CHAPTER - II

REVIEW OF STUDIES

In recent years much research has been conducted in the field of "Adult Development and Aging" in India and the west. The aim of this chapter is to present an account of studies that are directly or indirectly relevant to the present investigation.

STUDIES ON TELIC DOMINANCE - The Telic Dominance Scale based on reversal theory has been used in the examination of certain psychological features of range of phenomena including sport, humour, religion, art, pornography, family life and personal relationship etc. It has also provided insights into the understanding of the relationship with stress and moods, and the areas of application such as psychotherapy, educating for creativity. The investigator has not come across a single study on telic dominance in elderly. However, three Indian studies have been reported in this section which are conducted on the student sample.

Khan and Kureshi (1986) conducted a study to determine the interacting effect of certain social variables in the relationship between fear of failure and telic dominance. The relationship between fear of failure and telic dominance scores was found to be significant. Within the comparison groups the relationship between the two variables remained unchanged, though the positive relationship was of different order among Hindu, Muslim, male, female, older and younger subjects.
Aijaz and Kureshi (1992) studied age, religious and socioeconomic status differences in telic dominance and its components among female students. Sex differences were not found between Hindu girls and Muslim girls on telic dominance, and seriousmindedness and arousal avoidance (components of the Telic Dominance Scale). Older girls scored significantly higher than the younger girls on telic dominance and its components i.e. planning orientation. Upper socio-economic status girls as compared to lower socio-economic status girls scored significantly higher on telic dominance and its component viz., arousal avoidance.

Aijaz and Kureshi (1995) examined the relationship between level of aspiration and telic dominance, level of aspiration and approval motive, and telic dominance and approval motive scores among 100 Hindu and 100 Muslim students, of various schools of A.M.U., Aligarh. Results indicated that the significant correlation coefficients existed between level of aspiration and telic dominance scores ($r=0.23$, $p<.05$) and level of aspiration and approval motive scores ($r=0.23$, $p<.05$) among Muslim subjects. Significant positive relationships were found to exist between level of aspiration and approval motive scores among Muslim boys ($r=0.50$, $p<.01$), older Hindu ($r=0.35$, $p<.01$) and older Muslim subjects ($r=0.28$, $p<.05$); younger Hindu ($r=0.31$, $p<.05$) and older Muslim subjects ($r=0.33$, $p<.01$).
STUDIES ON EGO-STRENGTH

Singh and Shrivastava (1979) examined the influence of ego-strength and alienation on performance of blue-collar industrial workers. The sample consisted of 150 workers of Diesel Locomotive Works, Varanasi (U.P.). The level of performance was assessed on the basis of production records for the last one year (1977-78). The 2x2 factorial design has been employed in the present investigation. The results are analysed in terms of mean, standard deviation, critical-ratio, analysis of variance, and correlation. The results indicate that the level of performance of high ego-strength group is significantly higher in comparison of low ego-strength group of workers. The level of performance of less alienated workers is also better in comparison to high alienated workers. A significant negative correlation exists between alienation and performance. Ego-strength and performance are positively correlated. But the partial correlation shows that performance is not significantly affected by ego-strength and alienation rather the level of performance itself affects the ego-strength and alienation and its relationship.

Singh & Srivastava (1981) administered the Employee's Scale and Hasan's Ego-Strength Scale on 200 Indian blue-collar workers, and their supervisors were
given the Performance Rating Scale to ascertain S's work performance. Results showed that (1) the performance of the high morale group, and (2) the performance of the high ego-strength group was better than the low ego-strength group. Findings indicate that Ss with high ego strength were more productive than Ss with low ego-strength. The relationship between morale and performance, however, was not as strong as has been previously reported.

Taber et al (1986) investigated the actual levels of ego-strength and achievement motivation in 57 male pathological gamblers (aged 25–68 yrs) to whom a battery of psychological tests had been administered. Results show that compared to the standardization group norms on the instruments used, pathological gamblers were significantly deficient in both ego strength and achievement motivation via conformance.

Shrimali and Broota (1988) examined the effect of surgical stress on ego strength and perceived control. A field experiment was carried out to assess the effect of surgical stress on ego strength and perceived control on varying levels of stress groups. The sample consisted of 30 major surgery patients and an equal number of minor surgery patients and a matched group from the normal population. The tools used were Sinha's anxiety scale,
perceived control schedule developed by the investigators, and Hussan's ego strength scale. Data were collected preoperatively and postoperatively for the surgery groups and with an equivalent time lage on the control group. The major surgery preoperative groups was significantly more 'external' than the other two groups. Moreover, there was a reduction in this 'extrenality' from preoperative to postoperative sessions. There was no such shift observed in the other two groups. The 'minor surgery group' was the highest on ego strength preoperatively, also, both minor surgery and the control groups were significantly higher on ego strength than their counterparts in the major surgery group.

Cannici et al (1989) administered the Minnesota Multiphasic Personality Inventory (MMPI) on 60 male and 60 female inmates to measure ego-strength as coming inmates and during the week prior to discharge. Incarceration lasted from 3 month to 5 yrs. White had higher ego strength than non-whites at the time of initial incarceration and at discharge.

