CHAPTER 6
DISCUSSION

The fact that life is a continuous process of growth, beginning from infancy and coming to old age through childhood and adulthood, and that it ultimately terminates with the death of an individual. The course of life is influenced by several factors, like the biological and cultural inheritance of an individual and his status in the age and social structure of the society. Age and aging are equally related to role-taking, value orientation and modes of behavior of a person. The expectation of which vary at different age-group of members of a society.

Old age is a universal phenomenon. The number of old people is increasing all over the world, both in absolute terms or in proportion to the population. The changes in the demographic structure of societies during the last few decades, particularly since the beginning of the present century, have made the aged a socially more visible section of the population. Similarly, social and economic changes brought about by the dual processes of industrialisation and urbanisation have created a relative uncertainty about the traditional status, role and significance of the older people in the society. The challenges of old age come from various other sources as well. There are signs of the aged being pushed to a relatively insignificant social position as the modern society is increasingly getting youth-oriented, where utility, productive capacity, health, independence, individualism and achievement are the dominant values.

Old age is generally accompanied by a number of problems that the aged have to face and adjust with in varying degrees. Loss of economic independence and physical vigour and the emergence of various types of degenerative disease change an aged from an independent self-
supporting individuals to one who needs help from his children, members of the family and the society in general. Absence of common interest and lack of extensive and regular interaction with the younger members in the family may result in social isolation and loneliness of the aged. Similarly, lack of psychologically rewarding activities may convert his free time into burden and boredom to be dragged in his remaining years. The aged, having performed a long, continuous and relatively well-defined adult role may find himself in a stage of life which presents only few alternative roles befitting his physical, social and psychological make-up. The nature and extent of his social adjustment may vary according to his own personality make-up, his life experiences as an adult and the immediate family and community environment that surrounds him.

Availability or absence of social support is linked with the occurrence or non-occurrence of many disease among elderly's (Pilusk and Forlank, 1978). Social support refers to the access of social resources on the form of relationship on which the individual can rely (Speilberger, 1978). Perceived social support among senior citizens has been found to be an important predictor of mental or physical health measures (Auslander and Litwin, 1991). However, due to erosion of social values and breaking of joint family system, the aged have become vulnerable. Particular type of changes in life situation for example retirement, relocation and death of peers spouse and relatives can lead to social isolation due to lack of contact with peers and colleagues accentuating feelings of depression, illness and anxiety.

Cassel (1976) argued that social support plays a key role in stress related disorders. Therefore he advocated the mobilization of social support as a more feasible direction for intervention than attempts to reduce exposure to environmental stressors. However, no attempt has been made
till now either in the West or in India to use social support as an intervention with the senior citizens.

In view of the paucity of research utilizing supportive interventions for providing actual support to the senior citizens, present study was an attempt to do just that. The present study examined and evaluated the efficacy of supportive intervention as compared to the control group.

Sample consisted of equal number of males and females (4 each) of those who were either living alone, or with a family or in the institution. In order to assess the efficacy of the supportive intervention, the scales of life experience survey, loneliness, negative mood regulation, locus of control, social support and social provision have been utilized as dependent variables. Intervention related changes on these scales have been observed by comparing pre-intervention, post-intervention and follow-up scores of these questionnaires.

First of all pre treatment data analyzed by t-test to see if any between group differences existed between interventions control groups prior to the interventions. Since the t-test revealed no significant pre treatment differences for males as well females on all the disease scores of all the dependent variable have been analyzed by three factor repeated measure analysis of variance (mixed) design i.e., gender x condition x assessment trials, with repeated measures on one factor, (trials). All the post hoc comparisons among means were made by Newman Keul’s Multiple Range Test.

6.1 The Effectiveness of Supportive Intervention on the Negative Life Events of Senior Citizens:

In almost all life event research the occurrence of life events has been conceptualized as an independent variable in the prediction of various
indices of psychological functioning. Most of the studies have employed longitudinal designs to demonstrate this relationship. However, Monroe & Peterson (1988) pointed out the importance of considering life events as a dependent variable. Which they hope will provide an interesting separative from traditional paradigms. In the present study the life experience survey (Sarason et al., 1983) has been used as a dependent variable in order to see if the supportive intervention can change the perception of the severity of life events for senior citizens. The measures of life experience survey were obtained before the intervention, after the intervention and at the time of follow-up (after 2 months).

It was assumed that the supportive intervention will be efficacious in reducing the impact of negative life events for senior citizens. Thus, for the present purpose only the scores of negative life events were considered.

The major findings with regard to negative life events are as follows:

i) female senior citizens experienced significantly more negative life events with higher impact than their male counterparts.

ii) Supportive intervention was not effective in the reduction of the impact of negative life events from pre to post till the follow up.

ii) There were no changes in the negative life event scores of the control group over three assessment trials.

Stress is the condition that results when person /environment transactions leads the individual to perceive a diserepancy between the demands of a situation and the resources of the person's biological, psychological and social systems.

Whether events are appraised as stressful is influenced by two types of factors -those that relate to the person and those that relate to
the situation. Factors of the person include intellectual, motivational and personality characteristics such as the person's self-esteem and belief system. With regard to situational factors, events tend to be appraised as stressful if they involve strong demands, are imminent, undesirable and uncontrollable, involve major life transitions or occur at an unexpected time in the life span. Although the sources of stress may change as people develop, the condition of stress can occur at any time in the life span. Sometimes stress arises from within the person, such as when the person is ill or experiences conflict. The family community and society can be other sources of stress. Persons with poor mental health and weak resources can be expected on an average and over time to have more undesirable events than those with better mental health resources.

Cohen (1988) pointed out that there has been no systematic effort to understand gender differences in the experience of specific life events, gender status can be a significant predictor of specific life events. However, whatever little effort has been made in this regard, it has been revealed that the relation between major life events and physical/psychological well-being is different for men and women. Chovan and Chovan (1985) reported significant differences in the life stress that men and women face. In examining the relation between life events and well-being of older adults, French et al (1985) reported that the impact of life events on the well-being appears to be greater for women than for men.

Osterwise (1985) reported that elderlies for whom losses are extremely frequent may have special problems with life events because of previous ill health, lack of social support or resources. Married women were found to be poorest in health and more vulnerable to stress (Preston and Dellasega, 1990). Krause (1986) indicated that women were more depressed than men. The greater vulnerability among women to the effects
of chronic life strains explained the observed sex differences in distress.

All the above stated findings are supportive of the present finding with regard to the gender differences on the negative life events of senior citizens. It may be noted that all the women of our sample were married. However, the finding with regard to the efficacy of supportive intervention in the reduction of the impact of negative life events has not been met.

