CHAPTER 1

INTRODUCTION

1.1 Context of the Study
1.2 Need for the Present Investigation
1.3 Need for the Family Life Satisfaction Inventory
1.4 Statement of the Problem
1.5 Definition of Terms
1.6 Aim and Objectives of the Study
1.7 Hypotheses
1.8 Methodology in Brief
1.9 Scope of the Study
1.10 Limitations of the Study
1.11 Format of the Report
1 INTRODUCTION

Interest in the study of aging is age-old. Every culture had made its own agenda and ways of handling the problem of aging. However, interest in the scientific approach to gerontological issues among researchers is of recent origin. In comparison with the long and continuous history of research in the general area of adjustment to various stages in the human life cycle, the concern of adjustment of older people is relatively a new area of research. In the West, the research on adjustment to aging has gained recognition as one of the major areas of research, in theory building and intervention. In India, the study of aging is now getting considerable scientific attention not only from medical practitioners and demographers but also from social scientists and psychologists.

1.1 Context of the Study

The present study is undertaken in the light of the problems of the elderly emerging out of present day Indian context. The context comprises of demographic and social aspects.

1.1.1 Demographic Context

The demographic transition commonly known as 'greying of nations' is posing a challenge for the entire world (Bagchi, 1996). Population aging is an
inevitable product of demographic transition. Changes in the demographic components, namely, fertility, mortality and migration determine the age structure of population. Aging of population can occur at ‘base age’ groups which is known as ‘rejuvenation’ or at ‘apex age’ groups known as ‘old aging’. The changes in the demographic structure of the societies during the last few decades, particularly in developing countries, have made the aged a socially more noticeable section of the population.

In most countries around the globe, the elderly population is growing dramatically both in absolute numbers and as a percentage of the total population. Those over sixty represent the fastest growing section of the world population. It is estimated that there are 427 million persons above the age of 60, constituting 8.83 percent of the world’s total population (Gangadharan, 1998). By the year 2025, the number is projected to rise to 1717 million- an increase of 174 percent. The United Nations foresees that by 2025, 14.28 percent of the world’s population will be over 60 years. In the U. S. A, studies show that by the year 2000, 80 million Americans will be over 65 years (Hebibullah, 1996). As for the statistics in developed countries, the senior citizens constitute 17% of the total population in Sweden, 12% in the United States and 11% in Canada (Nair, 1989). The phenomenon of population aging with its related problems is not confined to developed countries. It is also an emerging problem in the developing countries. By the year 2025, it is estimated that roughly two out of three of the world’s elderly people will be in developing countries compared to the 50 percent in 1960 (Habibullah, 1996). Asia accounts
for more than half of the world's elderly population (U.N, 1985). China is approaching closer to the advent of a senile society (IFA, 1992). In China, those over 60 years is 9.2 percent of the general population. The estimated aged population growth in Pakistan is to reach 13 percent of the population by the year 2025 (Zaki, 1992).

This global phenomenon of population aging affects India too. India is experiencing a dramatic change in the population pattern with a phenomenal increase in the number of elderly people above 60 years of age. Therefore, the demographers identified India as a country that is entering the 'age of aging'. The elderly population in India rose from 12 million in 1901; to 20 million in 1951; to 43.2 million in 1981 and 55 million in 1991. It is projected to be around 76 million by 2001 (7.7 % of the total population). Hence as per the U.N classification, the Indian society would progress from a 'mature society' to an 'aging society' by the turn of this century (Sharma and Agarwal, 1996).

The percentage of sixty plus population among rural and urban shows that it is higher among the former than the latter (Bose and Gangrade, 1988; Dandekar, 1996). Many factors, such as migration of younger members to cities leaving the elderly persons behind, reluctance of the old people to leave the village where they have their roots and social net works account for this.

