CHAPTER II
REVIEW OF LITERATURE

This chapter provides a review of major studies in the area of old age adjustment, with a focus on the variables included in the present study.

2.1. An Overview of Chapter 1

The scientific study of human development is fragmented and incomplete. One stage of human development that has not received very much attention until recently is old age. This lack of information on the aged is unfortunate since a greater percentage of people will live to reach old age and will spend more years as aged persons than previous generations. Because of the increase of aged individuals in contemporary society, we need to know much more about old age as a life period of significant importance.

Fortunately, over the last few years, the area of aging and the aged has greatly increased as a concern in our society also. Psychologists, sociologists and social workers are more frequently examining the causes, consequences, and solutions to the psychosocial problems of the aged. The medical and nursing professions have started to include courses dealing with the medical problems of the aged, Colleges and Universities also have started initiatives for offering courses on aging and the aged. Similarly, governments are beginning to realize that the aged represent a very real and perhaps potentially powerful section in terms of political force and have started considering welfare measures aimed at the elderly, at least,
the poor elderly. In short, the number of professions, occupations and organizations are now showing some interest in aging and the cause of the aged.

While going through the review, it may be kept in mind that empirical scientific studies of aging and the aged on a large-scale basis is of relatively recent origin, especially in India. As the percentage of the aged population increased, the field of gerontology became an area of increasing importance. The term ‘gerontology’ comes from the Greek world “geras”, meaning old age. The term gerontology is very broad and encompasses the psychological, socio-economic, and physiological aspects of old age. The British Society of Gerontology was established in 1973 and, since then, it provided a multidisciplinary forum for researchers in the field of aging.

Scientific interest in social as well as psychological adjustment in old age, in terms of determining the correlates of good adjustment began with the earliest period of modern gerontology. In Western countries, the problem of old age or old age problems is a matter of great concern. It is becoming a matter of concern in Indian society also (Mishra, 1957). Consequently, the need for finding the correlates of good adjustment in old age in Indian background is being increasingly felt.

By the influence of increasing degree of modernization, such as development of modern health systems, modern technologies, urbanization and educational development, the life of the elderly is affected, both with advantages and disadvantages. Well-being and better adjustment status to the elderly will be one of the important problems faced by developed and developing countries during the current century. While considering the trends of modernization, India is a fast
developing country, and the state of Kerala is much ahead of most of the other states in fertility transition. It is projected that, by the year, 2025, one in every five persons would be a senior citizen in Kerala State.

However, being an emerging problem or topic of concern, study, and discussion in our society, not much empirical studies have been conducted on the psychological aspects of aging or on the adjustment problems of the aged in Kerala and India, compared to the extent of psychological studies in this area done in the West. So the available scientific literature in this respect also is rather limited. So we have to turn toward Western studies and literature for the purpose of review to a large extent.

2.2. Review of Related Studies.

The first major studies on adjustment in old age were those conducted by Folsom and Moran in 1937, and Laudis in 1942. In their study, Folsom and Morgan found that factors like good health, financial security, pleasant emotional and social relations with friends and family members, and independent living at home are positively associated with good adjustment during old age. These findings highlighting the importance of relationships, living arrangements, and well-being of the elderly were supported by many later studies (Rajan et al., 1995; Bali, 1996; Rao et al., 1996; Panda, 1998).

Emphasizing the past life, and using the activities and attitudes of the aging individuals for the measurement of adjustment, Laudis (1942) found that economic independence, education, happy and small family, good health, infrequent residence
and job change, hobbies, visits to church and friends, and living with children are the variables corresponding positively with the adjustment of the aged people.

In the book ‘Psychology and Sociology of Aging’, Hulicka (1975) clearly analyses demography, intellectual functioning, perceptual functioning, learning, memory, problem solving and creativity, life satisfaction and adjustment to ageing, work and retirement. This study proved that ageing and behaviour of old people are connected. It also clearly says the impact of environment (physical and social) on life satisfaction and adjustment. Residents of old age institutions with improved physical environment shows more favourable attitude towards themselves and towards others; they have improved physical and mental health also. Pan (1951), and Schmidt (1951) using the Chicago Scale have also reported that there are positive association between group activities and adjustment.

