Chapter No. V

DISCUSSION

In the previous chapter the data has been analyzed by using descriptive and inferential statistical techniques and results’ pertaining to the data.

In the present chapter, an attempt has been made to critically examine the obtained results in view of various hypotheses proposed in chapter-I.

Before discussing the results there are couple of points which needs to clarify and explain.

A) **NEO personality Inventory –Revised** used in the present study has five subscales namely:-

1. Neuroticism
2. Extraversion
3. Openness to experience
4. Agreeableness
5. Conscientiousness:

High score on each sub-scale indicates high level of the personality.

B) **The old age adjustment inventory** used in present study consists of 6 components i.e. Health, Home, Social, Marital, Emotional and Financial. High score on each component indicate high level of adjustment.
C) **Areas of residence:-**

In present study researcher has compared personality aspects and adjustment components of old persons living in institutions and families. This, old persons are categorized as below:-.

1) Liveness in institutions retired old persons
2) Living in families retired old persons.
3) Retired old male persons
4) Retired old female persons.

**Hypotheses No. 1**

**The level of adjustment would be higher in retired old persons living in families than institutionalized retired old persons.**

Table No. 5, 6 and 7 indicate mean values of adjustment, 'F' values and 't' values. The means of adjustment score are 85.70 and 85.50 respectively for retired old persons living in families and institution. The main effect of area of residence is not significant (F =0.107, df1, 396). Thus Area of residence has no influence on Adjustment. And ‘t’ values is 0.284 >0.05. Thus there is a no significant difference on adjustment of retired old persons living in families and institutionalized retired old persons. The results did not support the hypothesis stating that “The level of adjustment would be higher in retired old persons living in families than institutionalized retired old persons”. Hence it is concluded that there is no significant difference on adjustment between retired old persons living in Families and institutions. It indicates that they get same experience after the retired life.

In connection with the above cited findings ‘Adjustment in old age may often be difficult for individuals, as it requires adopting a new life style, characterized by decreased income and activity and increased free time (Streib & Schreider 1971; McGee}
et.al., 1979; National Council on Aging [NCA], 1981. The term adjustment in gerontological literature is tantamount to internal and external equilibrium of the human being (Rosow, 1967). On the other hand, George (1980) states that adjustment of an individual involves two conditions: First, the individual attempts to meet the demands of the environment; and second, the individual perceives and experiences a sense of general well-being in relation to the environment. The concept of adjustment has also been studied from the practical or empirical perspective and Donahue et al., (1960) have cited the following factors, such as satisfactory health, married life, good families relationship, friendship, feeling of security, social status equal to that of what they have had previously and plan for the future, religiosity, and belief in rebirth to be positively associated with good adjustment in old age. 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.

Retirement is different today. In the past, it meant a slowing down of activity and the completion of work life. Retirement was generally used in reference to men. Now retirement for both men and women can mean having the opportunity to take up hobbies, travel, start a new career, go back to school, spend time with families, take care of grandchildren, or work only part-time.

After retirement begins, time spent with colleagues from work diminishes, while opportunities to spend more time alone, or with a spouse, families, or friends, increases. Reactions to these relationship changes can be different for each person. Some may enjoy the wonderful opportunities for sharing additional experiences with a spouse, families, or friends. For others, this increased time together can create a strange and unfamiliar situation – particularly for a spouse who has been a full time homemaker and then suddenly having a retired spouse at home each day. Additional challenges can arise in a partnership in which one spouse wants to continue working while the other spouse is
ready for a more leisure-filled retirement. This may give rise to families tensions, especially during the initial transition period. The key is to remain aware that changes in relationships are a normal and expected part of retirement.

Retirement is a personal experience; some find adjusting to it easier than others. Making a smooth transition to retirement depends on financial circumstances, health, and attitude, as well as the reaction and behavior of loved ones and friends. Most everyone faces the following challenges. Using the newly found available time that retirement brings to develop new interests and skills, retirees can acquire new roles, such as volunteer, artist, gardener, traveler, or student – to name just a few. The emotional reactions to leaving behind prior roles and taking on new ones can range from shock, fear, and nervousness to excitement, joy, and relief.

