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CHAPTER-II
REVIEW OF LITERATURE

A literature review is a body of text that aims to review the critical points of current knowledge including substantive findings as well as theoretical and methodological contributions to a particular topic. Literature reviews are secondary sources, and as such, do not report any new or original experimental work.

Studies on ageing, old age and elderly are no longer rare as might have been claimed a few years ago. Now a plethora of studies have been undertaken involving various aspects of the aged. A recognition of gerontology as a very youthful field has emerged.

Review of literature has been carried out to gain insight and information of the field under study and to project new ideas for later research. The review has been divided into following sections according to the variables undertaken for the study:

1) Healthy Ageing
2) Ageing and stress
3) Ageing and coping
4) Ageing and happiness
5) Ageing and optimism
6) Ageing and social support
7) Ageing and emotional intelligence
8) Ageing and spiritual intelligence
9) Ageing and socio-economic status
10) Ageing and family

The above mentioned sections have further been divided into two sub-sections: National Studies and International Studies.

2.1 HEALTHY AGEING

Healthy ageing is the process of optimizing opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life.
2.1.1 National studies

Sandhu (2003) highlighted that the inmates, despite having driven out of their families either out of compulsion or out of choice were enjoying their institutional life. They resorted to activities such as watching T.V., gossiping, reading books, praying, etc. for spending their leisure time.

Jain and Sharma (2004) envisaged the impact that productive engagement in work, with high religiosity in old age, could cast upon the quality of life of older people. The findings of the research depicted that productive engagement and non-engagement in work significantly affect the material well-being (p<.01) of religiously older people, but gender does not make any difference to it. Health is significantly affected (p<.01) by the productive engagement in work of the religious older people, with no significant difference due to gender.

Kavitha (2007) did a study to find out quality of life of 50 senior citizens living in old age home and 50 senior citizens living in the family set up in Erode district of Tamil Nadu. The findings indicated that majority of senior citizens in the home for aged had moderate quality of life. The mean score related to quality of life was found to be higher among senior citizens living in family set up than the senior citizens living in old age home.

NFHS-2 data was analyzed to examine the type of lifestyle adopted by the elderly and its effects on their health conditions. It showed that lifestyle adversely affects health and increases morbidity conditions among the elderly. Lifestyle habits such as alcohol consumption, regular smoking and tobacco chewing have adverse effects on one’s ability to control diseases (Mutharayappa and Bhat, 2008).

A study was done to examine the morbidity among 206 sampled elderly in an urban slum in Chennai. It was found that 40.5 per cent of ailments in elderly were not medically treated and the two most important reasons for not seeking care were financial problems and the perception that the ailment was not serious. The author concluded that social policy of developing countries
like India underplays the healthcare requirements of the elderly, especially elderly women (Balagopal, 2009).

In another study, data on elderly with good fitness was compared with elderly showing poor fitness. Majority of the elderly males were married (68%) and majority of elderly females were widows (58.4%). With respect to dietary intake, a significant difference was found in the intake of beta-carotene, folic acid and vitamin C when compared between RDA and various age groups. Majority of elderly had normal CIT scores. Most prevalent minor illnesses were lethargy and pain in joints. Elderly with good fitness had a more regular meal pattern, had antioxidant rich diet, were actively involved in daily activities and had high self-esteem (Mehta et al., 2009).

2.1.2 International Studies

Abler and Fretz (1988) did a study, “Self-Efficacy and Competence in Independent Living among Oldest Old Persons”. The findings indicated that self-efficacy contributed, beyond the effects of health, to the prediction of psychosocial competence, but not to competence in ADL. Health status significantly predicted competence in ADL, but not in psychosocial competence.

A qualitative study was done to examine whether engagement in a serious leisure activity provided older adults opportunities for successful aging. The interview method was used for data collection and the constant comparative method was used to analyze the data. Themes that emerged support the idea that shag dancing was a form of serious leisure for older adults and support the role of serious leisure in successful aging. The narratives provided by the informants illustrated the powerful role serious leisure could play in an individual’s life and pointed toward the value of serious leisure as an approach that held promise for recreators working to help older individuals’ experience successful aging (Brown et al., 2008).

Poon and Fung (2008) did a study to examine the association between physical activity (PA) and psychological well-being – self-esteem and
relatedness satisfaction — among 102 Hong Kong Chinese older adults. It also tested whether independent-interdependent self-construal moderated the association. Findings revealed a positive association between PA and relatedness satisfaction, and not self-esteem. Interdependent self-construal moderated the relationship between physical exercise and relatedness satisfaction.

Abbasimoghadam et al. (2009) carried out a descriptive study to assess the quality of life (QOL) and its relation to socio-demographic factors among 5600 elderly aged 60 years and above, living in Tehran. 36-item short form questionnaire was used. It was found that QOL was positive associated with education levels, being employed in private jobs and negatively associated with smoking and having disease. Compared to men, women had lower scores for overall QOL and its dimensions.

A study was carried out to assess the subjective quality of life (SQOL) and its correlates among older adults in rural communities of Vietnam and Indonesia. In both the countries, the SQOL was reported to be higher among (i) men; (ii) people with higher education; (iii) people who were in a marital relationship; (iv) people who lived with other family members; and (v) those with higher socio-economic status, compared with that in those of other category/ies of the same characteristic (Minh et al., 2011).

2.2 AGEING AND STRESS

Evans (1984) draws on a number of studies to suggest that adverse life events occur more frequently in old age and their occurrence casually increases the prevalence of illness in old age.