Kutner et al., (1956) in his study of 500 elderly, explored the relationship between marital status, frequency in seeing children and adjustment. It was found that married persons had a higher level of adjustment than those who were single or widowed.

Havighurst (1957) has also found that people getting the higher adjustment score form the attitude inventory tended in their leisure to be more autonomous, creative, active, willing to seek new experience and to find ego integration. In a longitudinal study using the activity and attitude inventories of the Chicago scales, a positive association has been found between the activity and adjustment of the non-institutionalized people both the times (Maddox & Risdorfer, 1962; Maddox, 1963).
Another study of older people measuring the adjustment through morale, have showed that the positive association of social interaction with adjustment diminishes in the later years of life (Cumming & Henry, 1961). But another study of retired urban men measuring adjustment to aging and retirement through the life satisfaction and well-being has established that passivity, inactivity and low interaction may be perfectly consistent with satisfactory psychological adjustment (Reichard et al., 1962).

Studies on the adjustment of the retired university faculty members, applying the happiness index of adjustment, found that factors like long period of retirement, living in family, better education, higher income and good health are positively associated with good adjustment (Skorabanek, 1969; Poorkaj, 1972). In the book ‘India’s Elderly – Burden or Challenge’ Rajan et al., (1999) explored the widespread feeling that the elderly are becoming a burden in Indian society. Demographic details and statistics of social conditions, economic conditions and the available social policies are meticulously presented in the book. Several case studies and group studies are included which depict the worse condition of female elderly when compared to men.

In his work entitled ‘A Study of Some Related Factors to Adjustment of Urban Aged Men’, Ramamurti (1957) studied the impact of socio-economic status on the adjustment of elderly. It revealed that higher income groups are better adjusted than the lower income groups. In his educated work of many articles on social aspects of
aging an effort to analyse social factors of tradition towards modernization was made.

Chandrika and Anantharaman (1982) studied three groups of older people viz., non-institutionalized, institutionalized, and geriatric patients. 30 subjects in each group were administered the ‘Life Satisfaction Index’ and the ‘Schedule of Recent Experiences’. The results indicated that the non-institutionalized elderly living with children were better adjusted than the other two groups. They experienced lesser number of life changes when compared to the other two groups. Moreover, there was no significant difference in the adjustment level of institutionalized and hospitalized geriatric patients. The reason for the poor adjustment of institutionalized and hospitalized geriatric groups, they stated that, these elderly people were surrounded by other elderly, who experience dejection and loneliness in their lives. The finding that non-institutionalized elderly were better adjusted than the institutionalized elderly was also supported by the findings of Lohmann (1977), Anatharaman (1980), Gomathy et al., (1981) and Mathew (1993).

A survey of the old age homes in Kerala by Irudaya Rajan (2000) is one of the important studies of its kind in Kerala. The study pointed out that population ageing is the ultimate consequence of demographic transition. It assesses the ageing scenario in Kerala by district and the profile of existing old-age homes in Kerala. Another study on the patterns of living arrangements of elderly women in Kerala by Kattakayam (1999) has compared the anticipatory socialization of elderly women between those institutionalized and those living in families. It assumes that
the elderly of today do a lot of mental exercises on various patterns of living arrangements and choose the best according to their socio-economic conditions.

‘Adjustment and its Correlates in Old Age: A Study in Relation to Living Arrangement’ (Cherian, 1999) is another study providing information regarding differences in adjustment of the elderly living in varied living arrangements.

‘Dynamics of Migration in Kerala: Dimensions, Differentials and Consequences’ (Zacharia et al., 2000) is a work about the emerging trends in Kerala. The migration that began to take place soon after independence was a way of life for the educated youth of Kerala. They left behind their elderly parents at home, who have to care for themselves. This book provides valuable information about the impact of migration on our elderly population.

In their work, “A study on the relationship between family structure and mental illness in old age, Ramacharndran et al., (1981) divided families into ‘joint’, ‘nuclear’ and ‘loosely knit’, based on living arrangement, financial support and other helps received. Functional disorder was found high in subjects living in nuclear families and living alone. On the whole, it was found that family cohesion and living conditions were significant factors affecting the mental health and adjustment of the elderly.