Research has shown that the impact of life events on older adults is modest with respect to the mental health and even less so with respect to physical health. Life events like retirement, bereavement and relocation have been found to lead to negative consequences in terms of loneliness, negative mood regulation, anxiety and depression (Himmerforl and Murrell, 1985; Norris, 1985; Chowdary, 1992; Eckert and Maurg, 1984; Lieberman and Tobin, 1983; Minkler, 1981; Kasl and Berkman, 1981; Atchley, 1976). It has been reported by Murrell, Norris and Grole (1988) that these effects are weak, specific and temporary with little impact on health. Thus the changes in and off itself is not necessarily stressful for older adults or at least it is not necessarily detrimental.

In the present study out of 47 events reported in the scale only 6 events have been perceived as highly negative events (death of family member, friends or others; change in eating; serious illness of others; personal illness; change in closeness; and change in sleep), having great impact in the life of both male as well as female senior citizens of our sample. However, as reported earlier female senior citizens experienced significantly greater number of negative life events than their male counterparts. It can be noted that the number of events experienced by older adults was quite small. It could be argued that older persons are generally "innoculated" against adverse effects of life events, borrowing from an argument by Eysenck (1983) that prior exposure to stress assists in
adaptation to later stress. Because of their longer life, older adults have
greater opportunity, on the average, to be exposed to change and they may
draw on this experience to better adapt to changes in later life. Such a
theory would predict lesser impact of events at later life stages than at
earlier ones and is in direct contradiction to stress disorder view. (e.g.,
Selye, 1976) that hypothesizes that extended exposure to stress leads to
organism breakdown (Murrell et al., Cohen, 1988). Perhaps the present
study had too narrow a temporal window to assess the impact of supportive
intervention accurately. It has been observed that life span processes are
likely to begin well before the occurrence of many events and continue for
a considerable time thereafter (Murrell, et al, 1988). All the events expe­
rienced by our sample were within the span of one year and appeared to
be only of discipline value in reporting the older persons experience during
a last one year. It is highly unlikely that perception of such discreet events
can change within a span of 10 days (at post intervention trial in present
case) specially when these events do not make any important casual
contribution to the functioning of older adults. Hence the present finding
with regard to the efficacy of supportive intervention on the negative life
events of senior citizens is not surprising.

Further since no intervention was given to the control group
findings of theis group with regard to negative life events can also be
explained on the same lines as reported above.

6.2 The Effectiveness of Supportive Intervention on the Loneliness of
Senior Citizens:

A psychologist once defined the three evils of old age as
anxiety, loneliness and a sense of uselessness. A sociologist once said that
they were poverty sickness and loneliness. We can hope that some day
society will be able to eliminate poverty and disease, but loneliness, the sense of uselessness and feeling of anxiety are much more difficult to tackle.

Loneliness is a feeling experienced when relationships are considered to be inadequate and as such is a subjective indicator of a lack of well-being (Korpeckijj-Cox, 1988). Dykster (1995) explains that loneliness also signifies discrepancy between relationship desires and relationship standards, that is when the expectation of social contact and intimacy exceeds the ability to achieve that level of relationship (Haven and Hall, 2001, Modi, 2001). Thus as a social concept loneliness emphasizes the importance of social perception and evaluation of individuals personal relationship (de Jong - Gier Veld and Van Tilbung, 1999).

Loneliness has been found to be closely associated with life events experienced by older adults: emotional loneliness which occurs in the absence of a close emotional attachment such as those which result from death of spouse, child or other close confidant; and social loneliness which is associated with the absence of an engaging social network, occurs from loss of daily contacts due to retirement or relocation. It has been reported that lower life satisfaction, lower income, personal inadequacies, generation gap, loss of spouse or peer group, lower level of support and higher depression are some of the factors that lead to loneliness (Russell, 1997; Havens and Hall, 2001, Modi, 2001).

In 1939, a relevant statement appeared in the US Journal, “It is for science not only to add years in life, but more important to add life to the years.” It is terrible when the aged feel that they have been cut off from society, their frequent response is to close their minds and to isolate themselves.

Haven and Halls (2001) reported that higher levels of loneliness
were strongly correlated with less contact with friends and fewer close friends. Further, Dyksta (1995) found that friendship support could compensate for loss of spouse and thus provide a buffer against loneliness in old age.

Perhaps social support may play a particularly important role in helping them to overcome their loneliness. While social support has been measured in terms of perception of availability of social social support (i.e. number of people) or the satisfaction obtained from such a perceived support. However, even though a need to mobilize social support as a direction for intervention has been advocated by Bazo (2001). She has very clearly pointed out that so far well established goals as well as proven means to effectively achieve them have not been seen. In view of the paucity of this kind of attempt, in the present study a supprotive intervention has been provided to senior citizen in order to help them overcome their loneliness. A significant reduction in their loneliness was expected due to this intervention.

The major findings with regard to loneliness scores were as follows:

i) The supportive intervention has turned out to be significantly effective in the reduction of loneliness scores from pre to post assessment trials which has been maintained till the follow-up.

ii) This reduction is independent of gender differences.

iii) There were no changes in the loneliness scores of the control group over three assessment trials.

Loneliness is generally understood as a subjective feeling of being cut off from meaningful social contacts or roles. It is a mental state in which an individual experiences some sort of vaccum. Sheldon (1948) pointed out that loneliness cannot be regarded as a simple direct result of social circumstances but it is an individual's response to external situation
Loneliness is often linked to situations of grief or social losses (death of a spouse, friend etc.) Fredrick (1991) and Bhatia (1983) explained loneliness as an unwelcome feeling of lack or loss of companionship.

As evident from the negative events reported by our sample (see discussion on life event) it can be seen that our sample also observed death of family members or friend as major life events experienced by most of the senior citizens and the report of lack of sleep, decrease in food intake and personal illness were some of the other negative events reported by them which may also have some significance for loneliness.

Perhaps the actual support provided by the researcher worked as an insulator to protect them from loneliness. Through this intervention the research interacted actively with the senior citizens regularly for 10 days. During this period effort was made to divert their attention from the negative aspects of their life by playing games, reading newspaper, by carrying out conversation on the topics of their interest. Further in order to overcome loneliness they were encouraged to make first move to become friendly with others, make efforts to be happy by encouraging them to watch comedy programs on T.V. and treat themselves out for lunch, daily morning and evening walks were encouraged which may even be attempts to finish some household activities and keep them active.

Thus this intervention took actual measures to help senior citizens overcome their loneliness. Hence, the positive results were seen. However, it can be mentioned here that measure of social support taken in terms of perception of number of social support and satisfaction with this can in no way be instrumental for helping people overcome their grief when the actual event occurs. Even though our social system helps the bereaved to overcome their loneliness. Studies have shown that the impact of
bereavement persists for more than 1 year (Cohen, 1988). Even if one lives with family members one cannot expect their constant support all the time. As each one experiences the grief to a certain extent and perhaps needs support to their negative perception about social isolation.