In almost all countries of the world elderly women outnumber the elderly men (Hoshino, 1982). However, India is one of the few countries where the sex ratio is biased in favour of male. Men outnumber women at all age levels till about the 70th year (Sharma, 1994). In 1991, the life expectancy in
India was 60.1 years for men and 59.8 years for women. It was only 55.1 years for men and 54.3 years for women in 1981 (Gokhale and Deve, 1992).

Demographic shift also affects the increase in the number of widowers and widows. According to N.S.S.O 42nd round (1991), there were 654 widows and 238 widowers per 1000 aged persons in rural areas. The figures were 687 and 200 in urban areas. More than 65% of Indian aging women live without a spouse as compared to 29% of aged men (Kumar and Khetrapal, 1993). According to the last census, there were 33 million widows in India which is equivalent to the population of Karnataka State.

Kerala holds a unique position in the population scenario of India with its residents enjoying a significantly a greater life expectancy, 69 years for men and 74 years for women (Srinivasan, 1998). Among the Indian states, Kerala has the highest population of elderly followed by Tamil Nadu. According to the 1991 census report, there are 25,67,365 elderly in Kerala constituting 8 percent of the total population as against 5 percent in 1961. In Kottayam and Pathanamthitta Districts - Kottayam and Kozhencherry Taluks, the locale of the present study are situated - the elderly population constitutes 1,79,781 (7% of the total population) and 1,42,438 (12% of the population) respectively. In Kerala there are 8,93,863 elderly widowed, out of which 7,91,440 are widows. Similarly, Pathanamthitta district has 43,139 elderly widowed of which 36,090 are widows. The figures pinpoint that, in Kerala the majority of the female elderly are in the widowhood category. The trend in aging
population in India as well as in Kerala is similar to that seen in other parts of the world. Therefore, the elderly as a group becomes a demographic section requiring research attention.

1.1.2 Social Context

The demographic transition has been accompanied by a social and cultural transition, which is undermining the status and role of the elderly in the family as well as in the society. In India, the welfare of the aged was traditionally embedded in the structure of the joint family system. The traditional Indian family structure used to provide the necessary environment for the comfortable living of the elderly. It also used to play a crucial role in the social integration of old people.

In India, there is a long lasting dyadic bond between parents and children. The strongest tie or emotional bond in the Indian family is between the mother and the son. It has been noticed often enough that an Indian woman is dependent on a male in all stages of her life – a father in childhood, a husband during adulthood and a son in old age (Kakar, 1979). Living with male children is the most preferred living arrangement for the elderly in India. An opinion survey of the elderly in India revealed that an overwhelming proportion desired family residential arrangements during their old age (Kumar, 1997). The elderly regards family residence as the most secure place, as observed by Biswas (1994). Care of the elderly, in Indian society, has been one of the primary functions of the family system since time immemorial. Socio-cultural norms in India clearly laid down that sons are duty bound to maintain their parents in old
age. Hence, the aged need not feel isolated or rejected by the family since family is their best insurance in old age.

Status of the aged in India presents a different picture when compared to that of the aged in the rest of the world. With a culture as old as civilisation itself and with customs, conventions and roles which are centuries old, the situation in which the older individual is placed in India is unique (Ramamurti, 1978). In the traditional Indian society, old people within multigenerational family context enjoyed unparalleled sense of honour or respect and legitimate authority within the family as well as in the community. They had decision-making responsibilities in the economic, social and religious activities of the family. The aged in India were considered as repositories of wisdom and experience and as a symbol of family unity. To be more specific, the elderly in India always seek to find themselves in socio-familial matrix, as Ramamurti (1989) observed. Irrespective of gender, caste and economic status, the old people were treated with respect and reverence. This was reinforced by rituals, mythology and legends. In India, 60th and 84th birthdays are celebrated as special events in the life of a person – 60th birthday is called 'shashtybdapurthi' and 84th birthday is earmarked for 'sathabhishekham' for having been able to see one thousand full moons. In the past, an attitude of reverence towards the aged was considered a virtue and nothing could take place in the family without the sanction and blessings of the old.