Low super ego strength V/S. super ego strength (16PF:G) among different types of Indian leaders was studied by Dubey (1989). A multi-state-stratified-random sample of 1000 Indian leaders of four types (Religious, Intellectual, Bureaucratic, and Democratic), drawn from
five Hindi speaking States of India (Uttar Pradesh, Madhya Pradesh, Rajasthan, Haryana and Bihar), was administered 16 PF Questionnaire (Form-A). The response relating to Low super ego strength V/S Super ego strength (Factor 'G' of 16 PF) were scored and analysed with the help of ANOVA (5x4x5 Factorial Design) and Duncan's New Multiple Range Test. The result, in brief, revealed that (i) Indian leaders (as a group) are deviated towards low super ego strength, (ii) the Democratic, Bureaucratic, and Intellectual leaders, among four types of Indian leaders, show low super ego strength whereas, the Religious leaders show high super ego strength, (iii) the Hindus, among five sub-leaders of Indian Religious leaders, the Artists and Scientists, among five sub-leaders of Indian Bureaucratic leaders and the Members of Parliament, among five sub-leaders of Indian Democratic leaders, score significantly higher than their related counterparts on this bi-polar personality trait, and (iv) the states of domicile serve as contributory agents in bringing these observed differences in the cases of sub-leaders, and not in the cases of four types of Indian leaders and Indian leaders (as a group).

Prasad & Ramamurty (1992) administered the adapted version of Barron's Ego Strength Scale to assess the ego strength. Sixty subjects from each age group of 11-20,
21-30, 31-40, 41-50, 51-60, 61-70, 71-80 and 81-90 years were drawn. The contribution of several variables (social maturity, positive self regard etc.) related to ego strength was assessed.

Sinha & Prabhat (1993) administered an index of job satisfaction and an ego-strength scale to 100 male and 100 female secondary school teachers to investigate the relationship between ego-strength and job satisfaction, and any differences between men and women with regard to this relationship. There was a significant positive correlation between ego-strength and job satisfaction for the total sample and for men and women separately. Both men and women showed about the same amount of ego-strength.

Gahlaut, Srivastava and Rastogi (1993) ego-strength was measured in 10 neurosurgical and 40 general surgical patients before and after surgery. The general surgical group showed a marked increase in ego-strength with an accompanying decrease in anxiety in the postoperative period. There was no change in ego strength in the neurosurgical group.

Bhaduri (1993) studied the effect of life stresses in ego strength in middle and old age groups. The pattern of life stress in middle and old age people, the
differences in the life stresses of males and the influences of life stress on ego strength have been studied. A sample of 60 old persons and 60 middle age persons (30 females and 30 males in both groups) were taken. The age range for old age group was 55 years and above and for middle age group it was 40 to 45 years. The student t test and correlational technique was used. The findings show that female subjects and old age people are having higher life stresses and less ego strength.

Issain & Kumari (1995) examined the relationship between Eysenck's Personality dimensions viz., Psychoticism(P), Extraversion(E) and Neuroticism(N) with Ego-strength and adjustment. The sample consisted of 100 undergraduate male college students of Patna Division. The tools were Hindi adaptation of Eysenck Personality Questionnaire, Ego-strength scale, and Mohsin Shamshad adaptation of Bells-Adjustment Inventory. The correlational finding indicated an inverse relationship of Ego strength to Psychoticism (p.<.01), non-significant positive relationship to extraversion and significant correlation to neuroticism p.<.05. The adjustment (area wise and overall) was found to be positively related in some areas and negatively in others with Psychoticism, Extraversion and Neuroticism. Findings based on mean differences on Ego-strength and adjustment of high and low
scores categorized on three dimensions of E.P.Q.-revealed a
significant difference between the two groups and
exhibited that the greater the Psychoticism/neuroticism,
lesser the adjustment, while greater the extraversion,
better the adjustment. In the case of Ego strength it was
found that the greater the ego strength lesser the
Psychoticism/neuroticism and greater the extraversion.

Bharadwaj (1995) studied ego strength in a
multivariate frame of '2x2x3', factorial design. The
sample consisted of 250 prisoners of Agra region either
convicts or accused. Data were collected with the help of
standardized tools of socio-economic status and 16 P.F.
questionnaire results show only one dimension (i.e. weak
ego-strength) of P.F. 'C' to be prominent factor of
personality criminals. Literate accused and illiterate
convicts of middle and upper middle class possess weak ego
strength. On the other hand illiterate accused and
literate convicts of middle and upper class and literate
accused of lower middle class possess weaker ego strength.
It is discerned that prisoners upper middle and lower
middle class and the incidence of crime has not been found
in both high and low socio-economic status category.

Hussain (1996) examined the effect of ego strength
and anxiety on an individual's adjustment. The present
study was conducted with the assumption that the greater
the anxiety the lesser the adjustment and the greater the ego-strength the better the adjustment. Results indicate that in the case of ego strength and adjustment the r value is negative and significant which indicat's that higher the scores on ego strength the lesser the scores on adjustment in mentally reflecting that greater ego-strength leads to better adjustment.

INDIAN STUDIES ON AGING

Empirical studies conducted in India in the field of "aging" can be classified into different major heads: Socio-demographic correlates of aging. Social-psychological correlates of aging, adjustment of the elderly, attitude of retired and preretired elderly, problems of elderly and psychological well-being of elderly.

Socio-demographic Correlates of Aging:

Marulsiddaiah (1966) studied the declining authority of old people in a small village Makunti in Mysore. The description of the study contains the status of the older people within their families, among kinsmen, caste people. He argued that, contrary to the popular belief, the older person in India is found to be faced with severe health problems, economic adjustment and progressive relegation to an insignificant place in
society. Results show that 21 percent males and 76.7 percent females were widowed, the traditional position of the old is declining in exercising authority, the kinship system is giving way to nuclear families and individualism, the elderly prefer to live alone as long as they have enough property support. The study indicated that younger generation is replacing the elderly in the village administration.

