CHAPTER – II

REVIEW OF LITERATURE

2.1 Introduction:

In the first chapter researcher try to represent theoretical and logical supposition of the study and related variables such as adjustment, Anxiety and its components, physical and psychological aspect of neuroticism and old age people. The second chapter review of literature helps the researcher in deciding the direction of the research. A collective body of works done by earlier scientists is technically called the literature (A.K. Singh 2004). Researcher thought that any scientific investigation starts with a review of literature. It is the primary stage toward the research. The researcher attempts a close or an in-depth reading of the review literature. It is this literature that inspires researcher for the research. The importance of the review of the literature is expressed in the word by (Billy Turney and George Robb) as Follows.

“Identification of a problem, development of research design and the determination of the size, scope of the problem all depend to a great extent on the case and intensity with which a researcher has examined the literature related to the intended research”

The research is mostly problem oriented whether it is psychological, sociological, or philosophical. Literature of various subjects on various topics heterogeneously and constantly flourishes the vast treasure of research. Not merely the researcher, but the review of literature is also the major source to alter, include and exclude which and what from the research done earlier in the same area. Awareness or
foreknowledge of such research prevents unnecessary repetition of documentation of the same thing. Likewise, constantly flourishing, developing research also revises and remodels the documentation according to the demand of time. The problem-oriented research provides solutions according to the need or demand to time. In this way, review of literature helpful for identifying variables relevant for research, avoidance of repetition, synthesis of prior works, determining meaning differences and relationship among variables. Keeping these views in mind researcher has carefully studied the literature and review of researches related to the old age people, their type of Adjustment, Anxiety, and Neuroticism. In each area Indian and abroad studies are quoted. The all studies elaborate the importance of various aspects of variables

Alfonsi G, Conway M, Pushkar D. (2011). The Lower Subjective Social Status of Neurotic Individuals: Multiple Pathways through Occupational Prestige, Income, and Illness. Subjective social status seems to predict health outcomes, above and beyond the contribution of objective status. The present hypothesis was that neuroticism predicts subjective status and does so via the influence of neuroticism on objective status (i.e., education, occupation, and income), self-perceived illness, and greater negative affect. In turn, lower subjective status would be associated with more severe self-perceived illness. Older adults (N=341) shortly after retirement completed measures of neuroticism, attainment in education, occupation, and salary, and over 2 subsequent years, they completed measures of current subjective status, self-reported illness, and current negative affect. As hypothesized, greater neuroticism was associated with lower subjective status via lower objective status and more severe self-
reported illness. However, current negative affect was not associated with subjective status, and subjective status did not predict future poorer subjective health.

Gale C. R, Sayer A. Aihie, Cooper C, Dennison E M. (2011). Factors Associated With Symptoms of Anxiety and Depression In Five Cohorts of Community-Based Older People: Symptoms of anxiety and depression are common in older people, but the relative importance of factors operating in early and later life in influencing risk is unclear, particularly in the case of anxiety. In This study Method used data from five cohorts in the Healthy Ageing across the Life Course (HALCyon) collaborative research programme: the Aberdeen Birth Cohort 1936, the Caerhilly Prospective Study, the Hertfordshire Ageing Study, the Hertfordshire Cohort Study and the Lothian Birth Cohort 1921. We used logistic regression to examine the relationship between factors from early and later life and risk of anxiety or depression, defined as scores of 8 or more on the subscales of the Hospital Anxiety and Depression Scale, and meta-analysis to obtain an overall estimate of the effect of each. Results Greater neuroticism, poorer cognitive or physical function, greater disability and taking more medications were associated in cross-sectional analyses with an increased overall likelihood of anxiety or depression. Associations between lower social class, either in childhood or currently, history of heart disease, stroke or diabetes and increased risk of anxiety or depression were attenuated and no longer statistically significant after adjustment for potential confounding or mediating variables. There was no association between birth weight and anxiety or depression in later life. Conclusions of This Study Was Anxiety and depression in later life are both strongly linked to personality, cognitive and physical function, disability and state of
health, measured concurrently. Possible mechanisms that might underlie these associations are discussed.

Mackenzie, Corey S, Reynolds, Kristin B.A, Chou, Kee-Lee. (2011). Prevalence and Correlates of Generalized Anxiety Disorder in a National Sample of Older Adults. The objectives of this study are to provide current estimates of the prevalence and correlates of generalized anxiety disorder (GAD). The authors used Wave 2 data from the National Epidemiologic Survey on Alcohol and Related Conditions, which included 12,312 adults 55+ and older. In addition to examining the prevalence of GAD in the past year, this study explored psychiatric and medical comorbidity, health-related quality of life, and rates of help-seeking and self-medication. Results of this study, of the past-year prevalence of GAD in this sample was 2.80%, although only 0.53% had GAD without Axis I or II comorbidity. The majority of individuals with GAD had mood or other anxiety disorders, and approximately one quarter had a personality disorder. Individuals with GAD were also more likely to have various chronic health problems although these associations disappeared after controlling for psychiatric comorbidity. Health-related quality of life was reduced among older adults with GAD, even after controlled for health conditions and comorbid major depression. Finally, only 18% of those without and 28.3% with comorbid Axis I disorders sought professional help for GAD in the past year. Self-medication for symptom relief was rare (7.2%). Conclusions of this study, GAD is a common and disabling disorder in later life that is highly comorbid with mood, anxiety, and personality disorders; psychiatric comorbidity is associated with an increased risk of medical conditions in this population. Considering that late-life GAD
is associated with impaired quality of life but low levels of professional help-seeking increased effort is needed to help individuals with this disorder to access effective treatments.


Older and midlife adults tend to report greater emotional complexity and greater emotional well-being than younger adults but there is variability in these factors across the lifespan. This study determined how the personality trait of neuroticism at baseline predicts emotional complexity and emotional well-being 10 years later; a goal was to determine if neuroticism is a stronger predictor of these emotion outcomes with increasing age in adulthood. Data were obtained from two waves of the MIDUS projects (N = 1503; aged 34-84). Greater neuroticism predicted less emotional complexity as indicated by associations between positive and negative effect, particularly for older participants. Neuroticism predicted lower emotional well-being and this association was stronger for older and midlife than for younger adults. Overall, high neuroticism may be a greater liability for poor emotion outcomes for older and perhaps for midlife adults than for younger persons. Clinical and theoretical implications of this conclusion are discussed.

**Gerard J Byrne, Nancy A Pachana, Daniela C Goncalves. (2010). Psychometric Properties and Health Correlates of the Geriatric Anxiety Inventory In Australian Community-Residing Older Women.** A cross-sectional study of a population-based cohort of 286 Australian community-residing women aged 60+ assessed the psychometric properties and health correlates of the Geriatric Anxiety
Inventory (GAI). The GAI exhibited sound internal consistency and demonstrated good concurrent validity against the state half of the Spielberger State Trait Anxiety Inventory (STAI-S) and the neuroticism domain of the NEO five-factor inventory. GAI score was significantly associated with self-reported sleep difficulties and perceived memory impairment, but not with age or cognitive function. Women with current DSM-IV Generalized Anxiety Disorder (GAD) had significantly higher GAI scores than women without such a history. In this cohort, the optimal cut-point to detect current GAD was 8/9. Although the GAI was designed to have few somatic items, women with a greater number of general medical problems or who rated their general health as worse had higher GAI scores. The GAI is a new scale designed specifically to measure anxiety in older people. In this Australian cohort of older women, the instrument had sound psychometric properties.

Heaney Jennifer L J, Phillips Anna C, Carroll Douglas. (2010). Ageing, Depression, Anxiety, Social Support and the Diurnal Rhythm and Awakening Response of Salivary Cortical. The present study compared the cortical awakening response and diurnal rhythm in 24 young healthy students and 48 community-dwelling older adults. The associations with diurnal cortical and depression, anxiety and social support were also examined in relation to age. Salivary cortical was measured over the course of one day: immediately upon awakening, 30 min later, and then 3h, 6h, 9h and 12h post-awakening. Participants completed a questionnaire measuring symptoms of anxiety and depression and social support was assessed. Older adults exhibited a significantly reduced awakening response, overall cortical levels, area under the curve (AUC) and diurnal slopes than younger adults, resulting in a flatter diurnal rhythm.
Younger adults with higher depression scores had significantly higher overall cortical and higher levels upon awakening and 30 min post-awakening. In the younger adults, anxiety and depression correlated positively with AUC and the cortical awakening response (CAR). Older adults with lower social support had a reduced AUC where younger adults with lower social support displayed a larger AUC. These findings suggest that the diurnal rhythm and response of salivary cortical are significantly reduced in older adults and the associations between anxiety, depression and social support and diurnal cortical vary with age.

Sutin AR, Beason-Held LL, Dotson VM, Resnick SM, Costa PT Jr.(2010). The Neural correlates of Neuroticism differ by sex prospectively mediate depressive symptoms among older women. Mood disorders in old age increase the risk of morbidity and mortality for individuals and healthcare costs for society. Trait Neuroticism, a strong risk factor for such disorders into old age, shares common genetic variance with depression, but the more proximal biological mechanisms that mediate this connection are not well understood. Further, whether sex differences in the neural correlates of Neuroticism mirror sex differences in behavioral measures is unknown. The present research identifies sex differences in the stable neural activity associated with Neuroticism and tests whether this activity prospectively mediates Neuroticism and subsequent depressive symptoms. A total of 100 (46 female) older participants (>55 years) underwent a resting-state PET scan twice, approximately two years apart, and completed measures of Neuroticism and depressive symptoms twice. Replicating at both time points, Neuroticism correlated positively with resting-state regional cerebral blood-flow activity in the hippocampus and midbrain in women and
the middle temporal gyros in men. For women, hippocampus activity mediated the association between Neuroticism at baseline and depressive symptoms at follow-up. The reverse meditational model was not significant. Final Conclusions Neuroticism was associated with stable neural activity in regions implicated in emotional processing and regulation for women but not men. Among women, Neuroticism prospectively predicted depressive symptoms through greater activity in the right hippocampus, suggesting one neural mechanism between Neuroticism and depression for women. Identifying responsible mechanisms for the association between Neuroticism and psychiatric disorders may help guide research on pharmacological interventions for such disorders across the lifespan.

**Dr. Jyoti Gaur. (2009). Adjustment in Ageing Adults a Predictor of Reaction to Frustration.** Objectives of this study was a) to find out the level of adjustment among ageing adult males’) to find out the level of reaction to frustration among ageing adult males. c) To study the correlation between the variables adjustment and reaction to frustration. d) To study the impact of adjustment on reaction to frustration of ageing adult males. The sample of 100 ageing adult males (60 years and above) were selected from the middle income group from Gangapur city of Rajasthan. The sample was literate with minimum education till secondary level. The data was collected through Shamshad Jasbir Old Age Adjustment Inventory (SJOAI) with various dimensions of adjustments (Health, Home, Social, Mental, Emotional and Financial) and Reaction to Frustration Scale by B.M. Dixit and Dr. D.N. Srivastava with various aspects of reaction to frustration (Aggression, Resignation, Fixation and Regression). Shamshad Jasbir Jasbir Old Age Adjustment Inventory consists of 125 items with various
dimensions of adjustments. The test has the reliability coefficient around 0.80 or higher. The responses were scored with the help of scoring key. The scores ranging from 0-1, where 0 meant maladjustment. The sum of scores measured overall scores. Reaction to Frustration Scale consists of 40 items with various dimensions of Reaction to Frustration. It is a six point scale with the scores ranging from 0-5. The maximum scores in each category range 50. Higher the scores higher the reaction to frustration. Statistical analysis the mean, Standard deviation, correlation and t-values were computed to analyze the data. Overall interpretation of adjustment scores indicate that ageing people have to make maximum adjustment regarding health and home, while minimum adjustments regarding marriage and finance. The ageing adults were divided in two groups (ageing adults with low adjustments and ageing adults with high adjustments) depending on their adjustment level. The group with low level of adjustment scored high in reaction to frustration as compared to their counterparts. The mean scores of aggression, resignation, fixation, regression, and frustration of adult male with low adjustment were found to be high ie. 26.65, 28.00, 29.61 and 27.98 as compared to their counterparts whose scores were 22.24, 23.39, 23.57 and 23.84 at 0.01 level of significance. The results indicates that the difference between the two groups (ageing adults with low adjustments and ageing adults with high adjustments) was significant at 0.01 level, in respect of their Reaction to Frustration and correlation between both the variables was found to be negative at 0.01 level of significance, that is, when the adjustment in various aspects increases, reaction to frustration decreases. Negative correlation was found between health adjustments and fixation (-0.224*) at 0.05 level of significance, Home adjustment and Resignation (-0.296**) at 0.01 level
of significance, Home Adjustment and Regression (-0.205**) at 0.01 level of significance and social adjustment and aggression (-0.227*) at 0.05 level of significance. Thus, the research concludes that, in the old people with low level of adjustment, the dimensions of reaction to frustration i.e. Aggression, regression, fixation, and resignation are high whereas where the adjustment levels are high, the reaction to frustration is low Supported by the research indicating that it is reported that nearly 60% of the Aged were not satisfied with personal and financial help extended.

**Dr. Jyoti Kulkarni Dr. Vandana Bharati Dr. Nandini Rekhade. (2009).**

**Adjustment Problems of Old Persons.** This study was carried out to find out Adjustment problems of aged persons. For this very purpose a sample of 100 old persons was selected randomly from old homes and community. 50 old persons residing in old age homes & 50 living with their families. Questionnaire - The old age adjustment inventory developed and standardized by Hussain S. & Kaur J.(1995) was administered to find out adjustment problems in following areas - (1) Problems of material adjustment. (2) Social adjustment problems. (3) Emotional adjustment problems. The inventory measures the adjustment problems in areas of home, heath, financial, marital, social and emotional. Out of them three areas marital, social and emotional aspect was taken for this study. Marital area dealt with the questions like - Attraction for marital relationship, feeling life incomplete without marital relationship, dependency on life partner, affection for each other, seeking opinion from each other, importance for physical attraction etc. Social area dealt with the questions like feeling secure with people, feeling happy when people come to meet, like to live alone, taking
interest in children etc. Likewise emotional area dealt with the questions & views of old persons as old age is emotionless age, feeling to commit suicide, anxiety about self respect, anxiety about disease, feeling of fear, feeling of dissatisfaction for life etc. Comparison was done between two group and results were analyzed by using Mean, S.D. & ‘t’ test, as statistical tools. Above table shows, very slight difference in the marital adjustment of elderly people. Mean value for marital adjustment is 12.6 and 12.4 & SD 1.55 and 2.24 respectively which show that there is no significant difference in marital adjustment for people living with their families and living in old age homes. The obtained t value is 0.51 at 98 degree of freedom and .05 level of significance, which is less than the table value (2.36), which shows that both the groups have poor adjustment whether they are living with their families or in old age homes. In present time elderly are more depressed and sad in the materialistic world. They are having worries and tensions and uncertainties of life which make their adjustment unsatisfactory. Lug Y.C. (1953) worked on marital adjustment and concluded that marital could have been at its optimum when husband and wife both are agreed or ready to perform his/her own task. The analysis of data shows that elderly who are living in old homes feel more social adjust mental problems than those who are living with their families. Mean value for social adjustment is 19.00 & 15.9 S.D. 1.40 & 2.65 for old people living with their families and in old age homes respectively which shows significant difference in social adjustment of both the groups. The obtained’ value is 7.24 at 98 degree of freedom & .05 level of significance which is higher than table value (2.36) which confirms that old persons living with their family members are socially well adjusted and have lesser social
adjust mental problems as compared to the old living in old age homes Dutta. (1989) Saha (1984) also observed low social worth and self esteem, feeling of social deprivation due to negligence & sense of isolation and poor adjustment in the society in old people living in old age homes than who were living with their families. Above table shows significant difference in emotional adjustment of older people. Old people living in old age homes feel more emotional problems than those who are living with their own families. The calculated’ value (2.43) is greater than table value (2.36) at 98 D.F. which shows significant difference in their emotional adjustment. Studies have proved that ‘elderly are more sad and depressed in the materialistic culture’ and feeling of insecurity is more due to lack of moral support from children which increases emotional disturbances. They are mentally and emotionally stressed and have tensions and worries due to growing uncertainties these days. Sharma [1980], Nayar [1987] also reveal problems like loneliness, isolation and neglect faced by elderly people in today’s society.

Eric J Lenze, Julie Loebach Wetherell. (2009). Bringing the Bedside to The Bench, And Then To The Community: A Prospectus For Intervention Research In Late-Life Anxiety Disorders. Anxiety disorders are highly prevalent in older people, and they are associated with functional impairment, poorer quality of life, and adverse long-term consequences such as cognitive decline. This paper evaluates gaps in the evidence base for treatment of late-life anxiety disorders (LLAD) and synthesizes recent research in cognitive neuroscience, basic behavioral science, stress and ageing. The authors examine three intervention issues in LLAD: prevention, acute treatment, and preempting adverse consequences. They propose combining
randomized controlled trials (RCTs) with mechanistic biobehavioural methodologies as an optimal approach for developing novel, optimized and personalized treatments. They also examine three barriers in the field of LLAD research: how do we measure anxiety; how do we raise awareness; and how will we ensure our research is applicable to underserved populations (particularly minority groups)? This prospectus outlines approaches to intervention research that can reduce the morbidity of LLAD.