The past two decades, however, have witnessed rapid social changes in the Indian society. Modernisation has not only increased longevity, but also
changed the family composition and status of the aged in the family. Many researches in India showed that modernisation and urbanisation have definitely brought a decline in the status enjoyed by the elderly (Venkoba Rao, 1987; Hashimoto, 1991; Bhogle, 1992). Some other researchers reported that the support enjoyed by the aged from the family is on the decline (Anuradha and Prakash, 1991; Biswas, 1991; Vijayakumar, 1991). Reviewing available field studies in this regard, Nayar (1993) indicated that the commonly held view that the aged in general enjoyed power and authority, particularly in the rural society did not find much empirical support.

The traditional position and status of the elderly have been undermined by several factors, such as: 1) the decline in the institution of joint family system, 2) the increasing participation of women in economic activity, 3) the diminishing the availability of primary care-givers of the aged, 4) the transference of power from the elderly patriarch to younger members of the family due to advancement in science and technology, and 5) the changing values and life styles due to urbanisation resulting in increasing intergenerational distance and decreasing family cohesiveness. Though the family, the major plank in the support system for aged in India, is undergoing numerous significant changes in its structure and development, the structural changes of the family in India are different from that of the West. Instead of nucleating families as in the West, India seems to be nucleating in the households. The joint family is giving way to the extended family with nuclear or small households as the unit of residence. Such nucleations are extensions of a
single family. However, in the wake of nucleation of family structure, the elderly seem to have been deprived of certain needs, which are not adaptable to them (Rajan et al., 1995).

The social forces have not only disrupted the traditional social life of the elderly, but also led to the desertion of elderly by their children migrating to urban centres or cosmopolitan cities. Kurien (1983), Cherian (1990) and Nayar (1992) identified the effects of children leaving home as one of the threatening forces faced by the aged in Kerala. Due to occupational reasons and for better prospects, children from both villages and cities are forced to leave their parental home. This results in the large-scale exodus of younger members from the families to other parts of India and abroad, particularly to the Middle East. The out-migration of younger members for better prospects may not be affecting the family structure as such, but they add to social, economic, psychological and emotional insecurities of the elderly parents. Due to extended physical and emotional separation of children, parents find it difficult to manage the household chores or tasks and the upkeep of the property (Cherian, 1990). Moreover, the elderly parents are besieged with a host of other problems like poaching on property, unmanageable workers and failing health (Nayar, 1992). Prasad (1987) noted the same phenomenon in other parts of the country. With increasing number of young people moving to other areas, the elderly are not only experiencing a residential segregation but also experiencing a feeling of alienation, social segregation and inversion of status. Those elderly who prefer to move with their children are also affected by adjustment problems (Davis,
When the aged accompany the young to cities a different problem arises. The old feels rootless in the urban environment. Hence, it can be argued that the parents are at the mercy of their sons and as and when they become grandparents, the chances for future support is very low. Even the elderly who live with their immediate families also experience the weakening of emotional bonds (Bhole and Reddy, 1996). Lack of control over economic resources of the family, failing health and increasing dependency reduces the control of elderly over other members of the family. There is a growing degree of negative attitude towards the elderly among the younger generation. As a result, even when the older person continues to live with children, interpersonal relations are likely to be more strained and often brittle (Prakash, 1997). Thus the welfare of the elderly, even in the normal family situation, is likely to be a problem. As a result, caring the elderly is fast becoming a problem. Care of the aged is viewed as a burden or stress by the caretakers (Zarit et al., 1980; Johnson and Catalano, 1983). What was previously a duty has become an obligatory burden today. This naturally makes the aged feel that they are becoming a burden on adult children, which again increases the feelings of stress in them.

