Age is a question of mind over matter. If you don't mind, it doesn't matter.

Satchel Paige
Chapter - 2

Review of previous Literature

Review of previous Literature means Literature similar to this research or alike before studying a problem it is useful to know how this problem has been studied and discussed in earlier years by previous researchers. Review of literature gives an idea about the issues and aspect of problem It help us to understand the areas and depth of various aspects of the problem. It also helps us to know whether research on same or similar issues or problems has been done in the past and have an idea to define his problem clearly and to limit the area of the study

The subject of my research is concerned with old age adjustment of old people staying with family and in Old age Homes. Review of previous old age researches published in India and abroad is to explore findings, observations and results of old age problems and patterns of adjustment.

Limited literature is available in Gujarat. I have tried to collect and to put forward pertinent literature supporting this research from books, and journals and Internet.

Review of background Literature: -

In this chapter an endeavour has been made to discuss the theoretical Literature and empirical studies relevant to the present research.

The Complexity of Emotions in Later Life

Anthony D. Ong and Cindy S. Bergeman
The complexity of positive and negative emotions was examined in a sample of 40 adults between the ages of 60 and 85 years. Participants' emotional experiences were assessed by use of a 30-day assessment protocol. Results suggest that different vulnerability and resilience factors are implicated in the intra individual experience of positive and negative emotions. Individual differences in perceived stress and neuroticism were associated with less differentiation and fewer co-occurrences of positive and negative emotional experiences. In contrast, dispositional resilience predicted greater differentiation and more co-occurrences of affective states. Findings are interpreted within the framework of life-span theories of emotions.

Analyzed structural relationship of support in the elderly
Albarracín, Dolores; Universidad de Illinois at Urbana-Champaign, Illinois, U.S.A.

Numerous programs of investigation have confronted the relationship between support networks and mental health of the middle aged and the elderly (Albarracin, 1993).

Despite the amount of information collected about this subject, the understanding of the causal direction of this finding requires additional investigation. This paper has the objective of to research the structural relationship of support groups in middle aged and elderly women. For this purpose, it was analyzed the networks indices of mono-focal support of 196 Argentina women in middle aged and elderly by structural equations. We present both competitive models through the inter-structural relationship or net parameters or links between these and ideas of depression and loneliness. Finally, we will be discussing the findings and the implications of these for prevention in the elderly.
Differences in Suicide between the Old and the Oldest Old
Annette Erlangsen, Unni Bille-Brahe and Bernard Jeune

Results: In all, 17,729 persons (10,479 men and 7,250 women) committed suicide. During the study period, the suicide trends among the middle-aged and the old adults decreased. The trend among the oldest old, by contrast, remained stable. Marriage ceases to have a preventive effect among the oldest old. The oldest old tend to use more determined suicide methods.

Social Factors and Mortality in the Old-Old in Israel The CALAS Study
A. Walter-Ginzburg, T. Blumstein, A. Chetrit and B. Modan

Results: After controlling for socio demographics and measures of health, cognitive status, depressive symptoms, and physical function, the measures of social engagement that explicitly involved others were associated with a lower risk of mortality. No measure of the function of the social network was associated with risk of mortality. Living in the community without a spouse and with a child and living in an institution were significantly associated with a higher risk of mortality.

Indian Psychological Abstracts Vol - 20 - 1982 June No. 2 Anantharaman R. N. (University of Madras, Madras)
Results: Those who rated their health to be good, those who saw no change in their health when compared to 45 years of their age and those who do not have any physical problems were found to have better adjustment - D. Pershad.

Anantharaman R. N. (Dept. of Psychology, University of Madras, Madras)

Results: Elderly people endorsed more negative self concept which indicated their negative self concept. The changes in one’s life in old age such as retirement, loss of income, more free time, friendship, work environment and loss of spouse or friends or relatives due to death may be reasons for negative self concept in old age - D. Pershad.

Ananthraman, R.N. (U. of Madras)

Result: The elderly respondents staying with their children seem to be better in adjustment, more active and to perceive their children seem to be better in adjustment, more active and to perceive their health as better than institutionalized subject.


Result: Those who are young (below 65), active, good in adjustment belonging to professional occupation and upper social class rated health to be good. Those who were old (above 65) less active, poor in adjustment, belonging to unskilled occupations and lower social class rated their health to be poor among the subjects. - D. Pershad.


“Grandparents are more likely to provide babysitting help and more likely to give money and valuable gifts when their grand children are young. When they themselves are healthy and when finances are not major problems. Help during periods of illness is often exchanged, a presumably, the elderly person receives more and gives less as he ages”.

A.L. Vischer, P-112 -AL VISCHER has made a reference about it as follows: - “New and substantial creations, which call for substantial creations, which call for exalted flights of the imagination, are no longer produce and which there are instances of very old men who have produced intellectual achievements of great perfection these latter were partly works of snipe judgment and deliberation rather than creative imagination partly formations. This had developed themselves, in the mind at an early period, and partly the fruits of a moment in tension of the physical life”.

Evaluation of Health Status and Health Needs Of Old Age Home Residents and Establishment of Minimum Standards of Health Services in Long Stay Institutions in India

Dr A. B. Dey, Professor, Department of Medicine & Chief Geriatric Services All India Institute of Medical Sciences, New Delhi
The current study is the first attempt to assess the structure, functioning and management of OAHs in Delhi and NCR, evaluate health status of residents, and evaluate their met and unmet health needs.

The Complexity of Emotions in Later Life
Anthony D. Ong and Cindy S. Bergeman

The complexity of positive and negative emotions was examined in a sample of 40 adults between the ages of 60 and 85 years. Participants’ emotional experiences were assessed by use of a 30-day assessment protocol. Results suggest that different vulnerability and resilience factors are implicated in the intra individual experience of positive and negative emotions. Individual differences in perceived stress and neuroticism were associated with less differentiation and fewer co-occurrences of positive and negative emotional experiences. In contrast, dispositional resilience predicted greater differentiation and more co-occurrences of affective states. Findings are interpreted within the framework of life-span theories of emotions.

Analysis of structural relationship of support in the elderly.
Albarracín, Dolores; Universidad de Illinois at Urbana-Champaign, Illinois, U.S.A.

Numerous programs of investigation have confronted the relationship between support networks and mental health of the middle aged and the elderly (Albarracin, 1993).
Despite the amount of information collected about this subject, the understanding of the causal direction of this finding requires additional investigation. This paper has the objective of to research the structural relationship of support groups in middle aged and elderly women. For this purpose, it was analyzed the networks indices of mono-focal support of 196 Argentina women in middle aged and elderly by structural equations. We present either competitive models through the inter-structural relationship or net parameters or links between these or ideas of depression and loneliness. Finally, we will be discussing the findings and the implications of these for prevention in the elderly.

Differences in Suicide between the Old and the Oldest Old
Annette Erlangsen, Unni Bille-Brahe and Bernard Jeune

Results: In all, 17,729 persons (10,479 men and 7,250 women) committed suicide. During the study period, the suicide trends among the middle-aged and the old adults decreased. The trend among the oldest old, by contrast, remained stable. Marriage ceases to have a preventive effect among the oldest old. The oldest old tend to use more determined suicide methods.

Social Factors and Mortality in the Old-Old in Israel The CALAS Study
A. Walter-Ginzburg, T. Blumstein, A. Chetrit and B. Modan

Results: After controlling for socio demographics and measures of health, cognitive status, depressive symptoms, and physical function, the measures of social engagement that explicitly involved others were associated with a lower risk of mortality. No measure of the function of the social network was associated with risk of mortality. Living in the community
without a spouse and with a child and living in an institution were significantly associated with a higher risk of mortality.

Indian Psychological Abstracts Vol. 20, June No. 2 Anantharaman R. N. (University of Madras, Madras)


Results: Those who rated their health to be good, those who saw no change in their health when compared to 45 years of their age and those who do not have any physical problems were found to have better adjustment - D. Pershad.