Hypothesis No.2

**The adjustment level will be more in retired old males than retired old females.**

Table No. 5, 6 and 8 indicate mean values of adjustment, 'F' values and 't’ values. Means of adjustment score are 88.84 and 82.36 respectively for male and female retired old persons. Second main effect nature of gender is significant i.e male and female retired old persons. (F = 106.55, df-1, 396 P < 0.01) and ‘t’ values 10.04 < 0.01. Thus type of gender has influence on Adjustment. The mean of adjustment is higher in male retired old persons than female retired old persons. These results support hypothesis No. 2 stating that “The adjustment level would be more in retired old males than retired old females.”

Results of the present study are consistent with finding of Carr, Deborah (2004) and Haas-Hawkings, Gwen-(1980) suggested that the low level of adjustment in widowhood women. In one study conducted by 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 were in line with findings of Holmes and Rahe (1976), 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 a lowering of the standard of living. Hull, Kathleen V (1990) studied on adjustment to retirement, addressing issues such as cultural stereotypes, sex differences in adjustment, factors influencing survival rates, successful approaches to post-retirement job seeking, and marital well-being after retirement and found that women are facing much more adjustment problem. Another study shows V. A. BraithwaiteD. M. Gibson and Richard Bosly-Craft (1986) that female retirees identify four poor adjustment styles—poor health, negativism, change adaptation and retirement reluctance.

**Hypothesis No.3**

The health adjustment level would be high in institutionalized retired old person than retired old persons living in families.

As per table No. 9,10 and 11 shows that the means of health adjustment scores are 17.81 and 17.13 respectively for the retired old persons living in Families and living in Institutions (Table 9) The main effect of nature of employment (Table 10) is significant for health adjustment \( F = 6.040, \text{df}=1, 396; P < 0.01 \) and 't' value is \( (2.10 \text{ P}<0.05) \) significant. The mean scoring higher in retired old persons living in families than institutionalized retired old persons on health adjustment. Thus hypothesis no. 3 is rejected stating that “the health adjustment level would be high in institutionalized retired old persons than retired old persons living in families.” The results indicate that the retired old persons living in families scored higher on health adjustment than institutionalized retired old person.

Majority of studies have reported differences in health adjustment, Ethel Shanas, Epstein, L. A.(1965) focuses on the reasons men give for retiring from work, the
satisfactions reported in retirement, and how adjustment in retirement is related to a man’s health. The findings in these three facets of retirement indicate that poor health may cause retirement, but retirement does not cause poor health. Mary E. Duffy (1993) found that older healthy persons living with joint families, high self-esteem and internal locus of control reported practicing five of the six health promotion strategies. Those who are living with remand home, higher income and self-esteem but poorer health less often exercised or ate well. Older married subjects with higher incomes who were internally controlled were more likely to engage in exercise, health responsibility and stress management but not in interpersonal support. Cavan, men in their own homes have a better status as to health, economic position, families constellation, activities and attitudes than have men in the homes of others, and boarding-house roomers rank last in these factors, detached as they are from families and friends. Cavan’s study showed that the same rank-order of living arrangements held for women; the aged women living in institutions ranked last in personal and social adjustment, they being the most deprived in terms of personal contacts and activities. Also V. A. Braithwaite and etal (1986) analyzed that poor adjustment styles—poor health, negativism, change adaptation and retirement reluctance. While the latter two responses to retirement tend to be problems only in the short term, the former two may have far reaching consequences. Health related retirement and negativism about retiring were linked with low activity and involvement, poor physical and mental health, inadequate income and low life satisfaction in the years following retirement. In line with the study of Elezua, C. C. (1998) shows that adjustment in retirement is related to a man’s health. The findings in these three facets of retirement indicate that poor health may cause retirement, but retirement does not cause poor health.