In addition to the above experiences, losing of spouse is yet another disruptive event in the life of an old person. Widowhood is one of the major factors, which affects one's adjustment and mental health (Jamuna, 1984). Widowhood makes an important difference to the quality of life of older people, particularly older women. For Indian women, widowhood is the most traumatic transition encountered in the life course. In this context, it is to be noted that
Indian widows are described as socially marginalised, ritually inauspicious, and cruelly stigmatised (Prakash, 1997). The bitter experiences of widowhood depend on several factors, such as socio-economic status, family status, health status and social network supports. Adjustment problems in widowhood should also be seen in relation to the demographic trend and change in the living arrangement.

To reduce the pathetic situation of the elderly, institutional help and care by government agencies and private institutions are being provided in India. However, one of the most important and difficult adjustments for old people is that of changed residence. In Indian context, institutionalisation of elderly parents is not a popular option and still draws social disapproval. Moving to an old age home is a social stigma as pointed out by Surrender (1994). Old folk in India find this a strain even when they have to stay alone as they are accustomed to their own homes. Moreover, the social life space of the elderly may shrink due to retirement, widowhood, death of friends and separation of children. This becomes more intense when they are forced to accept institutional life. Most of the researches in this regard do not encourage institutionalisation of the elderly. Based on the study of institutionalised elderly and those who stay with their families, Mishra (1992) opined that in spite of being in need of relief from their problems, the aged do not want to be segregated, but prefer to remain integrated in the network of social relationships. This points to a basic issue in modern gerontology: integration versus isolation (Venkoba Rao, 1991). Therefore, institutionalisation of elderly
should be viewed as the last option and any alternative arrangement for an elderly living other than with his/her family members seems to be a partial solution, as Rajan et al (1995) pointed out. However, due to unavoidable circumstances a good number of old people are being sent to old age homes.

The above discussion makes it clear that modernisation, urbanisation, aging of population, breaking down of joint family system, widowhood and cultural flux in the society have affected the lives of elderly in India. The changes in demographic as well as social context of India have resulted in presenting different types of living arrangement for the elderly. Accordingly, living arrangement among the elderly emerged as a priority of research among the gerontologists. In fact the most usual co-residence being with own children, in the case of Indian elderly, one would expect the future elderly to have limited choice in this regard due to declining average number of children and migration of younger family members. Moreover, values, such as respect for the elderly is becoming overshadowed by shift towards increasing individualism and self-fulfilment. Due to the changes in socio-demographic situation, particularly in living arrangements, aged in India are beginning to face new problems of economic, social, familial, health and psychological adjustments. John (1999) observed that increasing poverty and high cost of living and care for health have made the older generation the first victims of the shift in living arrangements. In addition to these factors, agism as reflected in various discriminatory practices against older persons not only results in severe damage to them, but also deprives society of the contributions that the elderly
could make to the overall development of their societies. Discrimination suffered by older persons ruins the gamut of economic, political, social and even religious spectrum. Thus, the problems of adjustment of elderly are intense and complex. It is in this context that this study on correlates of adjustment in old age in relation to living arrangement is planned.

1.2 Need for the Present Investigation

Since gerontological research in India is of recent origin, it is marked by the absence of longitudinal as well as cross-sectional studies on several aspects concerning the aged population. Much of the available work is very often limited in scope and coverage, thereby making it hazardous to generalise the findings for the entire segment of the elderly population throughout the country (Bali, 1997). A review of Indian psychological literature on the aged by Ramamurti and Jamuna (1993a) indicates that a large number of socio-demographic and personality variables are associated with the adjustment of the elderly. Ramamurti and Jamuna (1991a) have identified certain markers for successful aging. But still more exploration is needed concerning the dynamics involved in adjustment of the elderly, particularly in the context of changing living arrangements. In fact there are studies pertaining to the relationship between marital status or family type and adjustment of the elderly (e.g., Ramamurti, 1968a; Achamamba, 1987; Lakshminarayanan and Gurudas, 1989; Subramanian, 1989; Eswaramurthi, 1991). There are also studies revealing the different patterns of living arrangement of the elderly in India (Soodan, 1975; Rajan et al., 1995: Sankardass and Kumar, 1996; Kumar Panda, 1998).
Moreover, most of the studies both in the West and in India concerning the impact of living arrangement on adjustment of the elderly are primarily dealt with the comparison of the institutionalised and the non-institutionalised elderly (e.g., Lohman. 1977; Anantharaman, 1980a; Gomathi et al., 1981; Chandrika and Anantharaman, 1982; Mathew, 1993). Yet specific studies related to the adjustment of the elderly living in varied home-living arrangements have not been reported in India. This calls for a more exhaustive research in this area.