Gretchen J. Diefenbach, David F. Tolin Suzanne A. Meunier, and Christina M. Gilliam. (2009). the Assessment of Anxiety in Older Home Care Recipients. Purpose this study determined the psychometric properties of a variety of anxiety measures administered to older adults receiving home care services. Design and Methods of the Data were collected from 66 adults aged 65 years and older who were receiving home care services. Participants completed self-report and clinician-rated measures of anxiety and diagnostic interviews for generalized anxiety disorder (GAD). In the Results Most measures demonstrated acceptable psychometric properties. All of the measures showed excellent interpreter reliability to support verbal administration, which is the typical mode of assessment in home care. The ease of use for each measure (e.g., time of administration) was also evaluated. The Geriatric Anxiety Inventory (GAI) demonstrated the strongest and the Beck Anxiety Inventory the weakest psychometric properties. The GAI and the GAD screening questions from The Primary Care Evaluation of Mental Disorders (PRIME-MD) Patient Health Questionnaire (PHQ) demonstrated the greatest utility in screening for anxiety disorders (either GAD or anxiety disorder not otherwise specified). Implications of the
data support the use of anxiety measures within a geriatric home care setting. The strengths and weaknesses of each measure are discussed to facilitate selection of the optimal measure depending upon assessment goals and available resources.

Vink Dagmar, Aartsen Marja J, Comijs Hannie C. (2009). Onset of Anxiety and Depression in the Aging Population: Comparison of Risk Factors in a 9-Year Prospective Study. Objectives of This Study was To study the onset and compare risk factors for pure depression (DEP), pure anxiety (ANX), and co morbid anxiety-depression (ANXDEP) in the aging population. In This Study Design Prospective study with 3-year intervals over a 9-year period was used Setting Data of the Longitudinal Aging Study Amsterdam were used, which is a population-based study among older adults (55-85 years at baseline). Participants Older adults free of depression and anxiety at baseline (N = 1,712). Measurements clinically relevant levels of depression and anxiety were measured with the Center for Epidemiologic Studies Depression scale > or =16 and Hospital Anxiety and Depression Scale > or =7, respectively. A broad range of potential socio demographic, health, and psychosocial risk factors for anxiety and/or depression were examined by using polychromous logistic regression analyses. Results Within 9 years, 184 subjects (10.8%) developed DEP, 93 (5.4%) ANX, and 103 (6.0%) ANXDEP. Concerning socio demographics, higher age and lower educational level were predictors for DEP. Health indicators were predictive for DEP and ANXDEP but not for ANX. Depressive symptoms at baseline were predictive for DEP, whereas initial anxiety symptoms were predictive for ANX and ANXDEP. Neuroticism increased the risk of DEP and ANXDEP. Mixed effects of psychosocial variables were found: DEP was associated with recent
widowhood, whereas ANX and ANXDEP were associated with other life events such as having an ill partner. Conclusion Of this study Although onset of ANXDEP demonstrated communality in risk factors, comparing risk factors associated with DEP and ANX revealed more differences than similarities. This underlines the need to distinguish anxiety from depression in preventive strategies.

**Archer N. (2008). Midlife Neuroticism and the age of onset of Alzheimer's disease.** Background there may be important public health implications of increasing our knowledge of factors associated with age of dementia onset. The pre-morbid personality domain of Neuroticism constitutes an interesting and theoretically plausible, yet uninvestigated, candidate for such an association. We aimed to examine whether midlife Neuroticism was associated with earlier age of onset of Alzheimer's disease (AD).

**Method** this was a case-comparison study of 213 patients with probable AD. Detailed clinical information was collected for all patients including age of onset of dementia symptoms. One or two knowledgeable informants rated each patient's midlife personality retrospectively using the Neuroticism, Extraversion, Openness Five-Factor Inventory (NEO-FFI) questionnaire. The relationship between midlife Neuroticism and age of dementia onset was evaluated using both co-relational analysis and backward linear regression analysis. Results Midlife Neuroticism predicted younger age of dementia onset in females but not in males. The association found in females was independent of pre-morbid history of affective disorder.

**Beaudreau, Sherry A, O'Hara, Ruth (2008). Late-Life Anxiety and Cognitive Impairment.** Emerging research implicates a consistent reciprocal relationship between late-life anxiety and cognition. Understanding this relationship may clarify
path physiological substrates of cognitive impairment and why co-occurring anxiety and cognitive impairment relates to poorer treatment prognosis for both conditions. This article critically reviews evidence of more prevalent anxiety in cognitively impaired older adults, elevated anxiety related to poorer cognitive performance, and more severe anxiety symptoms predicting future cognitive decline. It considers path physiologic mediators and moderators, and the influence of co-morbid depression or medical illness in anxiety. Identified directions for future research includes use of in-depth anxiety assessment comparing normal and mild cognitively impaired older adults and use of challenging neuropsychological tests to determine if specific cognitive domains suffer in anxious older adults.

Ellis J. M, Bierman, Hannie C Comijs, Frank Rijmen. (2008). Anxiety Symptoms and Cognitive Performance in Later Life: Results from the Longitudinal Aging Study. Amsterdam. Data from the Longitudinal Aging Study Amsterdam (LASA) were used to investigate whether, and if so how, anxiety symptoms are related to cognitive decline in older people, and whether anxiety symptoms precede cognitive decline. Anxiety symptoms were measured using the Hospital Anxiety and Depression Scale (HADS). General cognitive functioning was measured with the Mini Mental State Examination (MMSE), episodic memory with the Auditory Verbal Learning Test, fluid intelligence with the Raven's Colored Progressive Matrices, and information processing speed with the coding task. Multilevel analyses were performed to investigate the relationship between anxiety symptoms and cognitive decline over 9 years, taking into account confounding variables. Although not consistent across all dimensions of cognitive functioning, a curvilinear effect of
anxiety on cognitive performance was found. Furthermore, the authors found that previous measurement of anxiety symptoms were not predictive of cognitive decline at a later time-point. This study suggests that the effect of anxiety on cognition depends on the severity of the present anxiety symptoms with mild anxiety associated with better cognition, whereas severe anxiety is associated with worse cognition. The effect of anxiety symptoms on cognitive functioning seems to be a temporary effect; anxiety is not predictive of cognitive decline.

**Kari Kvaal, Fiona A McDougall, Carol Brayne. (2008) Co-occurrence of anxiety and depressive disorders in a community sample of older people.** Few population-based studies have examined the whole range of sub-threshold syndromes and disorders of anxiety and depression in older people. The Medical Research Council Cognitive Function and Ageing Study (MRC CFAS) included 13004 people aged 65+ who completed the initial screening interview. A stratified random sub-sample of 2040 participated in the assessment interview where the Geriatric Mental State Examination (GMS) was administered. The AGECAT diagnostic system was used to generate sub-threshold and disorder levels of anxiety and depression as well as the combination of these into eight syndrome categories plus a group without any of the syndrome categories. Prevalence, adjusted and unadjusted odds ratio calculations were calculated in the syndrome categories in relation to cross-sectional personal and environmental factors, and odds ratios of sub-threshold and disorder levels were estimated. The overall prevalence of anxiety and depression were 3.1% and 9.7% respectively. There was a high prevalence of anxiety and depression occurring in parallel: overlap was 8.4%. The highest odds ratios unadjusted and adjusted for age and gender of anxiety
and depressive disorders and significant for trend were found for increasing disability. The study found environmental factors to be strongly related to anxiety and depression; and overall, women have significantly higher estimates of anxiety and depression than men.

Sijuwade P.O. (2008), Adjustment of the Elderly in Relation to Living Arrangement, Gender and Family Life Satisfaction. This research explored the impact of living arrangement, gender and family life satisfaction on adjustment of the elderly. The study used factorial design, which analyzed the data collected through an Adjustment Inventory and Family life satisfaction Inventory for the elderly from the city of Oyo in the southwestern part of Nigeria. The Adjustment Inventory has 6 measures such as home, social, emotional, self, health and general adjustment. An analysis of variance performed on the data revealed that there is a significant effect of living arrangement on emotional adjustment, gender on general adjustment and family life satisfaction on emotional and general adjustment. The findings, in general, underscore implications of organizing programs for the elderly focusing on strengthening the familial bond with a particular note on the widowed group.

V. A. Braithwaite and D. M. Gibson. (2008). Adjustment to Retirement: What We Know and What We Need to Know. Difficulty in adjusting to retirement has consistently emerged as a problem for approximately a one third of retirees. A body of research has converged on a description of the poor adjuster as one in poor health, with inadequate income, a negative pre-retirement attitude, but with an increased likelihood of adaptation over time. Findings relating to other factors such as socio-economic status, occupation, activity, career fulfilment, job satisfaction and work
commitment are far less conclusive, with interpretation hampered by a failure to control for the better established correlates of retirement adjustment. This paper reviews the empirical work in this field, evaluates the goal hierarchy model and the political economy of old age literature as bases for explaining differences in retirement adjustment, and proposes a theoretical framework for future research which brings these two perspectives together.

**Benton Jeremy P, Christopher Andrew N. (2007). Death Anxiety as A Function of Aging Anxiety.** To assess how different facets of aging anxiety contributed to the prediction of tangible and existential death anxiety, 167 Americans of various Christian denominations completed a battery of questionnaires. Multiple regression analyses, controlling for demographic variables and previously demonstrated predictors of death anxiety, revealed that the aging anxiety dimensions of physical appearance concern and fear of losses each positively predicted tangible death anxiety. In addition, the aging anxiety dimension of fear of losses predicted existential death anxiety. Results are discussed with respect to the multifaceted nature of death anxiety and how different forms of aging anxiety contribute to anxieties about death.

**Nadeem N. A. and Rafiq T. (2007), ‘Adjustment Issues in old age; A Case Study of Kashmir.** The study sample included both rural and urban aged population of Kashmir age between 60-90 years. Total No. subject's 400 an information schedule was developed to collect information regarding family background marital status and income, education and tested by use of Shamshad Hussain and Jasbir Kour old age adjustment inventory adjustment in the health, home, social, marital emotional, financial, and overall adjustment. Findings of the research as below. Study indicated
sex-wise adjustment to various areas under highly adjusted and highly mal-adjusted categories revealed maximum deprivation under highly mal adjusted category appeared for females as compared to males. The proportion of being highly maladjusted in female category was almost approximately twice in females in areas of marital health, emotional overall adjustment financial, social adjustment and home adjustment which reckons 45, 40, 33, 31, 28, 25 and 23 subjective respectively. The study revealed that there was substantial difference between males and females in all the areas of adjustment viz. health, home, social, marital, emotional and financial. The adjustment in these areas was higher among males as compared to females. The present study clearly shows that there was higher prevalence of maladjustment among females as compared to males in health adjustment similar was the case with the social adjustment where maximum number of males was highly adjusted as compared to females.

Saroj, Shakuntla Punia, Chandra K. Singh, (2007), Psycho-social Status of Senior Citizen and Related Factors. Aging is a part of life and its degeneration nature exposes the individual several physical social and psychological problems. Therefore the present study was under taken to study the psycho-social status of institutionalized senior citizen. The study was conducted in purposively selected state Haryana. A sample of 60 respondents (30 males and 30 females) from ten institutes was selected randomly. Regarding psychosocial economic status of the respondent, results indicated that maximum percentage of the respondent was in the moderate to severe level of depression had natural attitude towards institution, moderate social, good health status and poor in economic status. Further results revealed that maximum percentage of the
respondents were feeling insecure in their own house, neglected by family members and wanted to meet their basic needs. Result indicated that overall institutional facilities had positive significant correlation with attitude and health status. Age was negatively correlated with leisure time activities and health status. Overall psychosocial-economic status of the respondents had positive significant correlation with attitude, leisure time schedule, social and health status of the senior citizen.

Collins. J, (2006), 'Community adjustment among older depressives'. Depression is the most common emotional disorder of later life, yet there is no much confusion and clinical speculation about it adjustment of later life depressive after psychiatric treatment is virtually an unknown area as is the phenomenon of depression itself with population. This study addressed these two issues community adjustment of younger and older clinically depressed patients after treatment was monitored also, adjustment differences in self and other rating were compared between the two age group, Result show that there are no significant different in post treatment adjustment ratings between the age groups in addition it was found that older depressive with longer history of depression adjust less well than expected, lastly, older depressive particularly neurotic ones show the following pattern of adjustment, less alienation, less vigor, less confidence in skill, poorer work history, less abuse of alcohol or drugs, more social constriction, more agitation, and fewer household management skills.

Jennifer Warner (2006). Older Adults Affected by Anxiety Disorders than Depression. Anxiety may affect twice as many older adults as depression, according to new research. Researchers say generalized anxiety disorder (GAD) may be the most common mental disorder among the elderly, although little is known about how to
treat the disorder among older adults. "Studies have shown that generalized anxiety disorder is more common in the elderly, affecting 7% of seniors, than depression, which affects about 3% of seniors. Surprisingly, there is little research that has been done on this disorder in the elderly," says researcher Eric J. Lenze, MD, assistant professor of psychiatry at the University of Pittsburgh School of Medicine, in a news release. "Due to the lack of evidence, doctors often think that this disorder is rare in the elderly or that it is a normal part of aging, so they don't diagnose or treat anxiety in their older patients, when, in fact, anxiety is quite common in the elderly and can have a serious impact on quality of life," says Lenze. Anxiety in the Elderly Lenze has published work on the topic of treatment for anxiety disorders among older adults and presented an overview of the issue this week at the Annual Meeting of the American Psychiatric Association in Toronto. Researchers say it's normal for older adults to worry more about things like deteriorating health and financial concerns as they age, but elderly with generalized anxiety disorder worry excessively about routine events and activities for six months or more. This constant state of worry and anxiousness may seriously affect older people's quality of life by causing them to limit their daily activities and have difficulty sleeping. If untreated, GAD may also lead to depression. Other conditions considered anxiety disorders include phobias, panic disorder, and obsessive compulsive disorder. Lenze says a small study showed that treating generalized anxiety disorder with one selective serotonin reuptake inhibitor (SSRI) was equally effective at treating adults over age 60 with the disorder compared with younger adults. Older adults who took the SSRI for eight months reported an overall improvement in symptoms and quality of life. But Lenze says doctors can't assume
the same drugs used to treat GAD in younger adults will always work in older adults and more research is needed to determine the effects of these drugs in the elderly. "Anxiety in people over age 60 might have some similarities to anxiety in those younger, but it also has marked differences. We can't just assume that we can treat the two age groups the same," says Lenze. "We are decades behind where we need to be in terms of research and treatments for anxiety in this older age group." The symposium where Lenze presented his overview was sponsored by Forest Pharmaceuticals, Inc. Lenze receives grant support from Forest Laboratories, Inc., Johnson & Johnson Pharmaceutical Research & Development, LLC, and Pfizer Inc.

Joshua D. Miller and Paul A. Pilkonis, Joshua D. Miller, and Paul A. Pilkonis, (2006) Neuroticism and Affective Instability: The Same or Different? Objective of this study was to examine the correlates and consequences of two constructs related to affective experience: neuroticism and affective instability. In this study One hundred thirty-two patients were assessed at intake for axis I and II symptoms, general personality traits, and specific impairments, including impairments in interpersonal functioning. The data included responses to structured and semi structured interviews, self-reports of interpersonal problems, and reports of interpersonal problems from significant others. Clinical ratings of axis I and II symptoms and of impairment were made by using the LEAD (i.e., longitudinal, expert, all data) consensus approach. Ninety-one of the 132 patients were reassessed at 12-month follow-up. Results Neuroticism and affective instability manifested varied concurrent relations, with neuroticism being strongly related to an anxious, avoidant style and affective instability related to more externalizing personality styles. Prospectively, neuroticism
predicted later symptoms, occupational impairment, and global dysfunction, whereas affective instability predicted romantic impairment. Conclusions The findings suggest that neuroticism and affective instability—which are considered core aspects of personality pathology—are related but distinct constructs with unique correlates and different predictive abilities.

**Kafetsios, K. Sideridis G.D., (2006), Attachment social support and well-being in young and older adults.** The present study examined the link between attachment social support and well-being in young and older adults. The results from multi-group path analyses showed significant between group differences in the links between attachment, perceived support and well-being. Anxious attachment and well-being were inversely associated and this was stronger for the younger group than it was for the older group. Avoidant attachment was negatively related to perceived support satisfaction in the older age group only and perceived support mediated the effects of avoidant attachment on mental health and loneliness in the older group. Generally, perceived satisfaction with support was more strongly related with well being in older adults. The results point to differential links of insecure attachment styles with perceived support in different life stages and to related cognitive, emotional and social processes.