Indian Psychological Abstracts Vol. 20, No.2, June - 1982
Anantharaman R. N. (Dept. of Psychology, University of Madras, Madras)


Results: Elderly people endorsed more negative self concept which indicated their negative self concept. The changes in one’s life in old age such as retirement, loss of income, more free time, friendship, work environment and loss of spouse or friends or relatives due to death may be reasons for negative self concept in old age - D. Pershad.

Vol. 18 No. 2 June 1981. Ananthraman, R.N. (U. of Madras)

Result: The elderly respondents staying with their children seem to be better in adjustment, more active and to perceive their children seem to be better in adjustment, more active and to perceive their health as better than institutionalized subject - S. K. Verma.

Indian Psychological Abstracts Vol. 18 No. 3 September -1981.

Anantharaman R.N. (U. of Madras, Madras - 5).


Result: Those who are young (below 65), active, good in adjustment belonging to professional occupation and upper social class rated health to be good. Those who were old (above 65) less active, poor in adjustment, belonging to unskilled occupations and lower social class rated their health to be poor among the subjects. - D. Pershad.


“Grandparents are more likely to provide babysitting help and more likely to give money and valuable gifts when their grand children are young. When they themselves are healthy and when finances are not major problems. Help during periods of illness is often exchanged, a presumably, the elderly person receives more and gives less as he ages”.

A.L. Vischer, P-112 - AL VISCHER has made a reference about it as follows: - “New and substantial creations, which call for substantial creations, which call for exalted flights of the
imagination, are no longer produce and which there are instances of very old men who have produced intellectual achievements of great perfection these latter were partly works of snipe judgment and deliberation rather than creative imagination partly formations. This had developed themselves, in the mind at an early period, and partly the fruits of a moment in tension of the physical life”.

Evaluation of Health Status and Health Needs Of Old Age Home Residents and Establishment of Minimum Standards of Health Services in Long Stay Institutions in India
Dr A. B. Dey, Professor, Department of Medicine & Chief Geriatric Services All India Institute of Medical Sciences, New Delhi

The current study is the first attempt to assess the structure, functioning and management of OAHs in Delhi and NCR, evaluate health status of residents, and evaluate their met and unmet health needs.

Longitudinal Study of Ageing. The results showed that there was common variance in the cognitive factor shared by age, speed, vision, and hearing but that specific effects of age on cognition remained. Furthermore, speed did not fully mediate the effect of age or sensory function on cognition. Some age differences in cognitive performance are not explained by the same processes that explain age differences in sensory function and processing speed.

Cognitive Functioning in Centenarians A Coordinated Analysis of Results from Three Countries
Bo Hagberg, Betty Bauer Alfredson, Leonard W. Poon and Akira Homma
Cognitive functions among centenarians in Japan, Sweden, and the United States are described. Three areas are explored. First, definitions and prevalence of dementia are compared between Japan and Sweden. Second, levels of cognitive performances between centenarians and younger age groups are presented. Third, inter individual variations in cognitive performances in centenarians and younger persons are compared in Sweden and the United States. The Swedish and Japanese studies show a variation in prevalence of dementia between 40% and 63% with a relatively higher prevalence among women.

Part of Mind Matters: Cognitive and Physical Effects of Aging

Sel Stereotypes Becca R. Levy

In the first part of this article, a wide range of research is drawn upon to describe the process by which aging stereotypes are internalized in younger individuals and then become self-stereotypes when individuals reach old age. The second part consists of a review of the author's cross-cultural, experimental, and longitudinal research that examines the cognitive and physical effects of aging self-stereotypes. The final section presents suggestions for future research relating to aging self-stereotypes.

Stability and Change of Neuroticism in Aging

Bas Steunenberg, Jos W. R. Twisk, Aartjan T. F. Beekman, Dorly J. H. Deeg and Ad J. F. M. Kerkhof

Data from the Longitudinal Aging Study Amsterdam were used to study the relationship between neuroticism and aging. At baseline, cross-sectional analyses of data from 2,117 respondents (aged 55-85 years, M = 70) showed no significant age differences. The magnitude of the 3- and 6-year stability coefficients was high, and 12% of the elderly
participants showed a clinically relevant mean level change. Longitudinal multilevel analyses showed a small but statistical significant change with aging, but the mean change was not considered clinically relevant. A U-formed course was found, showing a slight decrease until respondents reached the age of 70. Adjusting the model for physical health-related variables slightly increased the stability. An additional interaction analysis showed that the individual trajectory of neuroticism was not affected by the physical health status. In conclusion, neuroticism remains rather stable in middle and older adulthood, with some apparent increase in late life.

Aging and Depression.
Convener: Buendía Vidal, José; University of Murcia, Murcia, Spain.

Depression in old age is commonly regarded as a predictable, understandable, though sad response to the losses and declines of the last period of life. A number of socio demographic and familiar characteristics, here referred to as status factors, have been identified as risk factors in the development of depressive symptoms. Several studies suggest that specific social factors can lead to feelings of depression and uselessness in one's later years. In this symposium will examine some theoretical and empirical contributions over the depression in old age. Implications for clinical intervention and prevention programs will also be discussed.

Depression and social support in elderly.
Buendía, J. and Riquelme, A.; Universidad de Murcia, Murcia, Spain.
The extraordinary relevance of the depression have provided a greater interest in health professionals about the study of the psychological and social factors implicated in the development and maintenance of depression in elderly. Since the paradigmatic work of Lowenthal y Haven (1986) in which they shown the importance of a confidence in order to improve the well-being and to prevent depression in elderly, an amount of researches have reported about the size of social nets and specially the level of perceived social support as the best predictors in the development of depressive disorders in ageing. Nevertheless, the specific mechanisms implicated in the buffering effects of the social support on depression in elderly go on being one of the main problems in this framework of research.

Life review and death anxiety.
Beshai, James; Veterans Administration Medical Center, Lebanon, Pennsylvania, U.S.A.

Research on death anxiety has had a profound impact spanning five decades in the English speaking world. Measures of death anxiety tapped underlying structures of human anxiety surrounding life and death, and it enabled both secular and religious man to cope with finitude. The applied side of this research movement has implicitly developed ontology of death which is traced to its historical roots. This ontology maintains that death anxiety is the matrix of all subsequent life experiences, and anxieties. With such an integrative ontology it is possible to cope with finitude.

Dreams and loneliness: First-generation Spanish and Portuguese migrants in the Netherlands
Bouwmeester Henny*, Van Os Geertje*
In the early sixties young male Spanish and Portuguese workers were recruited under contract for the Dutch industry. This was meant to be on a temporary basis, but their contracts were prolonged repeatedly and in time their wives were allowed to join them. Still, the migration was considered as temporary by themselves as well as by the host country. For this reason integration and language was not given priority. This way of migration made for social isolation. They remained focused on the Iberian Peninsula, waiting to be able to return now, while the migrants are ageing, the increasing need for social services confronts them with their language deficiency. Moreover, they are faced with a decreasing social network (they are retiring from work, children are leaving home and social meeting places have been closed down). Retirement places them in a dilemma. They can finally make their dream (remigration) come true, but they feel tied to the Netherlands because of their (grand) children. Many of them find a compromise: they stay part of the year in the Netherlands and part of the year in their home country, which results in loneliness. They have no ‘home’.

Beauvoir Simon D, 1972 Old age, trans Patrick O’ Brain. (New York: Putnam). P.51. the statistics about old people in the world: - “There is an increase in the number of people of 60 years aged in the world. From 1950 to 2025 the increase in the number of old people will be 3 times. “The Canadian Government has recently introduced reforms to help ensure the long-term viability of the system including increases in employer and employee contribution rates (to 9.9 per cent in 2003) under the Canadian pension plan and the proposed replacement of the Old Age Security pension with a new ‘Seniors Benefit’ in 2001. Included in the latter reform will be tightened eligibility requirements”. (Bulge Boomer’: Ageing Policies for the 21st Century (Research Paper 1998-99) Psychiatric recovery in geriatric patients varies according to different meanings of maladjustment in men and women.