Since social loneliness is defined as a negative feeling about being alone and as such is an experience that occurs irrespective of choice. Basically social loneliness can be thought of as negatively perceived social isolation (De Jong-Gierrelld, 1987). In general the absence of both isolation & loneliness is seemed essential to the well-being of older adults (Sinclaiř, Parker, Leat & Williams, 1990). Lopata (1969) observed that loneliness is a feeling experienced when relationships are considered to be inadequate and as such as a subjective indicator of lack of well-being (Korpeckij-Cox, 1998). Through the supportive intervention, in the present study effort has been made to not only provide adequate relationship to the senior citizens, effort has also been made to change.

However, it may be mentioned here that the efficacy of this intervention was observed for both male as well as female senior citizens. In our sample the lack of significant main effect of gender, in between comparison (table 5.4) for loneliness points out that the gender differences with regard to loneliness did not exist for our sample. Thus highlighting that the need to overcome loneliness existed equally for both male as well as females and both the genders were benefited by the supportive intervention equally in this study.

With regard to the control group it can be concluded that as no intervention was given to this group to deal with their loneliness, no changes in the loneliness scores were expected over trials and such changes were not observed for the present control group.
6.3 The Effectiveness of the Supportive Intervention on the Negative Mood Regulation of the Senior Citizens

While the studies have shown that the mood disorders are actually less common in older than younger persons (Wiesman et al, 1988, b) Yet subtle salient differences that are pertinent to accurate diagnosis and successful treatment of elders exist. The persistent depressive mood and diminished interest or pleasure in most activities is considered to be central features of major depressive disorders.

Further, some of the core symptoms of this disorder are sleep disturbance, appetite disturbance, psychomotor change, fatigue, feeling of worthlessness which very often result in irritable mood (Wolf et al, 1996).

Wolf et al., (1996) pointed out that mood disorders can present numerous serious problems for elders if they are misdiagnosed or mistreated. Higher suicide rates among older adults also suggests that when mood disorders do occur in old age they can be severe. They also specifically pointed out that clinicians must be careful not to attribute symptoms to depression when the real problem may be physical illness or other age related difficulties (bereavement, loneliness, retirement etc.). While many therapies are available for depression, the outcome studies with older adults are scarce with negative mood regulation. In view of this, in the present study an attempt has been made to alter the generalized expectancy for negative mood regulation of senior citizens through the supportive intervention. Through this intervention senior citizens were taught, what they can do to make themselves feel better when they are in bad mood. Strong mood regulation expectancy was expected from senior citizens due to this supportive intervention.

The major findings with regard to negative mood regulation are:

i) Supportive intervention has been effective in increasing the negative mood
regulation expectancies of senior citizens from pre to post assessment trials which have been maintained till the follow-up.

ii) This improvement is independent of gender differences.

iii) Changes in mood regulation scores were not evident for control group over the trials.

Catanzaro & Mearns (1990) defined generalized expectancies for negative mood regulation as the belief individuals have, that when they are in bad mood they can do something to make themselves feel better. Rippere (1976, 1977, 1979) found that many people try to cope with depression behaviorally and cognitively in common sensible ways. The successful copers often reported making a change in their social environment and they appear to have a belief in the coping statements they made to themselves.

In the present study the supportive intervention included the strategies of dealing with negative moods. The senior citizens were told to have a positive outlook towards life by trying to appreciate the good points in others, trying to adjust to change by appreciating the benefits provided by these changes. Rather than feeling angry or distressed by negative life events, they should try to look at events as passing phases of life and deal with them sensibly and effectively. Woodward (1988) has pointed out that generally older adults have more realistic expectations and adjust better to life changes. Researchers have found that individual perception about social support are important in dealing with negative mood. Auslander & Letwin (1991) found that those who perceived the social network to be supportive exhibit higher level of functional and emotional health. Perhaps since the effort was made in the present study to change the perception of the elderly (with regard to the situation and people around them) and their negative mood regulation expectancies, the positive results in the
enhancement of negative mood regulation is evident from pre to post and post to follow up scores. Perhaps the changes in the loneliness scores can also be related to the change in the negative mood regulation of this group.

Further these changes have also been regardless of gender differences. Further a non-significant main effect of the gender observed with regard to between group differences table (5.7) of these scores also show that male and female senior citizens do not differ in terms of negative mood regulation expectancies hence both the genders have turned about to be equally successful copers with negative mood due to the intervention.

As expected no changes were observed among the senior citizens in the control group since no intervention was given.

6.4 The Effectiveness of Supportive Intervention on the Locus of Control of Senior Citizens:

People generally like the feeling of having same measure of control over the things that happen in their lives and they take individual action when they want to influence events directly. In doing these things, people strive for a sense of self-control, the feeling that they can make decisions, take effective actions to produce desirable outcome and avoid undesirable outcomes (Rodin, 1986, Sarafino, 1998). Several studies have found that people who have a strong sense of personal control report experiencing less strain from stressors (Elliott, Trief, & Stein, 1986; Matheny, Cupp, 1983; Mc Farlane, Norman, Streiner, & Roy, 1983; Suls & Mulln, 1981). Reinforcement has been recognised as a major determinant of behavior.

Within the framework of his social learning theory Rotter (1966) while describing a dimension of locus of control stated “When a reinforcement is perceived by the subject as following some action of his own but
not being intively contingent upon his action, then it is typically perceived
as the result of luck, chance, fate, as under the control of powerful others,
or as unpredictable because of the great complexity of the forces
surrounding him. When the event is interpreted in this way by an individual
it is labeled as a belief in external control. If the person perceives that the
event is contingent upon his own behavior or his own relativitively perma-
nent characteristics, this as a belief in internal control (Barros, Barros &

In order to judge that they have control over things that happen
in their lives; people make assessments by using a wide variety of
information and knowledge that they gain from their experiences throughout
life (Bandura, 1986, Phares, 1987; Rodin, 1987a, Schunk & Carbonari,
1984). One of the most important sources of this assessment is their own
performance that is the success and failure they perceive in the activities
they attempt throughout the life span. People who reach adulthood with
poor intellectual and social skills and many self doubts find perceive many
aspects of their life as stressful. However from adulthood to old age locus
of control tends to become more external - that is peoples beliefs that
chance and powerful others affect their lives increase (Lachman, 1986;
Sarafino, 1998).

With regard to elderly people it has been observed that those
older adults who experience prolonged high levels of stress and lack a
sense of personal control tend to feel helpless. Having a strong sense of
control seems to benefit their health and help them adjust to not becoming
ill. In a way a sense of personal control also contributes to their hardines
(Sarafino, 1998).