D'Souza (1969) described that in past the structure of society was such that the aging process did not create any obstacle in the way of older person's filling roles of enchanted status but in recent times the structure of the society has been undergoing a fundamental change under which the older persons are being dislodged from their roles of higher status. It can be gauged from the historical sources that the service and veneration of the aged was validated by associating with old age all virtues, knowledge and wisdom, so much so, for a young person to be called elderly was regarded as a mark of distinction. The author suggested that there are some rural areas where the older people are commanding their traditional esteem, but they are fighting a losing battle and everywhere the power and prestige of older people is on decline.
Sharma (1969) studied the leisure time activities of retired persons. He found that after 55 years of age barriers of income, caste, education, and marital status cease to exert their restrictive influence on the allocation of the leisure time activities. The mean rank order of leisure time activities were ranked by the respondent in the following manner; reading newspapers, household activities, morning and evening walk, listening radio, sitting and gossiping with children - son or grandson, chatting and gossiping with friends, talking with wife, Kirtan and Bhajan, inviting and entertaining friends at home and day sleeping.

Joshi (1971) advocated that differential aging phenomena both physical and mental appear to depend on environmental and social factors such as diet, type of education, occupation, adjustment to family, professional life and consumption of tobacco and alcohol. Results showed that elderly person suffer from ineffective and parasitic decision, disease of respiratory system, symptoms of ill-defined similarity, arthritis and rhumatism, hyper-tension, congestion, heart failure and diabetes mellitus.

Raj and Prasad (1971) conducted a survey of 327 aged persons over 50 years of age belonging to 219 families from 3 villages in Lucknow district (U.P.).
Family organization, occupation, marital and socio-economic status, personal habits and addiction, dependency and status of the aged persons in their family, living arrangements, disabilities and disease and attitudes towards life were investigated. Results indicated that 66.9 percent of the cases were hailing from poor to very poor economic life, 52 percent were occupying the position of head of the problem, 88 percent were suffering from various disability such as blindness, deafness, paralysis of lower limbs and 31.3 percent were found depressed.

Ramamurti (1987) pointed out that aging brings many changes in the life of the individual. Physical changes precede psychological changes. Existing data indicate that mental deterioration in the aged does not set to any appreciable extent until the late 70's though physical capacities shows some decline from the late 40's. He has presented and discussed a simple method of indexing these changes.

Jhingan, Singh, Srivastava and Munjal (1988) scrutinized case records of psychiatric patients seen in psychiatry O.P.D. of G.B. Pant Hospital, New Delhi. These patients were diagnosed following the I.C.D.-9 criteria manic depressive psychosis was the commonest disorder in the elderly with schizophrenia and organic brainsyndrome following in that order. However, the frequency of organic
brain syndrome was found to shoot up after the age of 60 years; whereas all other groups of psychiatric disorders decreased in frequency.

Ramamurti (1989) carried out a study to examine the expectance of stereotypes regarding widow by elderly non-widows in 50-60 and 60-70 years, belonging to income matched forward caste, backward caste, and schedule caste people expected more of these stereotypes and social practices as compared to the forward caste groups.

Kumar (1990) interviewed 200 randomly selected aged (60+) respondents of rural sector in Chittoor district, Andhra Pradesh. Interview schedule and informal discussions were used in data collection and the major findings are as follows. There is difference in the health status of the aged living in Joint Families, Nuclear Families and Post-Parental families. Besides, the utilization of health services is also depends upon the economic conditions, mobilization facilities, marital status, and personal care. All these are closely linked with living arrangements of the aged.

Reddy (1991) examined the perceived social status of the elderly persons by men and women belonging to rural and urban areas and different age groups. Results indicated that there were no age and sex differences. The
rural people perceived the elderly persons with higher social status than the urban.

Patil (1992) examined the differences in the health status of elderly women in terms of their income, marital status, age, area of residence, education and family type. Health status was measured through diseases suffered by them, duration of suffering and treatment received by them during sickness. The socioeconomic factors and familial factors were found to affect the health status of the elderly.

Suri (1994) examined the personality development of the aged in the rural as well as in urban society. Results revealed that majority of the subjects from rural areas agreed that they do not have much problems in different fields of life as compared to their urban counterparts. Their overall satisfaction can be attributed to the traditional values which give them respect and honourable position.

Social-Psychological Correlates of Aging:

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 a 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 70 years where it was calculated as 17.10. Ninety percent respondent below the age of 55 years were employed and about 20 to 25 percent respondent above the age of 55 years were employed. Results were discussed in terms of the average of retirement, deterioration in physical capacity and psychological effects of aging etc.

Shanmugam (1970) studied the personality traits of adolescents, adults and old persons. Results indicated that no significant changes took place in the personality traits of the adolescents as compared to the personality traits of the adult, whereas significant changes were noticed during old age.

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 age.

Sinha (1971) studied socio-psychological causes of mental illness. Social stresses were not the specific causes of mental disease in old age but to some extent they can contribute to that. He found little deterioration among creative and intellectual workers.
Sinha (1971) investigated loneliness in the old age man land has emphasized the fear due to psychological deterioration. The psychological implications have been discussed due to changes in social status associated with old age, compulsory retirement, loss of status; occupation, income socio-economic and family status consequent to the weakening of joint family ties.

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 resulting 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 will 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 contacts etc.