**Kristin R. Krueger, Robert S. Wilson, Raj C. Shah, Yuxiao Tang. (2006). Personality and Incident Disability in Older Person.** Objective of this study to examine the relation of personality to the development of disability in old age. Method of this research participants are 813 older Catholic nuns, priests and brothers without dementia or disability at study onset. As part of a uniform baseline evaluation, they
completed standard measures of the five principal dimensions of personality. Disability was assessed at baseline and annually thereafter with the Katz scale. The relation of each trait to incident disability was assessed in proportional hazard models controlled for age, sex, education and selected clinical variables. In the Results of this research during a mean of about 6 years of observation, 255 persons (31%) became dependent on at least one activity of daily living. Risk of becoming disabled was 85% [95% confidence interval (CI) = 80.5–89.6] lower in persons with high (90th percentile) compared to low (10th percentile) extraversion and 50% (95% CI = 46.6–54.2%) lower in those with high compared to low conscientiousness, and controlling for chronic medical conditions, depressive symptoms or social and cognitive activity did not substantially affect these associations. By contrast, neuroticism had a marginal association with disability risk that was eliminated after controlling for depressive symptom-otology, and openness and agreeableness were unrelated to disability risk. Finally in Conclusions The results suggest that higher levels of extraversion and conscientiousness may be associated with a reduced risk of incident disability in old age.

Kwang Soo You and HaeOk Lee. (2006). The Physical, Mental, and Emotional Health of Older People Who Are Living Alone or With Relatives. Korea, as in other countries, the number of older adults is growing substantially, and the proportion of older adults is projected to be 14.3% by 2022 [Ministry of Health and Social Affairs, Republic of Korea. (2003). Yearbook of health and social affairs statistics for 2003, vol. 49. Seoul, Korea: Government Printing Office]. The number of older people who are living alone in rural areas has been sharply increasing as a result of the
migrants of younger adults to urban areas for employment. However, information on
the health status of elders who live alone is limited. Therefore, the purpose of this
study was to compare the physical, mental, and emotional health status of elders who
are living alone and those living with relatives in rural areas in South Korea. A cross-
sectional survey design was used, and data were collected by interviewing subjects. A
two-stage cluster sampling process was utilized for those living alone ($n = 110$) and
those living with family members ($n = 102$). Both groups were enrolled in KyungRo-
Dangs (senior centers), which are like community centers in the province. The results
indicate that elders who are living with relatives scored significantly higher on several
physical and mental health parameters than elders who are living alone. However,
eiders who are living with relatives had a significantly higher emotional health status
in almost every item than elders who are living alone. These findings suggest that
interventions to increase health status, especially the emotional health of elders who
are living alone, are imperative and that the intervention should be sensitive to
changes in the social structure of elders who are living alone in rural areas. Further
studies are needed to understand the factors that are associated with the physical,
mental, and emotional health of elders who are living alone and those who are living
with relatives.

Mitali Sen & James Noon (2006). Living Arrangement: How does it relate to the
Health of the Elderly in India? Approaching 80 million in number, India has the
second largest population of elderly people after China. The living arrangement of the
elderly is seen as a parameter of great importance in understanding their plight in
developing countries because of the lack of public institutions and social security nets.
Using the India Human Development Survey–2005 (IHDS), a 40,000 household nationwide multi-topic dataset collected by the University of Maryland in collaboration with National Council of Applied Economic Research, we examine whether the living arrangements of the elderly have any bearing on the status of their health or the amount spent on treatment when sick. Furthermore, for a limited sample we also test an intermediary variable – a household decision making index - that we believe informs us of the functioning of the family and should have a relationship with health outcomes like seeking treatment and how much is spent. This research is unable to determine causality because of the complex nature of relationships and feedback loops between living arrangements and elderly health, it seems clear from our preliminary analysis on short term morbidity that given the present institutional environment, the elderly are least prone to short term illnesses when living within a large joint family. At this stage of our analysis it is hard to say why exactly it is so. But we can conjecture that perhaps being able to share the burden of survival with other adult members as well as partake in all the activity of the younger generation keeps those alert, engaged and healthy compared to elderly in other situations.

Rachel Mann, Yvonne Birks, Jill Hall, (2006). Exploring the relationship between fear of falling and neuroticism: a cross-sectional study in community-dwelling women over 70. Background of the study fear of falling in older adults has been associated with generalized anxiety and may lead to avoidance of activities, with a further negative impact on future falls. Individual differences in personality associated with anxiety have not been previously examined in relation to fear of falling. Current assessment measures and interventions designed to reduce fear of falling in older
adults do not take into account perceptions of anxiety associated with individual differences in personality. Aim of the study to determine whether the core personality trait dimension of neuroticism can predict fear of falling in a community-dwelling sample of women ≥70 years of age. Method cross-sectional data from 1,691 UK, community-dwelling female participants aged ≥70 years were examined using multiple and logistic regression analysis. Fear of falling was measured on a 6-point Likert scale. Neuroticism was measured using the Eysenck personality inventory. Results of the study significant independent odds ratios (OR) of predicting fear of falling were: neuroticism (OR 1.47 per SD increase, \( P < 0.001 \)), history of falling (OR 1.57, \( P < 0.001 \)), experience of fracture (OR 1.78, \( P = 0.014 \)), need to use both arms to push up to rise from a chair (OR 1.56, \( P = 0.001 \)), poor subjective general health, as measured by the SF12 (OR 1.63 per SD decrease, \( P < 0.001 \)) and living alone (OR 1.31, \( P = 0.031 \)). Finally Conclusions neuroticism seems to be an important psychological factor in the experience of fear of falling in community-dwelling older women. It may be relevant for inclusion in current assessment measures and for consideration in the design of interventions to reduce fear of falling.

S A Onrust, P Cuijpers. (2006). Mood and anxiety disorders in widowhood: a systematic review. The association between widowhood and mental health problems, such as depressive symptomatology and anxiety, has been examined extensively. Few studies, however, have explored the prevalence and incidence of mood and anxiety disorder based on diagnostic criteria after the loss of a partner. The authors searched major bibliographical databases for studies examining mood and anxiety disorders in widowhood. Eleven studies were identified, exploring the prevalence and incidence of
mood and anxiety disorders in 1348 widowed individuals and 4685 non-widowed controls. As expected, the prevalence of Major Depressive Disorder (MDD) and anxiety disorders were considerably elevated in widowed individuals, especially in the first year after the loss of a spouse. During the first year of bereavement, almost 22% of the widowed were diagnosed as having MDD, almost 12% met diagnostic criteria for Post Traumatic Stress Disorder (PTSD), and there were higher risks of Panic Disorder and Generalized Anxiety Disorder. The incidence rate of MDD and several anxiety disorders ranged from 0.08 to 0.50. The relative risk of developing a mood or anxiety disorder ranged from 3.49 to 9.76 in the widowed, compared to control subjects.

Shyodan Singh and Paramjeet K. Dhillon. (2006). Understanding Adjustment of Retirees. Research was conducted, to study and compare the adjustment of women retirees with different marital status: with spouse, separated and widowed. Sample: The sample of the study comprised 150 retired Govt./semi Govt. women employees residing at various locations in Delhi, of which 50 were class I officers, 50 were class II officers and 50 were class III employees. The sample comprised teachers, lecturers, professors, bank employees, administrators, section officers, clerical staff, etc. The selection of the sample was on the basis of non-probability incidental sampling technique, as it was very difficult to locate retired women from government/semi government service. The Measuring Instrument: Information Schedule: Information schedule was prepared by the investigators to collect information about the - age, education, number of retirement years, marital status, living arrangements, number of children, last designation of the respondents. The Adjustment Inventory: Ramamurti
(1968) developed this inventory which includes 100 items, 25 each of home, social, emotional, health and self adjustment. Lower the score, better the adjustment of the elderly. Depicts significant differences among women retirees with spouse, separated and widowed women retirees (F-values) on adjustment on the whole and also on all its dimensions (health, self, emotion, home and social) (p<0.01). The mean values showed that retired women with spouse had a better adjustment on the whole, as well as, in all its areas (health, self, emotion, home and social adjustment), as compared to separated and widowed followed by separated women retirees. These results also depicted those widows were the least adjusted as compared to the other two. These results were in line with Crandall (1980) who found that individuals who live with their spouse were happier and better adjusted. Being married with a Living spouse is an important source of support for a retired woman which leads to better adjustment. Discontinuity in marital status, separated or widowed seemed to have disruptive consequences and negative effects on the adjustment of retired women. The findings that retired widows were the least adjusted as compared to those with spouse or separated (Table 2) were in line with findings of Holmes and Rarhe (1976), Thompson (1984) who found that the death of a spouse was a major life stressor requiring more adjustment than any other life event Jamuna and Ramamurti (1988) also found that widows were poorly adjusted As compared to non widows. Following widowhood there was usually a sudden loss of financial support and a consequent by 6 a lowering of the standard of living. According to Heltz (1986) widowhood has been conceptualised as a negative evaluated social category where the individual loses the central source of identity, financial support and social relationship, hence widowhood
being a role-less role leads to poor adjustment. Finally in Conclusion The review of literature indicates that: (1) males generally face high stress on retirement as a large part of their identity is influenced by their job, (2) adjustment during retirement is affected by whether one was forced to retire, retired because of his/ her poor health, or wife's poor health and Whether one receives a retirement pensioner not, (3) adjustment in retirement years depended to a large extent on pre-retirement planning and how far these plans were concrete and organized; (4) the retirees who did not initially want to retire could not adjust overtime to the retirement state (Levy 1980); and (5) generally retirees in India and abroad have problems in adjustment to retirement and suffer from psychological depression due to a sudden loss of work (Kumar, 1997; Levy, 1980), however, those who take a positive attitude or an attitude of constructiveness’, prepare and plan for retirement, maintain a sense of self, expand their role, involve themselves in the community and social activities, and remained physically healthy/ fit also adjust well to retirement. The problems generally faced by the retirees were shortage of money, too much free time, widowhood, feeling physically weak, fear of death, mental tension, and feeling of social neglect by family members, as well as, by friends (Raghani and Singh, 1970). The results of the present study indicate that adjustment to retirement is effected by many factors such as the hierarchical levels(class I, class II and class III) which the retirement takes place and the marital status of the retirees, especially those of women retirees.

Christina S. McCrae, Meredith A. Rowe , Candece G. Tierney, Natalie D. Dautovich (2005). Sleep Complaints, Subjective and Objective Sleep Patterns, Health, Psychological Adjustment, and Daytime Functioning in Community-
Dwelling Older Adults. Researcher examined sleep complaints, subjective and objective sleep patterns, health, psychological adjustment, and daytime functioning in 103 community-dwelling older adults to identify factors associated with sleep complaints. We collected 2 weeks of sleep diaries and autography. Only health distinguished complaining from no complaining sleepers. No complaining good sleepers had poorer objective sleep quantity than complaining poor sleepers. Autography distinguished no complaining good and complaining poor sleepers only. Subjective and objective sleep quantities were related for no complainers only; this relationship was stronger for women. Implications include a need for research exploring: 1. sleep complaints sleep perceptions, and health; 2. interventions focusing on older individuals with insomnia secondary to/co morbid with poor health; 3. gender differences in subjective sleep estimates and in “single-shot” versus longitudinal sleep measures.

G. Samuelsson, Hagberg C Mc Camish-Svensson, B (2005). Incidence and risk factors for depression and anxiety disorders: results from a 34-year longitudinal Swedish cohort study. This study is based on a total cohort of 192 people born in 1902 and 1903 and living in southern Sweden. Subjects were assessed at baseline when aged 67 and on eight further occasions over 34 years or until death. The participation in the nine examinations ranged from 78% to 100%. Interviews, psychological tests and medical examinations were used as well as information on medical diagnoses from primary health care records and hospital records. The cumulative probability for the development of clinical depression during the follow-up was 8% and for anxiety 6%. The incidence rate for depression and for anxiety was
highest during the period 67-81 years. The poor were more likely to be diagnosed with depression during the follow-up period, females more often than men. Therefore, the strongest risk factors for the development of depression were perceived economic problem.

**Hillary Le Roux, Margaret Gatz, Julie Loebach Wetherell. (2005). Age at Onset of Generalized Anxiety Disorder in Older Adults.** In this study the authors explored the distribution and correlates of age-at-onset of late-life generalized anxiety disorder (GAD). Authors examined the distribution of age at onset in a sample of 67 older adults with GAD recruited for a psychotherapy study. They compared those with an early onset of symptoms (before age 50) to those with a late onset (after 50) on demographic variables and measures of psychopathology and health-related quality of life. Results of this study There was a bimodal distribution of age at onset, with 57% reporting early onset and 43% reporting a late onset. Patients with an early onset of symptoms had a higher rate of psychiatric co morbidity and psychotropic medication use and more severe worry. Patients with a late onset of symptoms reported more functional limitations due to physical problems. Conclusions of the study Although most older GAD patients report an onset in childhood or adolescence, almost half develop the disorder in late life. Older adults with an early onset of GAD appear to have a more severe course, characterized by pathological worry, than those with a later onset. Role disability may be a risk factor for onset of GAD in late life.

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Margreet Ten Have, Albertine Oldehinkel, Wilma Vollebergh and Johan Ormel .(2005). Does Neuroticism Explain Variations In Care Service Use For Mental Health Problems In The General Population? Little is known about the role of personality characteristics in service utilization for mental health problems. We investigate whether neuroticism: 1) predicts the use of primary and specialized care services for mental health problems, independently of whether a person has an emotional disorder; and 2) modifies any association between emotional disorder and service use. Data were derived from the Netherlands Mental Health Survey and Incidence Study (NEMESIS) a prospective cohort study in the general population aged 18–64. Neuroticism was recorded at baseline, and emotional disorder and service use
at 12-month follow-up, in a representative sample (N=7076), using the Composite International Diagnostic Interview. In this study Results People with high neuroticism were more likely to receive care in the specialized mental health sector, and after entry to care they made more visits to the services, whether or not they had an emotional disorder. If they had an emotional disorder, their likelihood of receiving specialized mental health care showed an additional increase. Neuroticism also predicted the use of primary care for mental health problems, but greater numbers of visits were made only by clients both high neuroticism and an emotional disorder. Finally Conclusions of this study is It would be useful to incorporate personality characteristics into models to understand variations in service utilization for mental health problems. The findings suggest that professionals would be wise to focus not just on their clients’ emotional problems and disorders, but also on strengthening their problem-solving abilities through approaches like cognitive behavioral therapy.

**Martin Smalbrugge, Lineke Jongenelis, Anne Margriet. (2005). Co morbidity of depression and anxiety in nursing home.** The prevalence of depressive disorders among nursing home patients is much higher than among older people living in the community, whereas the prevalence of DSM anxiety disorders is about half of that among older people living in the community. Comorbid depression and anxiety is most prevalent in the more severe depressive and anxious nursing home patients. These were the main findings of study based on data collected in the Amsterdam-Groningen Elderly Depression (AGED) study of 333 nursing home patients in 14 nursing homes in the Netherlands. Anxiety symptoms, anxiety disorders and depression were measured with the Schedule for Clinical Assessment of
Neuropsychiatry (SCAN) and the Geriatric Depression Scale (GDS). Pure depression, pure anxiety and co morbid anxiety and depression have different sets of risk indicators, which probably have more value for clinical practice than for nosological purposes.

**Monopoli John, (2005), 'Managing Hypochondrias is in Elderly.** This present paper provides a diagnostic and treatment overview of geriatric hypochondrias is. It is suggested that our current definition of hypochondrias is may be inadequate in describing the complexity of the disorder and its varied manifestations in general population and especially in our geriatric population attempts by researchers to provide greater diagnostic clarity are reviewed, including the concepts of hypochondrias is as a discrete disorder primary hypochondriasis and hypochondrias as part of a co morbid mix of disorder. Secondary hypochondrias Diagnostic features of geriatric hypochondriacs are discussed including co morbidity, prevalence, the relationship of medical illness to hypochondriacally symptomatology and etiology Treatment Consideration which are reviewed include the importance of respect for the defenses of the client, the importance of venting and expressions of feeling by the client, the creation of a psychological atmosphere of professional and interpersonal support and reattribution training. It is suggested that hypochondrisis is a social communication and co morbidity itself may be the key to unlocking the unspoken messages of hypochondriacally older adults.