In India the plight of old is cloaked by myth or traditional bond (Dandekar 1996). The principles of modern care of the aged are based on healthy and independent living. But the increase in population and poverty are incapacitating the Indian government to make good policies that suit to the well being of the aged. Gerontological and Sociological approaches to ageing have failed to attend to the well being of the aged in India. Institutionalized retired old person spend the much more time for personal fitness
activities and in daily rutting life they doing the morning exercise, meditation etc. in short different environment is one the cause of health adjustment differences about retired old persons.

**Hypothesis No.4**

**The level of family adjustment will be higher in retired old persons living in families than institutionalized retired old persons.**

The results of the present study (Table 14) show that the main effect of area of residence on families adjustment is significant (F= 363.07, df=1,396, P< 0.01) and Table No. 15 supported 't' values is (18.490P<0.01) is significant as per table No. 15, The means of health adjustment scores are 18.66 and 13.90 respectively for the retired old persons living in families and retired old persons living in institutions, thus retired old persons living in families scored higher than institutionalized retired old persons. The results support hypothesis 4 stating that “The level of family adjustment would be higher in retired old persons living in families than institutionalized retired old persons.”

These results are inline with study of Hansson, Robert O.;and Others(1987) was found that loneliness related to poor psychological adjustment and to dissatisfaction with families and social relationships. It was also related to fears, expectations, and personality characteristics likely to inhibit the restoration of personal support networks after a stressful life event such as widowhood, and to maladaptive behavior patterns. Drageset J.(2004) shows that social contacts with families and friends/neighbors and emotional and social loneliness were influence on the families adjustment among the older persons living with different families structure.

On the basis of these analyses we interpret that there is a difference between old age people living in families and old age institutionalized peoples in terms of their families adjustment. On the basis of the mean value we interpret that old age people living in the families have better families adjustment than institutionalized old peoples. Here the reasons are clear because old people get joy in the families. Their happiness is important for their adjustment also after retirement for both men and women can mean
has the opportunity to take up hobbies, travel, start a new career, go back to school, spend time with families, take care of grandchildren, or work only part-time. But institutionalized old people are deprived from their families. They face emotional deprivation. Loss the joy and face more adjustment problems.

**Hypothesis No.5**

The social adjustment level would be high in institutionalized retired old persons than retired old persons living in families.

As per table no. 17, 18, and 19, Mean values of social adjustment of retired old persons living in families is 13.90 and for social adjustment of institutionalized retired old persons is 16.67, 't' value (table no. 19) is (9.98, P<0.05) significant and F value is (104.003, df-1,396, P< 0.01) significant (table no.18). Thus area of residence is influence on social adjustment. The mean of social adjustment is higher in institutionalized retired old persons than retired old persons living in families. These results support hypothesis No. 5 stating that “the social adjustment level would be high in institutionalized retired old persons than retired old persons living in families.”

There are several studies have pointed out that the problems of adjustment to new social roles for the aged vary for different occupational groups. Other studies indicate that activity per se is an important element in whether a person considers himself well, despite existing physical ailments. In addition, numerous research studies of personal and social adjustments of the aged suggest that living arrangements play an important function in the social and psychological wellbeing of elderly persons. The problems of aging are, in the sociological view, largely a result of two rather recent phenomena- the abruptness of the social transition from productivity to retirement and the loss of role and status that accompanies this. These problems are, in turn, a function of an urban, industrial changing society. Simmons (2002) pointed out that in simpler societies and tradition-oriented cultures the aged rarely suffer the fate of loss of role and depreciation of status so common in our own highly developed technological civilization. In such societies roles may change but status may, in fact, increase. Another numbers of studies concerned with
the personal and social adjustment of the aged in American society have been published
and others are in process. All of these studies indicate that living arrangements play an
important function in the social and psychological well-being of the elderly. According to
Cavan (1946), the same rank-order of living arrangements held for women; the aged
women living in institutions ranked last in personal and social adjustment, they being the
most deprived in terms of personal contacts and activities. In the control homes residents
did not increase their social activities and tended toward social withdrawal with a
corresponding tendency toward deterioration in group integration. Evidently, the mere
living in congregate relationships in homes and institutions for the aged does not
automatically provide for the socialization of residents; indeed, it may be that neglecting
to provide outlets for activities that foster relationships with other people may result in
isolation and purposeless living that would hasten the process of mental if not physical
degeneration.