Chatterjea and Bhaumik (1979) investigated prejudice and value pattern among aged and young groups belonging to different socio-economic status and
communities. The main findings of the study were: (1) No significant differences existed between old and young groups in social distance. (2) The aged person differed from the young group in social, political and religious value. (3) Significant differences were not found between older and younger people on theoretical, economic aesthetic value.

Gomathi, Sitharathan, 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, the non-institutionalized rated 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-institutionalized persons. Institutionalized men were also found to have significantly poor adjustment as compared to non-institutionalized men.

Rangaswami (1983) posits that life changes have significant influence on the mental health of the elderly individuals. The life events prior to the onset of illness of the neurotic were studied using the life events scale land compared with that of normal individuals. The
neurotics had significant stressful events six months prior to the onset of illness. There were major changes in the personal life, health, financial and social status of the neurotic which were significantly more than the normals prior to the onset of the illness.

Chauhan, Jain and Singh (1985) studied the effects of retirement, duration and family size on mental health among 200 Indian males of 60-70 years of age. It was found that post-retirement duration, family size denotes mental health in senescence.

Ramamurti (1988) investigated the role of religiosity, internal-external 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 the religiosity and good adjustment as well as between external locus of control and good adjustment.

Jamuna and Ramamurti (1988) have set two hypotheses (a) Aged individuals with higher life satisfaction would show greater internality than those with lower satisfaction; (b) whether there were as many gender differences among the aged with regard to internal-external locus of control. The results showed that internals had a
significantly greater life satisfaction than externals and that women were less internal than men.

Jamuna (1989) examined how self-acceptance varied among elderly women belonging to the forward and scheduled caste groups. Results indicated low self-acceptance in the forward caste group when compared to scheduled caste group. Women in the age group of 50-60 years showed lower self-acceptance than those were in the age group of 60-70 years.

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 the rural areas.

Rani (1989) studied the effect of age and sex on reactions to frustrations. The Indian adaptation of Rosenzweig Picture Frustration Study (Adult Form) was administered on the subjects belonging to urban middle class literate man and woman of two age levels, adult and middle age. Results indicated significant age and sex differences in different dimensions of reactions to frustrations.

Ushasree and Sunanda (1989) determined the relationship between Life Satisfaction (LS) and achievement
motivation (n-ach) among the socially advantaged (men: 50, women: 50) and the socially disadvantaged (men: 50, women: 50) elderly from the age groups of 45-55 years and above 56 years. Results showed that subjects from socially advantaged classes to be higher on n-ach and LS then their socially disadvantaged counterparts. Women were found to be with lower n-ach and LS than men. Age was not found to have any significant effects on LS and subjects scoring high on n-ach scored high on life satisfaction also.

Anuradha and Jaiprakash (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 58.4) men and women. Analysis of results indicate that age is negatively related to social interaction variables. Interaction with family, friends and having a confident reduces the feelings of loneliness and increases life satisfaction. Loneliness has negative effect on life satisfaction.

Patil and Patil (1990) investigated differences in life satisfaction as it is affected by income, area and marital status and also study attitudes of women forward old age and the future. Two blocks of Dharwad city were selected for sampling purpose. Within each block, streets, containing highest proportion of 60+ age group households
were identified. Selecting lanes randomly from these streets, every fourth household was visited. Using similar method 208 subjects were chosen from rural and urban areas.

Ramamurti (1990) examined the relationship between degree of life-satisfaction as measured by (Life Satisfaction Inventory) and three aspects of life orientation or philosophy of life. The sample consisted of 100 men and women literates belonging to a semi-urban locality and lower middle class. Results indicate a close association between certain types of life orientation and satisfaction with present life.

Jamuna (1990) studied sixty care giver-care receiver diads (30 men and 30 women) belonging to urban and rural areas of Tirupati. They were all extending care to their disabled elderly parents and parents-in-law varying from complete disability to minor disability, and as a consequence undergoing different amounts of stress. Care giver stress was measured by an inventory with a five point scale. It was hypothesised that the level of stress was related to the quality and quantity of interaction between the elderly and their care givers. Results indicated that the quality and quantity of interaction was not always related to degree of stress experience implicating role of other factors.
Kumari (1990) examined the relationship of the life satisfaction to mental health, death anxiety social interaction and loneliness. 30 male and 30 female subjects in the age range of 60 to 80 years were assessed on a number of psychological measures. Life satisfaction Index-A, Templar's Death Anxiety Scale, 28 item GHO and loneliness scale were used to collect the relevant data.

Jamuna (1990) has presented empirical evidence of current attitude towards caring for elderly women and widows and indicated the changes that are likely to occur to their psychosocial status at the turn of the century. The main findings of the study were: (1) Incidence of disability was found to be greater among 70-80 years of elderly rural women as compared to 60-70 years of rural elderly women. The same pattern was found among urban elderly women. (2) Non-widow women as compared to widow women of different age groups and areas of residence have reported significantly higher perception of social support. (3) Significant differences were found between care-givers and care-recipients on the perception of social support among elderly widows and non-widows of rural and urban areas. (4) Able elderly women as compared to the disabled elderly women have scored significantly higher on the perception of social support in both age groups and the area of residence.
Kumar and Ramamurti (1990) surveyed 180 male and 180 female rural elderly persons to study stressful experiences and the coping styles they used to deal with these experiences. Results indicated significant differences in frequency of use coping strategy in response to different areas of stress. Seeking more information or advice was the most frequently used coping style adopted by the respondents in respect of health related issues. The coping style, along with taking problem solving action was used most often to deal with economic stresses. Men used cognitive redefinition and logical analysis most frequently in dealing with social relationship stresses, while women relied mostly on seeking information or advice and logical analysis. Both sexes lose the strategy of resigned acceptance in dealing with family stresses.