Theories of personal control have focused on the perception of
control over events as a determinant of psychological well-being (Lefcount,
1976; Sud & Sud, 1998). A relation between peoples locus of control and the effectiveness of social support has been observed in many studies (Sandler and Hakay, 1982; Sarason, Levine, Basham & Sarason, 1983; Cohen & Syme, 1985).

While very little work has been done to examine the relationship between social support and personal control of elderlys. A few studies have noted that emotional support may help the older adults to cope better with the replenishing feelings of control (Krause & Bora Waski, 1994). Expansion in the family role has also been found to effect changes in their well-being by reducing external locus of control.

The main findings of the present study in terms of internal as well as external locus of control as follows:

i) Male senior citizens reported significantly higher internal locus of control whereas female senior citizens reported significantly higher external locus of control than their respective counterparts.

ii) Supportive intervention has been found to be effective in the enhancement of internal locus of control from pre to post as well as follow up trials for both males as well as females. Thus simultaneously decreasing the external locus of control of female senior citizens.

iii) No significant changes have been observed for male senior citizens with regard to their external locus of control over the trials in the control group. However significant pre to post as well as follow-up enhancement in the internal locus of control have been observed for male senior citizens in the control group.

Various studies have found females to experience greater stress (Chovan & Chovan, 1985, French et al, 1995) and high level of anxiety (Sud & Sud, 1997; Sud, 2001). Further, in view of the above, in the present study it was assumed that supportive intervention will be effective in
reducing external locus of control, and in increasing internal locus of control, this will contribute to the well-being of older adults. In the present study the scores of senior citizens were assessed separately for internal and external locus of control. In order to see the efficacy of supportive intervention, the scores of internal as well as external locus of control have been taken at pre intervention, post intervention and follow-up assessment trials separately for both males as well as females. However their discussion is presented collectively studies have also shown that females have more belief in external locus of control and males have more belief in internal locus of control (Hickson, Housley & Boyle, 1988).

a) With regard to gender differences it can be observed that studies have generally reported females to be poorest in health and more vulnerable to stress (Preston & Dallasaga, 1990) and experience more stress (Choron & Choron, 1985; French et al 1995) are more depressed (Kiause, 1988). Due to greater life strains experienced by them in terms of inadequate financial resources widowhood (Dak & Sharma, 1987; Nandlal et al, 1987; Singh et al, 1987) and deteriorating status due to change in traditional family structure (Rajan, et al, 1999).

Since several studies have found that people who have strong sense of personal control report experiencing less strain from the stressors (Elliott et al, 1986; Matheny & Cup, 1983; Mc Farlone et al, 1983; Sclutz & Mullen, 1981). Thus it is not surprising that male senior citizens have reported to have possessed internal locus of control. Generally males tend to believe that everything in their lives is under their control. Hickson et al., (1998) revealed that the life satisfaction among older adults was related to the degree of their perception of control over the events. In this study because of their helplessness females were found to have external locus of control. It has been proposed that the type of control people have over
the things that happen in their lives can be assessed through a wide
variety of information & knowledge of their experiences throughout their life
span (Sarafarino, 1988).

In this context it has been observed that socialization practices
for men and women are different in India.

Even, Sud & Sharma (1999; Sud, 1990, 1991) reported that sex
role development and socialisation practices for males and females are
different in India. The studies on sex role development in India reiterate the
favoured treatment given to male off spring due to historical, religious and
economic reasons (Stock, 1980). The socialisation in India is geaved
towards occupational competence for boys and competence in house hold
task for girls (Saraswathi & Datta, 1985). It has further been observed that
Indian mothers show a distinct pattern of reciprocity towards son than
towards daughter (Groves, 1978). Thus on the whole the responses of
these females are more directed towards pleasing and meeting the
expectancies of thei husbands and sons over the entire life span.

Studies have shown that the learned heplessness is thought to
arise from a perceived loss of control over reinforces (Woods & Britton,
1985). When a person comes to believe that nothing in his/her power will
make any difference or bring any enjoyment or pleasure. Then this belief
in uncontrollability of reinforcement may lead the person to give up activities
of which he or she is quite capable.

Even though Lachman (1986) observed that locus of control
tends to become more external by old age. In our sample this has been
seen only in case of females senior citizens and not in case of males
senior citizens who have reported more internal locus of control. In view of
above it is clear that in India males have more control over the things that
happen in their lives to a significant extent. Hence their internality is
justified.

b) In the present study, the supportive intervention has been found to be efficacious in enhancing the internal locus of control of both males as well as female senior citizens and in the reduction of external locus of control of female senior citizens. A relation between people, locus of control and effectiveness of social support has been observed in many studies (Sunder & Lackay, 1982; Sarason et al 1983; Sud & Sud, 1998). Eckenrode, 1983 pointed out that the question of "stress buffering effect" of social support was contingent upon the evidence that the support is mobilized and not that it exists as a-potential. Further how the support is mobilized is contingent upon the type of locus of control possessed by the individual. Effect of social support mediating stress has been found to be more prominent among people with internal locus of control (Eckenrode, 1983; Sadler & Lakay, 1982; Sarason et al, 1983). Further internal locus of control has been found to be associated with more direct coping efforts and fewer attempts at suppression (Parker, 1984; Valentiner, Hochan & Moos, 1994).

Also Langer & Rodin (1976) and Woods & Britton (1985) pointed out that the intervention designed to increase the sense of responsibility for senior citizens led to increased well-being and that less-depressed benefit more from the interventions (Schultz, 1980).

In the present study the effect of supportive intervention has been prominently observed for male senior citizens with internal locus of control. In view of the above this findings is quite in line with the available evidence. However, the findings with regard to the enhancement in the internal locus of control of female senior citizens is quiet surprising as Sarason et al pointed out that people with external locus of control tend to distract themselves with off task thoughts. However, the buffering hypothesis maintains that in the presence of stress the resources provided
by others may redefine or reduce the potential for harm posed by situations, bolster the ability to cope with imposed demands and prevent the appraised of situation as being stressful (Cohen, & Mckay, 1984) by intervening between the experiences of stress and on set of pathological outcome (Cohen & Syme, 1985). This is what exactly happened in case of female senior citizens of present sample with external locus of control who reported perception of negative events. Perhaps the exposure to supportive intervention was able to bolster their ability to cope with imposed demands where direct effort has been made by the researcher to prevent them from appraising their life situation as being stressful.

Further Woods & Britton, 1985 also observed that desirability of the outcome is very important for the person to be controllable. If the outcome is not reinforcing for the person, than the controllability is irrelevant.