Dutta(1989) saidha(1984) observed low social worth and self esteem, feeling of
social deprivation due to negligence and sense of isolation and poor adjustment in the
society in old people. The results of Norris Joan E. (1980) studies are institutionalized
retired old person were more socially engaged than singles, primarily because of their
social involvement in kinship roles. Leon, Gloria Rakita-etal(1981) shows that lonely
older person faced the more social adjustments related problems. Golant, Stephen M
(1984) suggested that statistically significant direct effect of social and physical
adjustment on older people’s life satisfaction. Mayers,Jane E.(1993) studied on social
breakdown, self perpetuating stages of negative adjustment among older persons can be
halted by empowering people through prevention and wellness And by changing attitude
of the culture, and decision making toward aging. The controls residence system are
affecting on social breakdown hence may be it is one the reason shows the difference in
social adjustment of institutionalized retired old person and retired old persons living in
families.

Results confirm that old persons living with their institutional members are
socially well adjusted and have lesser social adjustmental problems as compared to the
old persons living with their families members.
Hypothesis No.6

The emotional adjustment level would be more in institutionalized retired old person than retired old persons living in families.

Table No. 21, 22 and 23 indicate mean values of emotional adjustment, 'F' values and 't' values. The means of emotional adjustment score are 14.08 and 14.90 respectively for retired old persons living in families and institutionalized retired old person. The main effect of area of residence is significant (F = 7.569, df1, 396). Thus Area of residence has influence on social adjustment. And 't' values is 2.719 < 0.01. Thus there is significant difference on social adjustment of retired old persons living in families and institutionalized retired old persons. The mean score for social adjustment is higher in institutionalized retired old persons than retired old persons living in families. The results supported hypothesis no.6 stating that “The emotional adjustment level would be more in institutionalized retired old persons than retired old persons living in families.” Hence it is concluded that there is significant difference in emotional adjustment of retired old persons living in Families and institutions.

Old people living in institution feel more emotional problems than those are living with families. 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 disturbance. They are mental and emotionally stressed and have tensions and worries due to growing uncertainties these days. Sharma(1980); Nayar(1987) also revel problems like loneliness, isolation neglect faced by elderly people in today’s society. Doty, Leniani,Ed(1979) focused on older people who are undergoing the physical and emotional changes associated with aging, and who are experiencing emotional-adjustment problems centered on loss and career transition. Paula M. Caligiuri(2006) demonstrate that emotional stability are negatively related to emotional adjustment. Beal C.(2006) Older women report more loneliness than male peers. Loneliness is an area of concern related to the well being of older women because it is a cause of emotional distress and is linked to a variety of health and emotional problems in older individuals. Life changes, including widowhood and relocation, are
associated with increased vulnerability to loneliness. Gender, social, and cultural factors influence the experience of loneliness in older women. One off the reason may be found on familiar retired old persons of their less emotional adjustment are emotional isolated. The result of Robert Wilson and etal(2006) shows that emotional isolated was associated with less adaptive psychosocial functioning in old age.

**Hypothesis No.7**

**The level of financial adjustment would be high in institutionalized retired old person than retired old persons living in families.**

The results of the present study (Table 25, 26 and 27) shows that the mean, the main effect of area of residence is significant $F = 6.369$, $df = 1$, 396; $P<0.01$(Table no 26). It indicate that area of residence has influence on financial adjustment. and Table No. 27, the’$t$’ values is $(2.516 P< 0.01)$ significant. The means of financial adjustment score are 10.060 and 10.54 respectively for the retired old persons living in Families and institutionalized retired old persons. The institutionalized retired old persons scored higher than retired old persons living in families. The results support hypothesis no.7 stating that “The level of financial adjustment would be high in institutionalized retired old persons than retired old persons living in families”