Reddy and Ramamurti (1990) conducted a study to determine whether the coping strategy depend upon the type of stressful experience. One hundred eighty men and 180 women elderly were assessed with regard to the nature of stress they experienced in a given period and the type of coping strategies they used to overcome these stresses. Results indicated that there were significant differences in the frequency of use of coping strategies in response to different area of stress.
Aggarwal and Chadha (1991) have studied the psychological health among 109 aged males and females. Females were found to be more on hopelessness and less satisfied from 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.

Bhardwaj, Sen and Mathur (1991) conducted a study to compare and to find out the correlate of life satisfaction in 100 depressed and 100 non-depressed elderly people. Results revealed that the mean life satisfaction score of depressed elderly was significantly less than that of non-depressed group. Distorted cognition and activities were significantly correlated to life satisfaction.

Dubey and Verma (1991) studied the mental efficiency of old rural male and female subjects with the help of a rapid test of mental efficiency. The authors of the present study administered a test with different time units, viz. one minute, one and half minute and two minutes per area. The data was analysed and the significance of the results are discussed. A time limit of two minutes was found reasonable, hence the same is recommended for further work. No separate norms for different age groups and sexes are needed as (a) the
correlation coefficients with age insignificant, and (b) almost comparable scores were obtained by the males and females.

Sastry and Pandey (1991) have investigated the tendency of neuroticism, loneliness and adjustment in the perspective of middle life and adult population, through a cross-sectional survey design. Data were collected from a sample of retired and non-retired individuals of both sexes. Some of the significant findings of the study were: (i) retired and non-retired groups differed in terms of health adjustment and social adjustment (ii) retired occupied and retired non-occupied groups differed in terms of neuroticism and loneliness (iii) retired occupied and non-retired did not differ in terms of neuroticism, loneliness and adjustment scores (iv) retired non-occupied and not-retired groups showed marginal difference in terms of health adjustment and emotional adjustment and significant differences in terms of neuroticism, loneliness, and social adjustment.

Exploratory attempt in bi-variate analysis among psychological variables (family, health, social and emotional adjustment, loneliness, and neuroticism) across age group (in terms of life stages i.e. Adult, midlife and old age) revealed (i) Neuroticism is associated with other variables irrespective of age groups; (ii) Similar results
were obtained for emotional adjustment; (iii) The adjustment scores showed consistently weak relationship (independent) among themselves in the aged group compared to the younger group.

Prakash (1992) studied the life cycle differences in physical and mental health of women. Four hundred and seventy nine women who were above 40 years of age from rural and urban areas of Bangalore District constituted the sample. Age differences were found on physical health variables rather than on psychological well-being or mental health. Subjective health status was positively and highly related to satisfaction and mental health. Negative affect, is related to lower satisfaction, health rating and to higher scores on psychological distress.

Jamuna (1992) studied the sources of stress among the care givers of disabled 60 rural elderly women. Subjects were involved in the care giving tasks of disabled elderly.

Kumar, Deshmukh and Reddy (1992) have discussed some of the psycho-social factors that help to improve the quality of life in old age.

Prasad and Ramamurti (1992) assessed the ego-strength among 60 subjects from different age groups. Social maturity and positive self-regard and other variables were related to ego-strength.
Ramavani and Ujjwalarani (1992) studied the effect of age and sex on human aggressiveness among 140 men and 140 women belonging to 4 age groups. The results indicated significant age and sex differences in aggressiveness.

Rao and Ramamurti (1992) have determined the age trends in achievement motivation and cooperation among industrial workers of small scale and medium scale industries. The age trends in achievement motivation showed a small increase across the age span 20-60. With regard to cooperation there was a significant increase with increasing age.

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Reddy and Ramamurti (1992b) examined sources and intensity of stressful experiences in different areas, e.g. health, family, economic and social relationships, among elderly 60 men and 60 women from the rural areas in the age groups of 50-60, 60-70, and 70-80 years. Results indicated that there were no age differences among men and
women, with regard to experience to stress. There were no sex differences in stress experience in the economic social relationship and miscellaneous areas.

Singh and Husain (1993) examined the extent of locus of control among retired and pre-retired males and females. Results indicated that there was no significant difference between pre-retired and retired elderly with regard to their overall locus of control score. Significant difference was found between retired and pre-retired elderly persons in terms of internal-external control. The interaction of age and sex significantly influenced the results.

Ahmad and Mukhtar (1993) explored how adolescents perceive old age, what features of old age are viewed as positive and as negative, and what feelings and reactions they associate with their own old age. Information obtained from 50 adolescents was in descriptive format and was analyzed by evolving a coding schedule. Both in terms of nature of response as well as primacy of responses, it was observed that old age had an extremely negative connotation for adolescents. However, this negative connotation was derived not so much from characteristics of the aged, but from reactions towards the aged. Their own old age was viewed with deep anxiety and fear.
Bhaduri (1993) studied the effect of life stress on ego-strength in middle and old age groups. The pattern of life stress in middle and old age people, the differences in the life stresses of males and the influences of life stress on ego-strength have been studied. Results indicated that female subjects and old age peoples were having higher life stresses and less ego-strength.