A study by Achamamba (1987) investigated the social and emotional problems of urban working and non-working older man and women from both joint and nuclear families. The sample consisted of 120 elderly men and women (60 each
from working and non working groups). Suitable questionnaires were used for the study. In a comparison made between working and non-working men and women, it was found that the women who stay in joint family system had more problems of adjustment than those from nuclear families. Jamuna’s (1984) results also were supportive of this finding. She also found that the elderly women from nuclear families are better adjusted than those from joint families. Also, women with spouses were better adjusted than widows. Narayan and Gurudas (1989), and Eswaramurti (1991) also reported that the aged who are living with spouse were better adjusted than those who were widowed. However, Eswaramurti found that the aged males living with spouse were more adjusted than the aged female in this category. Moreover, no significant difference was found between widows and women who were living with spouse.

Pinto and Prakash (1991) conducted a study among the elderly, aged 60 years and above in Mangalore. It was a comparative study of quality of life of elderly institutionalized with those who are living in families, using a semi-structured interview schedule. 25 inmates from old age homes and 25 form families were interviewed individually. Lack of family support, dissatisfaction with children, absence of children, death of spouse and ill health were found to be the reasons for institutionalization. The study also found that the homebound elderly were more active, more satisfied and had more social contacts and hence were in a more privileged (better adjusted) position than the elderly in old age homes.

The relationship between living arrangement and social adjustment among a sample of 258 elderly Indo-Chinese refugees aged 55 years and above in the United
States was examined by Tran (1991). The findings revealed that the elderly who lived within the nuclear or joint family had a better sense of social adjustment than those living outside family context.

Vijayakumar (1991) made a study about the health status of the elderly, aged 60 and above in relation to their marital status and living arrangements. The study was done among 200 randomly selected subjects from a rural sector in Chittoor district. Significant difference was observed in the health status of the aged living in joint, nuclear and post-parental families when compared with their counterparts in nuclear and post-parental families. The aged in joint families were getting better personal and health care from their family members.

In a comparative study by Samat and Dhillon (1992) on the emotional states of the institutionalized and the non-institutionalized elderly, they compared 60 institutionalized elderly with 60 elderly staying in family. The findings revealed that the institutionalized elderly had greater feelings of alienation, depression and hopelessness compared to the aged who were living in their families. Aged females, irrespective of institutionalization, felt more depressed, alien, and pessimistic than the aged males.

Regarding the emotional life of the elderly, Janardhanan (1998) has reported that studies of senior citizens in general, have shown that they tend to be apathetic in their affective life. Their emotional responses are more specific, less varied, and less appropriate to the occasion than those of younger people. Most of them have little capacity to express warm and spontaneous feelings towards others. The more
self-bound they become, the more passive they are emotionally. While the affective emotions of senior citizens are on the whole less intense than they were earlier, their resistant emotions may become very strong. For example, they are likely to be irritable and quarrelsome. Fears, worries, disappointments, and disillusions and feelings of persecution are far more common in the elderly than the pleasant emotional states. Changes in personality pattern also take place in old age, mainly due to changes in the self concept. Many of the senior citizens develop personality traits such as hypersensitivity, self-hatred, feelings of insecurity and uncertainty, quarrelsome, apathy, introversion, anxiety, over dependency and defensiveness.

Many researchers have pointed out that the happiness of senior citizens depends upon the fulfillment of 3 A’s - Acceptance, Affection and Achievement. How an elderly does adjust in the family depends upon certain factors like: relationship with the spouse, relationships with offspring, and relationships with grandchildren.

Studies about the senior citizens in relation to their problems are limited in our state. The status of senior citizens in modern society is declining. Cogwill and Holmes (1987) in their work on aging and modernization found that an inverse relationship exists between the degree of modernization and the status accorded to senior citizens in the system. In general, with declining health, the aged individuals lose their independence, lose social roles, become isolated and necessarily, experience more adjustment problems. Jamuna (1992) found that most of the senior citizens have many unmet needs, which consequently cause feelings of frustration, emptiness, depression and inferiority feelings. Frequent stimulation and
satisfying emotional support from significant others is an important need for the elderly. Many of their emotional problems are the derivatives of familial problems.