Longitudinal Predictors of Proactive Goals and Activity Participation at Age 80 Carole K. Holahan and Jennifer R. Chapman
This study investigated longitudinal predictors of proactive goals and activity participation at age 80 among members of the Terman Study of the Gifted. The participants were 242 individuals between the ages of 75 and 84 (M = 79.53) who responded to questionnaires in 1992, 1972, and 1950. Proactive goals included goals for involvement and achievement. Activity participation included intellectual, cultural, and social service activities. LISREL 8 was used to test an integrative longitudinal latent variable model of the associations among the variables. The results showed that purposiveness at age 40 predicted proactive goals at age 80 indirectly through satisfaction with cultural life and service to society measured at age 60. Satisfaction with culture and service at age 60 was related to activity participation at age 80 through proactive goals. Women rated proactive goals as more important to them and indicated greater participation in the activities in this study than did men, but the structural equation model was invariant across the two groups. The results are discussed in terms of contemporary research and theory concerning the self-concept and life span development.

Physical Hardiness and Styles of Socio emotional Functioning in Later Life

Carol Magai, Nathan S. Consedine, Arlene R. King and Michael Gillespie

Although the aging literature suggests that there are many paths to later life adjustment, there have been few empirical attempts to identify different patterns of adaptation, or their relation to adaptive outcome. As a way to identify patterns of socio emotional functioning in later life associated with physical hardiness, a cluster analysis was applied to 11 measures of socio emotional functioning in a large sample (N = 1,085) of older adults (65-86 years). Ten subgroups were extracted, with clusters of individuals being primarily defined by social network variables, religious characteristics, and emotion profiles. Groups were then
compared on a measure of physical hardiness. Patterns of adaptation characterized by high
levels of negative emotions tended to represent less hardy adaptation, although there were
nonetheless some patterns of noteworthy exception. In contrast, however, patterns of
adaptation characterized by religiosity were typically associated with greater hardiness.
Finally, physical hardiness was not exclusively the province of individuals exhibiting close
social networks, with some groups high in connectedness being less likely to report high
hardiness.

Protecting Sleep Quality in Later Life: A Pilot Study of Bed Restriction and Sleep Hygiene
Carolyn C. Hoch, Charles F. Reynolds III, Daniel J. Buysse, Timothy H. Monk, Peter
Nowell, Amy E. Begley, Florence Hall and Mary Amanda Dew

We tested two interventions for improving sleep consolidation and depth in normal elderly
participants: a modification of sleep-restriction therapy and sleep-hygiene education. Twenty-
one elderly participants without sleep disorders were randomized to sleep hygiene plus bed
restriction (i.e., restricting time in bed by 30 minutes nightly for one year) or to sleep hygiene
alone. Participants in the bed-restriction group showed a median increase in sleep efficiency
of 6.1% versus 1.8% in participants receiving sleep hygiene instruction, and an increase in
all-night deltaEEG power. Self-reported mood on awakening in the morning showed greater
improvement over the first eight weeks in the sleep-hygiene condition. The use of sleep
hygiene was associated with initial improvement in daytime well-being, whereas bed
restriction led to sustained improvements in sleep continuity and sleep depth.

Stroke Risk Predicts Verbal Fluency Decline in Healthy Older Men Evidence from the
Normative Aging Study
Risk factors for stroke cause ischemic changes in the cerebral white matter that may affect frontal lobe functions more than other brain functions. Therefore, stroke risk could specifically affect performance on behavioural indexes traditionally associated with frontal lobe function such as verbal fluency. The authors examined this hypothesis in 235 healthy older men (mean age = 66.41 years) who received concurrent medical and neuropsychological examinations twice at a 3-year interval. Relations between stroke risk and decline in verbal fluency, memory, and visuo-spatial performance were analyzed through regression, controlling for age and education. Age was associated with decline in all cognitive functions; stroke risk was associated with decline only on verbal fluency. The relation between stroke risk and fluency decline was 80% as large as that between age and fluency decline. These results suggest that stroke risk rivals the effects of aging on verbal fluency performance.

Death anxiety in old age: an Indian perspective.

Chadha, N.D.; Department of Psychology University of Delhi, Delhi, India.

Death anxiety has received considerable attention among the various death attitudes. This is partly because man has a tendency of fearing everything which is not known to him, and death is an unknown entity. Death is very near in old age, hence a logical belief would be that death anxiety is more among the aged in comparison to the youngsters. However, studies contradict this notion. Death involves the loss of loved ones, of control, of achievements and
aspirations, and so on. The feeling of helplessness over not being able to control one's death gives rise to free-floating anxiety about the unforeseen.

The present study is based on the empirical data collected on a sample of 500 older men and women both married and widow/widower using the Templer death anxiety schedule along with other parameters like attitude towards old age and social network. Results indicate more death anxiety in males as compared to females and also no relationship was obtained between death anxiety and marital status. According to Hindu philosophy, death is equated with "Nirvana" or salvation, and is the most aspired stage, with eternity beings attained after eighty four million births. Thus the Indian psyche is influenced by these beliefs from the beginning of life and they are very deep-rooted so that marriage and widowhood do not make any major difference in them. In addition to this, the traditional Indian family system offers many anchor points to the individual after the loss of latter's spouse. Thus the Indian widower/widow does not feel that vacant and depressed as his/her foreign counterpart does. Consequently, there is less of difference in degree of death anxiety between married and widowed individuals in the Indian context.

Gender and Health

A Study of Older Unlike-Sex Twins

Carol H. Gold, Bo Malmberg, Gerald E. McClearn, Nancy L. Pedersen and Stig Berg

Results: Women had more total health conditions, not life-threatening health conditions, somewhat life threatening cardiovascular conditions, and physical and psychological symptoms. Men had more very life threatening health conditions and cardiovascular
conditions. No gender differences were found in somewhat life-threatening health conditions, total cardiovascular conditions, or self-rated health.

Intergenerational Triads in Grandparent-Headed Families
Catherine Chase Goodman

Results: Contrary to expectation, triangulation involving a weak parent-grandmother relationship was not related to significantly lower grandmother well-being. In contrast, the emotionally isolated parent, particularly common in custodial families, was related to lower grandmother well-being, whether or not the parent lived in the household. The configuration in which the parent provided a link for both other generations was frequent in co-parenting families, but it was not significantly different in grandmother well-being compared to other linking triads.

Short-Term Change in Physical Function and Disability the Women's Health and Aging Study
Carlos F. Mendes de Leon, Jack M. Guralnik and Karen Bandeen-Roche

Results: Using random-effects models, we found small but significant (ps < .01) changes in ADL and mobility disability during weekly follow-up. Baseline performance scores were significantly associated with both ADL and mobility disability (ps < .001), accounting for 27% and 36% of the between-person variability in each type of disability, respectively. After adjustment for baseline scores, change in performance scores was significantly associated with ADL disability (β = 0.08, p < .01) and mobility disability (β = 0.12, p < .001), but accounted only for a small proportion (<10%) of the variability in the rate of change in disability outcomes. There was no evidence for an additional effect on either type of
disability because of having a single episode of a higher or lower than usual performance score, or because of periods of at least 4 consecutive higher or lower than usual performance test scores.

Indian Psychological Abstracts Vol. 21, No. 1 March 1984.
Chandrika, P and R. N. Ananthraman (Dept. of Psychology Madras Uni. Madras - 600005)

Result: Non - Institutionalized male were found to have significantly better adjustment as compared to both. Institutionalized and hospital patients, Adjustment of Institutionalized and hospital patient was similar. Non institutionalized had significantly less number of life events compared to other two groups. -D. Pershad.

“The threats that weigh particularly heavily on elderly people (delinquency, physical and psychological ill treatment, abuse of trust, and so on) are matters of concern, and it would be appropriate for states and local authorities to prepare specific responses to these threats and to the ways in which they are realized”. (43)

Official gazette of the council of Europe 1999. Positive and Negative Affect in Very Old Age Derek M. Isaacowitz and Jacqui Smith

The current study examined two issues involving the relationship between age and affect in very old age using data from men and women (aged 70 to 100+ years, M = 85 years) in the
Berlin Aging Study (BASE). The first issue was whether unique effects of age on positive and negative affect remained after we controlled for other variables that would be expected to relate to affect in late life. We found no unique effects of age after we controlled for demographic, personality, and health and cognitive functioning variables. Personality and general intelligence emerged as the strongest predictors of positive and negative affect.