The institutionalized retired old persons experience free living style in daily life, also no dependent upon him so they manage own economical sources according to self. Dr. Abdul Razaq(2008) found that retired civil servants in Kwara state are experiencing stressful retirement from ten different sources, the main one being financial insufficiency among the older persons. Having enough money to live comfortably in retirement is very important, especially since people now live into their 80s, 90s, and beyond. Financial health affects the ability to support a chosen lifestyle and provides a sense of well-being and security. Some people not only think about and prepare for retirement at an early age, but also earn enough money during their work lives to support their retirement years. Some lucky few inherit family fortunes and face retirement without financial worries. However, many people find themselves with financial limitations, and some may even
find it necessary to alter their retirement lifestyles or to seek part-time or new full-time employment. In all cases, calculating the amount of money needed for retirement, including living expenses and medical costs, must be determined. It may be quite helpful to seek financial advice from an accountant or financial planner in order to fully understand the best way to plan for the retirement years. Weighing decisions such as buying long-term care insurance or determining if working will affect the amount of Social Security benefits received must be carefully considered because of the tremendous bearing this has on lifestyle and quality of life.

**Hypothesis No.8**

The level of marital adjustment would be higher in retired old persons living in families than institutionalized retired old persons.

Table No. 29, 30 and 31 indicate mean values of marital adjustment, 'F' values and 't' values. The means of marital adjustment score are 11.31 and 12.34(table no.29) respectively for retired old persons living in families and institutionalized retired old persons. The institutionalized retired old persons scored higher than retired old persons living in families. The main effect of area of residence (F = 18.01, df-1, 396 P < 0.01(table no.30) and 't' values 4.14 < 0.01(table no 31 ). It indicates that retired old persons living Institutions and families showing significant difference on marital adjustment. Hence results do not support hypothesis stating that “The level of marital adjustment would be higher in retired old persons living in families than institutionalized retired old persons.” so hypothesis no.8 was rejected.

Results shows that the poor adjustment whether they are living with their families or institutions. In present time elderly are most depressed and sad in the materialistic world. They are having worries and tensions uncertainties of life which make their adjustment unsatisfactory. LugY.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. Hull kathleen V(1990) Point out the importance of marital adjustment for well-being in middle and old age. The role of both stable,
dispositional factors and marital interactions should be more important for marital adjustment in long-term marriages.

**Hypothesis No.9**

*The level of neuroticism would be more in institutionalized retired old person than retired old persons living in families.*

The results of the present study (Table 33, 34 and 35) show that the mean, the main effect of area of residence is significant $F = 728.58$, $df = 1, 396$; $P<0.01$ (Table no 34). Its indicate that area of residence has influence on neuroticism. And Table No. 35, the ‘t’ values is $(26.73P< 0.01)$ significant. The means of neuroticism score are 21.59 and 33.47 respectively for the retired old persons living in Families and institutionalized retired old persons. The institutionalized retired old persons scored higher than retired old persons living in families. The results support hypothesis no.9 stating that “The level of neuroticism would be more in institutionalized retired old persons than retired old persons living in families.”

Hypothesis No.10

The extroversion level would be high in retired old persons living in families than institutionalized retired old persons.

The results of the present study (Table 38) show that the main effect of area of residence on extroversion is significant (F= 28.60, df=1,396, P< 0.01) and Table No. 39 supported 't' values (4.74P<0.01) is significant. As per table No. 37, the means of extroversion scores are 27.7950 and 30.590 respectively for the retired old persons living in families and institutionalized retired old persons, thus retired old persons living in families scored higher than institutionalized retired old persons. The results support hypothesis 10 stating that the extroversion level would be high in retired old persons living in families than institutionalized retired old persons. This result indicates that area of living has influence on extroversion.

The explanation of the extraversion suggest by researcher better and more extensive social network, mention relationship between the all families members and quality of interpersonal interaction. Extraverts tend to possess greater amounts of social resources than introverts.