While as changes in the locus of control of females (in the control group) is in predicted direction, since no intervention was given to this group. Results were expected from them. However, the changes in the significant enhancement in the internal locus of control of senior citizens even in control group of senior citizens with internal locus of control is little surprising. However breathing exercise was given to all these males/females who are in the control group. Since internal locus of control has been found to be associated with more direct coping efforts and fewer attempts at suppression (Parker, 1984).

It appears that exposure of this group to breathing exercise was associated with the direct coping effort of the senior citizens. Perhaps this change was also related to the desirability of the outcome (Woods & Britton, 1985).
6.5 The Effectiveness of Supportive Intervention on Social Support of the Senior Citizens

Although the development of modern science and technology has increased the life span of the individuals, it has made aging problem more complicated. The joint family system which prevented the loneliness of the older people provided ample security and social support is gradually breaking down and the emerging trends of nuclear family are keeping the old persons in a state of isolation where the society is advancing towards more medical, economic, psychological and social problems for the older adults (Chowdhary, Jha and Krishna, 2001).

During recent years interest in the role of social support in health maintenance and in disease etiology has increased (Cohen & Wills, 1985; Sarason & Sarason, 1985). Numerous studies indicate that people with spouse, friends and family members who provide psychological and material resources are in better health than those with fewer supportive social contact (Broadhead, Kaplan, James & Wagner & Cohen, Bach, Grimson, Heyden, Tiblen & Dehlbach, 1983; Leavy, 1983; Mitchell, Billings & Moos, 1982). Many surveys suggest that social support is a causal contributor to well-being (Cohen & Symes, 1985b; House, 1981; Kessler & Mcleod, 1985; Turmer, 1983; Wallston, Alagna, De Vellis & De Vellis, 1983).

In examining the social support of elderly it is helpful to utilize (Kahans, 1979) metaphor of the convoy to denote the movement of each individual through life surrounded by set of others to who he or she is related through giving and receiving the social support. As the individual age people are added to or subtracted from their convoys through death, change in job, family life and geographic move. With these changes, the potential for social network for providing social support also varies over time.
Cross sectional data suggest that the networks of older people are smaller than those of younger people with significant change around age 70 (Abeles, 1981; Kahan, 1979 & Warne, 1982). The characteristics of older person additionally may include increasing asymmetry preceiving with less opportunity to give increased instability and changes in the type of interaction (relatively less receiving of affect & affirmation and increased in some form of direct aid).

While, numerous studies have provided evidence of positive correlation between support and well-being in theory. This result could occur through two very different process. One model diaposes that support is related to well-being only for persons under stress. This is termed as buffering model because it points that support buffers (protects) person from the potentially pathogenic influence of stressfull event. The alternative model proposes that social resources have a beneficial effect irrespective of whether persons are under stress. This is termed a direct effect.

Buffering hypothesis suggest that individuals with high level of support are less likely to appraise the, situation as stressful as compared to those with low level of support. Also social support can buffer the effect of stress by modifying peoples response to a stressor after they have appraised the situation as stressful (when someone provides a soluton to a problem or cheer them on to look at the brighter side). People with little support are less likely to have these advantages so negative impact of the stress is greater for them. According to the direct hypothesis beneficial effects of social support are similar under high or low stressor intensites. People with high social support may have greater sense of belonging and self-esteem producing positive effect which could be beneficial to health independently of stress experience. High levels of support may encourage people to lead more healthful life style than low social support.
a) The effectiveness of Supportive Intervention on the Perceived Availability of Social Support for Senior Citizens

In the present study effort has been made to enhance the perceived social support among the senior citizens. Using the social support questionnaire two types of scores were taken for both males as well as females in terms of perceived availability of social support and the perceived satisfaction with available social support. The scores were taken at pre intervention, post intervention & follow-up trials for both supportive intervention group and control group.

The main findings with regard to perceived availability of social support (number of supportive individuals) are as follows:

i) Independent of gender differences supportive intervention has been found to be significantly effective in enhancing the perception of availability of social support from pre to post assessment trials and these changes have been maintained till the follow-up.

ii) Such changes have not been observed for the control group over trials.

Till now no study is available which has seen the efficacy of supportive intervention in the enhancement of perceived availability of support in terms of number. Roberto & Scott (1986) Bunk & Hoorens (1992) found less distress among older adults who perceived their relationship with best friends as equitable. Reak (1987) suggested that giving more to a relationship than one receives leads to a feeling of unfairness and resentment whereas receiving more than one gives leads to feeling of guilt and shame.

In view of above, in the present intervention the older adults were helped to understand that lack of reciprocity in supportive interaction may have negative impact on their life because of lack of reciprocity from their past, sensitive people may not come forward with the support again.
Through this intervention an effort was made to change the social network of older adults by teaching them various techniques to have a good social network. They were taught to have an approach-first attitude instead of waiting for others to approach them. They were also told that to receive support they have to make a move to give support too.

It has been observed that depending on individual's personality, some people may consider a large number of available helpers providing sufficient possibilities of social support. Others may consider that even one person is adequate. How gregarious people are and how comfortable they feel with others may determine the number of supports they believe necessary. From our sample, it appears that while the older adults do not report a large number of available support but have shown a definite increase in the number of perceived availability of support which is almost double from pre-intervention scores after the intervention assessment. Our finding highlights that perhaps the older adults in our sample not only have owned for mere social contacts but are also quiet comfortable with others after the intervention. Generally, most elderlies have been perceived to have basic ingredients for support (Minkley, 1985). In the present study, our sample of older adults with the basic ingredient of social support as well as the need have been able to utilize the supportive intervention quite effectively. Since research is available to support this finding, it stands on its own merit, and future research is recommended to support this aspect of elderlies.

Lack of any change in the perceived availability of social support for control group over the trials further highlights the efficacy of the present supportive intervention.
b) Effectiveness of Supportive Intervention on the Perceived Satisfaction of Social Support

In the present study though a supportive intervention effort has been made to change the perceived satisfaction of social support among the senior citizens. The scores on the perceived satisfaction of social support were taken at pre-intervention, post-intervention and follow-up trials for both male as well as female senior citizens in both supportive intervention group and control group.

The main findings with regard to perceived satisfaction of social support are as follows:

i) Both males as well as females have shown enhancement in the perceived satisfaction of social support from pre to post intervention which has been maintained till the follow-up.

ii) No such changes have been observed for the control over the trials.