Second, we evaluated patterns within meaningful subgroups: young old versus oldest old and men versus women. Subgroup differences in predictor patterns were minimal. Although we accounted for much of the age-related variance in positive and negative affect, a significant amount of variance in the affect of older adults remained unexplained.

Symptoms of Depression in the Oldest Old A Longitudinal Study
Dee A. Haynie, Stig Berg, Boo Johansson, Margaret Gatz and Steven H. Zarit

This study examined depressive symptoms in a population-based, longitudinal sample of people aged 80 and older to determine initial prevalence of depressive symptoms and changes over time. Depressive symptomatology was assessed with the Center for Epidemiologic Studies-Depression scale (CES-D). The sample was drawn from the OCTO-Twin study, which examined 702 Swedish twins over age 80 in which both members of the pair were still surviving. For the present study, one member of each twin pair was randomly selected, resulting in a sample of 351. A comprehensive bio-behavioural assessment was conducted at three time points over 4 years. Depressive symptoms were initially relatively low and decreased significantly between Wave 1 and Wave 2. At Wave 3, depressive symptoms increased slightly but not significantly. Participants who received a dementia diagnosis at some point in the study did not differ significantly on initial CES-D scores when compared to those participants who never received such a diagnosis. Lack of well-being, as opposed to
negative effect, was the biggest contributor to the overall depression score at each of the three waves of measurement. Predictors of negative affect for this sample included activities of daily living, subjective health, and performance on the cognitive test, block design. None of these predictors were significant for lack of well-being.

Eddies in the Stream The Prevalence of Uncertain Plans for Retirement
David J. Ekerdt, Jennifer Hackney, Karl Kosloski and Stanley DeViney

Results: Survey procedure did generate some of these noncommittal responses. Depending on question type, approximately 10% to 40% of workers did not state when or how they would retire, and such responses were less prevalent across age and time. In addition, categorical uncertainty about form and timing was theoretically predictable in a framework that supposed that workers less subject to a socially attended life—at work or away—would be more undecided about the future.

Marital Quality and Psychological Adjustment to Widowhood among Older Adults A Longitudinal Analysis
Deborah Carr, James S. House, Ronald C. Kessler, Randolph M. Nesse, John Sonnega and Camille Wortman

Results: Widowhood was associated with elevated anxiety among those who were highly dependent on their spouses and lower levels of anxiety among those who were not dependent on their spouses. Levels of yearning were lower for widowed persons whose relationships were conflicted at baseline and higher for those reporting high levels of marital closeness and
dependence on their spouses. Women who relied on their husbands for instrumental support had significantly higher levels of yearning than men who depended on their wives.

Psychological Adjustment to Sudden and Anticipated Spousal Loss among Older Widowed Persons
Deborah Carr, James S. House, Camille Wortman, Randolph Nesse and Ronald C. Kessler

Results: Forewarning did not affect depression, anger, shock, or overall grief, 6 or 18 months after the loss. Prolonged forewarning was associated with elevated anxiety both 6 and 18 months after the death. Sudden spousal death elevated survivors' intrusive thoughts at the 6-month follow-up only. Sudden death was associated with slightly higher levels of yearning among women but significantly lower yearning among men both 6 and 18 months after the loss.

The Association between Age and Health Literacy among Elderly Persons
David W. Baker, Julie A. Gazmararian, Joseph Sudano and Marian Patterson

Results: Mean S-TOFHLA scores declined 1.4 points (95% CI 1.3-1.5) for every year increase in age (p < .001). After adjusting for sex, race, ethnicity, and education, the S-TOFHLA score declined 1.3 points (95% CI 1.2-1.4) for every year increase in age. Even after adjustment for performance on the MMSE, the S-TOFHLA score declined 0.9 points (95% CI 0.8-1.0) for every year increase in age (p < .001). Differences in newspaper reading frequency, visual acuity, chronic medical conditions, and health status, did not explain the lower literacy of older participants.
Patterns of Religious Practice and Belief in the Last Year of Life

Ellen L. Idler, Stanislav V. Kasl and Judith C. Hays

Results: After adjusting for age, sex, education, marital status, religious affiliation, and a set of health status measures, the authors found that although attendance at religious services declined among the near deceased, this group showed either stability or a small increase in feelings of religiousness and strength/comfort received from religion. Overall levels of attendance and religious feelings were high for this religiously diverse sample.

Fear of Falling in Elderly Persons: Association With Falls, Functional Ability, and Quality of Life

Fuzhong Li, K. John Fisher, Peter Harmer, Edward McAuley and Nicole L. Wilson

This study examined heterogeneity in response patterns of the participants of the Survey of Activities and Fear of Falling in the Elderly (SAFFE) and their relationships to falls, functional ability, quality of life, and activity restriction measures in a cohort of 256 older people (mean age = 77.5 years). Participants recruited from local primary care clinics were administered the SAFFE instrument, an activity restriction measure, a combination of self-reported and performance-based functional ability tests, and quality-of-life measures. Latent class analyses identified two classes: Class 1 (n = 209), which had a low SAFFE fear of falling, and Class 2 (n = 47), which had a high SAFFE fear of falling. Subsequent analyses of variance indicated that the two-class (low fear and high fear) SAFFE fear of falling profiles discriminated fallers from no fallers, and low and high levels of functional ability, activity restriction, and quality of life. The findings from this study suggest that variations in the
SAFFE response patterns on a single dimension of fear of falling and that high level of fear of falling measured by the SAFFE are linked to a range of adverse health consequences.

Culture and attitudes towards death among elderly Catholics.

Figueroa, Manuel; Brown, Lillian G. and Peters, Noel B.; California School of Professional Psychology - Fresno, California, U.S.A.

This paper will describe research dealing with the relationship between culture and attitudes towards death among elderly Catholics. The aim of the project is to measure potential differences about Attitudes towards Death between elderly American Catholic and Mexican and Chilean Catholics. The working hypothesis assume that differences in Progressive versus Conservative views about life, afterlife, Catholicism and family views, as well as levels of education, income and rural/urban dwelling, will provide further explanations regarding the primary relationship.

Acknowledging the Changes and Finding New Meaning to the Future. Reviewing the experiences from discussion groups with older adults.

Ferreiro María Teresa, Urtubey Elisa, Petriz Graciela M.

Within the framework of the Program of Permanent Older-Adult Education there is a new forum for discussion (Challenges associated to a proper aging process), where participants can evaluate the psychological, biological, social, and relationship-wise changes associated with that moment in the aging process. This paper describes the experience in terms of discussion group, and reports the results achieved by the students attending the discussion
group and the subject matter of the discussions during the four-month term. We think that old age is a transformation period during which the person tries to acquire a new position in the intra-subjectivity, finding a place in time as a builder of his own history and as an active member of his epoch.

Personal Stress, Mental Health, and Sense of Control among Older Adults
Fredric D. Wolinsky, Kathleen W. Wyrwich, Kurt Kroenke, Ajit N. Babu and William M. Tierney

Results: No noticeable changes in aggregate trends for personal stress or mental health were associated with 9-11. However, 9-11 was associated with an aggregate decline in sense of control. This decline in sense of control was greater among those who had access to Care and Functional Status Change among Aged.

Medicare Beneficiaries
Frank W. Porell and Helen B. Miltiades

Results: Insurance coverage and better access to care increased survival chances and reduced the odds of transitions from independence to disability by roughly 30%. Access and supplementary insurance did not appear to affect transitions from less disabled to more disabled states or affect functional improvement.