Kaur and Kumar (1993) carried out an investigation to determine the impact of stressful life events distress and socio-economic status on the life satisfaction of the 210 elderly males from urban setting. Results indicated that the level of life satisfaction rises with the rise in the socio-economic status, socioeconomic status and distress have a significantly negative correlation, and distress and life satisfaction were negatively correlated.

Malik (1993) studied death anxiety among three religious groups - Hindu, Islam and Christianity. Results revealed that the death anxiety was found greater among the age group of 55-56 years. Hindus have expressed strongest belief in life after death, whereas the concept of physical life after death was found among Muslim than the Christians. Muslim subjects have scored high on death anxiety scale as compared to Hindu and Christian subjects.

Ushasree (1993) investigated the differences in frustration reactions of the depressed and the normal
elderly. Significant developmental trends and gender differences emerged from the results.

Sandhu (1995) examined the differences between the need satisfaction of the aged living with their families and aged 'living alone'. The sample consisted of 100 men whose age ranged from 60-70 years. They were matched in educational background and the stage of family life cycle. Sociogenic Need Satisfaction scale developed by Chauhan, Dher and Singh was distributed among the aged persons. The scale was scored according to the procedure and the scores were treated statistically. Results reveal that the aged living with their families were significantly different from aged living alone, and scored higher on acceptance and co-operation. Also, the aged 'living alone' were significantly more rejected and isolated than the aged living with their family.

Adjustment of the Elderly

Ramamurti (1968, 1970) found that among the urban aged men there was a deterioration in adjustment with increasing age. Individual from higher socio-economic classes (Ramamurti, 1970; 1978) and higher educational status (Ramamurti, 1968; 1970) showed better adjustment.

Raghani and Singh (1970) have surveyed the adjustment problems of the retired persons. They have pointed a number of weaknesses in regard to the factors used for
good and poor adjustment. One of their arguments was that there were cultural and socio-economic variation. They also pointed out that effects of retirement upon individual should be studied first rather than pre-determining and establishing characteristics of good and poor adjustment and then conducting the study. The study revealed that 63 percent reported that family kinship ties still persist. The problems of retirement were listed by the respondents in the following order: shortage of money, problem of passing time, widowhood, feeling of being physically weak, fear of death, mental tension, feeling of social neglect and feeling of neglect by family as well as by friends. The attitude towards the age of retirement was influenced by monetary or economic loss as 86 percent told that 55 years of age is too low and upward shift in the age of retirement should be done by the government.

Pantal (1976) examined social relationships and activities that distinguish well adjusted from maladjusted 45-74 year old males. Results indicated that (a) well adjusted subjects had more friends than poorly adjusted subjects, (b) the frequency of meeting friends and meeting organisation decreased with increasing age, and (c) poorly adjusted subjects, reported feeling more bored and lonely than well adjusted subjects.

Anantharaman (1979) studied 172 subjects (50-89 years) from Bangalore using an adjustment inventory. The
results showed that adjustment was positively correlated to education, occupation, income and social class but negatively with age in later years.

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

Anantharaman (1981) has made an attempt to find out the self-rating of one's physical health, number of physical problems and their adjustment. Life Satisfaction Index-A and Activities and Attitude Inventory were administered on 172 older man age ranged from 55-89 years. Analysis of results indicated that those who rated their health to be good or excellent, those who saw no change in their health when compared to 45 years of their age and those who do not have any physical problems are better in adjustment.

Chandrika and Anantharaman (1982) studied differences in adjustment and life changes in three groups of older people viz., non-institutionalized and geriatric patients. Results indicated that non-institutionalized
older people were better in adjustment. They had experienced less number of life changes, when compared to other groups.

Mohanthy (1982) identified characteristics, problems and adjustment of old age. He stressed upon the need of old age homes equipped with health care and security measures. He also pointed out that the old age persons should be allowed to have interaction with the love deprived children in orphanges and child care centres to overcome their boredom and monotony of life.

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.

Singh, Singh and Dawra (1983) administered the Bell Adjustment Inventory to determine the working and non-working men adjustment relating to home, health, social and emotional decisions. Results revealed that the older subjects in comparison to younger subjects had significantly more adjustment problems in the following order for
the areas of adjustment: emotional, social, health and home. The non-working older subjects showed more adjustment problems than working subjects on the home dimension.

Jamuna (1984) in a study of rural women also observed a similar deterioration of adjustment with age in the later years. Some of the variables found to contribute to adjustment in old age, were: good husband wife communication, spouse living, good marital satisfaction, high role ability and involvement. Individuals living in joint families were found to have better adjustment than individuals living in nuclear families.

Bhusan and Sinha (1988) developed a test to measure strategy of adjustment for the aged subjects. The test comprise 34 items and each item representing a problem situation relating to either home, health emotional life or social life of the subject. The responses represented four alternative strategies of adjustment, i.e. intrapersistent approach mode, extrapersistent approach mode, punitive avoidance mode and defensive avoidance mode. The test has been validated against judges ratings. The reliability of the test was determined by temporal stability coefficient.

Kaur (1988) studied the old age adjustment problem by developing an adjustment inventory of old age people with regard to their various problems areas. The
inventory was standardized on old age sample ranging from 52 to 65 years of age. The author has advocated that the inventory could be used for screening and counselling of the old age adjustment problems.