Till now no study is available which has seen the efficacy of supportive intervention in the enhancement of perceived satisfaction of social support. Social support is usually defined as the existence or availability of people on whom one can rely (Sarason et al. 1983). Bowlby (1990) & Sarason et al (1983) have reported that the availability of social support bolsters the capacity to withstand and overcome frustrations and problems solving challenges. Vaillant (1974; 77) found a early supportive family environment was correlated with positive adult adjustment and lack of psychiatric disorders. Whereas there is evidence of determinental effect of lack of support in adults. The combination of stressful events, low level of social support and adverse experiences predict occurrence of maladjustment in adults. According to Caplan (1974) social support implies an enduring pattern of continuous or intermittent ties that play a significant part in maintaining the psychological and physical integrity over time. In a way social
network provides a person with "psycho social supplies" for the maintenance of mental and emotional health. It has also been noted (Sarason et al, 1983) that recent experience may influence a person to regard the support available as satisfactory in case of senior citizens.

In the present study the exposure to supportive intervention was the most recent experience that had shown a significant enhancement in the satisfaction with the perceived availability of the support has been quite affective.

Probably the efforts of the reasearcher to direct them to a procedure which taught them how to gain satisfaction from the available support has been quiet effective.

It has been observed that low social support is related to disinclination to seek relationships because of the expectations that such relationships will not meet the individuals' standards and thus not be satisfying (Sarason et al, 1983) and an accompanying belief in the utility of such supportive relationships. Though the present such supportive relationships. Through the present supportive intervention an effort has been made to see the utility of supportive social relationships.

Until recently most of the literature on social support has been clinical, impressionistic and speculative. This literature has been valuable in directing attention to the relevance of social ties to personal adjustment.

Studies of social support have proliferated dramatically in recent years. Observations in a variety of settings have highlighted the positive role played by social attachments and psychological adjustment in health. Health professionals daily note the salutary effects of their attention and expressed concern on patients' well-being in recovery from illness.

Spurred on by both formal and informal theories researchers have begun to investigate in a systematic fashion a variety of aspects of
social support including how it contributes to positive adjustment and personal development and also the way it provides a buffer against the effects of stress. Several articles have been published in the past years that deal with social support, particularly with regard to the health consequences of its presence or absence.

Some researches have simply gathered information about subjects' confidants and acquaintances; other have focused their attention on the availability of helpful, others in coping with certain work, family and financial problems and still others have derived questionnaire and other techniques to assess social support (Schwarger, 1986). However nothing much has been done to specify the significance of utilising social support as an intervention, to the senior citizens. The present study is a pioneering attempt in this direction, where actual support has been provided to the male and female senior citizens. In view of the above since no research evidence is available to support the findings of the present study. The findings of the present research stands on their own merit where supportive intervention has been found to effectively increase not only the perceived availability of social support but even the perceived satisfaction with the available support has been enhanced by the social support.

6.6 Social Provision Scale:

Robert Weiss (1974) provided a social provision model that incorporates the major elements of most current conceptualization of social support (Caplon, 1974; Cobb, 1976; 1979; Cohen & Wills, 1985; Herisch, 1980; House, 1981; Kohn, 1979; Schaefer, Coyne & Lazrius, 1981)

Weiss (1974) describes six different social functions as provisions which may be obtained from relationship with others. He contends that all six provisions are needed for the individual to feel adequately
supported. Although different provisions may be most crucial in certain circumstances or at different stages in the life cycle. Each of the provision is most often obtained from a particular kind of relationships but multiple provisions may be obtained from the same person. Weiss (1974) directed these provisions into two broad categories as assistance related and non-assistance related. Assistance related includes the provisions of guidance and reliable alliance and non-assistance related include the provisions of reassurance of worth, opportunity for nurturance, attachment and social integration.

6.6.1 The Effectiveness of Supportive Intervention on the Social Provisions among Senior Citizens :

a) Guidance :

The major findings with regard to guidance were as follows :

1) The supportive intervention has turned out to be significantly effective in increasing the social provision of guidance form pre to post assessment and these changes have been maintained till the follow-up for both males as well as female senior citizens.

2) There were no change in the social provision of guidance scores of the control group over the three assessment trials.

According to Weiss (1974) the function of guidance is more directly related to problem solving in the context of stress. In this regard, in the present study an attempt has been made to provide some guidance to the senior citizens in order to help them overcome their problems. Guidance with regard to importance of maintaining good physical health, through good diet intake, keeping oneself active by regular walking and exercise, importance and techniques of maintaining good social contacts was provided subtly through the supportive intervention.
In stress research the provisions of guidance has been found to be valuable in preventing a deterioration of psychological well-being for many. Aging entails diminished resources which may lead to particular strains in time of stress. Thus, the availability of additional interpersonal resources may greatly reduce the burden of negative life events. Guidance may have significance when elderlies feel that the world has changed sufficiently since their young adulthood and they lack adequate information to make independent decision (Cutrona, Russell & Rose, 1986; Cutrona & Russell, 1987). In view of this efficacy of present supportive intervention is clearly evident with regard to the social provision of guidance for both male and female senior citizens. Studies have shown quality of social contact has a stronger association with subjective well-being (Chou & Chi, 1999; Linquart & Sarason, 2000; Linquart, Sarason, 2000). Whose perceived social support in terms of social provision of guidance has appeared to have increased significantly after the supportive intervention. Thus in view of these results the quality of contact provided through the present social intervention cannot be underestimated.

However, as expected, since no such advice was given to the control group, no changes in their perception of social provision of guidance were seen. This clearly highlights the efficacy of present supportive intervention.

b) Reliable Alliance:

The major findings with regard to the social provision of reliable alliance scores are as follows:

i) Supportive intervention has turned out to be significantly effective in increasing the social provision of reliable alliance scores from pre to post assessment trials and which has been maintained till the follow-up for both
male and female senior citizens.

ii) There are significant changes in social provision of reliable alliance scores of the control group over thee assessment trials.

The social provision has been described as assurance that others can be counted upon for tangible assistance that the increase in the perceived availability of support might lead to higher scores on the reliable alliance as how they perceived more support available for them. Thus the supportive intervention was seen effective in increasing their reliable alliance scores.

Social support of reliable alliance has been found to be related to mental health among elderly persons who experience high levels of life stress. In particular reliable alliance have been found to be valuable in preventing a deterioration of psychological well-being. Since for many elderlies aging entails diminished resources, which may lead to particular strains in times of stress. Since reliable alliance is an assistance related provision, that contributes directly by providing tangible aid. An additional inter personal tangible aid has been provided by the researcher, this tangible aid has been successful in increasing the perception of social support in the form of reliable alliance for the senior citizens. Thus the findings with regard to the reliable alliance also points towards the high quality of contact provided through this intervention.

Further, even with regard to control group the perceived social support assessed through social provision of reliable alliance has increased. Thus highlighting that additional interpersonal resource in the form of tangible aid even though provided in the form of breathing exercise without regular interaction has turned out to be effective.

