the heart and up past the Jade Pillow into the brain.
(7) Breathe naturally with your abdomen, and don't worry whether energy moves up or down on inhalation or exhalation; coordinate the flow of breath and energy in whatever manner suits you best. However, if you reach the stage where you can complete a full Microcosmic Orbit in a single breath, it's best to raise energy up from coccyx to head on exhalation and draw it down from Upper to Lower Elixir Field on inhalation. If you practice this way for a long time, eventually you can complete a whole cycle of ascent and descent in one visualization. If you can quietly practice this inner work continuously, whether walking, standing still, sitting, or lying down, then the vital energy will circulate within, and there will naturally be no problem of leakage. Chronic physical ailments, Taoists believe, will naturally disappear. Also, once the inner energy is circulating, the breath will naturally become fine, and the true positive energy of heaven and earth will be inhaled by way of the breath and go down to join your own generative energy. The two energies will mix together, both to be circulated by you together, descending and ascending over and over, circulating up and down to replenish the depleted true energy in your body. This true energy harmonizes and reforms, so that the vital fluids produced by the energy of daily life again produce true vitality. When true vitality is fully developed, it naturally produces true energy, and when true energy is fully developed it naturally produces our true spirit. If you have any physical problems or discomforts in a particular section of your body, focus your energy at the pass closest to the discomfort and let it throb there for a while. This will help heal and rejuvenate the injured tissues. For example, if you have pelvic problems, focus energy on the coccyx pass; for lower-back pain focus on the lowest lumbar vertebra just above the sacrum; for upper-back and shoulder pain focus on the fifth thoracic vertebra, and so forth. This Meditation may also
cause the head to rock or the body to tremble, which, Taoists believe, are signs of progress.

**BENEFITS OF MEDITATION**

Researches have shown that Meditation can contribute to an individual's psychological and physiological well-being. This is accomplished as Meditation brings the brainwave pattern into an alpha state, which is a level of consciousness that promotes the healing state. There is scientific evidence that Meditation can reduce blood pressure and relieve pain and stress. Benefits of meditation can be divided into three parts: (1) physiological benefits; (2) psychological benefits; and (3) spiritual benefits.

**Physiological Benefits**

(a) Deep rest—as measured by decreased metabolic rate, lower heart rate, and reduced workload of the heart. (b) Lowered levels of cortisol and lactate—two chemicals associated with stress. (c) Reduction of free radicals—unstable oxygen molecules that can cause tissue damage. (d) Decreased high blood pressure. (e) Higher skin resistance. Low skin resistance is correlated with higher stress and anxiety levels. (f) Drop in cholesterol levels. High cholesterol is associated with cardiovascular disease. (g) Improved flow of air to the lungs resulting in easier breathing. This has been very helpful to asthma patients. (h) Decreases the aging process. (i) Higher levels of DHEAS in the elderly, an additional sign of youthfulness.
Psychological Benefits

(a) Increased brain wave coherence (b) Greater creativity (c) Decreased anxiety
(d) Decreased depression (e) Decreased irritability and moodiness (f) Improved learning
ability and memory (g) Increased self-actualization. (h) Increased feelings of vitality and
rejuvenation (i) Increased happiness (j) Increased emotional stability.

Spiritual Benefits

The longer an individual practices meditation, the greater the likelihood that his or
her goals and efforts will shift toward personal and spiritual growth. Many individuals
who initially learn meditation for its self-regulatory aspects find that as their practice
deepens they are drawn more and more into the realm of the "spiritual." In her work with
many cancer and AIDS patients, Dr. Borysenko has observed that many are most
interested in meditation as a way of becoming more attuned to the spiritual dimension of
life. She reports that many die "healed," in a state of compassionate self-awareness and
self-acceptance.

FASTING

A feature common to most religions, worldwide, is the practice of undertaking
periodic fasts. Suam or fasts are an integral part of Islam. For Hindu, fasts are a form and
part of prayer and worship and the word upavas means "being near God". The concept of
fasting takes different forms in Jainism. Followers of Budhism too observe fasts on
certain days, as do Christians, especially during Lent.
Abstaining from food during Ramadan is a part of the broader programme that Islam prescribes for man to fulfill his moral and spiritual destiny in this world and in the hereafter. Fasting enables man to keep in check unruly desires and tendencies that make him prone to greed, revenge, anger, provocation and fear; that make him commit acts of aggression, cruelty, and oppression. It seeks to free the human soul and endow it with moral and spiritual strength to promote beauty, harmony, kindness, peace, compassion and justice.