**Schuurmans J, Comijs H C, Beekman A T F. (2005). The Outcome Of Anxiety Disorders In Older People At 6-Year Follow-Up: Results From The Longitudinal Aging Study Amsterdam.** Objective of this study, to examine long-term outcome of
late-life anxiety disorders and utilization of mental health care services. In the Method. A cohort of subjects (aged \( \geq 55 \) years) with an anxiety disorder (\( n = 112 \)) was identified in the Longitudinal Aging Study Amsterdam (\( n = 3107 \)). At 6 year follow-up, the rate of persistence and prognostic factors for persistence of anxiety were established. In the Results. Six years after baseline 23% of our sample met the criteria for an anxiety disorder. Another 47% suffered from subclinical anxiety symptoms. Persistence of anxiety was associated with a high score on neuroticism at baseline. Use of benzodiazepines was high (43%), while use of mental health care facilities (14%) and anti-depressants (7%) remained low in those with persistent anxiety. this study Results indicate that those high in neuroticism are at greater risk for persistence of anxiety. Efforts to enhance appropriate referral of anxious older adults do not seem to have had the desired effect.

Steunenberg Bas, Twisk Jos W R, Beekman Aartjan T F. (2005). Stability and Change of Neuroticism in Aging. In middle and older adulthood, with some apparent increase in late life. Data from the Longitudinal Aging Study Amsterdam were used to study the relationship between neuroticism and aging. At baseline, cross-sectional analyses of data from 2,117 respondents (aged 55-85 years, \( M = 70 \)) showed no significant age differences. The magnitude of the 3- and 6-year stability coefficients was high, and 12% of the elderly participants showed a clinically relevant mean level change. Longitudinal multilevel analyses showed a small but statistical significant change with aging, but the mean change was not considered clinically relevant. A U-formed course was found, showing a slight decrease until respondents reached the age of 70. Adjusting the model for physical health-related variables
slightly increased the stability. An additional interaction analysis showed that the individual trajectory of neuroticism was not affected by the physical health status. In conclusion, neuroticism remains rather stable.

**De Jonge P. Sanderman, R., (2004), 'Depressive symptoms in Elderly Patient predict poor adjustment after somatic events.** The authors tested the hypothesis that elderly subjects with pre-morbid depressive symptom are at increased risk of poor adjustment. Authors analyzed the course of self-reported physical, role, and social functioning, and general health and well-being in subject without baseline limitation. Patients with poor adjustment after the event were compared with patients with good adjustment on baseline depressive symptoms. Result indicate in multivariate analyses pre-event depressive symptoms were associated with an increased risk of poor adjustment in terms social functioning, well being and general health, but not physical functioning finely. Elderly people living in the community reporting depressive symptoms are increased risk of poor adjustment.

**Greenwood Nancy A. (2004), Androgyny and Adjustment in Later Life: Living in a Veterans' Home.** This study builds on literature that suggests that interaction with friends in later life is important to the well-being of older adults and other research that argues that androgynous individuals may have a greater range of social skills with which to further their adjustment. We apply these arguments to later life through interviews from a pilot sample of 27 residents in a state-operated veterans' home. Findings suggest that women, who often hold high expectations for the interpersonal domain, are more likely to experience adjustment problems than are men. Men, who may have lower expectations for friendship and intimacy, seem less likely to report
dissatisfaction, regardless of gender characteristics. A typology of adjustment and androgyny in later life is developed. Androgyny – older.

**Hanna van Solinge and Kene Henkens (2004). Couples Adjustment to Retirement: A Multi-Actor Panel Study.** Objective of This study was to examine adjustment to retirement by couples. For both older workers and their partners, we investigate the extent to which adjustment is influenced by the context in which the transition is made and psychological factors shaped by individual expectations and evaluation prior to retirement. Moreover, we examine the extent to which partners influence each other in the process of adjusting to retirement. in this study Methods  .With use of multi-actor panel data from 559 older Dutch couples who experienced the transition into retirement of one of the partners, ordinary least squares, and three-stage least squares regression models are used to explain adjustment to retirement by both partners .Results. Adjustment to retirement is influenced by the context in which the transition is made as well as individual psychological factors. A strong “quantitative” attachment to work (full-time jobs, long work histories), a lack of control over the transition, retirement anxiety (negative preretirement expectations), and low scores on self-efficacy are predictors of difficult adjustment. The extent to which partners influence each other in the process of adjusting to retirement appears to be limited. Discussion. Retirement affects both partners, albeit in a different way. Retirement preparation programs should pay attention to the fact that adjustment is an individualized process experienced differently by each partner.

**Joan Arehart-Treichel (2004). Neuroticism, Anxiety Disorder Share More Than Symptoms.** The same genes that cause neuroticism may cause generalized anxiety
So highly neurotic people might be a good place to search for genes for generalized anxiety disorder. Previous Section High levels of the personality trait of neuroticism have been observed in patients with anxiety disorders, suggesting that the trait and such disorders might be related. In fact, the trait and generalized anxiety disorder could well be due to the same genes. This hypothesis comes from a study headed by John Hettema, M.D., Ph.D., an assistant professor of psychiatry at Virginia Commonwealth University. A report of the results is published in the September American Journal of Psychiatry. Generalized anxiety disorder is characterized by excessive, chronic worry regarding multiple areas of life and includes symptoms such as irritability, muscle tension, sleep disturbance, and difficulty concentrating. To find out if generalized anxiety disorder and neuroticism are genetically related, Hettema and his colleagues conducted a large twin study. They studied about 8,000 identical and fraternal twins, including twins of both genders. Subjects participated in either face-to-face or phone interviews to find out whether they had had generalized anxiety disorder at some point in their lives. The Structured Clinical Interview for DSM-III-R was used for this purpose. They were also assessed for neuroticism with the short form of the Eysenck Personality Questionnaire, which contains 12 items that overlap with some of the diagnostic criteria for generalized anxiety disorder such as irritability, nervousness, and excessive worrying. The researchers then used the interview results to determine whether subjects who scored high on the personality trait of neuroticism had also experienced generalized anxiety disorder at some point in their lives. They found that was the case in many subjects, suggesting that neuroticism and generalized anxiety disorder might be genetically related. They then looked to determine whether a
coexistence of neuroticism and generalized anxiety disorder occurred more often in identical than in fraternal twins. They found that there was such a relationship, suggesting that the same genes that cause neuroticism could cause generalized anxiety disorder, since identical twins share 100 percent of their genes. “Our results suggest that the genetic factors underlying neuroticism are nearly indistinguishable from those that influence liability to generalized anxiety disorder,” Hettema and his colleagues concluded in their study report. One of the implications of their findings, they added, is that people with high levels of neuroticism might be a useful starting point to hunt for genes for generalized anxiety disorder. As for the study's implications for current psychiatric practice,“ Although most psychiatrists do not routinely measure neuroticism,” Hettema told Psychiatric News, “if there are indications of high neuroticism by whatever means, this would suggest that screening for generalized anxiety disorder would be a good practice. However, patients do not generally present with complaints of being neurotic, but rather because they have actually developed a psychiatric syndrome like generalized anxiety disorder, so the cat's already out of the bag.”

Mishra A. J., (2004), 'A study of Loneliness in an old Age Home in India: A case of Kanpur.' This study conducted in an old age home in Kanpur; seek to understand the experience of loneliness. This is examined with reference to the concepts of 'Social loneliness' desolation advanced by Weiss and Townsend respectively the phenomenon is also examined vis-à-vis the activity theory of aging which states that engaging in activity help the elderly in overcoming loneliness, improves their health, and augment self-esteem contrary to expectation, the findings suggest that the residents in this
particular old age home do not experience loneliness. This is partly because they try to keep themselves busy by taking up various activities other reasons have to do with regular familial contact and nature of the old age home, which invokes Hindu scriptures to emphasize the spiritual duties of the elderly.

N.P. Das, Urvi Sha. (2004). A Study of Old Age Homes in the Care of the Elderly In Gujarat. Psycho-emotional and Social Aspects of the Elderly Living in Old Age Home. The final aspect studied provides an idea of the psychological, emotional and social aspects of the elderly living in old age homes as reflected by their satisfactions and dissatisfactions with various services provided and the advantages of such institutional living arrangement as against the disadvantages as well as their sense of isolation (being away from children and family) or whether such an arrangement provides the much needed comfort, solace and companionship of age-mates and the freedom to pursue their own activities without constraints. This section ends with an exploration of the opinions of the elderly regarding children as old age support and who they feel should care for the elderly, in the context of changing familial values. Findings on these varied.

Shenk, Dena ; Kuwahara, Kazumi and Zablotsky, May 2004 Older women's attachments to their home and possession. The current cohorts of older women in the United States were raised with clear gender roles and expectations, defining a women's primary focus as her home and family. It seems likely therefore, that they will have at least, in part, developed a sense of their own identities in relation to their homes and possessions. This study is based on in-depth interviews with four older widows in charlotte N.C. who still live in the home where they lived with their
deceased husband, utilizing a lit course perspective; this paper explores the themes in their attachment to their homes and possessions.

**SZU WU Anise Man, Tang Catherine and Yan Elsie, (2004), Psychosocial Factors Associated with Acceptance of old age home placement: A Study of Elderly Chinese in Hong Kong.** This study examined psychosocial factors associated with the acceptance of long-term placement in old age home (OAHS) among 185 elderly Chinese in Hong Kong. Participants were recruited from local community centers for elderly people and were individually interviewed on their willingness to enter old age Home's attitudes towards Old age homes, perceived mental and physical health status, and beliefs about filial piety and independence. Result showed that only 20 % o the participants indicated their willingness to enter old age home's in the coming 6 months. Among depicted services and facilities in old age home participants rated the quality of old age home staff as the most important, whereas the choice of food and mealtimes were viewed as the least important participants were more willing to enter old age home if depicted services and facilities were provided at old age home's findings of the hierarchical regression analysis, revealed that salient correlates of willingness to enter old home were positive attitudes towards old age home, poor perceived physical health, male gender, and a low need for independence. Prior visits to old age home's and filial piety belief were unrelated to participants' acceptance of old age home care. Service and police implications in promoting elderly people's sense of autonomy and acceptance of old age home care reducing the cost of placement in old age home, and ensuring the quality of services and care in old age home are also discussed.
Becca. R. Levy, Kevin Conway, Jessica Brommelhoff. (2003). *Intergenerational differences in the reporting of elders' anxiety*. This study examined whether the lower rate of anxiety in old age, as presented in a number of studies, may be due to older individuals having a greater reluctance than younger individuals to report anxiety symptoms. The authors examined 167 family-member pairs, in which the self-reported anxiety symptoms did not match family-reported anxiety symptoms in the same individual. As expected, the authors found that older people were less likely than younger adults to report anxiety symptoms in themselves when a family member reported their having anxiety symptoms. Also as expected, older people were less likely to identify anxiety symptoms to another family member, who self-reported anxiety symptoms. This study suggests that older individuals minimize the reporting of anxiety symptoms, and therefore, the risk of experiencing anxiety in old age may be higher than previously thought.

Fahad Alwahhabi. (2003). *Anxiety Symptoms and Generalized Anxiety Disorder in the Elderly: A Review*. Anxiety is a common but underestimated, undertreated, and poorly studied problem in the elderly. Generalized anxiety disorder (GAD) and nonspecific anxiety symptoms that do not fall under a specific anxiety disorder are good examples. The current literature on the epidemiology, consequences, and phenomenology, assessment, and treatment implications of these challenging problems is reviewed. A variety of limitations are observed. They include limited understanding of the expression of GAD in this age group, variable definitions of "elderly" (specifically with regard to the minimum age), limited ability of currently available diagnostic instruments to identify GAD in the elderly, and the availability of
only a few trials addressing treatment of GAD specifically in this group. Despite these limitations there is enough evidence suggesting GAD in the elderly has a potential for negative consequences independent of the common co morbidity with major depressive disorder. The treatments reviewed are promising but need further research in order to document their safety and efficacy. The limitations of our current knowledge are discussed, with recommendations for future research.

I Montorio, R Nuevo, M Marquez . (2003). Characterization of worry according to severity of anxiety in elderly living in the community. 85 Spanish people representing three levels of severity of anxiety - 74 non-clinical, 4 with sub-threshold anxiety, 7 with generalized anxiety disorder (GAD) were assessed with different variables typically considered to be relevant for the analysis and characterization of worry. Results indicate that the most remarkable differences in content of worry as a function of severity of anxiety occurred in the domains of worries about health and personal worries. Moreover, older people with high levels of anxiety worry more frequently and about more issues, and perceive less control over their worrying. Significant differences between groups in past and present orientation of worry were found. Worries were more frequent in GAD, and were concerned mainly towards the present and minor everyday problems in both those with GAD and non-clinical anxiety. Worry about minor things together with the extent to which worry interferes in daily life were the best discriminate variables for GAD, being better than core DSM-IV GAD criteria. This pattern of results suggests that the potential of a specific worry to affect daily well-being and quality of life is strongly related to the presence of a disorder.
Kim And Ki IK Kim, (2003). Patterns of Family Support and the Quality Of Life of the Elderly. This study addresses the issue of the quality of life of the Korean elderly in present day by looking at the relationship between the patterns of support exchange across generation and the subjective well being of the elderly as measured by the overall life satisfaction index, relying on equity of exchange theory, we formulated the following hypothesis in contrast to the elderly who only recessive, the elderly who both give the receive are more satisfied with life, while the elderly, who only give or the elderly who do not exchange any support with children are less satisfied. The multiple regression analysis based on the survey of living Environment and the quality of life of the Korean Elderly in 1997 (N=1056) appears to support these hypothesis as a whole. The findings suggest that the elderly as well as the younger generations put more value on two-way intergenerational relation based on mutual care and assistance, rather than simple following the traditional norm of filial piety.

Pigott T. A. (2003). Anxiety Disorders in women. Women have higher overall prevalence rates for anxiety disorders than men. Women are also much more likely than men to meet lifetime criteria for each of the specific anxiety disorders: generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), social anxiety disorder (SAD), posttraumatic stress disorder (PTSD), simple phobia, panic disorder, and agoraphobia. Considerable evidence suggests that anxiety disorders remain under recognized and undertreated despite their association with increased morbidity and severe functional impairment. Increasing evidence suggests that the onset, presentation, clinical course, and treatment response of anxiety disorders in
women are often distinct from that associated with men. In addition, female reproductive hormone cycle events appear to have a significant influence on anxiety disorder onset, course, and risk of co-morbid conditions throughout a woman's life. Further investigations concerning the unique features present in women with anxiety disorders are needed and may represent the best strategy to increase identification and optimize treatment interventions for women afflicted with these long-neglected psychiatric disorders.

Smalbrugge M, Pot A.M, Jongenelis K, Beekman A. T, Eefsting J. A. (2003). Anxiety disorders in nursing homes: a literature review of prevalence, course and risk indicators. Psychiatric disorders such as dementia and depression are highly prevalent in nursing homes. The prevalence of anxiety disorders is less clear. Prevalence, course and risk-indicators of anxiety disorders among nursing home residents were examined, based on a review of the literature. Medline and Psych INFO searches were conducted for 1966-2002. Twelve studies were considered relevant. These differed substantially with respect to study-population, diagnostic instruments and diagnostic criteria that were used and the specific anxiety disorders investigated. The prevalence of anxiety disorders ranged from 0-20%. Only in one study the course of anxiety disorders was investigated. About 60% of the nursing home residents recovered in one year. The most important risk-indicators for anxiety disorders identified were: female sex, depression, lack of social support, poor physical health and functional and cognitive impairments. Generalization of these results to the Dutch nursing home population is restricted by the substantial heterogeneity of the studies. Further studies are required to provide reliable estimates of prevalence, course and
risk-indicators of anxiety disorders among nursing home residents using appropriate diagnostic instruments and adjusted diagnostic criteria. This will enhance detection and improve treatment of anxiety disorders among nursing home residents.

Steunenberg B, Beekman A T, Deeg D J, Kerkhof A J. (2003). Neuroticism in the elderly. The utility of the shortened DPQ-scales. This article reports on the relation between aging and personal adjustment. Current personality scales are not developed for older persons. Scales contain items which are not valid for an aging population and contain too many items for administration in older populations. As part of the Longitudinal Aging Study Amsterdam (LASA) Neuroticism in older persons was measured with a shortened version of the Inadequacy (IN) and Social Inadequacy (SI) scales of the Dutch Personality Questionnaire (DPQ). The utility of these shortened scales was assessed based on internal consistency, inter-item correlations, test-retest reliability and factor analysis. The consistency of the personality dimension Neuroticism was assessed based on cohort-differences and a 6-year longitudinal comparison. The research-population contained 2118 respondents at baseline, aged between 55 and 85 years, 49% were male and they were not living in an institution. The shortened scales appeared to be reliable and valid instruments to measure Neuroticism in the elderly. The gaining of time due to the administration of the shortened scales enlarges the feasibility of the scales for measuring Neuroticism in older persons. Results showed no significant age-difference on the IN-scale, but revealed a significant difference on the SI-scale (p < .01). The 65+ elderly (65-74 and 75-85) have higher scores on Social Inadequacy than the youngest elderly (55-64). Longitudinal analyses showed an interaction between age at baseline and the stability
and change of the level of Neuroticism. On both scales the youngest age-group showed a significant decline in mean level of Neuroticism (p < .01). The mean level of Social Inadequacy in the oldest age-group showed an increase during the 6-year follow-up period (p < .05). However, the differences were very small. Future research is needed to assess the effect of related variables on Neuroticism in older persons.

