CHAPTER II

Literature review

All researches are part of broad endeavor for search and generation of knowledge in which each individual research has a contributory role. Therefore, before undertaking research, it is imperative that the investigator should review work already done in the field. This is important to enable him/her to evaluate the status of the present knowledge, methodology and technique used and appropriate research questions which should be undertaken. In the paragraphs that follow, literature review is being undertaken to bring out salient features of knowledge in this area. In this chapter various empirical and theoretical studies directly or indirectly related to the present study are reviewed under the following main headings:

(1) Aging and Psychological Well-being.
(2) Religion and Psychological Well-being.
(3) Spirituality and Psychological Well-being.
(4) Institutional Care.

Aging and Psychological Well-being

Ramamurti (1970) measured the life satisfaction in older years. Two scales of life satisfaction were administered on a randomly selected sample of 250 older men between 50-70 years in Madras. The mean score at each age level from 51-70 years was calculated. It was 20.50 at 51 years and reduces to low point of 17.10 at 56 and then increases and reaches the highest point of 20.17 at 62 years. Thereafter there is a steady decline till the age of 70 years where it was calculated as 17.10. Ninety percent respondents below the
age of 55 years were employed and about 20 to 25 percent respondents above the age of 55 years were employed.

Sharma (1971) conducted a survey of happiness and unhappiness in old age. The study employed 44 retired male respondents from urban area whose life activities resulted in happiness and unhappiness. Results showed that 83.7 percent feel themselves interested in the activities pursued by them. 56 percent were pursuing hobbies such as morning walk, radio listening, worship, carpentry, reading of religious books and listening to religious discourse, self study etc. Only 21 percent were pursuing hobby and 44 percent did not mention any hobby, ten respondents feel unhappy and two revealed happiness to some extent and stated that they were just dragging on. The happiness in old age depends to a great extent upon busy life, good health, absence of the feeling of paucity of funds and having spouse and social contracts etc.

Prakash (1988) conducted a study entitled psychological well-being of the aging women: urban and rural differences. Each subject from rural and urban areas was interviewed individually with the help of a semi-structured interview schedule. Self-rated health, number of social support, satisfaction with support, life and marital satisfaction, presence of negative mood states were assessed from each woman. Self-reported questionnaire was administered on subjects as a measure of psychological well-being. Rural women as compared to urban women had significantly lower scores on health rating, marital and life satisfaction. Rural women had less number of supports and life satisfaction with support. They reported more negative mood states and had higher scores on self-rating
questionnaire. Scores on negative mood state and self-rating questionnaire showed significant negative relationship with scores on other variables.

Lakshminarayanan (1989) investigated the rural and urban differences on life satisfaction among 60 aged men. The results indicated that the aged men who live in urban areas were more satisfied with life than those who live in rural areas.

Anuradha and Prakash (1990) examined the relationship between social interaction, life satisfaction and loneliness among the elderly. The data has been drawn from the interviews conducted with 164 rural (mean age 56.8) and 174 urban (mean age 59.4) men and women. Analyses of results indicate that age is negatively related to social interaction variables. Interaction with family, friends and having a confidence reduces the feeling of loneliness and increases life satisfaction. Loneliness has negative effect on life satisfaction.

Chadha, Aggarwal, and Mangal (1992) have studied the psychological health among 109 aged males and females. Three psychological variables namely hopelessness, alienation and life satisfaction were measured with the help of objective psychological tests. Females were found to be more on hopelessness and less satisfied with life as compared to males. Married older people were found to be low on hopelessness and high on life satisfaction as compared to widow / widower. Married females were high on alienation as compared to married males.
Rathore (1992) investigated subjective well-being in old age. The sample consisted of 30 retired old men (over 60 years of age) in the experimental group and 30 matched middle-aged men (35-45 age group) in service in the control group. Results disclosed significantly poor subjective well-being in old men as compared to their middle aged counterparts.

Hosmath, Gaonkar, and Khadi (1993) conducted study to find out the difference in the level of life satisfaction among the elderly people according to their age and type of family. The sample consisted of 210 elderly people (61-89 yrs) of Dharma city. The results indicated that the younger respondents had greater life satisfaction and the respondents who were living separately from their children were more satisfied than those who were living with their married or unmarried children.

Bar-tur, Levi-shiff, and Burns (1998) investigated whether mental and emotional engagements with the present and past contribute positively to well-being in elderly men, and whether any of these engagements can moderate the negative effects of losses on well-being. Subjects were 60 elderly (aged 63-83 years) retired Australian men. The pretest included lengthy open interviews and the subjects helped to rephrase some of the questions and played an important role in developing the interview schedule, particularly in the measurement of perceived losses and assessment of mental and emotional engagements with significant others. Results indicate that all the engagements were positively associated with well-being, but that only mental engagement with the present buffered the negative impact of loss of work and loss of health on well-being.
Nagarathnamma (1999-2001) studied the state of psychological well-being of the elderly and the determinants of longevity. The sample of the study comprised 80 older persons aged between 70-90 years from urban as well as rural areas. The variables like emotional stability, health, settlement of children, sound financial background, spirituality, and social support were reported to be having positive relation with well-being and longevity.