Probably because they perceived the presence of the research as somebody on whom they can rely in times of need.
However, because of lack of evidence with regard to these variables (social provisions and supportive intervention) the present finding stands on its own merit without further research no firm conclusions can be drawn on this part of research.

In the present study an additional interpersonal resource has been provided by the researcher through the supportive intervention.

c) Reassurance of Worth:

The major findings with regard to the reassurance of worth scores are:

i) Supportive intervention has turned out to be significantly effective in enhancing the reassurance of worth scores from pre to post assessment trials and which has been maintained till the follow-up for both male as well as female senior citizens.

ii) There are no significant changes in social provision of reliable alliance scores of the control group over three assessment trials.

This non assistance related provision does not contribute directly to problem solving but seems to have beneficial effects under conditions of both high or low stress. Reassurance of worth is the recognition of one's competence skills, and value by others. According to Bandura (1977, 1982) reassurance of worth has provided considerable evidence that self-efficacy beliefs are predictive of actual coping behavior. The individuals whose self-efficacy is bolstered through the input supportive others would be expected to cope more effectively and suffer fewer deleterious effects of stress than those with no such support. In the absence of more stress, the individual with increased reassurance of worth would be expected to function more effectively as a result of enhanced self-efficacy and self-esteem.

In the past the elderly with their wealth of experience, were the
people chiefly responsible for imparting knowledge and tradition to the community and so they were treated with great respect. But today, now that speed and efficiency are valued above tradition, the elderly are to a great extent excluded from the mainstream of society, their presence often being viewed more as a burden than an asset.

But in the present intervention social provision of reassurance of worth was strongly enhanced. Through this intervention effort was made to enhance the self-efficacy and self-esteem of the elderly.

Further, reassurance of worth reflects a sense of respect from significant others. Aging is accompanied by a sense of role loss as children leave the home and employment terminates through retirement. Thus it makes sense that older persons would benefit from relationships in their lives that give them sense of purpose and worth.

In view of the above information the increase in the perception of social support as a provision of reassurance of worth is not surprising. Rather the results were maintained till the follow-up even when the intervention was no longer given. This clearly highlights the high quality of contact provided through this intervention. It was able to boost their morale even after a gap of two months of follow-up.

However, in the control group no such changes were observed over the trials as they were exposed to the provision of reassurance of worth.

d) Opportunity for nurturance:
The major findings with regard to the opportunity for nurturance scores are i) Supportive intervention has turned out to be significantly effective in enhancing the opportunity for nurturance scores from pre to post assessment trials and which has been maintained till the follow-up for both the genders.
ii) There are no significant changes in opportunity for nurturance scores of the control group over three assessment trials.

According to Weiss (1974), an important aspect of interpersonal relationship is feeling needed by others. The opportunity for nurturance is the sense that others rely upon one for their well-being. According to Weiss the most frequent source of opportunity for nurturance are one's offspring or spouse.

They were told that through this endeavor, not only will the researcher help them, but would be able to learn a lot from them as the older adults have riches of wisdom and experience from which the society could benefit.

The social provision of opportunity for nurturance represents the belief that others need or rely on them. Being needed by others can give them a sense of purpose and worth. They were told that for being needed by others and in order to receive their self-worth they have to make a definite effort to receive support. They were encouraged to give support and various ways of approaching people were discussed with them. Hence the positive impact of this supportive intervention is clearly evident in the present study where the scores of social provision of opportunity for nurturance have significantly increased over the trials for both male and female senior citizens exposed to this intervention.

However, no such changes were evident in the control group since no intervention was given to them.

e) Attachment:

The major findings with regard to the social attachment scores are:

i) Supportive intervention has turned out to be significantly effective in enhancing the attachment scores from pre to post assessment trials and
which have been maintained till the follow-up for both male as well as female senior citizens.

This provision is concerned with the affectional ties. Attachment refers to emotional closeness from which one derives a sense of security. It may be provided by spouse, close friends and family members.

Since informal relationship is the array of non professionals who provide assistance and support to individuals in times of crisis (Dobelstein & Johnson, 1985). Informal support includes family members, both physically close and extended family, who are available to respond to a need for care. It also includes friends and neighbours. In general, any person who has established a relationship over time that provides reciprocal support would be part of the informal system (Módi, 2000). Through this supportive intervention effort has also been made to help the senior citizens to strengthen the social attachments by making first move to approach the family members, close friends and this has resulted in the significant increase in their perception of social provision of attachment which was maintained till the follow-up. However in view of the paucity of research evidence to support this finding on its own merit. Hence much further research is required to support this conclusion.

However, no such changes were evident in the control group as they were not exposed to the supportive intervention.

f) Social Integration:
The major finding with regard to the social integration scores are:

i) Supportive intervention has turned out to be significantly effective in enhancing the social integration scores from pre to post assessment trials and which has been maintained till the follow-up for both the genders.

ii) There are no significant changes in social integration scores of the
control group over three assessment trials.

According to Weiss social integration is a sense of belonging to a group that shares similar interests, concerns and recreational activities.

The supportive intervention was a means of providing social integration by carrying out activities of their interest as playing cards, talking and reading newspapers. Thus doing activities of common interest. Not only this but they were encouraged to share similar interest among their friends and family members as by playing some games of common interests, going out for walk etc. Thus helping the older adults to strengthen the social provision of social integrity with other which gives a sense of belongingness and worth.

However because of paucity of research evidence to support this finding stands on its own. Hence, much further research is required to support this conclusion.

However, no such changes were expected the control group over three assessment trials as no such supportive intervention was given.

From the above information it is clear that particular component of social support that have an impact on health and well-being vary depending on types of stressors being confronted by the person for individual facing life events that entails the acquisition of new skills and roles. The provision of guidance and reliable alliance appears to play a particular important role in adjustment for individual who must expend high levels of effort to attain a valued goal in the absence of adequate recognition or reward. Reassurance of worth for individuals facing the loss valued role, opportunity for nurturance appears to be important in maintaining health and well-being. Specific patterns of interpersonal interactions appear to accompany the occurrence of stressful events.

Studies have reported (Cutrona, 1986; Cutrona, Russell, & 251
Rose, 1986; Rose, 1986) that specific type of assistance that is identified as most helpful in preventing depression following stressful experience is receiving positive feedback from others. Which serves to provide the person experiencing the stressor from reassurance of worth. Through the present intervention an effort has been made to systematically deal with the processes through which stress leads to the disintegration of health so that such integration can be prevented and reversed. It is very clear that for successful results not only do we need to understand the dimension of stress as well as dimension of support and individual coping responses. Actively dealing with the connections and synergistic relations, among these dimensions may lead to considerable progress in the enhancement of health.
Conclusion:

The suffering of birth, sickness, old age and death caused the enlightenment of Gautam Buddha. Human concerns about the phenomenon of aging is old age. In the past elderly, with their wealth of experiences, were the people chiefly responsible for imparting knowledge and tradition to the community, and so they were treated with great respect. But today, now that speed and efficiency are valued above tradition, the elderly are to a great extent excluded from the mainstream of society, their presence often being viewed more as a burden than an asset.