A shift in living arrangement may change family relationships. Several researchers, such as Medley (1976), Lee (1978), Hansen and Seelbach (1980), Ramamurti and Jamuna (1986), and Jamuna and Reddy (1993) have emphasised the role of satisfying family relationships for the overall life satisfaction of the elderly. The culture of India gives due importance to family relationships in the lives of the elderly in terms of all kinds of social support. Therefore, an exploration on the impact of family life satisfaction on adjustment of the elderly deserves much attention. The available studies on family relationships of the Indian elderly are limited to certain aspects, such as mother-in-law-daughter-in-law conflict, husband and wife communication and intergenerational distance (Ramamurti and Jamuna, 1993a) or family cohesion (Ramachandran et al, 1981). The studies focusing on the effect of family life satisfaction on adjustment of the elderly in the context of changing living arrangement is a pressing need. Moreover, a standardised tool to measure family life satisfaction of the elderly itself is a research need. To address this
The present study is important because there has been very little effort in India to investigate the adjustment of the elderly from a counselling perspective. However, the study by Ramamurti et al (1992b) is one among the few intervention studies undertaken in India. The suggestions made by the previous researchers in gerontology as well as the investigator's professional experience in the counselling field prompted the researcher to undertake an intervention study. An examination of the review of the reports on counselling intervention with the aged revealed that the studies in India have mainly made use of the group counselling approach (Ramamurti et al., 1992b; and Dave, 1996). The intervention studies utilising an eclectic model of counselling focusing on individual centred are also very few. In fact none of this kind has been reported in India. Hence, this study is a modest attempt to bridge the gap in the area of intervention through counselling with the elderly.

1.3 Need for the Family Life Satisfaction Inventory

Family life satisfaction - Definition

Family life satisfaction, in this study, refers to the satisfaction received by the aging person in relation to his or her relationships with family members, to his/her needs, expectations, accomplishments in connection with his/her family and the satisfaction derived out of freedom from guilt, hurt feelings and anxieties related to family life. When the needs related to family life are not satisfied, the aging person becomes dissatisfied and finds no integration in
family life. The term ‘family’ used here refers to the immediate family members, such as spouse, children, sons-in-law, daughters-in-law and grand children.

An examination of the available literature on family gerontology shows that there is an absence of scales or inventories directly related to family life satisfaction for older people. Kanas family life satisfaction is extended to study the family life satisfaction of middle aged people (Russel et al., 1988). Scales such as family interaction scale (Bhatti et al., 1986), family quality index (Lawton, 1997) and sub-scales, such as home adjustment in adjustment inventory (Ramamurti, 1968b; Subramanian, 1989) or family support (Subramanian, 1989), problem inventory related to family life (Ramamurti, 1969) also do not provide all the aspects of family life satisfaction of older people. No doubt, all these scales or inventories covered some of the areas like interaction, communication and adjustment of the elderly with other members of the family. It is to be noted here that the available adjustment inventories include home adjustment (e.g., Ramamurti, 1968b; Subramanian, 1989) to measure adjustment within the family relationship. Though family life satisfaction and home or family adjustments are very closely related terms, they cannot be treated as identical. Generally, one may find a linear relationship when the scores of family life satisfaction and home adjustment are compared with each other. However, the case may not be always the same just like comparing life satisfaction and adjustment (ref. Menachery, 1987). In spite of external tranquillity and visible signs of good home adjustment, the person can be internally disturbed and dissatisfied with family relationships. Vice versa, for
others, the individual may look very much maladjusted, but internally he may be quite happy and satisfied. Therefore, one may consider family life satisfaction as the internal state of the individual, and home adjustment as a state viewed externally. In addition to these factors related to the available measurements, shift in the family structure and status of the elderly people due to socio-economic changes also prompted the investigator to develop an inventory on family life satisfaction of the elderly in the Indian context.