Hilleras, Aguero-Torres, and Winblad (2001) conducted a study to discover the factors that either increase or decrease well-being, in both young and old people. Many factors have been studied in relation to well-being, but only some have been found to be associated with it. These factors are demographic (age, sex, culture, marital status), social (socio-economic status, having children, religion social contracts) or are related to personality, life events, health, and activities. However, some of these factors have a stronger association than others.

Li, Duncan, Duncan, and McAuley (2001) examined whether a Tai Chi exercise program enhanced elderly individual’s psychological well-being. Participants (n=98 mean age 73.2 yrs) either continued their daily routine activities or participated in a Tai Chi exercise class performing slow rhythmic movements. Psychological well-being measures were assessed at baseline, 3 months, and 6 months (termination of the class). Results indicated that individuals who participated in the 6 months Tai Chi exercise program showed higher level of health perception, life satisfaction, positive affect, and well-being and lower levels of depression, negative affect, and psychological distress.
Nagarathnamma and Vimala (2002) conducted study to assess the factors contributing to well-being and mental health in aged men and women. The sample consisted of 30 men and 30 women. They were aged 60 and above and belonging to middle socio-economic status group. The results show that there is significant difference in the well-being and mental health between men and women. The factors contributing to the well-being of males are different from that of the factors contributing to the well-being of females.

Religion and Psychological Well-being

Singh (1970) studied the religiosity among 390 persons aged 55 years and above belonging to different communities. The important finding of the study was that religiosity increases with advancing years.

Ramamurti (1988) investigated the role of religiosity, internal locus of control and adjustment among 360 urban aged men above 60 years of age. The results revealed a significant positive correlation between religiosity and external locus of control, and a low positive correlation between religiosity and good adjustment as well as between external locus of control and good adjustment.

Mehta (1997) conducted study on 30 elderly men and women (aged 70-85 yrs) in Singapore to understand the impact of religious beliefs and practices on their aging experience. The cross-cultural comparison deals with the Malay community comprising Muslims, and the Indian community comprising Hindus, Sikhs, Christians, and Jains. The
research demonstrates the positive influence of religion at the personal and social levels on the adjustment process in late life.

Koenig (1998) examined the prevalence of religious belief and practices among 455 medically ill hospitalised older adults (mean age 70.2 years) and related them to social, psychological, and health characteristics. Results show that 53.4% of subjects reported attending religious services once per week or more often; 58.7% prayed or studied the Bible daily or more often. Over 58% of subjects held intrinsic religious attitudes, and over 40% spontaneously reported that their religious faith was the most important factor that enabled them to cope.

Levin and Chatters (1998) examined the impact of religious involvement on health status and psychological well-being using data on older adults from 3 national probability surveys: the myth and reality of aging (2,797 subjects), the quality of American life (1,209 subjects) and American’s changing lives (1,669 subjects). Constructs are measured by single items and indices that vary across data sets. A proposed theoretical model specifies direct effects of religiosity on health and well-being and indirect effects on well-being through health. The model is analyzed first as specified and then return controlling for the effects of six exogenous constructs: age, gender, race, marital status, education and geographical region. Findings reveal excellent overall fit in all three samples and the presence of statistically significant religious effects, notably positive net effects on organisational religiosity, in all three samples.
Ayele, Mulligan, Gheorghiu, and Reyes-Ortiz (1999) reported that in their study of 155 men, intrinsic religious activity (e.g., prayer, Bible reading) was significantly positively correlated with life satisfaction.

Mathly, Lewis, and Day (1999) examined the role of religious acts between measures of religious orientation and psychological well-being, and examined the theoretical view that religion can act as a coping mechanism. Subjects (aged 18-29 yrs) were administered questionnaire measures of three aspects of religious orientation (intrinsic, extrinsic, quest), frequency of personal prayer and church attendance, alongside measures of depressive symptoms, trait, anxiety and self-esteem. The results suggest two points: (1) that the correlation between a number of measures of religiosity and psychological well-being may be mediated by the relationship between frequency of personal prayer and psychological well-being; (2) that personal prayer may be an important variable to consider within the theory of religious coping.