Age, Aging, and the Sense of Control among Older Adults: A Longitudinal Reconsideration
Fredric D. Wolinsky, Kathleen W. Wyrwich, Ajit N. Babu, Kurt Kroenke and William M. Tierney
Results: Although the sense of control is relatively stable between any two successive waves of data collection, significant gradual changes are observed over a 1-year period. Compelling evidence is found for statistically and substantively significant associations between age and the sense of control at baseline, and between age and changes in the sense of control over time. The only other major predictor of the sense of control is mental well-being.

Regulation of Social Relationships in Later Adulthood

Frieder R. Lang

Individuals are seen as coproducers of their social environments who actively manage the social resources that contribute to their positive aging. The regulation of social relationships reflects adaptive mechanisms of deliberate acquisition, maintenance, transformation, or discontinuation of relationships within the individual's personal network. Mechanisms of relationship regulation in later life are illustrated on the individual level with recent empirical findings on social motivation. Close emotional ties are relatively stable until late in life, whereas peripheral (i.e., not close) social relationships are preferably discontinued. Such patterns of change and continuity were found to reflect individual differences in goal priorities and in future time perspectives (i.e., subjective nearness to death). Proactively moulding the social world in accordance with one's age-specific needs also contributes to subjective well-being. The regulation of social relationships is proposed as a promising venue for further research in this field that may also reflect key issues in social, emotional, and cognitive aging.
Result: Majority of the aged (79.9%) was residing in joint families and was Hindus (95.5%). Majority belonged to lower middle II and poor socio-economics class IV. 8.1% were living alone, 44.2% were addicted to one or more intoxicants. 4.8% aged males were alcoholics, 22.1% were being indifferent towards life due to various causes. There were 2.5% sickness per aged person; more in females (2.9% vs. 2.2%) 33.3% aged were Disable, main cause being blindness (26.4%) and deafness (6.9%). The medical, social and mental health problems of aged persons were reviewed and the need of starting geriatric medical services was felt - K. Verma.

G.Stanley Hall, Op. Cit.PP.219-221. Stanlay has also expressed “The old people have often a change of temperament into egoism, perversions, Peevishness, loss of ambition, religiosity, and increasing inability to bear miner discomforts and distress. Undoubtedly, thus servile mentality shows temperamental Variations”.

Couples' Adjustment to Retirement: A Multi-Actor Panel Study

Hanna van Solinge and Kène Henkens

Results: Adjustment to retirement is influenced by the context in which the transition is made as well as individual psychological factors. A strong "quantitative" attachment to work (full-time jobs, long work histories), a lack of control over the transition, retirement anxiety
(negative preretirement expectations), and low scores on self-efficacy are predictors of difficult adjustment. The extent to which partners influence each other in the process of adjusting to retirement appears to be limited.

Themes of Suffering in Later Life
Helen K. Black and Robert L. Rubinstein

Results: Informants developed a unique definition, attribution, theory, and theodicy about suffering based on the particularity of the experience as well as how they "fit" suffering into their lives as a whole.

Brief case studies illustrate how themes emerged in elders' stories of suffering.
Hunt, A, 1976 the elderly at home (London: office of population and survey), “Physiology the 65-74 years olds are for the most part not much more severely disadvantage than the aged group immediately below their own. They appear at least as likely as younger people to have hobbies, interests and social contacts. Many say categorically, they do not consider themselves to be elderly. Their housing conditions and amenities are in general, not greatly inferior to those of younger people”.

A simplified paired -associate test for elderly hospital patients.
Issacs, Bernard, & Walkey, Frank A. (Foresthall Hosp., Glasgow, England)

A simplified paired - associate test was offered to 522 elderly hospital patients. The test could not be performed by 75 patients who had defects of hearing or speech. The results obtained in the remaining 447 patients were classified into 4 groups, representing normal, moderately
impaired and severely impaired performance, and total failure respectively. Male patients performed the test better than females, and patients under the age of 75 scored better than did those aged 75 and over. The worst performances were found in females aged 75 and over who had been in hospital for more than 6 months. And in whom a clinical diagnosis of dementia had been made. The test is of value in characterizing groups of elderly hospital patients, and is best used in conjunction with other tests of mental function.

Isaacs and Neville, 1976 the measurement of need in old people (Scotland: health survey), P-12. In their study of medical and social needs of old people in areas of Scotland also noted the significance of old age. “Potential need was a strongly age related phenomenon increasing infrequency and severally with increasing age of subjects. It was largely independent of all other variable studied. The association between age and potential need was highly significant for all types of needs”.

“The majority of the assistance and support provided is for that section of the aged population that needs it the most—the frail and disabled. For many aged over the age of 65 there is no need for specific assistance and with a general trend towards people living longer and being healthier for longer the main emphasis in terms of assistance and support is towards the ‘older’ aged, that is those over 75-80 years of age. It is generally understood that the greatest need for support and assistance is in the last two years of a person’s life”.

The phenomenon of retinal rivalry in the Aged.

Jalavisto, Eeva. (U. Helsinki)

The frequency of oscillation in the retinal rivalry test was investigated in 130 women age 40-93. Other tests of neural function: duration of spiral after effect, simple reaction time to visual
stimuli and to a falling ruler, hearing loss at 4000 cps, swaying amplitude, memory for numbers and simple geometrical patterns and abstracting ability were recorded as well. Or cardio-respiratory functions blood pressure and vital capacity were determined. A fairly regular decrease with age in the frequency of oscillation correlated with critical flicker fusion frequency, duration of spiral after-effect and in a less degree with memory functions and vital capacity even if age was kept constant. The inter correlation of retinal rivalry oscillation frequency and other neural function variables decreased to a non-significant level when age was partialled out.

Anxiety, Cognitive Performance, and Cognitive Decline in Normal Aging
Julie Loebach Wetherell, Chandra A. Reynolds, Margaret Gatz and Nancy L. Pedersen

A sample of 704 cognitively intact individuals (M age = 63.7 years) performed a battery of cognitive tests on as many as three occasions, at approximately 3-year intervals. The authors used random effects models to analyze cross-sectional relationships between cognitive performance and state anxiety and longitudinal relationships between cognitive change and neuroticism, after controlling for gender, age, and education. Cross-sectionally, higher state anxiety was associated with poorer performance on Wechsler Adult Intelligence Scale Synonyms, WIT III Analogies, Koh's Block Design, two measures of visual learning (Names and Faces and Thurstone's Picture Memory), and, for men, CVB-Scales Digit Span Test and Card Rotations. In longitudinal models, the main effects for neuroticism were significant for Block Design, Symbol Digit, and Names and Faces, but there were no significant interactions among neuroticism, gender, and time. These results provide some support for Eysenck's processing efficiency theory but none for neuroticism as a risk factor for cognitive decline in normal aging.
Discrete Emotions in Later Life
Judith G. Chipperfield, Raymond P. Perry and Bernard Weiner

More positivity than negativity is demonstrated in this analysis of discrete emotions among 353 community-dwelling individuals from 72 to 99 years old. A complexity in positive emotions was displayed, with more happiness, contentment, and gratitude reported than frustration, sadness, and anger. Our results also imply that another individual's presence may elicit negative emotions such as anger and guilt, whereas perceptions of support may elicit various positive emotions. As expected, certain negative emotions were associated with poor health, with a link between sadness and sickness being most prominent. Of note, poor health did not undermine positive emotions. These findings provide an optimistic view of emotions in later life, even among individuals who are poor, not well educated, and/or physically unwell.

Gender Differences in the Relationship between Marital Status Transitions and Life Satisfaction in Later Life
Judith G. Chipperfield and Betty Havens

This study examined life satisfaction among individuals who had undergone a transition in marital status and those whose marital status remained stable over a 7-year period. In particular, using data from a large-scale, longitudinal study we assessed life satisfaction as measured in 1983 and 1990 among 2,180 men and women between the ages of 67 and 102. Groups of individuals were identified on the basis of whether a spouse was present or absent at the two measurement points. This allowed for a classification of groups who experienced
stability or transitions in marital status. Among those individuals whose marital status remained stable over the 7 years, women's life satisfaction declined and men's remained constant. Among those who experienced a transition—in particular, the loss of a spouse—a decline in life satisfaction was found for both men and women, decline being more predominant for men. In addition, men's life satisfaction increased over the 7-year period if they gained a spouse, whereas the same was not true for women. Generally, these findings imply that the relationship between marital status transitions or stability differs for men and women.