Beat Meier; Pasqualina Perrig-Chiello; Walter Perrig. (2002). Personality and Memory in Old Age Aging. Researcher examined the impact of personality on episodic memory performance in a sample of 287 healthy adults aged 68-95 years. Extraversion and neuroticism were assessed with a standardized personality inventory. Episodic memory was assessed with an everyday task. Results from regression analyses controlling for the effects of age, gender, and education show that higher extraversion and lower neuroticism are associated with higher episodic memory performance. In addition, the strength of the correlations between neuroticism and episodic memory declined with increasing age in a male sub-sample, revealing an interaction between age and neuroticism.

Daniel K. Mroczek and Avron Spiro. (2002). Modeling Intraindividual Change in Personality Traits: Findings from the Normative Aging. To advance an intraindividual life-span approach to the issue of stability and change, we studied personality trait trajectories in adulthood. Growth curves for extraversion and neuroticism were estimated for over 1,600 men (initially aged 43–91) in the Normative Aging Study, who were followed over 12 years. We found significant individual differences in intra-individual change for both traits, as well as different trajectories for extraversion and neuroticism. The overall extraversion trajectory was
best defined by a linear model, but neuroticism was characterized by quadratic decline with age. We then considered several variables as predictors of individual differences around these overall trajectories. Birth cohort, marriage or remarriage, death of spouse, and memory complaints were all significant predictors, explaining variability in both level and rate of personality trait change. These findings suggest that there is a good deal of variability in personality trajectories, and that some of this variability can be explained by birth cohort as well as by age-graded life events.

**Dr. Upadhyay N. P. (2002). Psychology of Old Age.** Ageing is a natural process that influences the individual, family and society in different ways. In old age, people seem to be depressed because of a variety of causes. The elderly often find themselves deprived of the company of family members. This feeling leads to poor mental health. As a result, the person's memory declines and he or she lacks the ability to cope within society. A study in the Nepalese Journal of Psychiatry found that multiple medical problems often coexist in old age. Those aged between 65 and 74 years underwent an average of 4.6 types of chronic conditions. Fifty percent suffered from activities of some sort, while 34 percent were forgetful. Thirty-three percent reported constant back pain, while 32 percent had poor vision. Twenty-nine percent complained of digestive disorders and 28 percent had respiratory problems. Psychologically, happiness in old age depends upon fulfillment of the "three A's"- acceptance, affection, and achievement. When any one of these is unfulfilled, it is difficult for the elderly to be happy. The almost universal hazard to adjustment in old age is loneliness. One of the most common causes of loneliness in old age is loss of spouse. Mental fitness is of prime importance to each individual. For the most part, human beings lead a well-off
life based on mental health. Mental health is a vital element of health through which a person realizes his or her own cognitive, affective and relational abilities within a balanced mental position. With sound mental health, one is more effective in coping with the strains of life. Moreover, he or she can work effectively as well as fruitfully. In fact, sound mental health exhibits the normal personality of the individual. The general feeling is that the elderly should stop working and should relax. This kind of feeling, in turn, pushes ageing citizens toward hopelessness, as they start to feel that they have became a burden to the family. Ultimately, this leads to physical ailments as well as depression. Mental health researchers watch that some individuals respond to their life stress with emotional disorders depression, isolation, stress, and adjustment problem and others with behavioral disorders. Elizabeth B. Hurlock, an eminent psychologist, says earlier experiences, satisfaction of needs, retention of old friendships, social attitudes, personal attitudes, method of adjustment, health conditions, living conditions and economic conditions influence adjustment to old age. Most old people are prone to mental diseases. Normally, the elderly suffer from neurosis (minor mental disorder) as well as psychosis (major mental disorder). In the context of old age psychology, mental health researchers say people involved in work even after retirement are mentally healthier than those in full retirement. Females get happiness from enhanced mental health than males. Retired individuals living with their wife and children have better mental health and show less stress, as they can share their trouble. Modern psychologists postulate that controlled family support makes retirees' experience uneasy, isolated and dull. Sociologists, too, stress that departure from job is mostly not by choice. It is a societal creation of old age.
Amnesty International (1975) describes torture as the systematic and deliberate infliction of acute pain in any form. Nepalese psychiatrist Nirakar Man Shrestha points out that the environment of the family, community, state and the particular group can modify the effect of torture. Basically, a supportive, sympathetic and friendly environment helps to minimize the effects of torture.

Kamla-Raj. (2002). Adjustment in Later Life. The present study is an attempt to explore the relationship between aging adjustments. The measure of adjustment considered is: attitudes to past life and to reminiscence; attitudes to the present modern day Nigerian society and attitudes to death and dying. The study is based on data obtained from 200 elderly people in Ile-Ife, Osun State, Nigeria. Ife was stratified into ten of its eleven traditional and modern quarters and 20 respondents from each quarter were selected through snowballing sampling technique. Interviews were conducted. The main findings are presented here show that adjustment or maladjustment in later life in Nigeria is contingent upon certain factors among which is the economic and political environment, especially the negative outcome, and a continuing obsession with certain events (for example military coups and military regimes), and the lack of any solution to our economic problems up to date. Most Nigerian elders have seen dramatic political and economic changes, such as Structural Adjustment Programmed (SAP), indigenization, and the introduction of new technologies. There have also been changes in culture and values. All these rather than aging *per se* may be affecting their present life experiences. Those respondents who reminiscence negatively did so because of the problems brought about by political instability, high cost of living, and insecurity in the land rather than old age *per se*. The findings of the study also seem
paradoxical when set against the evidence of a present horrifying Nigerian society and preference for the present rather than for the past. Also contrary to expectations, the findings of the study show that majority of the respondents claimed to be fulfilled in life. This may be due to the high level of endurance and patience of the older people over the young ones. These characteristics of the older may be considered to have assisted in genuine developmental changes towards greater self-acceptance and resilience in the face of difficulties. The present findings are in line with the findings of Dittman-Kohli (1990); Baltes and Baltes (1990); and Coleman et al. (1983).

Another major finding of the present study is that most elderly people in the study did not share the idea that people should hesitate or feel reluctant to discuss death. Like Lieberman and Tobin (1983) found, this study found that the elders talk about death openly and in personal terms. In general therefore, aging per se appears not to have any major effect on adjustment.

Lori A Harris, Stephanie .Clancy Dollinger.(2002). Individual Differences in Personality Traits and Anxiety about Aging. The present study examined the relations between the Big Five Personality traits (neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness) and anxiety about aging. The NEO-Five Factor Inventory (Costa & McCrae, 1989, 1992) and the Anxiety about aging Scale (Lasher & Faulkender, 1993) were completed by 144 undergraduate students at a large Midwestern university. As expected, a positive relation between neuroticism and overall anxiety about aging was observed. Anxiety about aging was inversely related to agreeableness, conscientiousness, and extraversion and unrelated to openness to experience. Additionally, the Big Five Personality traits were
differentially related to the four dimensions of anxiety about aging (anxiety about changes in physical appearance, fear of old people, psychological concerns, and anxiety about age-related losses). These results support the notion that anxiety about aging is related to individual differences in personality traits and suggest that certain aspects of anxiety about aging may be relatively stable and resistant to change.

Marion Zuckar Goldstein. (2002). Depression and Anxiety in Older Women. The recommended shift in paradigm for assessment and treatment of depression and anxiety in the primary care setting includes a more holistic medical care approach, one that pays attention to the patient's mental health status and her functional level of social role recovery in addition to symptom relief. Practice Guidelines of professional specialties should be expanded to include attention to initializing mental health care in primary care practice and parameters for early referral and, if indicated, later follow-up. Our medical education system, at all levels, needs to become considerably more inclusive of issues of aging, gender, and mental health. Ongoing attention must be given to the health care cost burden of under recognition and under treatment of anxiety and depression, alleviation of stigma, treatment to functional recovery, and alleviation of caregiver burden.

Stanley M.A., Novy D.M., Hopko D. R., Beck J.G., (2002), 'Measures of Self Efficacy and Optimism in Older Adults with Generalized Anxiety'. This study provides initial psychometric data for the self-efficacy scale (SES) and the life orientation Test (LOT) in a sample of older adults with generalized anxiety disorder (GAD). Participants included 76 adults, ages 60 to 80 who met diagnostic and statistical manual of mental disorder (4th ed.) criteria for GAD. Self efficacy and
outcome expectancies were lower in older adults with GAD relative to published data from younger and older community samples. Both the SES and LOT demonstrated adequate internal consistency. Confirmatory factor analysis provided evidence for optimism and pessimism factors within the LOT and exploratory factor analysis of the SES suggested three factors that overlap with previous findings overall, the data support the potential utility of these instruments in late-life GAD and set the stage for future investigations of generalized self- efficacy expectancies (or optimism) as they relate to the prediction of affect and behaviour in this group.

I M Bravo, W K Silverman. (2001). Anxiety sensitivity, anxiety, and depression in older patients and their relation to hypochondriacal concerns and medical illnesses. Anxiety sensitivity is the fear of anxiety symptoms, because such symptoms are believed to have harmful effects. This study was of a sample of 53 clinic-referred (mean age 78.8) and 53 non-clinics referred (mean age 70.9) older people. It examined whether: anxiety sensitivity was elevated in the clinic-referred group relative to the non-referred group; symptoms of anxiety, anxiety sensitivity and depression were related to numbers of illnesses and/or hypochondriacally concerns; and anxiety sensitivity was a better predictor of hypochondriacally concerns relative to depression or trait anxiety. Results indicate that anxiety sensitivity was significantly elevated in the clinic-referred group relative to the non-referred group, was negatively associated with history of medical illnesses, was strongly associated with hypochondriacally concerns, and was a better predictor of hypochondriacally concerns than depression and trait anxiety. Findings are discussed in terms of problems facing older people as they relate to the constructs of anxiety sensitivity and hypochondriacally concerns.
Julie Loebach Wetherell, Margaret Gatz, Nancy L Pedersen. (2001). A longitudinal analysis of anxiety and depressive symptoms. The authors modeled anxiety and depressive symptoms for 1,391 participants (mean age 60.9) from the Swedish Adoption/Twin Study of Ageing (SATSA). Although anxiety and depression were highly correlated, a model with distinct anxiety and depression factors fit the data better than do models with positive and negative affect factors or a single mental health factor. Lack of well-being was associated with anxiety rather than depression. Over two 3-year intervals, anxiety symptoms led to depressive symptoms, but the relationship was not reciprocal. Anxiety symptoms were more stable than those for depression. These findings provide additional support for the idea that anxiety symptoms may reflect a personality trait such as neuroticism more than do depressive symptoms, and suggest that low positive affect may not be as specific to depression in older people as in younger people.

Satish Kedia, John van Willigen. (2001). Effects of forced displacement on the mental health of older people in North India. Forced displacement, such as that caused by large hydro-electric dam projects, has significant socioeconomic and health implications for the affected indigenous people. Older resettles (age 55+) are especially vulnerable to this type of displacement. Not only do they experience changes to their physical living spaces but they also suffer dramatic changes to their cultural environment, lifestyle, dietary habits, and health resources. The authors discuss some of the negative mental health outcomes of forced displacement on older resettles in the Gathwal Himalayas in North India. This research presents compelling
evidence of the declining mental health of older resettles, focusing primarily on aspects of their depression and anxiety.

Seidlitz, Larry. (2001). Personality Factors in Mental Disorders of Later Life. The roles of personality factors in psychopathology are most often examined from the standpoint of personality disorders, but this approach may usefully be complemented by other theoretical and methodological perspectives. In particular, individual personalities can be conceptualized as having measurable degrees of various stable traits or as demonstrating evidence of various dynamic processes, such as specific cognitive, motivational, or emotional patterns. The author discusses these three basic approaches, reviews recent representative studies from each, and indicates directions for further research. A concluding section suggests ways to integrate the various approaches to more fully understand personality factors in late-life mental disorders.

Deborah Carr a, James S. House a, Camille Wortman b. (2000). Psychological Adjustment to Sudden and Anticipated. Spousal loss among Older Widowed Persons. Objectives of This study examined if older adults' psychological adjustment to widowhood varies based on whether the death was sudden or anticipated and if these effects are mediated by death context characteristics (e.g., pre-death care giving, nursing home use, spouse's age at death, and couple’s communication about the death). Methods. The effects of forewarning on multiple indicators of mental health and grief were examined in a sample of 210 widowed persons who participated in the Changing Lives of Older Couples (CLOC) study. The CLOC is a probability sample of 1,532 married individuals aged 65 and older for whom baseline information was collected in 1987–88, with widowed persons reinter viewed 6, 18, and 48 months after
spousal loss. Results of this study forewarning did not affect depression, anger, shock, or overall grief 6 or 18 months after the loss. Prolonged forewarning was associated with elevated anxiety both 6 and 18 months after the death. Sudden spousal death elevated survivors’ intrusive thoughts at the 6-month follow-up only. Sudden death was associated with slightly higher levels of yearning among women but significantly lower yearning among men both 6 and 18 months after the loss. The findings call into question the widespread belief that grief is more severe if death is sudden and suggest a more complex relationship between bereavement and circumstances of Spousal death.

F. Jorm. (2000). Does old age reduce the risk of anxiety and depression? A review of epidemiological studies across the adult life. Background of this study there is considerable disagreement about what happens to the risk of anxiety and depression disorders and symptoms as people get older. A search was made for studies that examine the occurrence of anxiety, depression or general distress across the adult life span. To be included, a study had to involve general population sample ranging in age format least the 30s to 65 and over and use the same assessment method at each age. In final Results There was no consistent pattern across studies for age differences in the occurrence of anxiety, depression or distress. The most common trend found was for an initial rise across age groups, followed by a drop. Two major factors producing this variability in results were age biases in assessment of anxiety and depression and the masking effect of other risk factors that vary with age. When other risk factors were statistically controlled, a more consistent pattern emerged, with most studies finding a decrease in anxiety, depression and distress across age groups. This decrease
cannot be accounted for by exclusion of elderly people in institutional care from Epidemiological surveys or by selective mortality of people with anxiety or depression. Conclusion of the study there is some evidence that ageing is associated with an intrinsic reduction in susceptibility to anxiety and depression. However, longitudinal studies covering the adult life span are needed to distinguish ageing from cohort effects. More attention needs to be given to understanding the mechanism behind any ageing-related reduction in risk for anxiety and depression with age. Possible factors are decreased emotional responsiveness with age increased emotional control and psychological immunization to stressful experiences.

**J M Asgarali Patel, Aruna Broota. (2000).Loneliness and death anxiety among the elderly: the role of family set up and religious belief.** The inference of results from this study conducted in Coimbatore district, Tamil Nadu, India, is that no significant differences were found between older people from joint families and nuclear families in experiencing loneliness and death anxiety. However, older people who are religious experience significantly less loneliness than those who are non-religious.

**Kauser F.S. and Shaikh F. A. (2000), Problems of old age among institutionalized and Non-institutionalized man and women.** The present investigation attempts to find out the problems of old age among institutionalized and non institutionalized old man and women with reference to religion, economic status and sex. The study was carried out in four old age institutions and the residential areas of Chennai and richy A. questionnaire on problem and family relationships in old age formulated by Farhath Begam (1995) was administered on a random sample of 200 old men and women out
of which 100 were institutionalized and 100 were non-institutionalized. Each of these two groups was subdivided as 50 Hindus and 50 Christians and each religious group was further divided as 25 old man and 25 old women. The result of the present study have revealed that institutionalized old man and women have more problem in areas of family relationship personal, emotional, financial and recreational, comparing gender it was found that men have more problem in family relationship physiological problems and financial problems whereas Christians had more health and emotional problems.

Al. Nasir Nand Al. Haddad M. K. (1999), 'Level of disability among the elderly in institutionalized and home-based care in Bahrain. In this researcher compared the level of disability between the elderly admitted to an institution and those cared for at home of the 74 elderly people in this study, 56 were institution allied and 18 were living at home. The Clifton Assessment procedure for The Elderly (CAPE) was used to assess and compare the behavioral disabilities between the two groups. In addition to their younger age, the home cared elderly were less incontinent, more social better communicators and less confused than institutionalized group despite the fact that they had more physical disabilities with regard to bathing and walking.