Fasting is a pious and harmless way to solve our problems. Fasting definitely transforms one's thinking for the better. It enables one to offer a positive response even in the face of others' negative behaviour. Before commencing his prophetic mission, Jesus had fasted for 40 days in the desert. Only then was the word of God revealed to him. This is narrated in the Bible as the Sermon on the Mount.

Man needs to be periodically cleansed and we must try to maintain it in a state of purity. Just as the body requires physical nourishment, the soul must be nourished spiritually. Self-purification is the most soul-satisfying, soul-embellishing of the processes that one can achieve through fasting, which is necessary to cleanse our souls of all the filth we accumulate in the course of our daily lives. Self-purification is an art that needs to be consciously cultivated.

The mind-body theory further vindicated the benefits of fasting. Fasting increases one's powers of concentration, and improves one's mental as well as spiritual strengths.
and gives us peace of mind, confidence and courage. It is well known that Jesus, Moses, the Buddha and almost all the sages of Indian mythology have abstained from food at various times in the course of their pursuit of spiritual insight.

The neo-Freudian view of the sublimation of the body energy lends further credence to this view, best exemplified by Mahatma Gandhi's use of abstention - whether it meant not indulging in food, sex or speech - as a tested method to strengthen the soul.

**Religious and spiritual practices and well-being of the elderly**

Religious and spiritual practices have long maintained the integration of mind, heart and spirit that in turn can lead not only to a more meaningful life but to healthier one. Recent Gallup Polls conducted by the Princeton Religion Research Centre (PRRC) indicate that the majority (76%) of older persons today regard religion as highly important in their life (PRRC, 1994). Over one-half (52%) of all older persons attend religious services on a weekly basis. In addition, when asked to describe the ways they cope with stressful events, older people most often talk about their religious faith and their prayer life (Koenig, George, & Siegler, 1988; Manfredi & Pickett, 1987; McCrae & Costa, 1986). This high level of religious activity among today's elderly suggests that psychotherapists need to put aside the antipathy to religion that often characterizes their discipline and begin to understand the dynamics and dimensions of religiosity in later life.
Many older persons derive a sense of meaning in life through their sense of connectedness to their homes, their neighborhoods, and the natural environment. There is a spiritual quality in the interviews reported by Rubinstein (1990) in which he inquired about older persons' environmental attachments and their significance. For example, a 90-year-old man stated, "I love natural beauty. I always have. I feel close to nature. I never tire of it" (p.140). Whether this man attributed any religious meaning to his experiences of nature was not revealed in the interview although conversation with him clearly showed how his love of nature contributed to his overall sense of well-being. Some persons may find spiritual meanings in the self transcendence they feel through connection with nature, art, and music; others may interpret these experiences as indications of God's creative power both in nature and in the work of human beings.

Religious faith seems to increase the ability of older people to cope with illness, disability, loss, and their own mortality. Koenig, Cohen & Blazer (1992) surveyed men who are hospitalized with serious illness. They found that those men who used religion to cope with their illness had much lower rates of depression and reported a better quality of life than those using nonreligious coping methods or who reacted negatively to their situation. In addition, religious people seem to spend less time in the hospital.

Bhaskaran (1991) observed that meditation would appear to have preventive potential. Meditation would also seem to have potential for enhancing psychological well-being, especially if we include the spiritual dimension in our concept of happiness.
Meditation may promote the “Being” mode of living postulated by Fromm (1976), against the “Having” mode.

**Significance of the study**

The proposed study will be helpful to understand how institutionalized elderly can move forward towards enhancing their psychological well-being through observing religious and spiritual practices. Furthermore, religious and spiritual practices such as prayer, fasting, pilgrimage, meditation, etc; might be beneficial for institutionalized elderly as the potential way into their spiritual and psycho-social functioning, and for cognitive behavioural changes. Religious and spiritual practices can be a resource for helping institutionalized elderly people in respect of enhancing their well-being.

**Objectives of the study**

The objectives of the present study are to answer the following question

1. To examine difference between the mean scores of institutionalized elderly males and institutionalized elderly females on well-being after one month.