Interactive Effect of Support from Family and Friends in Visually Impaired Elders

Jessica M. McIlvane and Joann P. Reinhardt

The interactive relationship of high and low friend and family support for adaptation to chronic vision impairment was examined in 241 men and women. Two 2 (High/Low Family Support) x 2 (High/Low Friend Support) x 2 (Gender) multivariate analyses of covariance tested for psychological well-being, one with qualitative support measures, the other with quantitative support measures. Two analyses of covariance models tested for adaptation to vision loss. A significant multivariate 3-way interaction effect for qualitative support was found. Women with high support from both friends and family had better psychological well-being, whereas men with high support from both friends and family or just from family had better psychological well-being. Two univariate main effects showed that participants with high qualitative friend support and high quantitative family support had better adaptation to vision loss. Findings demonstrate the complexity of measuring and understanding relationships among social support, well-being, and domain-specific adaptation to chronic impairment.
Quality of Life in Assisted Living Homes - A Multidimensional Analysis
Judith M. Mitchell and Bryan J. Kemp

This study examined the impact of four domains upon the quality of life (QOL) of senior residents living in assisted living homes: (a) demographic characteristics and health status, (b) social involvement, (c) facility characteristics, and (d) the social climate. Participants were 201 residents with functional impairments living in 55 different assisted living facilities in California. QOL was measured with three scales of depression, life satisfaction, and facility satisfaction. Bivariate correlations and ANOVAs found significant relations between at least one of the QOL measures and age, health status, social and family involvement measures, facility characteristics, and social climate measures. Social climate measures of cohesion, conflict, and independence had the strongest zero-order correlations. Regression analyses for the three QOL measures found cohesion to be the strongest predictor in all three regressions. Other QOL predictors in the regression analyses were fewer health conditions, participation in social activities, monthly family contact, and an environment low in conflict. Findings suggest that assisted living homes can improve resident QOL by creating a cohesive social environment, and encouraging social participation and family involvement.

Structural Modeling of Dynamic Changes in Memory and Brain Structure Using Longitudinal Data from the Normative Aging Study
John J. McArdle, Fumiaki Hamgami, Kenneth Jones, Ferenc Jolesz, Ron Kikinis, Avron Spiro, III and Marilyn S. Albert

This is an application of new longitudinal structural equation modeling techniques to time-
dependent associations of memory and brain structure measurements. There were 225
participants aged 30-80 years at baseline who were measured again after a 7-year interval on
both the lateral ventricular size and Wechsler memory score. Multiple regression analyses
show nonlinear associations with age but no relationships among longitudinal changes.
Mixed-effects latent growth curve analyses and analyses based on latent difference scores
indicate that longitudinal changes in both variables are reasonably well described by an
exponential or dual change model. Bivariate dynamic structural equation modeling analyses
indicate age-lagged changes operate in a coupled-over-time fashion, with the brain measure
(lateral ventricular size) as a leading indicator in time of memory (Wechsler memory score)
declines.

The Dynamics of Possible Selves in Old Age
Jacqui Smith and Alexandra M. Freund

Future-oriented motives are thought to be cast off in old age. Transcripts of the hopes and
fears of participants in the 4-year longitudinal sample of the Berlin Aging Study (N = 206,
70-100+ years) were coded for central domains and motives (e.g., gain, maintenance,
avoiding loss) and evaluated for the amount and direction of change. Domains of personal
characteristics, health, and social relationships predominated together with gain motives.
Over time, 72% of participants added new domains of hopes and 53% added new fears.
Individual differences in stability and change in matched hopes and fears about health and
personal identity were associated with changes in physical and functional health. People who
added matched possible selves about health, focused on maintenance, and added few new
domains of hopes declined in life satisfaction. Overall, these findings indicate that possible
selves are a dynamic system during old age.
Two-Wave Longitudinal Findings from the Berlin Aging Study Introduction to a Collection of Articles

Jacqui Smith, Ineke Maas, Karl Ulrich Mayer, Hanfried Helmchen, Elisabeth Steinhagen-Thiessen and Paul B. Baltes

We provide background information for a collection of articles that describe two-wave longitudinal findings derived from the first intensive follow-up of participants of the Berlin Aging Study (BASE). Multidisciplinary data were collected during 1995-1996 from 206 survivors approximately 4 years after baseline assessment (1990-1993). The strengths of the initial BASE design, in terms of a focus on very old age, multidisciplinary intensive assessment, and an examination of selectivity issues, were maintained in this longitudinal extension of the study.

Living Arrangements of Older Adults in the Developing World An Analysis of Demographic and Health Survey Household Surveys

John Bongaarts and Zachary Zimmer

Results: Average household sizes are large, but a substantially greater proportion of older adults live alone than do individuals in other age groups. Females are more likely than males to live alone and are less likely to live with a spouse or head of a household. Heading a household and living in a large household and with young children is more prevalent in Africa than elsewhere. Co-residence with adult children is most common in Asia and least in Africa. Co-residence is more frequent with sons than with daughters in both Asia and Africa, but not in Latin America. As a country's level of schooling rises, most living arrangement
indicators change with families becoming more nuclear. Urbanization and gross national product have no significant effects.

Socioeconomic Gradient in Old Age Mortality in Wuhan, China

Jersey Liang, John F. McCarthy, Arvind Jain, Neal Krause, Joan M. Bennett and Shengzu Gu

Results. Education, household economic well being, and urban-rural residence showed statistically significant gross effects on old age mortality. Education influenced mortality directly and indirectly. Household economic well being and urban city exerted indirect effects on mortality through mediating variables such as stress, social relations, and baseline health status. The mechanism through which education affected mortality differed between men and women, but SES differentials in mortality did not interact with age.

Transitions in Living Arrangements among Elders in Japan Does Health Make a Difference?
Joseph Winchester Brown, Jersey Liang, Neal Krause, Hiroko Akiyama,

Results: Living arrangements among the Japanese elderly people remained quite stable over the 9-year period. Physical and mental health conditions were found to exert both direct and indirect effects on transitions in living arrangements.

A Reevaluation of the Common Factor Theory of Shared Variance among Age, Sensory Function, and Cognitive Function in Older Adults
Kaarin J. Anstey, Mary A. Luszcz and Linnett Sanchez
The common cause hypothesis of the relationship among age, sensory measures, and cognitive measures in very old adults was re-evaluated. Both sensory function and processing speed were evaluated as mediators of the relationship between age and cognitive function. Cognitive function was a latent variable that comprised 3 factors including memory, speed, and verbal ability. The sample was population based and comprised very old adults (n = 894; mean age = 77.7, SD = 5.6 years) from the Australian Education, Wealth, and Cognitive Function in Later Life

Kathleen A. Cagney and Diane S. Lauderdale

Population-based studies of health often use education as the sole indicator of socioeconomic status (SES); the independent contributions of education and other SES covariates are rarely delineated. Using Wave 1 of the Asset and Health Dynamics among the Oldest Old study, the authors examined the extent to which educational attainment influences performance on three separate domains of cognitive status by race and Latino ethnicity and introduced controls for wealth and household income. Results indicate that the education effect is minimally weakened after adjusting for wealth; the wealth effect, however, is greatly attenuated after adjusting for education. Blacks and Whites exhibited a similar education-cognition relationship; Latino elderly did not experience commensurate gains in cognitive function with increasing education. Results suggest that although the education-cognition relationship may in part reflect an SES gradient, the association is more likely due to the process and consequences of education itself.

Personality Reconsidered: A New Agenda for Aging Research
Karen Hooker and Dan P. McAdams
The purpose of this article is to introduce a newly emerging model of personality that integrates structures and processes within a levels-of-analysis framework. This model, labeled the six foci of personality, includes traits, personal action constructs, and life stories as structural components, and it includes states, self-regulation, and self-narration as the parallel process constructs. Conceptual and methodological issues are discussed in relation to this model, and each of the six foci is reviewed for its relevance to personality and aging. It is argued that the model provides a framework so that the research base in each of the six focal areas can be nurtured, solidified, and organized—ultimately contributing to a more integrative, comprehensive understanding of personality and its importance over the life span.