2.2.1 National Studies

A study was conducted by Patel (1997) to identify the mental health problems of ageing. The key problems of the elderly were found to be tension (due to ill health of self and life partner, bed-ridden status of self, partner, conflict in the family, lack of adjustment in old age, etc.), fear of death, feeling of
dependence, anxiety, feeling of loneliness, helplessness and uselessness, depression and erratic behavioural urges.

Gupta (2007) examined the extent of stress and anxiety (state and trait) in elderly and middle-aged Coronary Heart Disease (CHD) patients. The primary objective of the study was to ascertain the comparative account of stress and anxiety in both the age-groups of patients as well as the normal controls. Male patients who had at least one myocardial infarction or had recurrent infarction at least one year prior to the commencement of the study qualified as subjects. The study supported the following conclusions: (1) elderly CHD patients scored higher on stress and state anxiety when compared with the normal controls as well as the middle-aged CHD patients; (2) elderly and middle-aged normal persons did not differ on the indices of stress and anxiety; (3) middle-aged CHD patients were more stressed than the middle-aged normal persons.

A study was done with an aim to assess the stress, coping strategies and quality of life of institutionalized and non-institutionalized elderly in Kottayam district, Kerala. Data used in this study were collected from an old age home and a village in Kottayam with sample of 150 respondents aged 60 or older. The survey used different tools such as socio-demographic proforma for institutionalized and non-institutionalized elderly, stress rating scale, a coping inventory, and WHOQOL-BREF scale. Results revealed that institutionalized elderly have more stress and less quality of life compared to non-institutionalized ones (Mathew et al., 2009).

2.2.1 International Studies

Roberts et al. (1994) did a pilot study to assess the attenuating effects of physical, psychological, and social resources on the relationship between stress and mental health among the oldest old. Physical resources included perceived health and independence in functional and instrumental activities of daily living, while psychological resources included mastery, self-esteem, and coping. Social resources were measured by frequency of social interaction and size of the social network. Strain was found to be more strongly
associated with poor mental health than were life events. The hypotheses that mastery, self-esteem, health, activities of daily living, coping, and social support attenuate the effects of stress on general mental health were supported to a limited degree by the results of the present study.

A study was conducted to assess the short-term effect of retirement on mental health and health behaviours of the retired and non-retired elderly. Using logistic regression controlling for age, gender, marital status, and education, the authors found that retired members were more likely to have lower stress levels and to engage in regular exercise more often as compared to those who did not retire during the study period. Retired women were more likely to report no alcohol problems as compared to non-retired women. There were no differences between the groups on self-reported mental health status, coping, depression, smoking, alcohol consumption, and frequency of drunkenness (Midanik et al., 1995).

Comijs et al. (1999) did a study to examine the psychological distress in victims of elder mistreatment and to determine whether social support, coping style, mastery, and perceived self-efficacy favourably influence the psychological health of these victims. It was found that victims of elder mistreatment had significantly higher levels of psychological distress than non-victims. Social support showed favourable effects on the level of psychological distress in victims, but not in non-victims; victims who received more social support showed less psychological distress. A lower sense of mastery, a negative perception of self-efficacy, and a passive reaction pattern were associated with higher levels of psychological distress in victims as well as in non-victims.

Krause (1999) did a study entitled, “Stress and the Devaluation of Highly Salient Roles in Late Life”. It was conducted to examine whether older adults cope with stress in highly salient roles by devaluing the importance of the role in which the event emerged. The findings indicated that elderly people are less likely to devalue highly salient roles when stressful events are encountered in them.
The role of chronic psychosocial stress in accelerated ageing and age-associated degenerative diseases was highlighted by Siegrist (2001). Selected empirical results derived from epidemiological and experimental investigations were reported to illustrate this argument. In particular, otherwise healthy middle-aged employees suffering from stress at work were twice as likely to report a new cardiovascular disease in a five year period compared with their less stressed colleagues.

Stawski et al. (2006) proposed that both subjective distress and cognitive interference are mechanisms underlying the negative effects of stress on cognition. Their study showed that distress is associated with lower cognitive performance, but none has examined the effects of cognitive interference. Cognitive interference was strongly associated with poorer performance on all 3 cognitive constructs, whereas distress was only modestly associated with lower working memory.

Sliwinski et al. (2006) examined the within-persons (WP) and between-persons (BP) relationships between daily stress and daily variability in cognitive performance. There was evidence of an amplified WP stress effect in the older adults on a serial attention task. There was no evidence of stress effects on simple versions of these tasks that placed minimal demands on working memory. These results are consistent with theories that postulate that stress-related cognitive interference competes for attention resources.

2.3 AGEING AND COPING

Old age is marked by the presence of a wide range of stressors. Then older person is often subject to biological deterioration, social extrusion, and economic deprivation. The course of events at this period of lifespan is such that these traumas may occur in rapid succession without allowing the person time to regain his balance before confronting the next stressor. Even taken individually, particular stressors will separately dictate an array of coping mechanisms for successful outcomes (Lau, 1994).
2.3.1 National Studies

Mhaske and Ram (2009) did a study entitled “Gender differences in coping ways and mental health among the institutionalized aged”. Result showed that males scored higher on positive reappraisal (t= 6.54, p<.01), self-controlling (t= 7.73, p<.01), planful problem solving (t= 7.62, p<.01), confronting coping (t= 4.73, p<.01), seeking social support (t= 3.8, p<.01), accepting responsibility (t= 7.32, p<.01). And females scored higher on distancing and escape-avoidance respectively.

Mathew et al. (2008) conducted a study to assess the stress, coping strategies and quality of life of institutionalized and non-institutionalized elderly in Kottayam district, Kerala. Data used in this study were collected from an old age home and a village in Kottayam with sample of 150 respondents aged 60 or older. The survey used different tools such as socio-demographic proforma for institutionalized and non-institutionalized elderly, stress rating scale, a coping inventory, and WHOQOL-BREF scale. The study reveals that institutionalized elderly have more stress and less quality of life compared to non-institutionalized ones.