Some studies have reported that senior citizens in India, living in rural areas who face poverty, discrimination, and environmental stress have higher emotional distress than the urban elderly. Rao (1998) has reported that in India around four million senior citizens are suffering from mental illness and two third of these diagnosed are depressed. Most depression theorists have given considerable attention to the question of what factors may prompt the onset of depression. The activation of inherent beliefs about self, current experience and the future expectations, uncontrollable outcomes, lack of contingent positive reinforcement, significant losses, etc., have been proposed as triggering depression.

Seligman (1975) has found that helplessness resulting from lack of control is an important factor in such psychiatric disorders like depression and schizophrenia. The significance of emotional problems for suicide in senior citizens is highly underestimated. Studies have shown that eighty percentages of senior citizens who committed suicide were suffering from depression and seventy five percent from physical ailments.

Henry (1994) found that social disengagement occurs during old age. The marital dissolution of the senior citizens also has a strong bearing on their socio-economic well-being. It is frequently reported that married persons tend to enjoy higher social participation compared with unmarried ones and widows/widowers. Shrut (1958) found that institutionalized elderly had stronger fear of death compared
to others who live in families. Moreover, it was unmarried and widows, who were more in institutions. Again, majority of the aged derived satisfaction only when they were with their family and, therefore, institutionalization was not beneficial to the elderly.

Rao et al., (1996) studied the psychosocial problems of the rural disabled elderly in relation to their living arrangement. A sample of 100 rural disabled (equal number of men and women) from the villages of Chandragiri block, chittoor district was selected for the study. An intensive case study method and interview schedule was adopted to collect the data. The results indicated that the elderly living with their spouses and children expressed greater satisfaction than those who stayed alone.

Peters and Liefbroer (1997) studied well-being in old age in the light of a life course perspective. For this, the relationship of partner’s history and marital status with loneliness was examined using data from a survey conducted in Netherlands in 1992. The sample consisted of 3390 aged people between 55 and 89 years of age. Loneliness, the variable for well being was estimated by the ‘Jong Gierveld Loneliness Scale’. The following results were achieved: (1) the well-being of older adults was not only influenced by marital status but also by aspects of their partners history; (2) the older adults who are currently not involved in a partner relationship were lonelier than the older adults with a partner; (3) loneliness increased with number of union dissolutions that older adults have experienced and decreased with the time elapsed since the last dissolution; (4) loneliness was more severe with males without a partner than for females without a partner; but no gender difference in loneliness was found among older adults with a partner; (5) no difference in
loneliness was found between widowed and divorced older adults; (6) the difference in loneliness between older adults with and without a partner was smaller for the older old than the younger old. It may be noted that all these differences remain after controlling for age, health, network size, income and educational status. However, the well-being is interpreted here only in terms one of the aspects of well-being - loneliness. Further research is needed to examine whether the results are true for other aspects of well-being of older adults.

The doctoral dissertation of Ramamurthi (1968) titled, ‘A Study of Some Factors Related to Adjustment of Urban Based Men’, studied the impact of socio-economic status on the adjustment of the elderly. It revealed that the higher income group people are better adjusted than the lower income group people. Rao (1987) studied psychiatric illness of the aged in the context of different living arrangements. The study revealed that living with the family does not ensure a healthy integration.

In “No Aging in India – Modernity, Senility and the Family’, Cohen (1992) adopted a post modern approach. It was an ethnographic study, which freely drew upon post modern social theory and helps one to understand how social theory brings to bear on how field work is conducted. It offers views on current debates on old age in India. Using “No” as a prefix to the title, Cohen brings the novel idea that there is ‘no more aged’ in India, rather, they ‘too’ have power in their own space, a post modern argument.

A large number of studies have clearly shown that active relationships with family members is best for better adjustment in old age as well as for well-being of
the elderly (e.g., Johnson, 1983; Johnson & Catalano 1983; Grover & Grover, 1987; Stone et al., 1987). These studies have reported that both husband and wife become the primary caregivers whenever necessary. Lack of companionship provided by the spouse results in psychological distress among the elderly. Researches have revealed that marital satisfaction, rather than marital status itself, is the important factor in global well-being of the elderly. Marital satisfaction is found to be the best predictor of mental health and global happiness for both men and women (Glenn & Weaver, 1981; Gove et al., 1983).