Singh (1989) explored the relationship between rigidity and adjustment among 186 males. Findings revealed that the high rigidity group, the middle rigidity group and the low rigidity group did not differ significantly on health and emotional adjustment areas. The high and low rigid group, the middle and the low rigid group was significantly different on home adjustment, the low rigidity subjects showed superior home adjustment. The high and middle, and the middle and low rigid groups did not differ significantly on social adjustment. The high rigid and the middle rigid group and low rigid group did not differ significantly on their total adjustment. Thus, the study did not reveal a definite relationship between rigidity and adjustment in various areas of the rigidity.

Easwaramoorthy (1990) carried out a study to compare the widowed and the aged who live with their spouses in adjustment. The sample of the study consists of 80 aged individuals from rural areas (of whom 21 are widows and 19 female aged who live with their spouses; 16 are widowers and 24 are male aged who live with their spouses). Life satisfaction index-\( Z (Havighurst, 1971) \) was
used as an instrument to measure adjustment and it was administered to the sample individually. The results indicate that the aged who live with their spouses are better adjusted. Especially the male aged who live with their spouses are better adjusted.

Asha and Subrahmanian (1990) explored the problems of adjustment among 206 elderly women and 348 elderly men. Findings showed that elderly women have expressed more problems of adjustment than elderly men. Rural women did not differ significantly from urban women in home, health, emotional, self and general adjustment but differ significantly in social adjustment.

Lakshminarayanan (1990) compared the male and female rural aged in adjustment. The sample consists of 80 aged individuals from rural areas (of whom 40 are male and the other 40 are female). Life satisfaction index-Z (Havighurst, 1971) was used as a measuring instrument for adjustment and it was administered to the sample individually. The result indicate that the male aged better adjustment than the female aged.

Kaldate (1990) has assessed the pattern of adjustment of persons who were in job for many years but became free of their roles and status suddenly after retirement, with new roles, nature of difficulty and social-psychological problems. Retired persons expressed various
behaviour such as economic security, psychological problems and require legal aid and guidance for planning for successors. The authors suggested that there is need for planning for the life after retirement. The planning should start from the young age in order to bridge generation gap.

Ramamurti and Jamuna (1993) examined how religiosity and externality were related to adjustment in old age. The sample consisted of 120 urban aged men in the age group of 60 years and above. Findings indicated that religiosity and externality were positively associated with good adjustment.

Kaur (1993) conducted a study on 375 subjects ranging between the age group of 50 years to 60 years, to find out the effect of family members' behaviour on their familial, social and emotional adjustment. The results showed that familial maladjustment affects the social and emotional adjustment in older people. Another significant finding was that the older persons who received love and care by the family members did not have adjustment problem in life.

Husain and Kaur (1994) have made an attempt to develop and standardize an old age adjustment inventory in Hindi to measure problems of adjustment faced by older peoples in different areas (health, home, social, marital,
emotional and financial). The reliability of the test was found in terms of split half (coefficient ranged from 0.45 to 0.82) and test-retest (coefficient ranged from 0.9 to 0.96) reliability methods. Validity of the test was determined through construct validation technique. Percentile norm for male and female populations of Patna District were also developed.

Singh and Husain (1994) investigated the adjustment pattern of 60 pre-retired and retired elderly males and females. Findings revealed that the pre-retired and retired groups (both males and females) did not differ from each other on different adjustment levels.

**Attitude of Retired and Pre-retired Elderly:**

Singhi (1970) has discussed the role of sociologists in the field of gerontology. He has described the problem after retirement as multifarious: greater economic deprivation, disturbed routine, utilization of time through economically non-rewarding activities, loss of social status and prestige in general and particularly in family. He also suggests that in old age due to role loss the old people should be socialized for their physical and social activities. For this he argues that socialization of old people will differ from the west as in Indian setting old people differ in their rural-urban, occupational, educational and cultural backgrounds.
Hashmi and Beg (1985) investigated differences between the retired and pre-retired subjects in relation to death anxiety and differences between the ailing and healthy subjects in relation to death anxiety. The main findings of the study were: (a) significant differences were not found between the retired and pre-retired subjects on death anxiety in both the ailing and healthy groups. (b) ailing subjects of retired group scored significantly higher than the healthy subjects of the same group on Death Anxiety Scale, whereas in the pre-retired group significant differences did not exist between the ailing and healthy subjects.

Majumdar (1985) in a survey of the elderly in Delhi found that after retirement there is a prevailing feeling among the aged that others' attitude towards them changes. Old people felt that no one said anything directly to them but they could sense the undercurrents. Most people tend to feel lonely and face innumerable problems financially. That financial condition is a strong predictor of life satisfaction prior to retirement and health is a strong predictor after retiring, has been seen in several studies abroad.

Pinto and Prakash (1989) examined anticipated changes in the post-retirement life and attitude towards retirement. An information schedule and attitude towards
retirement scale elicited relevant information from the 100 men and 70 female middle aged subjects. Majority of the subjects held favourable attitude toward retirement. Sex as well as phase of retirement of the subject did not significantly affect attitude towards retirement. Those who expected discontinuities in their post retirement life in terms of financial insecurity, changes in family relationship and life satisfaction showed less favourable attitude toward retirement.

Achamamba (1993) carried out a study for measuring attitudes in relation to age and sex. The time Attitude Scale was administered on 150 men and women, randomly selected from working, non-working and retired to measure time attitude.

Problems of Elderly:

Ramamurti (1985) examined the problem of aging in the context of culture of a developed country U.S.A. and a developing country, India on the basis of empirical evidence in the two countries. The authors has discussed the implications in respect of a comparative assessment of aging and suggested strategy of handling the problems of the Indian aged.