2.3.2 International Studies

Folkman et al. (1987) found that older adults are more likely to rely on cognitive approach and avoidance coping styles and less likely to utilize behavioural approach processes such as seeking social support, problem solving and confrontation.

Lohr et al. (1988) examined a model specifying the causal links between the physical, functional, and subjective components of physical health status and life satisfaction among older women, and assessed the effects of three coping responses (direct-action, positive-cognitive coping) at each point in the process. It was found that physical conditions directly contributed to functional impairment, and both indirectly lowered life satisfaction through their direct negative effects on subjective health assessments. Further analyses indicated that positive-cognitive coping buffered the effects of physical conditions at each point in the model, that passive-cognitive coping generally had
deleterious effects on health status, although it prevented negative health assessments from lowering life satisfaction as well as the specific functions of coping at different points in the process of older women.

Keefe and Williams (1990) examined the effects of age differences in the use and perceived effectiveness of pain coping strategies. Data analysis revealed that there were no significant age differences in either the use or perceived effectiveness of pain coping strategies. Correlational analyses based on data combined from the different age groups suggested that, while certain pain coping strategies appear to be adaptive (e.g., coping self-statements), other coping strategies appear to be maladaptive (e.g., catastrophizing, diverting attention, increasing behavioral attention, increasing behavioral activities). Patients, who rated their ability to decrease pain as relatively high, reported lower levels of depression and pain.

Knight et al. (2000) presented a socio-cultural stress and coping model to explain emotional distress among caregivers of family members who had dementia across ethnic and cultural groups. The results showed that African American caregivers reported lower levels of burden but equal levels of depression and anxiety. African American had a tendency to use emotion-focused coping and, therefore, increased emotional distress.

Reitzes and Mutran (2004) did a study to explore the transition into retirement. The authors came out with two important findings. (i) The general support for Atchley’s model of retirement adjustment was found (1976). (ii) The factors that influenced retirement adjustment in the data analysis revealed that: 1) pre-retirement self-esteem and friend identity meanings, as well as pension eligibility, increased positive attitudes toward retirement at six months, 12 months, and 24 months post-retirement; 2) retirement planning and voluntary retirement increased positive attitudes toward retirement earlier, but not later, in the first two years of retirement; 3) poor health decreased positive attitudes toward retirement later rather than earlier in the first two years of retirement; and 4) there were only limited gender effects.

examined older adults' coping responses, goals, and effectiveness following a specific negative social exchange. The findings revealed that participants' coping responses and the effectiveness of these responses varied as a function of their coping goals. The results underscored the importance of considering older adults' coping responses and goals when evaluating factors that affect the impact of negative social exchanges on well-being in later life.

Acharya and Northcott (2007) explored how elderly English-speaking Indian immigrant women living in Edmonton, Alberta, Canada perceive and manage mental distress. With elders' consent, in-depth interviews were recorded, transcribed and transcripts were thematically analyzed. The findings suggest that these women believed that to lower the risk of mental distress it is critical for individuals to 'maximize control over inner self' by 'being busy.' The elder's busy behavior is framed within the Indian cultural and spiritual/faith matrix in dialogue with acculturation experiences in Canada. 'Staying busy' allows these elders to use culture as a 'moral medicine' to facilitate coping and adaptation.

Martin et al. (2008) investigated age differences and age changes in active behavioural, active cognitive and avoidance coping and related coping to adaptational outcomes, such as physical and mental health. The results indicated age group differences in active behavioural coping, suggesting the centenarians were less likely to use this mode of coping. Centenarians and octogenarians were also more likely to experience decreases in active behavioural coping over time, while sexagenarians were more likely to experience increases in this coping mode. No significant differences in coping with health versus family events were obtained suggesting that coping is consistent across life domains. Moderate levels of stability were obtained for coping in all age groups. Active behavioural and active cognitive coping predicted functional health, active behavioural coping predicted social relations, and avoidance coping predicted negative affect.

Hunter and Gillen (2009) conducted a study among 32 residents of three skilled nursing homes to document the nature of the stressors they
experienced and the coping mechanisms they used. The design used for this study was the one-shot case study. The sample comprised 26 (81%) women. Of the participants, 41% were 85 years or older, 31% were 75 to 84 years, and 28% were 74 years and younger. The findings indicated that medical issues were the most common stressors. The most common coping responses were prayer, reading, watching television, listening to music, and talking to friends and family.

Hsu and Tung (2011) explored the relationship between coping strategies and adaptation difficulties for the disabled elderly. They identified three types of coping strategies: (i) acceptance and action reduced the difficulty in adapting to disability in the healthcare and social dimensions; (ii) venting and avoidance increased the difficulty in adapting in the health-care, domestic environment and psychological distress dimensions; (iii) seeking support was related to greater adapting to difficulty in terms of relationships.

2.4 AGEING AND HAPPINESS

Surprisingly, the Indian literature is relatively sparse on the notions of happiness in adulthood and old age in contemporary India.

2.4.1 National Studies

Venkatraman (1995) did a cross-cultural study of the subjective well-being of married elderly persons in the United States and India. Except for cross-cultural differences in measurement error variances, the model showed a high degree of invariance across the two samples. Americans and Indians were unexpectedly similar in terms of the influence of emotional social support from role relationships on their subjective well-being.

A study on older adults indicated that the level of family integration rather than nuclear/joint family variable was important for satisfaction in the retired elderly (Sharma et al., 1996).