Bergan and McConatha (2000) examined the relationship between religiosity, life satisfaction, age and gender. Two dimensions of religiosity were evaluated, religious affliction and private religious devotion. Results from 320 subjects (aged 17-92 years) indicate that religious affliction is more strongly tied to life satisfaction than private religious devotion. Both measures of religiosity increased with age indicating that adults tend to increase levels of religious affliction and private religious devotion across the life span. In support of previous findings, women reported a high level of religiosity than men in the sample studied.
Meinsenhelder and Chandler (2000) questioned 71 native Americans (aged 65-92 yrs) living in the general community on their frequency of prayer, importance of faith, and their health status. The researchers hypothesized that people with higher scores in faith and prayer would experience a more positive health status. Result shows that people who prayed more often and those who indicated a high importance of their faith scored higher in the mental health subscale confirming the hypothesis for this dimension of health.

Hintikka, Koskela, Kontula, and Koskela (2001) investigated whether there were associations between religious attendance and life satisfaction in the Finnish general population. The nation wide sample included 869 women and 773 men. Results show that women were religious attenders more often than men. There was no gender difference in life satisfaction. Positive associations were found between life satisfaction and both social support and religious attendance.

Martson (2001) proposed a case study of a woman in her 70s is used to illustrate how one nursing home resident used prayer as an activity to bring meaning into her life. She believed it to be important she was helping people by engaging in prayer. Overall, this behaviour helped her to face the numerous losses and changes in her life without experiencing a level of despair or emotional distress that would have significantly impaired her functioning.
Francis and Kaldor (2002) conducted a study on a random sample of 989 adults in an Australian community. Survey completed the Bradburn Balanced Affect Scale together with three measures of Christian faith and practice: belief in God, personal prayer, and church attendance. The data demonstrated a positive association in all three religious measures and psychological well-being as assessed by balanced affect, after controlling for age and sex.

Laurencelle, Abell, and Schwartz (2002) examined the relation between intrinsic religious faith and psychological well-being in a sample of 210 adults (mean age 29.4 years). Results indicate that high faith participants have significantly lower anxiety and depression scores, are less likely to exhibit signs of character pathology, and have significantly higher ego strength scores than participants with lower faith scores. Whereas significance differences were generally found between groups of high and low participants in terms of functioning, only modest correlations were obtained between overall faith scores and the measures of well-being, suggesting considerable individual variation in the relation between faith and psychological well-being.

**Spirituality and Psychological well-being**

Smith (2001) examined the relationship between relaxation practices (yoga, meditation and prayer) and a relaxed life. This study utilised archival data and studied 808 cases (average age 23.54 yrs) who claimed to practice relaxation in the form of yoga, meditation, prayer or combination of them. Results of this study suggest practitioners of a combination of yoga and meditation are physically relaxed, those who practice
meditation are at ease/peaceful and practitioners of prayer report higher levels of love and thankfulness, as well as prayerfulness.

Wink and Dillon (2003) used longitudinal data to examine the relations among religiousness, spirituality, and three key domains of psychosocial functioning in late adulthood: (a) sources of well-being, (b) involvement in task of everyday life, and (c) generativity and wisdom. Religiousness and spirituality were operationalized as distinct but overlapping dimensions of individual difference. In late adulthood, religiousness was positively related to well-being from positive relations with others, involvement in social and community life tasks, and generativity. Spirituality was positively related to well-being from personal growth, involvement in creative and knowledge-building life tasks, and wisdom. The relations between religiousness, spirituality, and outcomes in late adulthood were also observed using religiousness scores in early and spirituality scored in late middle adulthood. All analyses were controlled for gender, cohort, social class, and the overlap between religiousness and spirituality.

Kirby, Coleman, and Daley (2004) recruited 233 British participants from warden-controlled retirement housing to complete interviewer-administered questionnaires. Results showed that, after they controlled for marital status, age, education, other health problems, and gender, degrees of frailty had a negative effect on psychological well-being (PWB). Spirituality was also a significant predictor of PWB and moderated the negative effects of frailty on PWB. Therefore, this study suggests that spirituality is a
resource in maintaining PWB, and that the use of this resource is more significant for individuals with greater level of frailty.

Macmin and Foskett (2004) conducted a study on mental health, religion and spirituality in relation to one another. In this research, for the first time service users/survivors undertook the whole project both as interviewers and interviewees. The results of 25 interviews of service users in Somerset provide the substance of the research of which 11 were analyzed in greater detail using a grounded theory approach. The conclusions from the research provide valuable and detailed evidence of the significance of spirituality for some people with severe mental health problems, and of their difficulties they experience in having this aspect of their lives taken as seriously as they wish by both mental health and religious professionals.

**Institutional Care**

Anantharaman (1980) made an attempt to study the differential influences at different setting on adjustment pattern of the older people. Results of the study revealed that older people feel secure with their children rather than in institution. The feeling of security leads to better adjustment. Non-institutionalised subjects were more active than subjects who were staying in the institutionalized home for the aged.