Ayhan Demir, (1999). Loneliness and Marital Adjustment of Turkish Couples. The purpose of the present study was to investigate the relationship between loneliness and marital adjustment in Turkish couples. Some demographic correlates of loneliness and marital adjustment such as gender, age, duration of the marriage, type of marriage, and degree of acquaintance before marriage were also examined. The UCLA Loneliness Scale ( D. Russell, L. A. Peplau, & Cutrona, 1980) and the Dyadic
Adjustment Scale (G. B. Spanier, 1976) were administered to 58 heterosexual married couples. The results showed that loneliness was significantly and negatively correlated with marital adjustment. For the demographic correlates, significant results were as follows: Self-selected marriages resulted in lower loneliness scores and higher marital adjustment scores than the arranged type of marriage, and marital adjustment increased parallel to an increase in the degree of acquaintance before marriage. The findings and implications are discussed in the context of practice and research. All human beings feel loneliness at some point in their lives (McWhirter, 1990). In addition to individual experience, societies, especially Western societies, have also been accepted as extremes, in which loneliness is a common and serious problem (Rotenberg & Morrison, 1993). This universally recognized and experienced phenomenon gained the attention of researchers in the 1970s (West, Kellner, & Moore-West, 1986). Although research on loneliness has increased in the past two decades, no consensus has been reached concerning a definition of the construct (Medora & Woodward, 1986), but various definitions have arisen. Seligman (1983) described loneliness as one of the most poorly understood of all psychological phenomena. DeJong-Gierveld (1987) considered loneliness multidimensional and defined it as a lack of opportunity to have a relationship with others on an intimate level. According to Peplau and Perlman, "Loneliness is the unpleasant experience that occurs when a person's network of social relations is significantly deficient in either quality or quantity" (1982, p. 4). In general, the most commonly accepted definition of loneliness includes the following three characteristics: (a) It results from the perceived lack of relationship in a person's social life; (b) it is a subjective experience, not
equivalent with social isolation; and (c) it is unpleasant and distressing (Peplau & Perlman, 1982). Parallel to various definitions of loneliness, one can see different classifications. For example, Weiss (1973) had a social relation dimension in his classification of loneliness and stated that loneliness was of two types: emotional, characterized by the absence of an attachment figure, and social isolation, manifested by the absence of a social network. Young (1982) included time and situational dimensions in a classification of loneliness and defined three different loneliness types: transient, consisting of brief, occasional lonely moods; chronic, lasting 2 or more consecutive years; and situational, associated with major stressful events. A review of the literature suggests that loneliness is correlated with a number of variables. A primary goal of these studies has been to identify the cause and consequences of loneliness. Health and psychological problems (Sadava & Thompson, 1986), alcoholism (Nerviano & Gross, 1976), suicide (Diamant & Windholz, 1981), and depression (Lobdell & Perlman, 1986) were the most frequently studied correlates of loneliness. Also, the West et al. (1986) review of the studies on loneliness showed that child abuse and neglect, bereavement, physical health problems, and stress are other possible correlates of loneliness. However, as Borys and Perlman (1985) emphasized in the case of gender, to state a simple consistent association between these variables and loneliness is difficult. Among the numerous variables that have been correlated with loneliness, marital status also has been a focus of investigation (Bloom, Asher, & White, 1978). One reason for this focus is the view that the most common form of loneliness is to be without a partner. Barbour (1993) stated that there is a tendency to believe that being married wards off loneliness irrespective
of the extent to which the marriage is satisfying, because there is always a potential companion around. Several findings have shown that loneliness is less common among married couples than single people (Essex & Nam, 1987).

Deborah Carr a, James S. House a, Ronald C. Kessler b, Randolph M. Nesse a, John Sonnega A. and Camille Wortman C. (1999). Marital Quality and Psychological Adjustment to Widowhood among Older Adults A Longitudinal Analysis. Objectives of This study examined whether psychological adjustment to widowhood is affected by three aspects of marital quality-warmth, conflict, and instrumental dependence-assessed prior to the loss. Method the Changing Lives of Older Couples (CLOC) is a prospective study of a two-stage area probability sample of 1,532 married individuals aged 65 and older. The CLOC includes baseline data on marital quality and mental health and data on grief, anxiety, and depression collected 6, 18, and 48 months after spousal loss. Results of this study Widowhood was associated with elevated anxiety among those who were highly dependent on their spouses and lower levels of anxiety among those who were not dependent on their spouses. Levels of yearning were lower for widowed persons whose relationships were conflicted at baseline and higher for those reporting high levels of marital closeness and dependence on their spouses. Women who relied on their husbands for instrumental support had significantly higher levels of yearning than men who depended on their wives. Finally Discussion of The findings contradict the widespread belief that grief is more severe if the marriage was conflicted and suggest a more complex relationship between bereavement and characteristics of The marriage.
Joan Mcalpine, Zena J. Wight. (1999). **Attitudes and Anxieties of Elderly Patients on Admission to a Geriatric Assessment Unit.** A semi-structured interview schedule has been used to investigate the attitudes and anxieties of 100 lucid elderly patients on admission to a geriatric assessment unit. Results show that most patients are unconcerned by admission to a geriatric unit and expect a favorable outcome. A minority, mainly higher social class patients, or those who do not live with a close relative, are disturbed by the geriatric nature of the ward and in particular by the presence of confused patients. More than half the group reacted unfavorably to the idea of admission to local authority residential accommodation.

L D Frazier, L D Waid, (1999). **Influences on anxiety in later life: the role of health status, health perceptions and health locus of control.** Anxiety in older people has received little attention in research. This study examined the relationships between health status, health perceptions and health locus of control, and three dimensions of anxiety in a group of community-dwelling older people. (N-91) Findings revealed that whereas medical conditions (i.e., high blood pressure, diabetes) did not relate to anxiety, poorer actual and perceived health were related to increase in distress and hypochondriacally concerns. Both internal and external loci of control over health were differentially predictive of anxiety. Loss of internal control and attributions of control to chance increased distress, attribution to powerful others and chance increased anxiety sensitivity, and attributions to powerful others and health perceptions increased hypochondriasis. Findings are discussed in terms of the relative influence of biological and psychosocial factors in the experience of anxiety in later life.
Living arrangements is an important dimension of family relations influencing the daily lives of the elderly (Kertzer, 1986). However, the living arrangements of older persons vary widely across societies. For example, living with children has been a cultural norm for Korean elders, while it is normatively and behaviorally unusual for elders to co-reside with adult children in Western societies such as the United States (Coward et al., 1989; Lee & Dwyer, 1996; Mindel, 1979). Korea has a long tradition of family-oriented culture; the family continues to be the main institution for providing support for elders in Korea (Choe, 1987; Chung, 1986), as in many other Asian societies (Martin, 1988). In recent years Korea has undergone dramatic social change in the process of rapid industrialization and urbanization. Although the tradition of family support for the elderly has changed somewhat over time and the prevalence of co-residence has diminished, co-residence of the elderly with children is still frequent (DeVos & Lee, 1989; Martin, 1989), attesting to the perpetuation of norms supporting co-resident living arrangements in old age (Bae, 1987; Chang Choi, 1992).

Anxiety disorders in later life: a report from the Longitudinal Aging Study. The prevalence and risk factors of anxiety disorders in the older population of the Netherlands were investigated in this study. Data were drawn from the Longitudinal Aging Study Amsterdam, which is based on a random sample of 3107 older adults. Anxiety disorders were diagnosed using the Diagnostic Interview Schedule in a two-stage screening design. The risk factors under study comprised vulnerability, stress,
and network-related variables. The overall prevalence of anxiety disorders was estimated at 10.2%. Generalised anxiety disorder was the most common disorder (7.3%) followed by phobic disorders (3.2%). Both panic disorder (1.0%) and obsessive compulsive disorder (0.6%) were rare. Vulnerability factors appeared to dominate, while stresses commonly experienced by older people also played a part. Of the network-related variables, only a smaller size of the network was associated with anxiety disorders.

Christopher Krasucki, Robert Howard, Anthony Mann. (1998). The relationship between anxiety disorders and age. The authors review community-based epidemiological studies which have reported data on anxiety disorders in those aged 65 and over, to examine age-related changes in their prevalence and incidence. Sources were selected from citations in the BIDS, EMBASE, Medline and Psychic databases. The article examines prevalence and age and gender trends of phobic disorders, agoraphobia, social phobia, specific phobia, obsessive-compulsive disorder, panic disorder, and generalized anxiety disorder. Anxiety disorders are more prevalent in women than men; but this difference diminishes with increasing age, with the exception of generalized anxiety which appears to be maintained or to increase. Explanations for this reduction are discussed, the most important being cohort effects, anxiety-related mortality, and co morbidity between anxiety and cognitive impairment. Combining use of psychic, somatic and behavioral approaches is advocated in future studies of age-related changes, which may lead to a reappraisal of the status of generalized anxiety as a 'residual category'.
Karina Fuentes, Brian J. Cox. (1998). Prevalence of Anxiety Disorders In Elderly Adults: A Critical Analysis. The authors examined the prevalence of anxiety disorders in elderly adults as presented in a recent review of the topic (Flint, 1994) where it was concluded that these disorders are rare in this segment of the population. Considering that anxiety research with older adults often involves instruments and criteria that have not been validated with elders, it is suggested that results may lack validity and underestimate the occurrence of anxiety in this age group. Issues that should be considered in the assessment of anxiety in elderly adults are reviewed. In particular, elderly persons may tend to somatize anxiety symptoms and there is a large overlap between anxiety and other psychiatric symptoms among older persons. It is concluded that anxiety may present differently in elderly persons and estimates of prevalence should await more research in this area.

S.C. Tiwar, and Shrikant Srivastava.(1998). Geropsychiatric Morbidity in Rural Uttar Pradesh. In a specific geographical area an estimate of prevalence of psychiatric morbidity was done. The sample was divided into geriatric population-psychiatrically ill and non-ill, and non-geriatric psychiatrically ill-field based population; the last group was compared with a similar hospital based sample. The total prevalence of psychiatric illness in geriatric group was 42.21%, and neurotic depression, MDP-depressed and anxiety state were most prevalent. To no single factor could be a definitive role, such as diagnostic, etiological, therapeutic or preventive, could be attributed. Anne Barrett, Cheryl Robbins, By Barb Nefer. (2010),Women, Aging and the Anxiety. The National Institute of Mental Health estimates that more than 18 percent of American adults will suffer from anxiety at some point in their
It happens to many women as they approach menopause and move into their later years. The anxiety can result from various causes, and it can lead to physical and mental complications if it is not properly addressed. (Barrett and Robbins) discovered several factors that influence aging anxiety in women. Those who are not in good relationships or are separated or divorced are at higher risk for anxiety about their looks and health, as are those with less financial independence. Loss of fertility affects aging women with more education and better finances. Combined anxiety about health problems and loss of attractiveness cause the most distress, according to Barrett and Robbins. Hispanic and African-American women seem to be more prone to aging anxiety than their Caucasian counterparts. (Barrett and Robbins) found that younger women often have more anxiety about the impending aging process. Some of this eases as they get older, which may be due to becoming more personally familiar with aging effects, eliminating the element of the unknown. The researchers also speculate that women become more knowledgeable and educated as they get older, which offsets some of the anxiety. Anxiety manifests itself in older women with the same symptoms that younger women experience. Mentally they feel a sense of dread or fear and are irritable, tense and unable to fully concentrate, the HelpGuide.org medical website explains. Physically, they may feel dizzy and have muscle tension, headaches, sweating, problems breathing and a pounding heart. Ongoing anxiety may cause problems sleeping.

Scott Weich, Andrew Sloggett, Glyn Lewis. (1998). Social roles and gender difference in the prevalence of common mental disorders. It is not known why the most common mental disorders, anxiety and depression, are more prevalent among

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women than men. The aim of this cross-sectional survey was to test the hypothesis that this gender difference could be explained by differences between men and women in social role occupancy, after adjusting for age and socio-economic status. 8979 adults aged 16-74 from the British Household Panel Survey (BHPS) in 1991, were assessed for common mental disorders using the General Health Questionnaire (GHQ). The gender difference in the prevalence of common mental disorders (unlike social role) did not vary with age to a statistically significant degree. Although those of either gender occupying the fewest, and women occupying the most social roles (after adjusting for age) had the highest prevalence of common mental disorders, neither number of social roles, occupancy of traditional 'female' caring and domestic roles, nor socio-economic status explained the gender difference in these conditions.

T Christopher Krasucki Robert Howard Senior, Anthony Mann. (1998). The Relationship Between Anxiety Disorders and Age. Objectives of this study to review the major community-based epidemiological studies that have reported data on anxiety disorders in individuals aged 65 and over and to examine age-related changes in their prevalence and incidence. Data sources and study selection. All English language entries relating to anxiety in the BIDS, EMBASE, Medline and Psychic computerized databases, together with a search of relevant citations. Data synthesis. The prevalence of phobic disorders in the population aged 65 or over lies between 0.7% and 12% over a 1–6-month period. As the rates for social phobia, 1%, and simple phobia, 4%, are fairly consistent, much of this variation is due to agoraphobia, whose prevalence lies between 1.4% and 7.9%. The prevalence of obsessive-compulsive disorder is 0.1–0.8%, panic disorder 0.1% and generalized anxiety 4%.
Women do have a higher prevalence of anxiety disorders than men but this difference diminishes with increasing age, as does the apparent prevalence of all anxiety disorders apart from generalized anxiety, measured without hierarchical rules, which appears to be maintained or increase. The relative importance of various explanations for this apparent reduction is discussed, including the three that are of greatest public health and clinical importance: cohort effects, anxiety-related mortality and co morbidity between anxiety and cognitive impairment. A tri-dimensional approach (psychic, somatic and behavioral) to anxiety measurement is advocated in order to facilitate future studies of age-related changes which may lead to a reappraisal of the status of generalized anxiety as a ‘residual category’.

Yvonne Forsell, Bengt Winblad.(1998). Feelings of anxiety and associated variables in a very elderly population. Anxiety disorders have been reported to decrease with age, while anxiety feelings have been reported to be as common as in younger age groups. In order to further explore this relationship and the variables associated with anxiety, 966 people from Kungsholmen, Stockholm, Sweden aged 78 and over underwent examination by physician, including a structured interview. Results found that anxiety feelings are strongly associated with psychiatric disturbances (anxiety disorders and depressive disorders). Moreover, the feelings were associated with dementia, a history of psychiatric disorders (most often depression), being female, and being dissatisfied with one's social network. Few of those with a psychiatric disorder were adequately treated, in spite of the fact that most of them had seen a physician during the previous month. After excluding an anxiety disorder, one of the most important things to consider in a very old person with anxiety is whether
or not depression is present. Generally, there is a need for more education of physicians concerning the common mental disorders in older people, in order to improve their management.

**Jamila Bookwala and Richard Schulz. (1997). The Role of Neuroticism and Mastery in Spouse Caregivers' Assessment of and Response to a Contextual Stressor.** Data from more than 300 spousal caregivers and their care recipients were analyzed to demonstrate the effects of caregivers’ personality attributes-neuroticism and mastery-on their assessment of a contextual stressor (the care recipient's behavioral and functional impairment) and on their experience of distress associated with that stressor. Caregivers who were high in neuroticism and/or low in mastery reported higher levels of behavioral and functional impairment in their disabled spouse and experienced more strain and depressive symptoms associated with care giving relative to caregivers with lower neuroticism or higher mastery scores. We further showed that the widely reported association between caregiver-assessed impairment of the care recipient and caregiver outcomes can in part be explained by caregivers’ personality attributes, such as neuroticism and mastery. Our findings that caregivers’ personality variables are related to their assessment of a given objective stressor and their response to a given level of stress have implications for interventions targeting caregivers and for the use of caregivers as proxy informants.

**Banerjee S, Macdonald A. (1996). Mental Disorder in an Elderly Home Care Population: Associations with Health and Social Service Use.** Home care services maintain people in their own households by providing practical help such as with housework, shopping and personal care. In these study associations between mental
disorder and health and social service use, demographics and activity limitation are investigated in this research. Method, A cross-sectional study with random cluster sampling of people over 65 receiving home care in Lewis ham. Mental disorder was rated using the GMS/AGECAT system in the Results. Researcher interviewed 169/177 eligible individuals, a response rate of 96%. Forty-six percent of this population was rated as cases of mental disorder (15% organic and 26% depressive). Most (84%) of those with depression did not appear to be receiving appropriate treatment. Home care provision to those with depression (unlike dementia) was only partially explicable in terms of activity limitation. Conclusions of this study, There is a high level of depressive disorder in this population with little in the way of appropriate primary or secondary care management. Those in sheltered housing seem particularly at risk; depression may lead to increased service use independent of disability.