2. To examine difference between the mean scores of institutionalized young old and institutionalized old on well-being after one month.

3. To examine difference among the mean scores of institutionalized elderly Hindus, institutionalized elderly Muslims and institutionalized elderly Christians on well-being after one month.

4. To examine difference between the mean scores of institutionalized elderly male and institutionalized elderly female on well-being after two months.
(5) To examine difference between the mean scores of institutionalized young old and institutionalized old on well-being after two months.

(6) To examine difference between the mean scores of institutionalized elderly male and institutionalized elderly female on well-being after three months.

(7) To examine difference between the mean scores of institutionalized young old and institutionalized old on well-being after three months.

(8) To examine difference among the mean scores of institutionalized elderly Hindus, institutionalized elderly Muslims and institutionalized elderly Christians on well-being after two months.

(9) To examine difference among the mean scores of institutionalized elderly Hindus, institutionalized elderly Muslims and institutionalized elderly Christians on well-being after three months.

(10) Do the institutionalized elderly males differ significantly in three phases of well-being.

(11) Do the institutionalized elderly females differ significantly in three phases of well-being.

(12) Do the institutionalized young old differ significantly in three phases of well-being.

(13) Do the institutionalized old differ significantly in three phases of well-being.

(14) Do the institutionalized elderly Hindus differ significantly in three phases of well-being.

(15) Do the institutionalized elderly Christians differ significantly in three phases of well-being.
(16) Do the institutionalized elderly Muslims differ significantly in three phases of well-being.

(17) To examine difference between the frequency of institutionalized elderly male and institutionalized elderly female on attachment to religious belief system.

(18) To examine difference among the frequency of institutionalized elderly Hindus, institutionalized elderly Muslims and institutionalized elderly Christians on attachment to religious belief system.

(19) To examine difference between the frequency of institutionalized young old and institutionalized old on attachment to religious belief system.

(20) To examine difference between the frequency of institutionalized elderly male and institutionalized elderly female on attending organized service of Church, Mosque and Temple.

(21) To examine difference between the frequency of institutionalized elderly young old and institutionalized elderly old on attending organized service of Church, Mosque and Temple.

(22) To examine difference among the frequency of institutionalized elderly Hindus, institutionalized elderly Muslims and institutionalized elderly Christians on attending organized service of Church, Mosque and Temple.

(23) To examine difference between the frequency of institutionalized elderly male and institutionalized elderly female on the strength of religious belief system when compared to others.
(24) To examine difference among the frequency of institutionalized elderly Hindus, institutionalized elderly Muslims and institutionalized elderly Christians on the strength of religious belief system when compared to others.

(25) To examine difference between the frequency of institutionalized young old and institutionalized old on the strength of religious belief system when compared to others.

(26) To examine difference between the frequency of institutionalized elderly male and institutionalized elderly female on believe in religious practices such as prayer, fastening, and pilgrimage etc.

(27) To examine difference among the frequency of institutionalized elderly Hindus, institutionalized elderly Muslims and institutionalized elderly Christian on believe in religious practices such as prayer, fastening, and pilgrimage etc.

(28) To examine difference between the frequency of institutionalized young old and institutionalized old on believe in religious practices such as prayer, fastening, and pilgrimage etc.

(29) To examine difference between the frequency of institutionalized elderly male and institutionalized elderly female on the practice of meditation.

(30) To examine difference between the frequency of institutionalized young old and institutionalized old on the practice of meditation.

(31) To examine difference among the frequency of institutionalized elderly Hindus, institutionalized elderly Muslims and institutionalized elderly Christian on the practice of meditation.

(32) To examine difference between the frequency of institutionalized elderly male and institutionalized elderly female on faith in visiting holy shrines.
(33) To examine difference among the frequency of institutionalized elderly Hindus, institutionalized elderly Muslims and institutionalized Christian on faith in visiting holy shrines.
(34) To examine difference between the frequency of institutionalized young old and institutionalized old on faith in visiting holy shrines.
(35) To examine difference between the frequency of institutionalized elderly male and institutionalized elderly female in response on the relationship between spirituality and well-being.
(36) To examine difference among the frequency of institutionalized elderly Hindus, institutionalized elderly female and institutionalized elderly Christians in response on the relationship between spirituality and well-being.
(37) To examine difference between the frequency of institutionalized young old and institutionalized old in response on the relationship between spirituality and well-being.