Taking into account all the above considerations, to measure the extent of satisfaction with family of the present sample, an inventory on 'Family Life Satisfaction for the Elderly' in the regional language (Malayalam) was developed by the investigator. The inventory includes different aspects, such as satisfaction out of relationships, satisfaction out of expectations, roles and needs and satisfaction out of freedom from guilt, anxiety, fear and hurt feelings related to family matters.

1.4 Statement of the Problem

The present investigation intends to determine the nature and extent of the relationship that exists between adjustment of the elderly and a group of selected socio-demographic variables, family life satisfaction and beliefs. Thus the problem for investigation is entitled: ADJUSTMENT AND ITS CORRELATES IN OLD AGE: A STUDY IN RELATION TO LIVING ARRANGEMENT.
1.5 Definition of Terms

The operational definition of terms used in the statement are stated below:

Adjustment

Adjustment in gerontological literature refers to the external and internal equilibrium of the organism (Rosow, 1963). It refers to the state of harmonious living. It is a state of harmony not only within itself but also with the environment. In this study, adjustment is defined as a state of well-being of the aged individual evolving out of adjustment to familial, social, emotional, physical and to self. Besides general adjustment, the five measures of adjustment used in the study are home adjustment, social adjustment, emotional adjustment, self-adjustment and health adjustment.

Correlates

The term 'correlates' literally means 'to establish relation or bring in to relation with each other' (Chambers 20th Century Dictionary, 1983). In the present study, it refers to the variables that are related to or associated with adjustment. The variables that are hypothesised as being related to adjustment in the study are: 1) Living arrangement, 2) Gender, 3) Age, 4) Location of residence, 5) Income, 6) Education, 7) Family life satisfaction, 8) Belief in God, 9) Belief in religion, and 10) Belief in moral character.
Old age

One finds hardly any objective criterion for determining a person to be old. Social researchers usually set the limit of old age in accordance with retirement time. The definition given to old age varies from country to country. In the United States, those sixty-five years and above are classified as elderly. The World Assembly on Aging sponsored by the United Nations in 1982 decided sixty years as the onset point of aging (Gokhale and Dave, 1992). The Indian census has adopted the age of 60 for classifying a person as old. In this study, 'aged' refers to those individuals who are in the age group 60-79 years at the time of the study. Old age is sometimes further divided into categories, such as young old, middle-old and old-old. For the present study, those who are in the age group 60-69 are treated as 'young old', while those who are in the age group 70-79 as 'advanced-old'.

Living arrangement

The term living arrangement has been understood in terms of 'co-residence pattern' or 'residential arrangement' or 'residential pattern' (Wall, 1989). In this study, the researcher considers three types of living arrangement: 1) The elderly living with spouse and children, 2) The elderly living with spouse alone, and 3) The widowed elderly living with children. In this study, 'children' refers to sons, daughters, sons-in-law, daughters-in-law and grand children.
1.6 Aim and Objectives of the Study

The present study is undertaken with an aim to investigate the correlates of adjustment in old age in relation to living arrangement. In order to accomplish this aim, the following specific objectives were framed:

1. To investigate the relationship between living arrangement and adjustment of the elderly
2. To study the impact of socio-demographic variables, such as gender, age, location of residence, income and education on adjustment of the elderly.
3. To examine the influence of family life satisfaction on adjustment of the elderly.
4. To explore the relationship between beliefs, such as belief in God, belief in religion and belief in moral character, and adjustment of the elderly.
5. To study the effect of counselling intervention on adjustment and family life satisfaction of the elderly.
6. To identify the counselling themes (needs) as emerging from the study.