In his book, ‘Religion and Aging in the India Tradition’, Shrinivas Tilak (1988) has emphasized the traditional Indian view on aging and reflects the rich human experiences. He has done it through comparing with Vedic religion, Buddhism, Sanadhanadharma and the concerns of various Gurus.

Soodan(1998) conducted a study on aging in India, pertaining to the aged in the city of Lucknow. In this study, he compared the educational level, the number of years of migration to the city and their economic dependence. It was found that majority of the aged spent their free time doing odd jobs connected with household work, looking after their grandchildren, and ‘doing nothing’. Free time of men was solitary in nature while women spent free time in interpersonal activities. Information about the available welfare services was also examined in detail.

Wilson et al., (1978) studied the effect of childlessness on familial satisfaction in old age. 1247 persons aged 65 or above were the subjects of the study. It was found that those who were married, living with their spouses and children were the
most satisfied (adjusted) with their life. The divorced or separated, or those having no children were found to be the least satisfied. The important predictors of family satisfaction of the elderly were found to be satisfaction with friends, satisfaction with living arrangement and having children.

Glenn and Mclanhan (1981) conducted a study from the data collected from six national surveys in U. S. (from 1973 to 1978). They estimated the effect of having had offspring, on the happiness and five dimensions of satisfaction with the community. The 5 dimensions of satisfaction were: community; network activities; friendship; family; and health and physical conditions. The researchers arrived at a conclusion that having a child or children has no effect on the psychological well-being of older Americans. Overall, there is little evidence that important psychological rewards are derived from the later stages of parenthood.

Mishra (1996) conducted on study on coping with aging at individual and societal levels and has identified some of the important correlates of good adjustment. For this, 720 retired employees were selected and were personally interviewed. Level of adjustment was measured through the life satisfaction scales suggested by Havighurst. It was found that, positive attitude towards various social changes occurring in the Indian society and the non-interfering attitude towards personal affairs of grown up children have a strong positive association with life satisfaction. However, the study found no positive association between interactions with family members or relatives and adjustment of the elderly.
In a study conducted by Santhosh (1994) about the problems of aging in Kerala by taking 500 subjects from Trichur district found that frequent contacts with their children and grandchildren, were the prominent factors for the well being of elderly women. But for elderly men it was not significant. The study indicated that elderly persons living in joint family are happier than those who are in nuclear families.

An analysis of research studies relating to attitudes toward religion and religious practices in old age has provided some evidence of greater interest in religion with advancing age and some evidence of declining interest. Instead of turning ‘toward’ or ‘away form’ religion in old age, most people carry on the religious beliefs and habits formed earlier in life (Blank, 1971).

An important variable frequently associated with the adjustment of the elderly is religiosity (Cherian, 1999). It is believed that religions become increasingly important with the onset of later life. For many elderly people, spiritual well-being can relate to basic life and death questions that may become more frequent and urgent in the later years (Thorson, 1983). Both Western as well as Indian studies have reported that religiosity is a salient feature in the lives of the elderly, despite the lack of organized religious participation (Ramamurti & Jamuna, 1993). Researchers acknowledge that elderly people are tended to be more religious in their later life (Moberg, 1970; Taylor, 1986) and there was higher incidence of faith in God among older people (Green and Simons, 1977). Studies by Kumar (1987), Kaur et al., (1987), Mathew (1993) and Cherian (1999) also have found a similar trend in their studies.
Older people give more importance to rituals and church worship, dogmas and observances (Gangarade, 1988). The reason for this can be viewed from two angles, namely, the desire to experience the fullness of life in a socially acceptable manner in the later years, and to seek more social and communal support, when the physical strength is getting degenerated (Palmore, 1969).

Several studies have highlighted the role of religiosity in attaining physical, mental and social well-being in later years and getting more adjusted to the situation (Devine, 1980; Poon et al., 1992). The positive impacts of religiosity and participation in religious activities for the aged are attributed to: religious organizations give support, companionship and counseling help (Mc Donald, 1973); reduce the fear of death (Blazer & Palmore, 1976); and give solace to the sick and bereaved (Moberg, 1970). Wolf (1959) reported that religions, belief and faith in God, Prayers, etc., help the aged to overcome solitude and grief. It also helps the elderly to fulfill the need for integration and affirmation of oneself.