Sitharthan, Sitharthan, and Anantharaman (1981) in a study on institutionalized and non-institutionalized older male subjects (60-81 years), found that institutionalized men rated their health as poor and very poor whereas, non-institutionalized rate their health as good
and excellent. Institutionalized persons reported more physical (poor sight, crippled arms and legs, high blood pressure etc.) and psychological problems (sleeplessness, bad dreams, nervousness, feeling blue, etc.) than the non-institutionalised persons. Institutionalized men were also found to have significantly poor adjustment as compared to non-institutionalised men.

Sasi and Sanandaraj (1982) carried out a study on a sample of 58 old people living in a home for the aged. The study showed that institutional care rehabilitation help to modify and facilitate the old people’s earlier adjustment pattern in the direction of better adjustment. The study further showed that there was significant difference in adjustment of the aged belonging to different age groups. Most of the correlations among the various adjustment variables were found to be significant.

Reddy (1990) reports attitudes of a sample of 600 men and women of different age groups (15-25, 25-35, 25-45, 45-55 and 55-65 years) toward 10 issues concerning caring for the elderly collected through field interviews of caregivers who stay with the elderly. Results indicated that most of the caregiver attitudes were favorable to the elderly.

Chadha (1994) attempted to see the impact of institution allocation and the psychological well-being and depression in older people. Samples were taken from institutionalised and non-institutionalised settings. Results indicate that older person in non-institutionalised setting are better on psychological well-being and also their depression level is low as
compared to older persons in institutionalised settings. Family support is found to be the important factor in this study for psychological well-being.

Mathew (1997) compared the life satisfaction of institutionalized and non-institutionalised elderly. A group of 100 cases each from old age homes and the community were administered the life satisfaction Index- A. results revealed that life satisfaction was higher among the non-institutionalised group. Further, life satisfaction was found to have a significant positive correlation with education age at the time of marriage, number of living children, and number of friends. A negative correlation was noted between age and life satisfaction.

Kwok, Luk, Lav, and Woo (1998) examined the attitudes of older people toward old age homes (OAH) in Hong Kong and the factors which influenced their attitudes were investigated. 197 non-institutionalised 65 yrs old people were interviewed with a standard questionnaire. A quarter of them admitted to having thought about going into an OAH if they lived alone with no family support, while only a few would consider it if they were living with family. If they became disabled and required help from family, a third would consider an OAH, if family support was not available, two-third would consider an OAH, while a few opted for social services. If advised to go into an OAH by doctors or family, about half of the subjects would comply. Findings suggest that older people in Hong Kong were not in favor of an OAH unless there were physical disabilities and lack of family support. They were, however, vulnerable to external pressures.
Antonelli, Rubini, and Fassone (2000) conducted study on the self concept. 60 institutionalised and 60 non-institutionalised elderly men and women (aged 64-92 yrs) participated in this study. Results indicate that institutionalised elderly have a more restricted inter-personal self when compared to the non-institutionalised elderly.

Reena, Thandavan, and Manickraj (2000) carried out a study to find out the difference in the problems of institutionalized and non-institutionalised aged in the aspects of physical, social, financial, emotional and religious areas. A sample of 60 aged individuals were randomly chosen, out of which 30 individuals were institutionalized and 30 were non-institutionalised aged. From the study it was concluded that the institutionalized aged had more problems than non-institutionalised aged in the five dimensions mentioned. There was not much difference in the emotionality of institutionalized and non-institutionalised aged, which signifies that all aged persons do face emotional problems.

Shyam, Yadav, Sharma, and Sharma (2000) conducted study on 60 elderly (60 years and above) subjects; institutionalized (n=30) and non-institutionalized (n=30) were administered measures of well-being. Results showed that non-institutionalized subjects reported significantly more on scores on depression, whereas, life satisfaction was significantly higher in institutionalized elderly.

Gaur and Kaur (2001) studied on urban sample of 200 male and female older people from homes and institutions. Non-institutionalised were better adjusted to old age and more satisfied with their lives. Institutionalised elderly were isolated, did not have much
autonomy or independence. Elderly men in general had relatively higher life satisfaction than women probably because they had more economic independence and greater social support.

Rani (2001) conducted a study on the old age home run by The Little Sisters of the Poor in Secunderabad. 40 inmates were randomly selected and interviewed. Majority were above 70 years of age. The major reason for joining the old age home was not having anyone to take care of them, poverty and illness. Family counseling, community awareness and coordinated effort of the government and nongovernmental organisations are recommended to improve the life of older people.

Sreevals and Nair (2001) studied 157 inmates from eight randomly selected old age homes to know the relevance and usefulness of old age homes (OAH) in Kerala. Majorities of the inmates were females in the age group 60-75 yrs. 665 had joined OAH voluntarily, 41% were illiterate, 43% of male had never married while 51.7% of females were widowed. Majority joined OAH due to family problems and due to absence of caretakers. About half of the subjects did not have children.