In a qualitative study on happiness indicators in the poor adults, children’s education, well being and security in life turned out to most important indicators whereas psychological well being and health consciousness were rated as low (Pandey, 2006).
A plethora of within-person variables, apart from the socio-demographic, work and marital variables, have been examined as correlates of happiness and life satisfaction in Indian Studies. A few variables that have emerged as significant predictors are self efficacy (Rao and Mehrotra, 2006), extraversion, lower neuroticism, openness to experience, conscientiousness (Sahoo et al., 2005; Bhattacharya et al., 2006), secure attachment, ego strength (Mukherjee and Basu, 2008), optimism (Puri and Nathawat, 2008), hardiness (Nathawat and Joshi, 1997), meaning in life, trait hope and coping repertoire (Bhattacharya et al., 2008).

Verma (2008) explored the experience of subjective well being and quality of life among working and non-working elderly across rural and urban settings. It was found that elderly have low levels of health problems. Elderly are more satisfied with future and experience better quality of life. Rural elderly showed more physical health problems compared to urban elderly. On the other hand urban elderly were more satisfied with past. Rural elderly showed more satisfaction with future. Urban elderly experience more independence, better social relations, environment and total quality of life in comparison to rural elderly. No significant differences were, however, found for working and Non-working elderly.

Srivastava (2008) conducted a large scale study with six hundred and fifty five children from schools in urban, rural and metropolitan centers and obtain their perspective on conception and determinants of happiness using an interview methodology. Majority of the children reported themselves to be happy. Being in company of family and friends, successful completion of tasks and studies were described as major sources of happiness.

Mohan et al. (2008b) investigated relationship of psychological well being with spiritual well being and personality among adolescents and the results clearly revealed positive correlations between various dimensions of psychological well being and spiritual well being. Results also revealed negative correlations between various dimensions of psychological well being and personality dimensions of neuroticism and psychoticism. Positive
correlations found between some dimensions of psychological well-being and personality dimensions of extraversion and social desirability.

Mohan et al. (2009) studied the structure of dispositional forgiveness in relation to happiness and well-being among Indian adolescents and the results revealed positive correlations between the dimensions of forgiveness, happiness and well-being. Two factors emerged significant. Factor-I emerged as a unipolar factor with significant loadings on forgiveness of self, happiness, life satisfaction, positive relations with others, self-acceptance, environmental mastery and positive affect. This implies that who are high on forgiving oneself are happier, experience more positive feelings, more accepting of oneself, share positive relations with others, seek environmental mastery, perceive their life to be purposeful and are satisfied with their life. Another factor emerged a bipolar factor with significant loadings on all the three dimensions of forgiveness i.e. forgiveness of self, others and situations, the dimensions of autonomy and negative affect which implies that people who are overall forgiving (oneself, others and situations) experience less negative feelings in day to day life.

Banth and Talwar (2010) examined the relationship of Anasakti with wellbeing and the three distinct happiness orientations. Anasakti, a Sanskrit term for traits like non-outcome, can be regarded as a Hindu-ideal cluster of personality traits. It was explored through a study a 676 college students and a sample of 65 yogic practitioners in India. The findings revealed that the yogic practitioners were markedly higher on Anasakti than the non-yogic population.

2.4.2 International Studies

Social activity was found to be related to happiness (Graney, 1975). A study by Tesch et al. (1981) found that maintenance of accustomed levels of social interaction was related to subjective well-being.

Chappell and Badger (1989) in their study examined 10 common indicators of social isolation and assessed which, if any, are related to subjective well-being among elderly individuals. The findings suggested that practitioners
who seek information on living arrangements or marital status as proxy measures of lower psychological well-being were utilizing the wrong predictors.

Menec (2003) designed a study to examine longitudinally the relation between everyday activities and indicators of successful ageing, namely well-being, function, and mortality. Regression analyses indicated that greater overall activity level was related to greater happiness, better function, and reduced mortality. Different activities were related to different outcome measures; but generally, social and productive activities were positively related to happiness, function, and mortality, whereas more solitary activities (e.g., handwork hobbies) were related only to happiness.

Holahan et al. (2008) employed a hierarchical linear modeling to document the time course of happiness across 20 years from average ages of 66 to 86. The results showed a small decline in happiness over time. Higher age was associated with less happiness at baseline and with a greater decline in happiness. At the same time, the general level of happiness in this sample was moderately high, with a large majority of respondents relatively happy into later aging. Moreover, positive expectancies about aging assessed at an average age of 61, predicted greater happiness at ages 70, 75, and 80. These results held controlling for prior happiness, as well as for prior self-rated health and income.

Rousseau and Vallerand (2008) in their study examined the relationship between harmonious and obsessive passionate activities and subjective well-being (SWB) in older adults. Results showed that harmonious passion, through its influence on positive affect experienced during activity engagement, was associated with increases in SWB, whereas obsessive passion was associated with decreases in SWB. Engagement in passionate activities might be beneficial for older adults when a passionate activity is harmonious, but detrimental when a passionate activity is obsessive.

Tuntichaivanit et al. (2009) conducted a cross-sectional survey research to study the life happiness and the factors influencing the life happiness of the
elderly in Rayong province. The results showed that 48.0 percent of the elderly had a moderate level of life happiness, followed by those with a high level (27.8%) and those with a low level (24.2%). The factors which were significantly associated with life happiness of the elderly were gender, education, health condition, personality, self-esteem, family relationships, roles of the elderly in the family, monthly income of the family, social support, participation in social activities and perception of social circumstances (p<0.05). The statistically significant predictor variables were self-esteem, social support, family relationships, participation in social activities and perception of social circumstances. The result of classification was 91.2% correctly classified.