Hypothesis No.11

The level of openness would be more in retired old persons living in families than institutionalized retired old persons.

As per table No.41, 42 and 43. the means of openness scores are 30.5050 and 23.2050 respectively for the retired old persons living in families and institutionalized retired old persons (Table 41) The main effect nature of area of living (Table 42) is significant for openness (F = 177.91, df=1, 396 ; P < 0.01) and 't' value (12.32 P <0.01) is significant. The retired old persons living in families scored higher openness than institutionalized retired old persons. The results support hypothesis No. 11. The results indicate that the openness level is higher in retired old persons living in families than institutionalized retired old persons.
The basic trait found is extraversion in retired old-persons living with their families. May be its causes of openness found in these group. Openness to Experience describes a dimension of cognitive style that distinguishes imaginative, creative people from down-to-earth, conventional people. Open people are intellectually curious, appreciative of art, and sensitive to beauty. They tend to be, compared to closed people, more aware of their feelings. They tend to think and act in individualistic and nonconforming ways. Intellectuals typically score high on Openness to Experience; consequently, this factor has also been called Culture or Intellect. Nonetheless, Intellect is probably best regarded as one aspect of openness to experience. Roberts, Brent W.; Walton, Kate E(2006) showed that people increase in measures of social dominance (a facet of extraversion), conscientiousness, and emotional stability, especially in old age persons. In contrast, people increase on measures of social vitality (a 2nd facet of extraversion) and openness in old age persons. Many people experience fulfillment either as a result of living with friendly to all families members, close families relationship, increased connections with their culture of origin to actively participate in the local community activities. At the same time, old age can also be an opportunity for making new friends, developing new interests, discovering fresh ways of service, spending more time in fellowship with God. In contrast institutionalized retired old persons living style are fixed and daily rutting activities has completed according the rule of institution also no changes in their life. So they have making limited relation to others and they experience more emotional disturbance and family related stress and sadness. In this research, the level of extraversion found is low in these peoples; may be extraversion is cause of low openness to experience.

**Hypothesis No.12**

The agreeableness level would be high in retired old persons living in families than institutionalized retired old persons.

Table No. 45,46 and 47 indicate mean values of agreeableness, 'F' values and 't' values. The means of agreeableness score are 30.77 and 24.40 respectively for retired old persons living in families and institutionalized retired old persons. The main effect of
Area of living is significant (df 1,396)=176.06) Thus Area of residence has influence on agreeableness. And ‘t’ value is 13.153 P<0.01. Thus there is significant difference on agreeableness of retired old persons living in families and institutionalized retired old persons. The mean score on agreeableness is higher in retired old persons living in families than institutionalized retired old persons. The results supported hypothesis no.12 stating that “The agreeableness level would be high in retired old persons living in families than institutionalized retired old persons.” Hence it concluded that there is significant difference in agreeableness of retired old persons living in Families and institutions.

In line with one of the research put on, Tobin, Graziano, Vanman, and Tassinary (2000) define agreeableness as having to deal with motives for maintaining positive relations with others. Studies involving self-report measures have found that agreeable individuals report more involvement in emotional self-regulation when feeling strong negative emotions than do their less agreeable peers. This finding with regard to the experience of negative emotions is of particular importance because conflicts seem to arise less in response to positive emotions than to negative ones. In opposite results, Nikki L. Hill, MS, RN; Ann Kolanowski(2009) has suggested that no significant difference was found between the high and low agreeableness groups, indicating that residents were more engaged when activities were individually tailored, regardless of their agreeableness level. Ann Pearman; Carrie Andreoletti(2010) shows that agreeableness, but not age, was related to predicted levels of sadness, such that the more agreeable, the higher the predicted sadness ($\beta = 0.37$). In contrast to expectations, prediction accuracy was not related to age or agreeableness. For emotional reactivity, agreeableness ($\beta = 0.16$), but not age, was related to reactivity to sad stimuli (i.e., more agreeable, higher reactivity).