Chadha, N. K. (1996). "Life satisfaction of aged: Psychological and social network analysis" In V. Kumar (Ed.). Aging: Indian Perspective: and Global Scenario. Chadha. (1996) made a comparative study between male and female elderly on life’s satisfaction, loneliness, health, social support network, leisure time activities and on selected demographic variables. The sample size was 120 elderly, 60 years and above in which males and females were equally represented the study found no significant difference between males and females in terms of loneliness. However, in the area of life satisfaction and social support network, a significant difference was observed between males and females. In both cases, the elderly males occupied a favored position. It may be commented that the study was an attempt to combine both psychological and social aspects of the problem of aging in the Indian context.
M. Manela, C. Katona, G. Livingston. (1996). A How Common Are the Anxiety Disorders In Old Age? This community study of the anxiety disorders in people aged 65 and over finds a relatively high prevalence of anxiety disorders (15%), with phobic disorders being the most prevalent sub classification (12%). While generalized anxiety was usually seen with other psychiatric syndromes, phobic disorder was usually observed in the absence of either depression or anxiety. These results suggest that while generalized anxiety should be placed below depression in a diagnostic hierarchy, phobic disorder does not fit with this diagnostic model.

Terry L. Gall, David R. Evans and John Howard. (1996). The Retirement Adjustment Process: Changes in the The Gerontological Society of America. The purpose of this prospective study was to (1) evaluate the impact of retirement, (2) monitor the change in adjustment across time, and (3) identify the resources predictive of short- and long-term adjustment in retirement. A sample of 117 male retirees was assessed on indices of physical and psychological health, perceived control, retirement satisfaction, and life satisfaction at 2–4 months preretirement, 1 year post-, and 6–7 years postretirement. The results provided support for appositive impact of retirement, as retirees evidenced increases in well-being during the first year. There was also evidence of a retirement adjustment process, in that aspects of well-being (i.e., psychological health) changed from short- to long-term retirement. Finally, physical health, income, and voluntary retirement status predicted short-term adjustment, while internal locus of control was an additional resource for long-term adjustment. Changes in resources over time also differentially predicted short- and long-term adjustment.
(e.g., an increase in internal locus of control predicted an increase in activity satisfaction at 1 year but not at 6-7 years postretirement).

Armer Jane M. (1995), An Exploration of Factors Influencing Adjustment Among Relocating Rural Elders. The aim of this preliminary qualitative study was to examine factors influencing the adjustment of 34 elderly people relocating to an age-segregated planned housing unit in a rural community. Factors identified as affecting urban relocation were explored as a basis for developing a greater understanding of rural elders. Data from open-ended interviews were analyzed through sorting into categories by themes. Inclusion of factors reported to influence relocation among urban-dwelling elders in rural relocation research was validated through the template analytic technique. Content analysis resulted in support for the variables of predictability, controllability, social support and interaction, regency of loss, and prior life satisfaction as potential influences on post-relocation adjustment. Health professionals can ease adjustment through increased understanding of the factors that affect adjustment to relocation. Based on these preliminary findings, a more comprehensive study of relocation among the rural aged is warranted.

Husain M.G. & Singh N. (1995). Adjustment Pattern of Pre-retired and Retired People in Relation to Family System. Husain and Singh (1995) examined the adjustment pattern of retired and pre-retired people in relation to the family system. For this purpose 100 pre-retired and the retired people from joint and nuclear families served as a sample for the study. Bell's Adjustment inventory was administered to all the subjects individually. Obtained data was analyzed by applying analysis of variance and "t-test". Findings of the study suggest that the pre-retired and the retired people
differed significantly in their home and emotional adjustment patterns. However, the score on the health and social adjustment of the two groups did not differ significantly. The two kinds of family systems (joint and nuclear) also showed a significant difference on the adjustment of retirees and the pre-retirees.

**J I Sheikh, C Salzman. (1995). Anxiety disorders in women.** Despite increasing research interest in the area of anxiety in younger age groups, few systematic studies of the course and treatment of anxiety disorders in the elderly have been performed. Data from Epidemiologic Catchment Area (ECA) studies suggest that anxiety disorders remain among the most prevalent of all psychiatric disorders in this age group. There is little information available about the late onset of anxiety disorders except for some evidence regarding panic disorder that suggests a distinct subtype with late onset and differences in vulnerability factors and phenomenology. Any evaluation of anxiety in the elderly should take into account multiple medical illnesses and medications that can produce a similar symptom picture. Thus, the importance of good history-taking, empathy to the patient's psychosocial situation, and awareness of the possibility of an underlying medical condition cannot be overemphasized. A variety of compounds including benzodiazepines, buspirone, antidepressants, and beta blockers seems to show effectiveness for various anxiety disorders of the elderly. One needs to be cognizant of the great individual variation among the elderly and should be ready and willing to tailor usage of medications or cognitive-behavioral techniques to the patient's special needs. Proper education of the patient, leading to better compliance with the treatment regimen, and recent advances in treatment will almost
certainly improve the outlook for these patients in the future for better functioning and a more optimistic prognosis.

Rose M. Rubin  Michael L. Nieswiadomy. (1995). Economic Adjustments of Households on Entry into Retirement. This study focuses on economic adjustment to a major life-cycle turning point, the entry into full retirement, and its immediate impact on income and spending patterns. Cross-sectional data from the Bureau of Labor Statistics Consumer Expenditure Survey interview tapes are analyzed for 1984-1987. To bit regression analysis of socioeconomic variables on 31 expenditure categories reveals significant increased proclivities to spend on transportation, health, entertainment, and trips immediately after retirement. Older retirees spend less than do younger retirees for all expenditure categories except health insurance and gifts. Single females suffer the most substantial decline in postretirement income, but this is not offset by concurrent expenditure decreases. This unsustainable disserving rate after retirement poses a severe problem for single women.

A.J. Flint, (1994). Epidemiology and co morbidity of anxiety disorders in the elderly. Objective of this study the author reviewed the epidemiology and co morbidity of anxiety disorders in the elderly. In the Method Data from 1970 onward were obtained through a computerized literature search, a review of Index Medicos, and the bibliographies of retrieved articles. Eight random- sample community surveys of anxiety disorders in persons 60 years of age or older were identified. Studies relating to the co morbidity of late-life anxiety and depression, dementia, alcoholism, and medical illness were also reviewed. Results of the study the majority of studies showed that anxiety disorders are less common in the elderly than in younger adults.
Generalized anxiety disorder and phobias account for most anxiety in late life; panic disorder is rare. Agoraphobia, and possibly obsessive-compulsive disorder in females, may occur as a primary disorder for the first time in old age, whereas simple phobia, obsessive-compulsive disorder in males, and panic disorder either persist from younger years or arise in the context of another psychiatric or medical disorder. There is considerable comorbidity of geriatric depression and generalized anxiety disorder and phobias, although the depression usually goes untreated or is inappropriately treated with benzodiazepines. The rate of co morbidity of anxiety and medical illness and alcoholism is lower in the elderly than in younger persons. Conclusions of this study Epidemiologic data on the prevalence of posttraumatic stress disorder (PTSD) and the first occurrence of generalized anxiety disorder and PTSD in late life are still needed. Further co morbidity studies are needed to determine the extent to which anxiety arises secondary to depression, as well as the optimal treatment and prognosis for this mixed.

Robin J. Casten, Patricia A. Parmelee, Morton H. Kleban, (1994). The Relationships among Anxiety, Depression, and Pain in a Geriatric Institutionalized Sample. This study sought to determine if depression and/or anxiety is uniquely related to pain after controlling for the strong association between anxiety and depression. Both depression and anxiety were assessed in an elderly institutionalized sample using: (1) research-based diagnoses based on Diagnostic and Statistical Manual-revised 3rd edition (DSM-IIIR) criteria, and (2) evaluations of one's recent affective states using the Profile of Moods States (POMS). Pain was assessed by pain intensity and number of pain complaints. A series of path models indicated
that: (1) both research-based anxiety and depression share unique variance with pain, and (2) only POMS anxiety is uniquely related to pain. A path model using both measures of anxiety and depression indicated that only the anxiety measures are significantly related to pain. However, POMS anxiety sustained a significantly greater relationship with pain than did research-based anxiety.

**SL Smith, C.C. Colenda and MA Espeland. (1994). Factors determining the level of anxiety state in geriatric primary care patients in a community dwelling.** The authors examined the association between anxiety states and various socio-demographic factors, as well as measures of general health, mood, and stress in a community-dwelling, geriatric population. A survey questionnaire designed for the study was completed by 123 randomly selected subjects. Univariable linear regression analysis showed anxiety state to have an inverse association with age (beta = -0.29, P = 0.0001) and general health measures (P = 0.0001), and to have a direct relationship with depression (beta = 0.78, P = 0.0001), life stress events (beta = 0.98, P = 0.01), and medical co morbidity (beta = 1.04, P = 0.01). Gender differences in anxiety state were not found. The results provide a framework to begin understanding those factors that contribute to anxiety states in late life. This study revealed anxiety and depression to be highly correlated even in elderly subjects who reported low levels of anxiety and depressive symptoms.

**Anthony F. Jorm , Andrew J. Mackinnon, Helen Christensen, Scott Henderson, Ruth Scott, Ailsa Korten. (1993). Cognitive Functioning and Neuroticism in an Elderly Community Sample.** The relationship between Neuroticism and cognitive functioning was investigated using data from a community survey of the elderly.
Contrary to Pearson (1993, *Personality and Individual Differences, 14*, 265–266), Neuroticism was related to poorer performance on a number of cognitive measures, but the pattern of correlations differed between men and women. For men there were correlations with a dementia screening test and with tests of episodic memory and fluid intelligence, while for women there were correlations with reaction time measures. It is hypothesized that correlations with Neuroticism reflect the effect of chronic stress on cognitive ageing.

Jagger, N. A. Spiers and M. Clarke. (1993). *Factors Associated With Decline in Function, Institutionalization and Mortality of Elderly People*. Movements between dependency states, institutionalization and death are investigated in a general practice cohort of people aged 75 years and over with follow-up at 5 and 7 years from initial interview. Initially, 1203 people were interviewed, 1124 living in the community and 79 in institutions. By 5 years, 42% (510) had died and by 7 years 58% (700) had died. Dependency was defined as requiring help or aids with at least one activity of daily living (ADL). Of those initially independent, 34% were still independent 7 years later. Women at each age were more likely to become dependent whilst men had higher mortality. Those rating their health as fair or poor were more likely to lose independence at both 5 and 7 years than those rating their health as good. These differences remained, even after adjustment for age, sex and baseline ADL status. With the assumption that once institutionalized a person did not return to live in the community (an assumption upheld by the present data), 7% (79/1124) of those initially resident in the community were institutionalized during the 7 years; the rates for men (6%) being slightly lower than for women (7.5%).
Nalini, B. (1993). Social participation of the retired people and its cultural implication— with reference to India. Nalini (1993) undertook a research study on social participation of retired people and its cultural implications with reference to India. The objectives of the study were to find out how retired people responded to retirement, how they wanted to keep themselves busy after retirement, and to explore the possible areas in which the retirees could contribute usefully. The sample comprised 50 subjects. The findings of the study were that: the family is still the umbrella of the society protecting the elderly, anticipatory socialization before retirement would enable the elderly to get adjusted to the society and also to channelize their social activities. She found a limited applicability of the theory of activity and disengagement as far as Indian set-up was concerned. The ageing process is associated with a number of factors like health status, economic independence, their role expectation in the family and status accorded to the elders in the family.

Larkin B.A., JR Copeland, ME Dewey, (1992), The natural history of neurotic disorder in an elderly urban population. Findings from the Liverpool longitudinal study of continuing health in the community. A random community sample of 1070 subjects aged 65 years and over was interviewed at home using the GMS-AGECAT package and followed up three years later. Neurotic symptoms were common, but symptoms sufficient to reach 'case' level were much less frequent. The overall prevalence of neurotic 'cases' was 2.4 percentage in year 0 and 1.4 percentage in year 3. The incidence was estimated as a minimum of 4.4 per 1000 per year over the age of 65. Women were more likely to be 'cases' than men but not 'sub cases', and there was a general decline in prevalence with increasing age, particularly for 'sub
cases'. Anxiety was the commonest neurotic subtype. After three years, 'cases' were shown not to persist, but this did not reflect wellness. There was a tendency still to have some symptoms, but the predominant symptom appeared to change, suggesting a possible chronic neurotic disorder with changing presentation over time. Depressive symptoms were closely associated with this presentation, suggesting that depression may be an important and integral part of a general, changing neurotic disorder.

Samat, S, and Dhillon, P K. (1992). "Emotional states of the institutionalized aged". Samat and Dhillon (1992) made a comparative study on the emotional states of the institutionalized and the non-institutionalized elderly. They compared 60 institutionalized elderly with 60 non-institutionalized elderly residing in Delhi Level of depression, loneliness, hopelessness and frustration of the elderly from the two groups were compared. The relationship between these psychological variables and some selected demographic variables (age, income and education) were also studied. The findings revealed that the institutionalized elderly had greater feelings of loneliness, depression and hopelessness compared to the aged who were living either with their children or independently. Aged females, irrespective of institutionalization, felt more depressed, lonely and pessimistic than aged males. However, no significant difference was observed between the sexes on reaction to frustration. Moreover, a significant positive relationship was observed between age and Loneliness, depression, and hopelessness, and a significant negative relationship between income, education and the psychological variables except frustration among the non-institutionalized elderly. On the other hand, among the institutionalized elderly, age was found to have no significant effect on any of the emotional states; education was found to be
significantly negatively related to loneliness; and a significant relationship was found between loneliness, depression, hopelessness and income. The study clearly pointed out that the elderly living in the community living in families or independently had better emotional health than the elderly living in institutions.

Asha, C.B. (1991). Women Work and Mental Health: A study among the aged. Asha (1995) studied problems of elderly women. Two groups of women of the same age were tested Mathew Maladjustment Inventory and Personal Data Schedule. Results revealed that employed elderly women nearing retirement were more anxious and depressed as compared with their unemployed counterparts. They showed inferiority and mania.

Jayashree, V. & Rao, T.R. (1991). effects of work on adjustment and the life satisfaction of the elderly. Jayashree and Rao (1991) assessed the influence of working status on social and personal adjustment. The study was conducted on 97 male re-employed retirees and 164 male retirees (aged 58-85 years). No significant difference in personal adjustment and life satisfaction was found between the two groups. However, social adjustment was significantly higher for the re-employed category as compared with the retirees.

Krause, N, Jay. G, and Liang,J, (1991). "Financial strain and psychological wellbeing among the American and Japanese elderly." Krause et al (1991) studied the impact of financial strain on emotional adjustment among the American and Japanese elderly. The purpose of the study was twofold: 1) to replicate the findings with the data provided by a nationwide survey of 1,523 elderly people in the United States. The findings of the nationwide survey had shown that stressful events
created psychological distress among older adults by eroding their sense of personal control and by diminishing their feelings of self-worth. 2) To compare the above findings with results obtained from a nation-wide survey of 1,517 older adults in Japan. The findings indicated that it was financial strain that made the elderly to erode feelings of control and self-worth in both cultures, and the weakening of these personal resources in turn tended to increase depressive symptoms.

**Mishra, S. (1989). Problems of Social Adjustment in Old Age: A Sociological Analysis.** Mishra. (1989) investigated the problems of the aged, as well as, their social adjustment. The study was conducted in two cities of India using 800 retirees. The interview schedule assessed the social, financial and physical status of the retirees as situational Factors. The attitudinal factors were attitude towards social change, noninterference in personal affairs of grown up children, as well as popular beliefs. The behavioral factors were routine activities, the relationship with family and friends, and involvement with other voluntary Organizations. The study found that social status, income and physical fitness as situational factors contributed to the adjustment of retirees. The study reported a positive relationship between attitudinal factors and adjustment. The findings regarding the behavioral factors suggest that an "active" lifestyle would lead to better adjustment.

**A. F. Jorm (1987) .Sex Differences in Neuroticism.** The personality trait of neuroticism is thought to be an important risk factor for depression. To ascertain the possible role of neuroticism in producing sex differences in depression, a meta-analysis was carried out on published studies reporting sex- and age-specific norms for neuroticism inventories. A general sex difference was found, with females having
higher scores. However, the sex difference was greater in young and middle-aged adults than in children or the very elderly. This age trend in sex differences for neuroticism is similar in form to that previously reported for depression, except that the sex difference for depression completely disappeared in the very young and very old, but the sex difference in neuroticism did not.