Bourne et al. (2010) investigated the effect of health status on happiness, happiness on health status, life satisfaction on happiness as well as some demographic variables in order test the existing knowledge on elderly men (ages 60 years and older) in Jamaica. Happiness was found not correlated with health status of elderly men in Jamaica nor was health status associated with happiness; and that there was no difference based on area of residence.

Sumngern et al. (2010) observed happiness among elderly in communities and found out that 12.4 per cent, 37.9 per cent and 49.7 per cent of elderly perceived their happiness as good, fair and poor, respectively. There was a difference in happiness perception among the regions: poor happiness perception (64.5%, 61.2%, and 22.8% in rural, suburban, and urban areas, respectively) (p<0.01). The researchers also verified that there was a difference in poor happiness perception between males (57.9%) and females (42.2%) (p<0.01). Differences in the happiness perception in relation to education and occupation were also found among the elderly.

The roles of physical passivity and extraversion in the relationship between daily engagement in activities and daily happiness among older adults were examined by Oerlemans et al. (2011). A day reconstruction method was used to accurately examine day-to-day activities and happiness. In total, 438 participants completed a monthly electronic diary survey over a 2-year period,
generating 79,181 reported activities and momentary happiness scores. It was found that happiness increases when older adults combine effortful social, physical, cognitive, and household activities with restful activities. Furthermore, participation in social activities mediated the direct relationship between extraversion and happiness. Also, individuals who score high on extraversion derive greater happiness from social activities compared with their low-extravert counterparts.

2.5 AGEING AND OPTIMISM

Limited research was found on relationship between ageing and optimism specifically at the national level.

2.5.1 National Studies

Agashe and Mishra (2011) carried out a study to see the effect of ageing on changes in extraversion introversion qualities among urban male Indian population. 540 males were selected as sample from different age group i.e. from 31-35, 36-40, 41-45, 46-50, 51-55 and 56-60 years respectively. From each age group 50 male subjects were selected. The Hindi version of Eysenck's PEN Inventory prepared by Menon et al, (1978) was used to evaluate neuroticism in selected subjects. Results reveal that neuroticism i.e. emotional stability strengthens as one's age advances. The $F=2.45$, although statistically significant at .05 level did not indicate any decreasing trend in extraversion of the subjects belonging to various age group. Therefore it can be concluded that with advancing age, optimism towards life do change but not conclusively as the trends do not suggest any positive or negative direction.

2.5.2 International Studies

Health income transportation, social activity and marital status have all been found to be correlated with variety of measures of happiness and life satisfaction (Edward and Klemmack, 1973; Nydeggar, 1977; Larson, 1978). Powell et al. (1984) reported that social activity was correlated with more positive attitude towards ageing with increased life satisfaction.
Scheier and Carver (1992) reported that dispositional optimism promotes problem-focused coping and low levels of disengagement and denial in the face of life’s problems.

Steverink et al. (2005) addressed the question of how older people can be supported to actively self-manage their own process of ageing such that overall wellbeing is achieved and maintained for as long as possible. Starting from a resource-based approach, a new theory of self-management of wellbeing (SMW theory) was proposed, and it was shown how it could be used as a basis for the design of self-management interventions for ageing successfully. The main aspects of the theory, i.e. six key self-management abilities and the core dimensions of wellbeing, were presented as well as the theory-based ‘blueprint’ for the design of interventions. Empirical results of two intervention studies were briefly presented and showed that the SMW theory could be a useful tool for the design and evaluation of interventions for successful ageing.

2.6 AGEING AND SOCIAL SUPPORT

Numerous studies have shown a consistent and strong positive relationship between social support and health outcomes.

2.6.1 National Studies

Bhatia (1983) conducted a study in Rajasthan and found that nearly 66 per cent of the aged were dependents. The incidence of dependency was found to be higher in the higher age groups. Majority of the aged in his study reported that they were cared for at the time of sickness, were respected and consulted for advice in family matters. On the other hand, women were found to be in a detrimental situation as compared to men.

Chadha et al. (1990) in a study entitled “Social Network and Aging” tried to locate the problem areas of the older people using network approach, by analyzing the number of network members and reached the following conclusions:

1. Size of social network is more for married as compared to their widowed counterparts.
2. Size of social support network is more for males as compared to their female counterparts.

3. Friendship support is one of the most important factors associated with positive changes among both married and widowed older respondents.

4. Two-third of the network consisted of family members. This is more applicable for females than males in general, but individual differences are there.

5. The most sought after support was a same sex friend. The males having more of male-male relationship and a female-female relationship in the case of females. The cross-sex relations were found to be among kins.

6. Males and females differ significantly on the number of co-workers present in the network attributed to the fact of rigid control of roles of males working outside the home and females inside the home.

Chadha and Nagpal (1991) suggested that the social network size of the institutionalized elderly was significantly smaller than the non-institutionalized elderly and that the later had higher life satisfaction than their institutionalized counterparts.

Mangla and Chadha (1991) opined that differences exist between institutional and non-institutional older people with regard to the size of the social network, sex of the network, blood relationship and non-kin relationship. Thus, the essential ingredient of their personality being self-centeredness, institutionalized elderly exhibit significantly smaller social network.

Arora and Chadha (1995) took into account the difference in the size of social support network between institutionalized and non-institutionalized elderly. They found that the institutionalized elderly have a considerably smaller social network as compared to non-institutionalized elderly.

Kaulagekar (2007) aimed at exploring the living and health conditions of low-income elderly and availability of social support during illness. It was found
that the majority of the respondents were supporting themselves by engaging in unorganized sector. Many of them reported health problems. A little more than half consulted doctors for treatment. Economic constraints in seeking appropriate health care were reported. They received support from their neighbours and family members during illness.