Gomatinayagam (1987) studied the problems of the aged in Urban India in respect of decision making level, degree of comfort and health status. The study was conducted
on a sample of 71 men and 29 women belong to various economic, educational and marital status variables. Income did not play any decisive role in the decision making level, degrees of comfort and health status of the respondent. Educational status played a significant role in the decision making and degrees of comfort. The health status of the respondents in all the three educational categories was unsatisfactory. the variable of marital status significantly influenced on decision making and degrees of comfort. The health status of both married and widowed was not found to be associated.

Gupta, Arora and Pandey (1987) traced out the impact of age on risk taking tendency of 81 urban males of different age groups ranging from 18 years to 50 years. Results revealed that age has not significant influence on risk taking behaviour.

Hashmi (1987) investigated certain problems of retired and pre-retired persons belonging to upper socio-economic status and middle socio-economic status. Factors such as health and sickness, financial conditions, occupational history and family circumstances were found to be associated with the life of the retired and the pre-retired persons.

Jamuna (1987a) analyzed generational differences in the perception of problem solving Indian Aged. Results
indicated generational differences both with regard to problem incidences and intensity of the problems for the aged. There was poor appreciation of health problems and higher perception of personality and social problems of the aged by the young when compared to the perceptions of the other two generations.

Jamuna (1987b) examined how grand children and children of the elderly view care giving obligations towards grand parents. The views were compared with the expectations of the grand parents themselves.

Reddy (1990) reports attitudes of a sample of 600 men and women of different age groups (15-25; 25-35; 34-35; 45-55 and 55-65) years towards 10 issues concerning caring for the elderly collected through field interviews of care givers who stay with the elderly. Results indicated that most of the care giver attitudes were favourable to the elderly.

Sen and Mathur (1990) explored the problems of the aged in three social classes - posh, middle and slum, and identified some of the psychosocial variables involved. Results of the study showed that the aged in slums reported more of financial, health, and social problems, whereas the aged in posh and middle classes showed more of psychological problems. Also the aged in slums reported relatively less life satisfaction and psychiatric sympto-
matology than the aged in posh and middle classes. No significant differences occurred for the number of activities undertaken by the subjects in three social class.

The difference between younger and older persons on their judgement of time was examined by Achamamba (1990). The sample is comprised of hundred female teachers of local colleges, fifty in the younger age group (25-35) and fifty in the older age group (50-60). Both groups of the subjects were asked to estimate time intervals of 40, 60, 180 and 360 seconds. In addition, the subjects were asked to reveal what they feel about 'Time' and 'Future', to analyse whether there is any relationship between an individual's judgement of time and outlook on the 'Future' and 'Time'. The implications were discussed.

Dube (1990) studied four dimensions of social support namely, Social Network Support, Financial Support, and Emotional and Esteem Support and Belief Support after developing Semistructured interview schedule. The paper reports observations made on elders attending a day care centre in a Rural setting of Haryana State run by Lok Kalyan Samiti, Delhi. Apart from measuring the available Social Support of the elderly, their physical performance status, cognitive capacity and psychiatric examination were made by a team of Clinical Psychologist, Psychiatrist
and Social Worker. Although the majority of the elderly were found physically and mentally fit, they were the need of support of the welfare agency due to lack in their personal measures (high illiteracy rate, lack of occupational proficiency and social network support) and family integration (frequent quarrels, separation or alcohol abuse in the younger member leading to family disjointness). The problem of poor social support were found related to rapid modernization in that area where agricultural land was being sold out and thus making elderly unskilled labourer a destitute. While modernization and economic development undoubtedly improves the quality of life for many among the lower classes, the change involves considerable stress and strain along with potential health consequences on the aged and in younger generation who resort to alcohol abuse.

Chadha (1992) has interviewed 700 older person from middle socio-economic status on the leisure time activities schedule and descriptive questions relating to problems of old age. The author has discussed some of the major leisure time activities of the older people.

Psychological Well-being of Elderly:

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 for each women. Self-reported questionnaire was administered on subjects as a measure of psychological well-being. Rural woman as compared to urban woman had significantly lower scores on health ratings, marital and life satisfaction. Rural women had less number of supports and less 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.

Ramana Reddy (1993) discussed the strategies to be adopted in India to profitably utilize the valuable services of the aged people. He has emphasized social participation, enhancing the self-confidence, developing positive self-image, promoting economic security as some of the goals for the accomplishment. The valuable services of the older people can be utilized through careful planning. To contribute to the welfare of the family as well as the betterment of the society.

Sinha's (1993) study aimed to determine how individuals utilize their time after retirement, to make a purposive life with increased well-being for the various components of Time Structure Questionnaire the highest
correlation was found between well being scores and effective organization. Time Structure and well being both correlated negatively with age. The findings also showed that engagement in activities of some formal/informal organisation leads to better structuring of time and well-being.

Kapoor and Bhatia (1994) have stressed that the good health, sufficient educational experience and reasonable stimulating environment in home and community were enough to sustain psychological happiness in aging persons's life.

**Critical Appraisal:**

A large number of Indian studies exist on the elderly samples viz., retired and pre-reitred with special reference to the socio-demographic, attitudinal and psychological (personality) dimensions. In fact most of the Indian studies were conducted on adjustment of the elderly. Whatever the studies reviewed here, majority of them owes the western theories or models. The researchers have used generalized measures rather than goal-specific measures for studying socio-psychological problems of the aged.