**Randhawa. M and Bhatnagar G. S. (1987). "Social adjustment among retired persons".** Randhawa and Bhatnagar (1987) studied social adjustment among the retired persons of Patiala city of Punjab. The level of social adjustment was measured by using the Life Satisfaction Index of Havighurst. The results showed that the better educated, economically well off and persons with an urban background had secured high scores of social adjustment. In a study, Subramanian (1989) (cited in Chapter 3.1) examined the impact of certain socio-economic variables, such as age, sex, income, education and location of residence on different dimensions of adjustment. With regard to age, the study revealed that the young-old group, both males and females were better adjusted than the middle-old or old-old groups in all dimensions of adjustment (home, social, emotional, self, health and general). Gender difference was evident only in the case of young-old persons. Young old Males were found to be better adjusted than young-old females in all measures of adjustment. In the case of income, both among males and females, those from high-income families were found to be better adjusted. A significant gender difference was observed in home, emotional, self, health and General adjustments. Generally, in all the income groups males were found better adjusted than females. Regarding the variable education, both males and females hailed from the three groups of educational level differed
significantly among themselves in social and general adjustments. As with males, education was unrelated to home, self and emotional adjustments. Gender differences were found significant in the emotional and general adjustments of the elderly with lower primary education. Illiterate males and females also showed significant difference in health adjustment. In the case of elderly with comparatively better education, gender difference was found to be not significant in the matter of adjustment. The study also observed significant difference between urban and rural males in the areas of emotional, self, health and general adjustments. Urban males were found to be better adjusted than rural males. In the case of females, significant difference between rural and urban group was found in social adjustment - women from urban background were better adjusted than women from rural areas. A significant gender difference was observed in the case of rural as well as urban elderly: both urban and rural males were better adjusted in social, self, health and general adjustments than females.

Venkoba Rao. (1987). Studied psychiatric illness of the aged in the context of different living arrangements. Living arrangements were classified as elderly in the joint or extended family, elderly living alone and those who were staying in institutions. With respect to family integration and social integration, some interesting findings emerged in relation to elderly persons who were psychiatrically ill and those who had no such problem. The study revealed that support was available to many elderly from the family and also from other social network. Nevertheless, lack of family and social integration was significantly more among the psychiatrically ill patients. It was also found that the number of the elderly in the psychiatric group
living alone was more than in the non-psychiatric group it follows that the existence of psychiatric illness is more or less related to the absence of family jointness and social integration. The study concluded that living within the family does not necessarily ensure a healthy integration similarly; living alone is not a barrier against social integration. In a study on perception of community supports in relation to the adjustment and roles among the aged, Subramanian (1989) examined the relationship between marital status and adjustment. The sample consisting of 654 aged (348 males and 206 females) between 55 and 80 years were drawn from Malabar, the northern part of Kerala State. The adjustment pattern was measured through an Adjustment Inventory, developed by the investigator. Apart from general adjustment, the inventory covers home, social, emotional, self and health adjustments. The study observed a significant difference between spouse living and spouse not living groups of males in home, social, emotional and general adjustments. In the case of females, significant difference between spouse living and spouse not living groups was observed in social, emotional self, health and general adjustments. Further; it was also found that spouse living groups of males tended to differ from spouse living group of females in all the dimensions of adjustment except home adjustment. However, in the case of spouse not living males and females, difference seemed significant only in home and health adjustment. Among males and females, the spouse living group was better adjusted than those living alone.

Gigy-Lynn, L. (1986). Pre-retired and Retired Women's Attitude towards Retirement. Gigy, et. Al. (1986) explored the phenomenological meanings of retirement for women and the factors associated with adjustment among samples of
employed and retired women (aged 47-70 years). Data was obtained from 55 women. In comparing groups of pre retired (N=25) and retired (N=30) white collar woman, no significant differences were found in overall levels of morale, adjustment or self-esteem. Instead correlations of various background variables current status and attitudinal variables with the measures of morale, adjustment and self-esteem indicated that the factors associated with psychological functioning may be different before and after retirement. This data led to the hypothesis that change does not directly affect levels of psychological functioning, but, instead, causes a shift in the content of the elements or mechanism that relate to adjustment after retirement.

Hansson RO, Jones WH, Carpenter BN, Remondet JH. (1986). Loneliness and Adjustment to Old Age. Among two samples of older adults, loneliness (measured by the revised UCLA Loneliness Scale) was related to poor psychological adjustment, generally, and to dissatisfaction with family and social relationships. It was also related, however, to fears, expectations, and personality characteristics likely to inhibit the restoration of personal support networks after a stressful life event such as widowhood. Finally, loneliness was associated with maladaptive behavior patterns such as failure to: a) plan for old age, b) engage in rehearsal for widowhood, c) engage in social comparison, or d) learn about available community health and social services.

Menachery, G. (1986). Adjustment and Socioeconomic Status among the Urban Retired. Menachery (1986) studied the relationship between adjustment and socio-economic status (SES) among 545 retired persons aged 52-87 years, in India. The findings show better post retirement adjustment for subjects with higher socio-economic status. Among different areas of adjustment family adjustment was the best,
and social adjustment was the worst for subjects of higher SES. This lends credence to finance being a major factor affecting happiness and adjustment of an individual after retirement. Bhatnagar and Randhawa (1987) carried out research to find out the problems of retired people in Patiala city of Punjab. They investigated the social adjustment of the retirees and the socio-economic correlates of social adjustment. The sample of retirees was drawn from different socioeconomic strata. A total number of 87 retired persons were interviewed with the help of a structured interview schedule. The analysis of data showed that better educated, economically better off and retirees with an urban background were better adjusted.


**When are somatic complaints unfounded?** Analyzes the relation between subjective and objective health to provide a framework for an evaluation of the view that medical complaints among the elderly are often unfounded. Naive realist, psychiatric–categorical, and dimensional models of somatic concern are compared, and it is argued that individuals differ along a continuum from persistent underreporting of symptoms to frank hypochondriacs. Data are presented showing that, even among psychiatrically normal individuals, the personality dimension of neuroticism is systematically related to the number of medical symptoms reported and that neuroticism-related complaints are best viewed as exaggerations of bodily concerns rather than as signs of organic disease. Psychometric data purporting to show that hypochondriasis increases in the elderly are confounded by real health changes with age, and evidence from longitudinal studies shows that increases in health
complaints probably reflect veridical reports of changing health status. It is suggested that the stereotype of elderly men and women as hypochondriacs is unfounded.

Jamuna, D. (1984). *A study of some related factors related to adjustment of middle aged and elder women*. Jamuna (1984) made a study in the rural areas of Chittor District in Andhra Pradesh on certain familial factors related to adjustment of middle aged and older women. The sample consisted of 300 literate women between 40 and 70 years of age, hundred from each of the three decades, and belonging to two levels of educational, economic and family status. The study showed; 1) a positive relationship between increasing age and level of communication between husband and wife among middle and older women; 2) a positive relationship between level of husband and wife communication and levels of adjustment among middle aged and older women; and 3) a positive relationship between sex satisfaction and adjustment among middle aged and older women.

Quinn, W H. (1983). "Personal and family adjustment in later life". Quinn (1983) studied personal and family adjustment in later life. The primary purpose of the study was to develop and to test a theoretical model of qualitative dimension in the relationship between older parents and adult children. Furthermore, the impact of these dimensions on the personal and family adjustment was also assessed. Data were collected from interviews with 171 parents 65 years and older and from 143 mailed questionnaires returned by adult children. A path analysis procedure was performed and health was found as the strongest predictor of the psychological well-being of older parents, followed by the quality of their relationship with the children. Moving backward in the recursive model, affection and communication positively influenced
the quality of relationship, filial responsibility held by the child had a positive impact on affection and communication, and filial expectations by the parent had a negative influence on communication. Several additional predictor variables representing the condition and life circumstances of aged parents indicated some moderate inter-relationships and indirect effects on the parent child interaction and psychological well-being of aged parents.

**Chandrika, P., and Anantharaman, R. N. (1982). "Life changes and adjustment in old age".** Chandrika and Anantharaman (1982) made an attempt to find out the differences if any, in adjustment and life changes in three groups of older people, vlz, non-institutionalized, institutionalized and geriatric patients. 30 subjects in each group were administered Life Satisfaction Index A (Havighurst, 1961) and a Schedule of Recent Experiences (Holmes and Holmes, 1970). The results indicated that the non-institutionalized elderly living with children were better in adjustment than the other two groups. They experienced lesser number of life changes, when compared to the other two groups. Moreover, there was no significant difference in adjustment between institutionalized and hospitalized geriatric patients. The investigators emphasized the importance of co-residence with children for the elderly. The main reason for the poor adjustment of institutionalized hospitalized geriatric group; they stated that, these elderly people were surrounded by other elderly, who experience dejection and loneliness in their lives. The finding that the non-institutionalized elderly were better adjusted than the institutionalized elderly was also supported by Lohmann (1977), Anantharaman (1980a), Gomathy et. al. (1981) and Mathew (1993).
Costa P T, Jr. McCrae R R, Norris A H. (1981). Personal Adjustment To Aging: Longitudinal Prediction From Neuroticism And Extraversion. Personal adjustment to aging as measured by scales from the Chicago Attitude Inventory (CAI) was examined longitudinally in a community-dwelling sample of 557 men aged 17 to 97. Concurrent and predictive relations between this age-appropriate measure of well-being and personality were examined by correlating the CAI variables with three factors from the Guilford-Zimmerman Temperament Survey identified as Neuroticism, Extraversion, and "Thinking Introversion." As hypothesized, Neuroticism was related negatively and Extraversion was related positively to most concurrent measures of well-being in both younger and older subsamples. "Thinking Introversion" was related only to positive attitudes toward religion. Predictive correlations between personality and subjective well-being over two-to-ten (M = 5.3) and ten-to-seventeen (M = 12.6) year intervals confirmed earlier research, and showed that enduring personality disposition antedate and predict measures of personal adjustment to aging.

Levy, M. Sandra. (1981). The Adjustment of Older Women: Effect of Chronic Health and Attitude Towards Retirement. Levy (1980) studied the adjustment of older women, the effect of chronic ill health and attitude towards retirement. The study investigated the effect and temporal experiences as indicators of adjustment through structured interviews with 52 female retirees. Data was analyzed by 2X2X2 ANOVA comparing groups in terms of health, willingness to retire, and time since retirement. In general, it was found that both healthy and ill females who were initially reluctant to retire, could not adjust over the time to the retirement state. Even
during the median time since retirement, these women experienced negative effect and a constricted and discontinuous sense of time passage. In contrast with the findings of an earlier study on male retirees, chronically ill females were not uniform in terms of maladjustment. A significant portion of ill-female-retirees were able to surmount the effect of bodily disease and adjust to the requirements of role transition in an adaptive manner. Differential needs of the ageing males and females in this cohort were emphasized and implications were drawn.

Ramachandran V, Menon MS, Ramamurthy B. (1981). Family Structure and Mental Illness in Old Age. Abstract A random sample of subjects aged over 60 in the community was studied. Out of 181 subjects studied 50 were found to suffer from functional disorders such as depression and anxiety, and 11 from organic brain syndrome. 120 are found psychiatrically normal. Over 50% of the elderly subjects studied were widowed and about 70% were unemployed and nearly 80% belonged to lower middle class and low socio-economic group. The families of the elderly subjects and their living condition were studied in detail. The family was divided into 'joint', 'nuclear' and loosely joint' on the basis of living arrangement financial support and other help they received. Functional disorder was found high in old age subjects living in nuclear family and living alone. 33 psychosocial variables affecting the health of the elderly subjects were studied and their correlation to psychiatric illness was determined, by computer. Further factorial analysis was carried out, and three factors were extracted. It was found that Factor II and Factor III were about family and living conditions. Hence it could be stated that the family and living conditions are significant factors affecting the mental health of the elderly subjects.
Trivedi, M.C. (1981). *A Sociological Study of Retired People:* Trivedi (1981) for his doctoral work on retired people in Nagpur selected a sample of 220 subjects by non probability sampling method. The objectives of the study were to examine various problems faced by retirees of different age groups and occupations. He studied the adjustment of the retirees in later years. On the basis of the results, the suggestions given were: retirement should be a phased or gradual process and not an abrupt or traumatic experience; those retirees who want to work should be given the opportunities to work; the link with the organization from which the employee retires should be maintained; and pre-retirement preparatory programmed should be held.

Dooghe G, Vanderleyden L, Van Loon F. (1980). *Social Adjustment of The Elderly Residing In Institutional Homes: A Multivariate Analysis.* Aim of the study to determine the order of magnitude of a number of variables which a bi-variants analysis had demonstrated to show some degree of correlation with the way in which institutionalized elderly individuals adapt socially. To determine the multivariate impact of all these variables on the degree of social adjustment to life in a home, a path model was developed that permitted detection of both the direct and indirect effect of the variables. It was found that loneliness was the main factor underlying failure to adjust. Furthermore, widowhood and being alone seem to have a considerable influence. The degree of disability and the age of the individual proved to have a smaller impact than we had assumed to be the case. The operational zed model explains 27% of the variance of the social adjustment in a home for the elderly.

Pattie A.H, Gillear C J. (1978). *Admission and Adjustment of Residents In Homes For The Elderly.* This paper discusses the relationship between psychological
variables, a brief cognitive measure and a behavioural rating scale, and the subsequent adjustment of a group of elderly people newly admitted to a social services home for the elderly. It shows that, in this sample, three groups can be identified: a fairly independent group of people who show no apparent deterioration in functioning during the first year of admission; a more dependent group who show loss of functioning during the same period; and a third group who show an immediate negative effect from admission, and who have a poor outcome. We comment on the lack of evidence in support of a general negative relocation effect, and on the value of the procedures used.

Desai, K.G. & Naik, R.D. (1974) Problem of retired people in Greater Bombay. In K.G. Desai (Ed.). Aging in India. Bombay. Desai and Naik (1974) examined the problems of retired persons in Greater Bombay. They retired to find out their financial status, and psycho-social problems experienced by them, such as, how the youngsters felt about them and whether they were aware of the problems faced by the retired persons. They found that one-third of the retired persons had no savings. Two third of them had one social liability or the other; nearly 65% of them mentioned health problem, and nearly 80% of them had good relationship with other family members both prior to and after retirement, though in some cases it was pointed out that children had begun to assume more importance.

Toni Antonucci. (1974). On the Relationship between Values and Adjustment in Old Men. It was hypothesized that values should reflect the ontogenetic development of the individual, and that a person should develop values that are appropriate to his role, development, and function within the society. Forty white middle-class males
were given the Havighurst Life Satisfaction Scale and several values to be rated on the Semantic Differential. It was shown that adjusted old men considered work related values to be much less important than unadjusted men. Further, a comparison of the present older sample with a middle-aged sample revealed that the older individuals rated hedonistic values as much more important than the middle-aged sample.

**Raghani, V. & Singhi N.K. (1970). Adjustment Problems of Retirement.** Raghani and Singhi (1970) studied the "adjustment problems of retired persons". They reviewed a number of empirical studies to examine the factors associated with successful adjustment in old age and pointed out a number of weaknesses with regard to good and poor adjustment. They argued that firstly, there is a lot of cultural and socio-economic variation among respondents; and secondly, the effect of retirement upon individuals should be studied prior to determining and establishing characteristics of good and bad adjustment. The data was collected from the respondents (50 gazette officers and 50 non-gazette officers) who were state government servants without any specific basis of selection. The results showed that 60 percent respondents reported that although family ties still persist yet they felt dethroned and devalued in the realm of family relations. When they were asked to rank the problems faced by them they ranked them in the following order: shortage of money, problems of passing time, widowhood, feeling of social neglect by the family, as well as by friends. The attitude towards the age of retirement was influenced by the monetary or economic loss as 86 percent reported that 55 years of age was too early and the government should make an upward shift in the age of retirement.
Ramamurti, P.V. (1970). A Study of certain socioeconomic variables as related to 
adjustment in old age. Ramamurti (1970) on the basis of a study reported that greater 
problems were encountered pertaining to personal adjustment and leisure time 
utilization by the elderly and a decrease thereafter. This was followed by an increase 
in problems again from about the 61st year which continued till seventy years.

using the Affect Balance Scale (ABS) assessed negative affect and depression among 
male retirees. Feeling of mastery was also measured. Independent variables ranged 
from whether respondents were forced to retire, retired because of ill health, retired 
because of their wives' poor health, or received a retirement pension. They were also 
asked if they had warnings before their wife died. Several control variables, 
specifically economic status, health, employment and race were also included. 
Stepwise multiple regression analysis revealed that race, poor health, retirement 
pension and warning about wife's death were significant predictors of adjustment. 
Although a modest amount of variance is explained, the results raise salient questions 
for future research on elderly widowers.

McDonald. C, (1967), 'The Pattern of Neurotic Illness in the Elderly. Age present 
many psychiatric problems. Among them is that of neurotic illness. This paper 
describes a study of various aspects of neurotic illness in the elderly. Since it would be 
unwise to assume that conditions governing neurosis in adult life pertain in the 
geriatric age group, an attempt has been made to reduce prior assumptions about the 
condition to minimum. Age and brain damage were not associated with neuroticism. 
Minor differences were found between affective neurotics and other neurotics, and
affective neurosis was associated with hospitalization, unlike the other neuroses of old age.

Moberg D.O., (1958), 'Christian Belief Sand Personal Adjustment.' A study of about 50 people whom he interviewed tested in 1941 Lawton found that next to health the greatest source of contentment in later life is "health of the spirit". Tendency of many old people to cling to or to return to religious faith is related to good personal adjustment in old age. There is close relationship between the scores of personal adjustment in old age and religious belief scores.