The Role of Job-Related Rewards in Retirement Planning
Karl Kosloski, David Ekerdt and Stanley DeViney

The authors used data from the first wave of the Health and Retirement Study (F. Juster and R. Suzman 1995) to evaluate whether certain job-related gratifications might reduce retirement planning. Three definitions of retirement planning were evaluated and then regressed separately on a set of variables that included 3 types of job-related satisfactions (intrinsic gratification, positive social relations, and ascendance in the workplace) and 7 covariates: education, age, sex, health, marital status, race, and pension eligibility. Findings indicated that jobs high in ascendance were related to an increase in certain types of retirement planning, but jobs high in intrinsic rewards and positive social relations were related to less planning, regardless of how planning was defined. The findings suggest that information about work related rewards may be useful in targeting individuals who might benefit from retirement planning programs, in developing planning programs to help workers
realize more complex retirement plans, and in assisting employers who hope to retain older workers.


Results: Cross-sectional analysis remains the single most frequent type of study, but the publication of analyses based on longitudinal panel data increased appreciably over the five decades studied. There was little increase in the use of repeated cross-sectional analysis.

Relationship of Activity and Social Support to the Functional Health of Older Adults
Kelly M. Everard, Helen W. Lach, Edwin B. Fisher and M. Carolyn Baum

Results: Hierarchical linear regression showed that maintenance of instrumental, social, and high-demand leisure activities was associated with higher physical health scores and maintenance of low-demand leisure activities was associated with lower physical health scores. Maintenance of low-demand leisure activities was associated with higher mental health scores.

Self-Rated Health and Mortality among Black and White Adults Examining the Dynamic Evaluation Thesis
Kenneth F. Ferraro and Jessica A. Kelley-Moore

Results: Results indicate that event history models of mortality with self-rated health treated as a time dependent covariate are superior to those treating it as a baseline predictor only the
latter are likely to underestimate the effect. Moreover, self-ratings of health predict mortality for African Americans only when treated as a time-dependent covariate. “Kohut, fleishman, 1983 (New York: collier books), P-19.in his book “reality orientation for the elderly” states about the nutrition in the elderly”. Karan Altergoll, Daily life in later life. P.99-100. Sage.99 “In all Nordic countries value is placed on the elderly being able to live in as normal a setting as possible. To this end various social services are provided by formal agencies. The most common services are clearly home help that is assistance with cleaning, cooking, laundry, and shopping. Both the level and the intensity of home help are highest in Denmark”

Study Of Health Profile Of Residents Of Geriatric Home In Ahmedabad District

Kavita Banker, Bipin Prajapati, Geeta Kedia

Aging is a normal process. The modernization plays a vital role in aging process of an individual. The aged feel a sense of social isolation because of disjunction from various bonds viz work relationships, and diminish of relatives and friends, mobility of children to far off places for jobs. The situation of the elderly still worsens when there is presence of chronic diseases, physical incapacity and financial stringency. Lundberg and lawsing states on the isolation that the completely isolated individuals would be one who was not chosen by any one as an associate in any of the activity or relation of a community. Louis Lowy in his book “Social work with the aging” writes about the needs, resources and programs. “It is essential for the social worker to be aware of existing resources, that is to know what programs and services in a community or geographic area can be utilized to meet the specific needs of older people and solve the problems that have arisen because such needs have gone UN met. A corollary is the knowledge of what necessary community resources are lacking and how to go about getting these resources developed. Louis Lowy in his book “Social work with the
Aging describes the housing facilities for the aged. Adequate housing facilities are necessary for everyone, however the basic need on housing for older people are somewhat different from the needs of a growing younger family. With smaller income and poor health, older people require less room in their homes smaller size and efficient arrangements are important considerations, which have to include proximity to and availability access to shopping facilities, recreation, masque, churches, and cultural centres so that the elder person can remain active in the community.

Age Differences in Stress, Social Resources, and Well-Being in Middle and Older Age
Mike Martin, Martin Grünendahl and Peter Martin

The present study examines the interrelationships among the constructs of social resources, stress, and well-being in middle-aged and older adults. Two samples of 489 middle-aged adults (41-43 years) and 449 older adults (61-63 years) from the Interdisciplinary Longitudinal Study of Adult Development were compared with respect to the availability of social resources, levels of stress, and well-being. The data were used to construct separate structural equation models explaining the influence of stress and social resources on well-being in the two groups. The results indicate higher levels of health-related stress and similar levels of social resources in the older group.

Cognitive Functional Status of Age-Confirmed Centenarians in a Population-Based Study
Margery H. Silver, Evguenia Jilinskaia and Thomas T. Perls

The New England Centenarian Study is a population-based study of all centenarians in 8 towns near Boston, MA. Age was confirmed for 43 centenarians all alive on a designated
date. To determine prevalence of dementia in centenarians, the authors analyzed neuropsychological, medical, and functional status data for 34 (79%) of the centenarians. Definition of dementia was based on the Consortium to Establish a Registry for Alzheimer's disease criteria, and a Clinical Dementia Rating (CDR) score was formulated for each participant. Seven (21%) had no dementia (CDR score 0), and an additional 4 (12%) were assigned a CDR score of 0.5, uncertain or deferred diagnosis. The remaining 22 (64%) had at least some degree of dementia. The authors calculated Barthel Index scores to determine ability to perform activities of daily living. There was a statistically significant correlation between CDR scores and Barthel Index scores ($r = -0.73$). Correlation was strongest for those with no or severe dementia, with the greatest range of function measured among those with moderate dementia.

Does Participation in Leisure Activities Lead to Reduced Risk of Alzheimer's Disease? A Prospective Study of Swedish Twins

Michael Crowe, Ross Andel, Nancy L. Pedersen, Boo Johansson and Margaret Gatz

This study examined whether participation in leisure activities during early and middle adulthood was associated with reduced risk of Alzheimer's disease. The sample consisted of 107 same-sex twin pairs discordant for dementia and for whom information on leisure activities was self-reported more than 20 years prior to clinical evaluation. A factor analysis of these activities yielded three activity factors: intellectual-cultural, self-improvement, and domestic activity. Matched-pair analyses compared activities within the discordant twin pairs while controlling for level of education. For the total sample, participation in a greater overall number of leisure activities was associated with lower risk of both Alzheimer's disease and
dementia in general. Greater participation in intellectual-cultural activities was associated with lower risk of Alzheimer's disease for women, although not for men.

Gender Differences in Self-Concept and Psychological Well-Being in Old Age a Meta-Analysis

Martin Pinquart and Silvia Sörensen

Because of women's higher risk of being widowed, having health problems, and needing care, one might expect them to have a more negative self-concept and lower subjective well-being (SWB). However, women may also have greater access to sources of SWB (e.g., relations to adult children) and may engage in processes to protect the self (e.g., lowered aspirations). Meta-analysis was used to synthesize findings from 300 empirical studies on gender differences in life satisfaction, happiness, self-esteem, loneliness, subjective health, and subjective age in late adulthood. Older women reported significantly lower SWB and less positive self-concept than men on all measures, except subjective age, although gender accounted for less than 1% of the variance in well-being and self-concept. Smaller gender differences in SWB were found in younger than in older groups. Statistically controlling for gender differences in widowhood, health, and socioeconomic status decreased gender differences in SWB. Cohort differences in SWB are reported as well.

Family support networks and chronic illness in the elderly.

Muchinik, Eva G.; Argentina. Universidad de Belgrano, Buenos Aires, Argentina.