2.6.2 International Studies

Cohen et al. (1985) indicated that social networks exert a direct effect on reducing subsequent symptoms and enhancing ability to meet needs. Moreover, social networks trigger a buffering response to stressors in that their ability to reduce symptoms and to promote need fulfillment was greatest among high-stress individuals.

Ingersoll-Dayton and Antonucci (1988) in their study focused on the perception of reciprocal and non-reciprocal support within the natural support network of family and friends. Initial results indicated that the modal response for all age groups was reciprocated confiding and sick care. However, a closer examination revealed a complex pattern of the extent and effects of perceived support when considering different relationships.

Connidis and Davies (1990) used responses given by the respondents to determine the relative importance of various family members (spouse, children, siblings, other relatives) and friends in the confidant and companion networks of later life. Authors were of the opinion that significant differences existed among older persons (based on gender, marital status, and availability of children) in the salience of these ties as confidants and companions. There were also major differences in the configuration of the confidant vs companion networks. These variations were discussed in the context of the hierarchical-compensation, task-specificity, and functional-specificity of relationships models of support.

Krause (1990) in his study assessed whether support from formal sources buffers the effects of stress more effectively than assistance that is provided by informal network members. Findings suggested that formal support, but not
informal assistance, reduced the deleterious effects of perceived health problems on change in life satisfaction through time. In the process of evaluating these relationships, an effort was made to match the needs created by a particular type of stress (ongoing perceived health problems) with the benefits provided by a particular type of support (illness-related instrumental support).

Anderson and McCulloch (1993) investigated the factor structure of social support among older spouses. Results showed that conjugal support was a husband/wife, rather than a couple, construct. Findings also showed that conjugal support was a multidimensional construct consisting of three factors: instrumental support, emotional support, and confiding. Moreover, husbands and wives perceived the dimensions of conjugal support differently.

Sugisawa et al. (1994) examined the effects of social networks and social support on the mortality of 2,200 elderly Japanese persons during a three-year period, from November 1987 to November 1990. Social participation, social support, and feelings of loneliness were found to have indirect effects on the mortality of the Japanese elders through their linkages with chronic diseases, functional status, and self-rated health. On the other hand, marital status and social contacts were not shown to have statistically significant effects on the risk of dying, either directly or indirectly.

Penning (1995) did a study entitled, "Health, Social Support, and the Utilization of Health Services among Older Adults." This study examined the role of social support in relation to health status and health service utilization. The findings revealed differences depending upon the type of support (instrumental, emotional) and type of service (medical, hospital, home care) involved. Significant interactions were found between dimensions of support and of health status, suggesting the differential importance of social support across levels of health-related needs.

Henkens (1999) observed the role of the partner in the retirement decision-making process. It determined the extent to which the support and intentions of partners regarding early retirement influence each other, and which partner
dominated. A two-stage least squares regression analysis (2SLS) is used to establish the specified mutual relationships. Intentions and support of both partners concerning retirement were strongly related. The result of 2SLS suggested that early retirement of one of the spouses was the result of influence processes within the household, and that early retirement could be considered, to a certain extent, a household decision. This held for married men's early retirement in particular. There seemed to be no direct causal relationship between a couple's decision making with respect to early retirement and the retirement behavior of a couple's social network.

Unger et al. (1999) proposed that social support and social networks had exerted significant effects on health and functioning among elderly persons. The respondents with more social ties showed less functional decline. The beneficial effects of social ties were stronger for respondents who were male or had lower levels of baseline physical performance.

Everard et al. (2000) did a cross-sectional study to assess the relationship between active engagement with life and functioning Hierarchical linear regression showed that maintenance of instrumental, social and high-demand leisure activities was associated with higher physical health scores and maintenance of low-demand leisure activities was associated with lower physical health scores. Maintenance of low-demand leisure activities was associated with higher mental health scores.

Bisconti et al. (2006) studied social support as a predictor of variability. Emotional support seeking led to a steeper overall trend, whereas perceived control for social support led to a shallower overall trend. When examining intra-individual variability, instrumental support seeking predicted a slower damping rate. Understanding the individual differences in the variability patterns of recent widows is a necessary step in identifying the etiology of adjustment to widowhood.

Krause (2007) in their study revealed that, at least initially, negative interaction lowers an older person's sense of meaning in life.
Li and Liang (2007) examined the effects of social support and negative interactions on life satisfaction and depressed affect among older Chinese, and age differences in these associations. They found that both social support and negative interactions had significant contributions to life satisfaction and depressed affect. Social support had stronger effects than negative interactions on life satisfaction; their effects on depressed affect were comparable. Further, they found that the depressed affect of old-old (70+ years) Chinese reacted more strongly to both social support and negative interactions than the young-old (60-69 years).

Pinquart and Schindler (2007) did a study on the changes of life satisfaction in the transition of retirement by using a latent-class approach. The authors investigated changes in life satisfaction in 1,456 German retirees. Using latent growth mixture modeling, the authors found three groups of people who experienced retirement differently. In group 1, satisfaction declined at retirement but continued on a stable or increasing trajectory thereafter. Group 2 demonstrated a large increase in satisfaction at retirement but overall declining satisfaction. In group 3, satisfaction showed a temporary very small increase at retirement. Groups differed by retirement age, gender, socioeconomic status, marital status, health, unemployment before retiring, and region.

White et al. (2009) in study of social support and self-reported health status of older adults in the United States found older persons’ satisfaction with the emotional support available to them is associated with better self-reported health status.