Agreeableness reflects individual differences in concern with cooperation and social harmony. Agreeable individuals value getting along with others. They are therefore considerate, friendly, generous, helpful, and willing to compromise their interests with others'. Agreeable people also have an optimistic view of human nature. They believe people are basically honest, decent, and trustworthy. In contrast disagreeable individuals
place self-interest above getting along with others. They are generally unconcerned with others' well-being, and therefore are unlikely to extend themselves for other people. Sometimes their skepticism about others' motives causes them to be suspicious, unfriendly, and uncooperative.

**Hypothesis No.13**

**The level of conscientiousness would be high in retired old persons living in families than institutionalized retired old persons.**

As per table No.49, 50 and 51. the means of conscientiousness scores are 30.36 and 28.43 respectively for the retired old persons living in families and institutionalized retired old persons (Table 49) The main effect, nature of area of living (Table 50) is significant for conscientiousness (F = 11.11, df-1, 396 ; P < 0.01) and 't' value is (3.065P <0.01) significant. The retired old persons living in families scored higher on conscientiousness than institutionalized retired old persons. The results support hypothesis No. 13. The results indicate that the conscientiousness level is higher in retired old persons living in families than institutionalized retired old persons.

There is no previous study on conscientiousness of old persons who are living with different residence structure but Costa et al. (2001) investigated gender differences across specific aspects of that Men scored higher in some facets of Extraversion such as Excitement Seeking, while women scored higher in other Extraversion facets such as Warmth. Comparisons at the aggregate level of Extraversion and Openness are thus less meaningful. Men and women appear to differ little on either specific aspects of Conscientiousness (encompassing such qualities as diligence, self-discipline, orderliness, and goal-orientation) or the sub dimensions it comprises.
Hypothesis No.14

The personality development would be better in retired old persons living in families than institutionalized retired old persons.

The results of the present study (Table 53, 54 and 55) show that the mean, the main effect of area of living is not significant $F = 0.826$, df = 1, 396; $P>0.05$ (Table no 54). its indicate that area of living has no influence on personality. and Table No. 55, the ‘t’ value is 0.89 $P>0.05$) not significant. The means of personality score are 141.23 and 140.10 respectively for the retired old persons living in Families and institutionalized retired old person. This results show that institutionalized retired old persons and retired old persons living in families has no difference on their aspects of personality development. Hence hypothesis no14 “The personality development would be better in retired old persons living in families than institutionalized retired old persons” is rejected. The results are inline with study of Martin, Peter; And Others (1992) found that personality differences: centenarians scored higher on dominance, suspiciousness, and imagination. Although centenarians scored lower on active behavioral coping than other old age groups, they used cognitive strategies when coping with health and families events. Extraversion and anxiety predicted morale and mental health. Golant, Stephen M.(1984) in whether old people's morale or life satisfaction is influenced by the quality of their residential environment. The extent to which older persons' assessments of their lives are influenced by their place of residence was examined. The individual differences and environmental experiences together explained nearly half of the statistical variation in the older people's personality traits. Archana Singh, Nishi Misra(2009) suggested that the most of the elderly people were found to be average in the dimension of sociability and preferred remaining engaged in social interactions. Those old people living with their families and old age home members spent the lot off time for social interaction and enjoying the every movement, shared the every feeling which they experience. In this way they develop the own traits. Adjusting to the changes that accompany old age requires that an individual is flexible and develops new coping skills to adapt to the changes that are common to this time in their lives (Warnick, 1995). Prior studies have documented that amount (level) of neuroticism predicts mortality (e.g., Wilson et al.,
This study built on those previous investigations, finding that it is not just the level of personality traits, but also their direction of change, that is related to mortality. Men who had a high average level of neuroticism and whose neuroticism increased did not survive as long (controlling for age, physical health, and depression) as those without this combination of risk factors. Interestingly, the survival curve for the combination that should have been associated with the greatest longevity—low, decreasing neuroticism—did not differ from the curves for the other combinations (low, increasing and high, decreasing neuroticism). Thus, high neuroticism in and of itself need not place individuals at elevated risk for mortality. Mortality risk appears greatest when high neuroticism is joined with another risk factor—in this case, a long-term increase in the trait.