1.7 Hypotheses

Based on the review of relevant literature, design and objectives of the study, the following hypotheses were formulated for testing.

Living Arrangement and the Six Measures of Adjustment

There will be no significant relationship between living arrangement and general adjustment (1), living arrangement and home adjustment (1a),
living arrangement and social adjustment (1b), living arrangement and emotional adjustment (1c), living arrangement and self-adjustment (1d), and living arrangement and health adjustment (1e).

Gender and the Six Measures of Adjustment

There will be no significant relationship between gender and general adjustment (2), gender and home adjustment (2a), gender and social adjustment (2b), gender and emotional adjustment (2c), gender and self-adjustment (2d), and gender and health adjustment (2e).

Age and the Six Measures of Adjustment

There will be no significant relationship between age and general adjustment (3), age and home adjustment (3a), age and social adjustment (3b), age and emotional adjustment (3c), age and self-adjustment (3d), and age and health adjustment (3e).

Location of Residence and the Six Measures of Adjustment

There will be no significant relationship between location of residence and general adjustment (4), location of residence and home adjustment (4a), location of residence and social adjustment (4b), location of residence and emotional adjustment (4c), location of residence and self adjustment (4d), and location of residence and health adjustment (4e).

Income and the Six Measures of Adjustment

There will be no significant relationship between income and general adjustment (5), income and home adjustment (5a), income and social
adjustment (5b), income and emotional adjustment (5c), income and self-adjustment (5d), and income and health adjustment (5e).

**Education and the Six Measures of Adjustment**

There will be no significant relationship between education and general adjustment (6), education and home adjustment (6a), education and social adjustment (6b), education and emotional adjustment (6c), education and self-adjustment (6d), and education and health adjustment (6e).

**Family Life Satisfaction and the Six Measures of Adjustment**

There will be no significant relationship between family life satisfaction and general adjustment (7), family life satisfaction and home adjustment (7a), family life satisfaction and social adjustment (7b), family life satisfaction and emotional adjustment (7c), family life satisfaction and self-adjustment (7d), and family life satisfaction and health adjustment (7e).

**Beliefs and the Six Measures of Adjustment**

**Belief in God**

There will be no significant relationship between belief in God and general adjustment (8), belief in God and home adjustment (8a), belief in God and social adjustment (8b), belief in God and emotional adjustment (8c), belief in God and self-adjustment (8d), and belief in God and health adjustment (8e).

**Belief in Religion**

There will be no significant relationship between belief in religion and general adjustment (9), belief in religion and home adjustment (9a), belief in
religion and social adjustment (9b), belief in religion and emotional adjustment (9c), belief in religion and self adjustment (9d), and belief in religion and health adjustment (9e).

Belief in Moral Character

There will be no significant relationship between belief in moral character and general adjustment (10), belief in moral character and home adjustment (10a), belief in moral character and social adjustment (10b), belief in moral character and emotional adjustment (10c), belief in moral character and self-adjustment (10d), and belief in moral character and health adjustment (10e).

Counselling Intervention

Counselling intervention will not have significant effect on any of the six measures of adjustment and the four measures of family life satisfaction (Hypothesis 11).