2.7 AGEING AND EMOTIONAL INTELLIGENCE

2.7.1 National Studies

Naik (2007) did a comparative study to assess the emotional well-being of senior citizens staying in old age home versus senior citizens staying with family. The sample of the study consisted of 120 male and female senior citizens out of which 60 from old age home and 60 residing in family. Findings
show that there is significant difference in wellbeing of senior citizen staying with family and senior citizens staying in old age home. Also there is no association of emotional well being with any demographic variables like age, sex, marital status, educational status, types of family, size of family, source of income, type of housing etc.

Sreevani (2007) assessed the emotional problems among 50 elderly people in a selected old age home at Kolar District. Study revealed that most of the respondents (54 %) were between the age group of 60-70 years, 32% between 71-80 years and remaining (14%) above 80 years. Most of the respondents (68%) were male and 32% of them were females. Majority 80% of the subjects were suffering with major health problems. There was an association between sex and emotional problems of elderly people, there was significant association between emotional problems and general health status of elderly people.

2.7.2 International Studies

Barrack et al. (1989) also found age-related decreases in emotional intensity, but only for negative affect. In their community, sample of younger (aged 18-25) and older (aged 60+) participants, they found that self-reported incidence and intensity of negative affect were lower in older participants than in the younger participants but there were no age differences for positive affect.

Lawton et al. (1992) found that compared with younger and middle-aged participants, older participants were more likely to agree with the following items: “I try hard to stay in a neutral state and to avoid emotional situations” and “I try to avoid reacting emotionally, whether the emotion is positive or negative”, both of which suggest increased emotional control in older age.

A study was done to determine the relationship of emotional intelligence with ageing. It was found that that some parts of emotional intelligence (EQ) do increase with age, though the effect is slight; in addition there are elements of EQ that do not increase with age indicating some competencies must be developed through training. Using the Six Seconds’ Emotional Intelligence
Assessment (SEI), a study of 405 American people shows that emotional intelligence (EQ) increases slightly with age. The relationship is \( r = 0.13 \) \( p < 0.01 \) -- slight but significant (Fariselli et al., 2006).

2.8 AGEING AND SPIRITUAL INTELLIGENCE

2.8.1 National Studies

A paper by Mowat (2005) pointed out the view that old age is a spiritual journey. It suggested that a primary task for the carer is to support this spiritual journey into old age. The spiritual development of the older person is also assisted by an appropriate societal context, hospitable to this view of the ageing process. Thus older people may be encouraged to retain a sense of self, of meaning and of integrity. The article also explored the various discourses through which ageing is understood, and discussed the implications for health and social care services of the ‘spiritual journey’ discourse.

Jain and Purohit (2006) in their study revealed that no significant difference was found between senior citizens living with family & living in old age homes regarding overall spiritual-intelligence. Whereas, results indicated significant differences at many domains of spiritual intelligence such as, God and religiosity, soul, self-awareness, interpersonal relations, spirituality in leadership, helping behaviour, flexibility, ability to use and overcome suffering, ability to transcendent pain and being spiritually intelligent about death.

A quantitative study to understand the role of spirituality and ageing process in 906 elderly respondents in Mumbai revealed (Pandya, 2010) that the spirituality was perceived to provide support, aid relationship building and maintenance, facilitate coping with stress and ideas, and issues in relation to death and dying.

Mohan et al. (2007) studied dispositional forgiveness in relation to personality and spirituality well being among the Indian adolescents and reported positive correlations between dispositional forgiveness, spiritual well being and personality dimensions of extraversion and social desirability and a negative
correlation between dispositional forgiveness and personality dimension of neuroticism as well as psychoticism.

Mohan et al. (2008a) studied spiritual well being among adolescent in relation to their emotions and the results indicated significant relationships emerged between spiritual well being along its complications and positive emotions viz., optimism, hope, happiness and negative emotions, state and trait anger-in, anger-out and anger control.

Sehgal et al. (2010) have worked in the field of spiritual well being and positive healthy ageing and psychological well being, parental bonding and gratitude among adolescents. The key note address by Mohan (2007) on spiritual psychology and well being in Malaysia highlighted the questions and answer emerging in this area.

2.8.2 International Studies

McFadden (1999) explored the joys and burdens of ageing, plus the way cultural forces affect this process, as part of a personal faith journey.

Daaleman et al. (2004) examined the interaction of religion and spirituality with self-reported health status in a community-dwelling geriatric population. It was found that geriatric out patients who reported greater spirituality, but not greater religiosity, were more likely to appraise their health as good. It clearly indicated that spirituality may be an important explanatory factor of subjective health status in older adults.

Atchley (2003), Sadler and Biggs (2006) discussed the issues of ageing and spirituality in a variety of philosophical ways, where a person’s spirituality is defined as a personal quest for meaning and purpose in life, and can include both beliefs and practice.

2.9 AGEING AND SOCIO-ECONOMIC STATUS

2.9.1 National Studies

Basu and Das (2008) made an attempt to examine demographic, health and psycho-social implications of population ageing in the Indian context. It also
raised some important policy issues, which would create newer problems to the aged during the immediate as well as in distant future. Finally it had been found that the ageing process had been influenced by the socio-economic development of the society. So, if we are late in thinking about socio-economic implications of population ageing, there will be more issues and questions than answers.

2.9.2 International Studies

Carriere and Pelletier (1995) estimated the relationship between socio-demographic characteristics and institutionalization of elderly persons in Canada. The authors looked at policies specific to different provinces to elaborate some hypotheses on how they affected the likelihood of residing in an institution. When trying to estimate the future needs and costs of institutional housing, this study showed the importance of considering not only the number of persons aged 65 years and over, but also expected changes in their socio-demographic characteristics and in their policies concerning long-term care services.