Studies conducted in the West showed a high correlation between adjustments or morale and religiosity (e.g., Witter et al., 1985; Koening et al., 1988). For the Indian elderly, religion plays an important role in coping with the stress of the later life and coping with the feeling of reality of death (Pitamber & Varghese, 1971). Studies by Ramamurthi (1989) also found religiosity as one of the important factors which positively contribute for successful aging. However, Barron (1958) as well as Mishra (1996) found no positive correlation between religious beliefs or religions activities and adjustment in old age. However, most of the studies agree that good
church attendance and religious activities are associated with good personal adjustment in old age (Palmore, 1969).

Riley and Foner (1968) studied the role of Parish, Priests, and other religious factors in personal adjustment of the aged. 30 percent of those above 60 years of age showed an increase in church attendance, while others remain same without any change in attendance pattern. The study indicated that women, regardless of age, attended religious services more frequently than men. The study also found that church attendance, reading Bible, listening sermons, belief in life after death, etc., correlated with high personal adjustment, high morale and high satisfaction.

Steinitz (1978) examined the role of religion in the lives of the elderly and their well-being. The study found that none of the measures of religiosity employed could consistently predict the dependent variables. Age was found to be a better predictor of the variables of personal well-being and life satisfaction than religion or religiosity. However, he observed that people above 65 years of age were more religious than people under 65, and this might be due to cohort factors of life cycle.

Poon et al., (1992) studied the relationship between religiosity and adaptation in the oldest old and found a significant relationship between religiosity and physical health. But no direct significant relationship was observed between religiosity and mental health and life satisfaction. However, the results show that religiosity and coping were strongly related.
Gerwood et al., (1998) examined the relationship between spirituality and purpose in life among 120 elderly who were aged 65 and above from both protestant and Catholic denominations and suggested that whether the persons was protestant or Catholic, had no significant effect on purpose-in-life test score, with mean scores almost identical. What seemed to be important was how meaningful spirituality was to the person. Those who scored high on spirituality also scored high on the purpose-in-life test. Hence, the study confirmed that there is a positive relationship between spirituality and purpose-in-life of the elderly.

Kam Ping-Kwong (2002) made a study on powerlessness among older people in Hong Kong and examined the subjective sense and experience of powerlessness among older people. It examined how, in contemporary society, people experiences old age affecting their sense of power and control over daily life. It analyzed the structural factors that are concerned with the economic, social and political structures interplay to condition powerlessness. He concluded that the above said structures play a crucial role in attaining well-being in older people. The failure of such structures may improve the feeling of powerlessness.

2.3. Evaluation

The review of available studies on old age problems, particularly in the context of old age adjustment has revealed that the aged persons as such, constitutes a considerable section of the population who deserves research attention. A large number of studies have examined adjustment and well-being of the aged persons and their relationship to various factors like institutionalization, health, belief in religions and participation in religious activities, economic
dependence, presence of children, loneliness, and the like. The results of various studies highlighted that the aged persons residing in old age homes are confronted with more negative elements in their life and lag behind in adjustment and well-being.

However, only limited number of studies has been concerned with the comparison of the elderly persons residing in old age homes and those residing with their families in the different areas of adjustment. So, the review points toward the lack of comparative studies in the area.

The review has shown that a number of studies have been conducted regarding the religiosity of the elderly and it’s impact on the well-being and adjustment of the elderly. However, most of these studies have focused mainly on religious belief, extent of participation in religious activities and frequency of visits to churches, etc. And, there is a need for more research with respect to the spiritualistic orientation of the elderly as such, in addition to the above factors, so that a clear picture regarding the impact of spirituality on old age adjustment is brought out.

From the review of literature presented above, it is clear that though loneliness among the elderly persons was explored to some extent, the feelings of alienation and its different components, other than loneliness have not been studied. So there exists a vacuum in this respect. Most of the studies conducted on the aged population in India are found to be sociological studies and surveys. Moreover, there are only few psychological studies carried out in our culture taking together the variables of old age adjustment, alienation and spiritualistic orientation. Thus, there
remains a dearth of psychological studies of the elderly in India, particularly those comparing the different sections of the aged people in our society.