1.8 Methodology in Brief

The present research is ‘factorial’ cum ‘quasi-experimental’ in design. The sample for the study consisted of 300 home-living elderly (156 males and 144 females) in the age group 60-79 years from Kottayam and Kozhencherry Taluks of Kottayam and Pathanamthitta Districts (Kerala) respectively. The sample covered 100 elderly each from the three living arrangements chosen for the study. The living arrangements were: 1) The elderly living with spouse and children; 2) The elderly living with spouse alone; and 3) The widowed elderly.
living with children. A three-stage random sampling technique was used to select the sample; the latest electoral rolls provided the sampling frame. 37 elderly were enlisted for intervention through 'self selected sampling'. The subjects were interviewed personally by using appropriate tools. The tools for data collection were: 1) Schedule for Socio-Demographic and Background Information, 2) Adjustment Inventory (Subramanian, 1989), 3) Mathew Materialism-Spiritualism Scale (Mathew, 1973), and 4) Family Life Satisfaction Inventory for the Elderly, developed by the investigator. An individual based eclectic model of counselling approach was used for counselling intervention. A counselling format designed for the present intervention by the counsellor (investigator) was used as a basic tool for therapy sessions. The statistical techniques used for analysing the data were: 1) Analysis of Variance (factorial) to test the independent and the combined effect of the variables on adjustment, 2) Least Significant Difference Test (LSD) for post-hoc comparisons, and 3) Paired ‘t’ test to find the significant difference between the mean scores of pre and post tested intervention sample.

1.9 Scope of the Study

A study on adjustment and its correlates in old age has an immense scope because it provides an opportunity to understand the needs and problems of the aged people in the light of drastic demographic and socio-cultural changes in India. Since the study has made an attempt to perceive the adjustment pattern of the elderly in the context of changing family structure and aging of population, it could certainly provide information regarding the
differences in adjustment of the elderly living in varied home-living arrangements. The inclusion of the variable, 'family satisfaction' in the study would enable to probe into the adjustment pattern of the elderly with special implication on the living arrangements.

Making use of 'Factorial Analysis of Variance' as the statistical technique for analysing data, the findings of the study can reveal not only the independent effect of variables but also their interaction effect on various dimensions of adjustment. Hence it provides a better understanding of the phenomenon of aging and the process of adjustment.

The study provides a unique contribution as it presents the outcome of a short term counselling programme. The therapeutic involvement by the present researcher has given the study an action orientation besides the theoretical implications. The study could also identify specific counselling needs of the elderly. Hence this study has a remarkable utilitarian value, as it gives a deeper understanding of the adjustment pattern of the aged to counsellors and psychologists in this field. This increased understanding would enhance the quality of service extended by counsellors to a more appropriate, rational and personalised level.

In short, the findings of a study like this will be an eye-opener to the public, to the government, to the voluntary agencies, to the professional counsellors and to a certain extent, to the care givers at home in extending guidance and counselling in a more effective way.
1.10 Limitations of the Study

The scope of the study is limited to ‘home-living elderly’. Institutionalised elderly were beyond the scope of the study. From the home-living elderly only three groups of elderly were taken for the study, viz., the elderly living with spouse and children, the elderly living with spouse only and the widowed elderly living with children. The study did not consider the elderly who live alone, bachelors or spinsters and elderly living with their relatives other than children. Hence, the findings cannot be generalised for the elderly population in general.

Another limitation of the study is regarding the age limit set by the study. The study did not include the elderly who are eighty years and above. Therefore, the findings should be interpreted with caution.

The study could not treat religion of the sample as a variable for the adjustment of the elderly. It is to be mentioned here that among the Muslim elderly population under study, widowers with children are not seen as a common phenomenon. Moreover, the elderly living with spouse alone is also not common among the Muslims. Therefore, proper allocation of the above samples was found to be difficult. However, the study has found the effect of the variables, namely, belief in God, belief in religion and belief in moral character on adjustment. The inclusion of these variables has enabled the study to overcome the above-mentioned limitation to a certain extent.
1.11 Format of the Report

The report consists of six chapters:

Chapter 1 introduces the subject, the study and presentation in a concise manner.

Chapter 2 lays out the theoretical framework and a background information on the concepts in aging and adjustment.

Chapter 3 covers the brief reports of related research findings.

Chapter 4 presents the methodology adopted for the study.

Chapter 5 deals with the analysis of data and the discussion of results.

Chapter 6 provides a summary of the study, findings and tenability of hypotheses, conclusions and suggestions, including suggestions for future research.