A study entitled, “Financial Strain, Social Relations, and Psychological Distress among Older People: A Cross-Cultural Analysis” was done by Ferraro & Su (1999). It examined how financial strain and social relations might independently and jointly influence psychological distress among older people in four nations. Financial strain was associated with higher levels of psychological distress in three of the four nations. Interactive models of the effects of financial strain and social relations on distress were uncovered in three of the four nations, but the type of social relation influencing the strain-distress relationship varied. Subjective health and Instrumental Activities of Daily Living (IADLs) were significant predictors of psychological distress in all four nations. Findings suggested that although financial strain quite likely led to psychological stress among elders, but it could be mitigated, at least in part, by social relationships. Modernization was not associated with higher psychological distress.

Kubzansky et al. (2000) in their study determined separate and joint associations of race/ethnicity and socio-economic status (SES) with
psychological distress among older high-functioning adults and examined psychosocial resources that may explain these associations. Findings suggested that social structural factors could influence distress even among elderly people. Blacks were less distressed than whites when SES was controlled. There was a gradient between education and distress among whites but not among blacks. Measures of social support and control did not mediate effects of race/ethnicity on distress.

Krause and Shaw (2000) did a study with the two-fold objectives: (1) to see if providing emotional support to others bolsters the self-esteem of older adults over time; and (2) to assess whether the salubrious effects of helping others are more likely to be enjoyed by high socio-economic status (SES) elders. Initially, the findings revealed that helping others tends to bolster the self-esteem of all study participants regardless of their SES standing. However, these benefits began to taper off for lower SES elders during the course of the study. By the third wave of interviews, the salutary effects of helping others were evident only among older adults in upper SES levels. The results highlighted the dynamic nature of the helping process and underscore the importance of taking SES into account when studying the effects of assisting others in late life.

Liang et al. (2000) conducted a study in Wuhan, China to examine the Socio-economic status (SES) differentials in old age mortality. Education, household economic well being, and urban-rural residence showed statistically significant gross effects on old age mortality. Education influenced mortality directly and indirectly. Household economic well being and urban city exerted indirect effects on mortality through mediating variables such as stress, social relations, and baseline health status. The mechanism through which education affected mortality differed between men and women, but SES differentials in mortality did not interact with age.

Rahman et al. (2009) did a study entitled “Gender Differences in Economic Support, Well-being and Satisfaction of the Rural Elderly in Naogaon District, Bangladesh. This study provided a comprehensive analysis of gender
differences in economic support and well-being based on findings of interviews conducted with 743 elderly from rural area under Naogaon district, Bangladesh. Results showed substantial variation in gender differences across indicators and provided an important qualification to widely held views concerning the globally disadvantaged position to older women. Whereas men tend to report higher levels of income than women, there was also a quite gender difference in housing characteristics, dwelling ownership or reports of satisfaction with the adequacy of income.

2.10 AGEING AND FAMILY

2.10.1 National Studies

In an empirical study of 320 people over 60 years of age in Delhi, selected through multi-stage stratified random sampling, it was found that 89 per cent of the respondents expected that their family members should take care of them but only 37 per cent are actually taken care of by their family members. Ninety-two per cent of the elderly felt that they should be included in important household matters but only 26 per cent of them were actually involved in family affairs. Though a majority of the younger generation view the elderly as a socioeconomic burden, the advantages of having an elderly person at home such as care in times of sickness, advice in family matters, education and all-round development of the family are also recognized by a few from the younger generation. An increase in the duration of unutilized time during the post-retirement period as compared to the pre-retirement period is also noticed among the elderly. Religiosity seems to have increase with age (Khan and Raikwar, 2010).

Shanas et al. (1968), in a study of old people in three industrial societies, found that 84 per cent of those over sixty-five lived less than one hour away from one of their children. A study by Rosenmayr and Kockeis (1963) revealed that most elderly wish to retain their independence as long as possible, sharing “intimacy, but at a distance. Some studies also described the reasons usually cited for preferring separate households. These include the desire to preserve independence and privacy and to avoid interference and potential conflict with children (Connidis, 1983; and Lopata, 1980).
Pruchno et al. (1994) in their study determined the extent to which adult children felt a sense of attachment to their institutionalized parents. Structural equation analysis indicated that the attachment experienced by adult children for their institutionalized parents was predicted from child’s report of parent’s mood and child’s sense of guilt regarding his/her parent. Parent’s mood was predicted by parent’s health, and child’s sense of guilt was predicted by the amount of help provided to the parent by the adult child. Results were interpreted in the context of theories of attachment.

Mitchell and Kemp (2000) examined the impact of four domains upon the quality of life (QOL) of senior residents living in assisted living homes: (a) demographic characteristics and health status, (b) social involvement, (c) facility characteristics, and (d) the social climate. Bivariate correlation and ANOVAs found significant relations between at least one of the QOL measures and age, health status, social and family involvement measures, facility characteristics, and social climate measures. Social climate measures of cohesion, conflict, and independence had the strongest zero-order correlations. Regression analyses for the three QOL measures found cohesion to be the strongest predictor in all three regressions. Other QOL predictors in the regression analyses were fewer health conditions, participation in social activities, monthly family contact, and an environment low in conflict. Findings suggested that assisted living homes can improve resident QOL by creating a cohesive social environment, and encouraging social participation and family involvement.

Whisman et al. (2006) evaluated the associations between marital discord and multiple measures of well-being (depression, anxiety, life satisfaction, and self-esteem) in a population-based sample of 416 couples in which the husband was 65 years or older. Results indicated that greater marital discord was associated with greater depression and lower life satisfaction and self-esteem. Furthermore, the associations between marital discord and well-being remained significant when statistically controlling for the rival
exp anation of the Big Five personality traits. Finally, there was little evidence for gender differences in the magnitude of the associations between marital discord and well-being.