**Hypothesis No.15**

*There would be positive co-relation between personality aspects and adjustment among retired old persons.*

An attempt has also been made to observe the relationship between personality aspects and adjustment. In terms of the present personality and adjustment inventory high score indicate high personality and adjustment. Researcher employed Pearson product moment correlation; the r is 0.76 which is significant at 0.01 level. It indicates that there is a positive relationship between personality aspects and adjustment. The results support hypothesis no. 15 stating “There would be positive co-relation between personality aspects and adjustment among retired old persons.” High score indicates high adjustment, and better development of personality and vice versa on both scales. In sum this hypothesis is found significant and confirmed.

Various previous studies are supports above finding e.g. Yah Huey Jou(1996) examined the effects of personality and social support on adjustment, resultd indicated that a needed support was a negative predictor and actual support was a positive predictors of adjustment over all periods, extraversion was a positive predictors of the adjustment. Robert Wilson, Kristin R. Krueger (2006) reported that emotional neglect &
parental intimidation had the strongest associations with neuroticism. Mc Conatha, Jasmin T. et al (1988) shows that a significant positive relationship between perceived wellness & adjustment. DeNeve, Kristina M; Cooper, Harris (1998) found that personality was found to be positively associated to well-being and adjustment. Paula M. Caligiuri(2006) suggest that extraversion, agreeableness and emotional stability are negatively related to whether expatriates desire to terminate their assignment. Robert S Wilson etal(2004) shows that personality is associated with mortality. Robb C etal(2008) indicated high neuroticism was associated with poorer well-being for boths wives, extraversion and social support predictors of social adjustment. Turner, Barbra Formaniak (1995) and Hilleras, Pernilla K and others(2004) explored that health and emotionally stable personality were independently of others factors, the most important for satisfaction and adjustment among the old persons. Izutsu, Satoru; Rose, Charles(1987) personality associated with better physical, mental, social functions. SJ Almada, AB Zonderman, RB Shekelle,(1991) MMPI measures of neuroticism (N) and of cynicism (C) were obtained at the initial examination of old age person. C was significantly associated with coronary death and total mortality after adjustment for N. These results support the idea that neuroticism is not associated with major causes of mortality, but that cynicism is associated with several causes. The associations between cynicism and mortality may be mediated by cigarette smoking and excessive alcohol consumption since adjustment for these factors may have been incomplete due to correlation between cynicisms. AE Korten, AF Jorm, Z Jiao, L Letenneur, PA Jacomb(2004) shows that the significant predictors of mortality were male sex, poor physical health, poor cognitive functioning, and low neuroticism. Men had an adjusted relative risk of mortality of 2.5 compared with women. For the male sub-sample, poor self rated health and a poor performance on a speeded cognitive task were significant predictors, while for women, greater disability, low systolic blood pressure, and a low score on a dementia screening test were the strongest predictors. Mortality was predicted by physical ill health and poor cognitive functioning. Psychosocial factors such as socioeconomic status, psychiatric symptoms, and social support did not add to the prediction of mortality, once sex, physical health, and cognitive functioning were controlled. Ina Rytter Schapiro, Lone Ross-Petersen and others(2001) draw the results
from old age cancer patient, and suggest the some personality factors were strongly associated to be adjustment due to smoking, alcohol consumption. Regression model, in which adjustment was made for age, sex, calendar period, alcohol consumption, tobacco smoking, psychiatric illness as rated by the interviewing doctor, marital status, and social class, showed no excess risk of cancer among persons considered to be in medium- or high-risk groups according to the Eysenck Personality Inventory. In line with the present results were Peter Martin, M. Valora Long (2001) shows that Octogenarians were lower in the personality traits Intelligence, Dominance, and Conscientiousness when compared with sexagenarians. Octogenarians were lower in the personality state Arousal, but higher on Regression. Conatha, Jasmin T. et al (1988) shows that a significant positive relationship between perceived wellness & adjustment.