In these terms, it is hardly surprising that the vast majority of us resent the fact that we must grow old and do everything to forestall the ageing process. While many of us simply refuse to reconcile ourselves to the fact that we are growing older every single second. Our body weakens, our skin wrinkles and age, our senses dull, our desires to live may wane. The catalogue is endless. Worse still they may suffer from a number of degenerative diseases like high blood pressure, depression, senile dementia and alzheimers etc.

The problem of aging requires more attention now than it used to, simply because the percentage of elderly people in most societies is higher than even before a trend which is expected to continue. In our country alone, there are 70 million older persons.

However, much people claim that the youth can be prolonged using strategies based on one theory or another, in reality there is no proven way to completely hold off the aging process. In fact, ageing is to a larger extent a pre-determined process.

As we grow older our internal organs slowly decay and our joints become less supple, but these are not serious problems in themselves. Doctors can tell you that even in an old age we possess the
inherent life force to repair the injured parts of our bodies. There is no reason even in old age, why we should not continue to exercise to maintain our physical well-being. If we suffer from a serious diseases in our later years, we may be tempted to avoid using our bodies and minds; as actively as before, even after we have to restrict our activities simply because the years are ticking by.

Although ageing is a real inescapable process the rate of ageing varies from person to person. The calendar is not the ultimate measure of a person's age, physiological, psychological and spiritual factors all play their parts. The shining eyes of an elderly person indicate his or her spiritual strength and consequently, physical strength. While it is believed that memory declines with age and our senses become less acute in later years, it has been seen that ability to use general information to make judgement and solve problems actually improve as we grow older. Similarly, our memory does not decline if things concern our own speciality or matters of great general interest.

While the biological changes can be coped with, there are social customs and institutions, such as mandatory retirement age, which may change the life style and mental set of the elderly. It is most important to consider the problem of old age from a social viewpoint, concentrating especially on what we can do for the elderly and in what they can do for themselves.

In 1939, a relevant statement appeared in the US journal, "It is for science not only to add years to life, but more important to add life to the years". It is terrible when the aged feel that they have been cut off from society; their frequent response is to close their minds and to isolate themselves. It is our duty, therefore, to create a society in which the elderly can experience complete fulfillment by rounding off their lives just
as they would wish. This, indeed, should be the ideal of the science of gerontology.

A psychologist once defined the three evils of old age as anxiety, loneliness and a sense of uselessness. A sociologist once said that they were poverty, sickness and loneliness. We can hope that some day society will be able to eliminate poverty and disease, but loneliness, the sense of uselessness and feeling of anxiety are much more difficult to tackle. It has been observed in many countries that the solution to the problem lies in extended family and community based care for the elderly.

Although, health and well-being as a result of social support is a matter of common sense. In the present times when people are forgetting the value of informal social ties in the form of family, friends, peers and society, in the present study an effort has been made to reawaken people to this reality of life. No support is as beneficial as actual support. In the present study the researcher has just tried to do that. A supportive intervention has been provided individually to all the senior citizens for the period of 10 days. Where researcher made an actual effort to spend constructive time with them by playing games, reading newspaper, carrying out dialogue with them on certain issues and share their problems compassionately. Giving full regard to their life long experience an effort has been made to learn from them and with due respect, to make subtle suggestion to them, without giving the idea of preaching. While effort has been made to explain the finding of this study in terms of some valuable evidence. The paucity of research to study the efficacy of supportive intervention declares this study as a pioneering one.

Main findings of this study are as follows:

The supportive intervention has not been effective in reducing the life stress among the senior citizens. It has been found reduce the
loneliness, be effective in enhancing the negative mood regulation expectancies as well as the internal locus of control among the senior citizens with both internal and external locus of control perception of social support in terms of perceived availability and perceived satisfaction of social support as well as of social provision of guidance, reliable alliance, opportunity for nurturance, reassurance of worth, attachment and social integration among male and female senior citizens. However, no such changes were observed for the control group.

For above results it is apparent that if ten days of supportive intervention could have such a tremendous beneficial effect on the well-being of the senior citizens, then lifetime of social support from significant others and people around us can do wonders.

However, this intervention has not been efficacious only with perception of life events. It has been observed that perception of negative life events is contingent upon lack of good mental health and well-being. Since good health (mental as well as, physical) rests on the individual's experience of social support over entire life span. Supportive environment for each individual is required throughout life. However, each moment is very precious and immediate effort should start in the direction of providing social support to senior citizens, based on the principle “better late than never”. Since every child is going to be youth and then an adult and then old. The cycle of giving and receiving support has to be continuous throughout life. If this cycle is maintained throughout life, there will be no misery in this world.

This study has been very successful in re-establishing the value of actual social support that no other intervention can replace. This intervention is a clear message for all humanity that for peace and security of all human beings have to make an effort themselves. It is an erosion
of social values, loss of respect of each human life that is creating a vacuum in society for all. A need exists for each life to take this challenge. Old age comes to all and our destiny is in our own hands. Let’s change our destiny and create a peace and secure tomorrow.

This study has been a wake-up call for all humanity, to make constructive efforts to revive the lost values of our society by bringing about change in our own selves. As Dr. Daisaku Ikeda says, “Deep resolve of a single individual can change the destiny of a nation and the entire world”.

**Future Research:**

i) An urgent need exists to revive human values. Constructive research efforts should be carried out in this direction at all stages of life cycle.

ii) Greater interaction among children and senior citizens could be provided by having day care centres serving the needs of both of them.

iii) Effort should be made to reeducate the society of the utility of the experiences possessed by the elderly, so that culture that values the elderlies can be fostered. As culture that values the elderly is culture that values humanity.

iv) Need exists in both the family and society at large to create a compassionate and spiritually rich culture and building practical networks to meet the need of the elderly.

v) Certain training could be provided to the senior citizens to help themselves during various life circumstances.

vi) Social support as an intervention should be used in all the areas of life with all those who are experiencing excessive stress, depression and loneliness.

vii) The riches of wisdom of the elderly could be used effectively by including them in major programs in society. Thus making them feel needed
and cared for.

In the beautiful poem, "Joy of Living", Dr. Diasaku writes

Let us sing
Life's beautiful harmony!

Let us smile,
Hopes set on tomorrow,
Aspiring to the rainbow
Of the distant future,
Looking beyond our present Woes!

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