The family constitute the support networks of greater significance in the support and assistance of the elderly as it is documented by many researchers (Tonti,M & Silverstone,B.
1985) as much in routine situations as in crisis, in the instrumental and even in the psychological. The existence of these networks as it shows in bibliography affect physical and mental health and it results in an important suffering from stress. When the illness appears informal support networks come into action. The pressure and stress that families have to endure is obvious, this situation changes when the illness is chronic and generates incapacity it is worsening and the character of a limited situation arises in patients with Alzheimer’s disease. Families live an elaborated system of interactions where complex and different links are created because of the intensity of the relationship and their important effects. Their efficiency careers will depend on the family history and the pre existencing models. The roll is becoming the spouse's if she/he is alive. His/her behaviour will depend on the support as Bowlgy has defined it in the relationship and the manner of coping with stress. If the carer were another member of the family, his task would be about the distance that he can establish, so the best career is not always assessed by the affects, and so the manner of coping. In both cases the existence of networks of support, natural or constructed, buffer the stress, because they let to palliate the "isolate syndrome".

A study of loneliness in an old age home in India
Mishra Anindya Jayanta

The Indian family has traditionally provided natural social security to old people. However, in more recent times, the traditional role of the family is being shared by institutions such as old age homes. It is often assumed, and sometimes argued, that the absence of familial care and surroundings induce feelings of loneliness among the residents of old age homes. This study, conducted in an old age home in Kanpur, seeks to understand the experience of loneliness. This is examined with reference to the concepts of ‘social loneliness’ and
‘desolation’ advanced by Weiss and Townsend respectively. The phenomenon is also examined vis-à-vis the activity theory of ageing, which states that engaging in activities helps the elderly in overcoming loneliness, improves their health and augments self-esteem. Contrary to expectations, the findings suggest that the residents in this particular old age home do not experience loneliness. This is partly because they try to keep themselves busy by taking up various activities. Other reasons have to do with regular familial contact and the nature of the old age home, which invokes Hindu scriptures to emphasize the spiritual duties of the elderly.

Impact of Self-Assessed Hearing Loss on a Spouse: A Longitudinal Analysis of Couples
Margaret I. Wallhagen, William J. Strawbridge, Sarah J. Shema and George A. Kaplan

Results: Spouse hearing loss increased the likelihood of subsequent poorer physical, psychological, and social well-being in partners. The negative impact of husbands' hearing loss on wives' well-being appears stronger than the reverse.

Managing Decline in Assisted Living: The Key to Aging in Place
Mary M. Ball, Molly M. Perkins, Frank J. Whittington, Bettye Rose Connell, Carole Hollingsworth, Sharon V. King, Carrie L. Elrod and Bess L. Combs

Results: The ability of residents to remain in assisted living was principally a function of the "fit" between the capacity of both residents and facilities to manage decline. Multiple community, facility, and resident factors influenced the capacity to manage decline, and resident-facility fit was both an outcome and an influence on the decline management
process. Resident and facility risk also was an intervening factor and a consequence of decline management.

Social Relationships and Depressive Symptoms among Older Adults in Southern Brazil
Marilia Ramos and Janet Wilmoth

Results: The results indicate that unbalanced exchange increases depressive symptoms, and social integration decreases depressive symptoms. Specifically, older Brazilians who over benefit or under benefit from exchanges with relatives have more depressive symptoms than those with balanced exchanges. In addition, depressive symptoms are lower when an older adult who is receiving support is able to reciprocate. More intensive exchanges with relatives, being married, and satisfaction with family relationships decrease depressive symptoms, whereas living alone increases depressive symptoms.

Need to support old-age home residents
Mukesh Kumar, RK Bansal, Manoj Bansal
Surat Municipal Institute of Medical Education and Research, Surat
and UN Mehta Institute of Cardiology and Research Centre, Ahmedabad, Gujarat, India

The main reason that emerged was the unwillingness of the family to care for aged, which has been expressed through abuse, neglect and refusal to co-habit and care for them. This was pronounced in elderly who required extensive medical care, economically disadvantaged and those who had distributed their wealth to children. The elderly had reported of having felt unwanted and useless while living with their families.
Ethnic Variation in the Impact of Negative Affect and Emotion Inhibition on the Health of Older Adults

Nathan S. Consedine, Carol Magai, Carl I. Cohen and Michael Gillespie

The relations between patterns of emotional experience, emotion inhibition, and physical health have been little studied in older adults or ethnically diverse samples. Testing hypotheses derived from work on younger adults, the authors examined the relations between negative affect and emotion inhibition and that of illness (hypertension, respiratory disease, arthritis, and sleep disorder) in a sample (N = 1,118) of community-dwelling older adults from four ethnic groups: U.S.-born African Americans, African Caribbeans, U.S.-born European Americans, and Eastern European immigrants. Participants completed measures of stress, lifestyle risk factors, health, social support, trait negative emotion, and emotion inhibition. As expected, the interaction of ethnicity with emotion inhibition, and, to a lesser extent, negative effect, was significantly related to illness, even when other known risk factors were controlled for. However, the relations among these variables were complex, and the patterns did not hold for all types of illness or operate in the same direction across ethnic groups. Implications for emotion-health relationships in ethnically diverse samples are discussed.

The Interpretation of Social Comparison and Its Relation to Life Satisfaction Among Elderly People: Does Frailty Make a Difference?

Nynke Frieswijk, Bram P. Buunk, Nardi Steverink and Joris P. J. Slaets
We examined the interpretation of upward and downward social comparison and its effect on life satisfaction in a questionnaire study among 444 community-dwelling elderly persons with different levels of frailty. As we expected, elderly persons with higher levels of frailty were less inclined to contrast and more inclined to identify themselves with a downward comparison target. Furthermore, they were more inclined to contrast themselves with an upward comparison target, but contrary to our expectations, they were also more inclined to identify with this target. Upward identification and downward contrast related positively, whereas upward contrast and downward identification related negatively to life satisfaction. These effects existed independently of the negative effect of frailty on life satisfaction.

The Personal Experience of Aging, Individual Resources, and Subjective Well-Being
Nardi Steverink, Gerben J. Westerhof, Christina Bode and Freya Dittmann-Kohli

The personal experience of aging, the resources relevant to it, and the consequences for subjective wellbeing were investigated in a sample of 4034 Germans aged 40 to 85. The data revealed 3 dimensions of aging experiences as particularly relevant: (a) physical decline, (b) continuous growth, and (c) social loss. Not only being younger but also having better subjective health, higher income, less loneliness, higher education, and greater hope were negatively associated with physical decline and social loss and positively associated with continuous growth. The number of children participants had played no role. All three dimensions of the aging experience were also found to be related to both positive and negative affect and, with the exception of physical decline, to life satisfaction.
Common Facets of Religion, Unique Facets of Religion, and Life Satisfaction among Older African Americans
Neal Krause

Results: The findings reveal that both the common and the unique aspects of religion contribute to life satisfaction among older African Americans.

Effects of Volunteering on the Well-Being of Older Adults
Nancy Morrow-Howell, Jim Hinterlong, Philip A. Rozario and Fengyan Tang

Results: Older adults who volunteer and who engage in more hours of volunteering report higher levels of well-being. This positive effect was not moderated by social integration, race, or gender. There was no effect of the number of organizations for which the older adult volunteered the type of organization, or the perceived benefit of the work to others.

Patterns of Family Visiting With Institutionalized Elders The Case of Dementia
Noriko Yamamoto-Mitani, Carol S. Aneshensel and Lené Levy-Storms

Results: The majority of caregivers maintained the frequency and length of their visits for extended periods of time. Five distinct patterns for frequency and three patterns for length were identified. Being a spouse, lower education, a close past relationship, a strong sentiment against placement, and living close to the facility predicted membership in groups visiting frequently and for longer times. Caregiver characteristics were more strongly associated with frequency, whereas care-recipient characteristics were related to length. Religion, Death of a Loved One, and Hypertension
Among Older Adults in Japan
Neal Krause, Jersey Liang, Benjamin A. Shaw, Hidehiro Sugisawa, Hye-Kyung Kim and Yoko Sugihara

Results: The data suggest that older adults in Japan who experienced the death of a loved one but who believed in a good afterlife were less likely to report they had hypertension at the follow-up interview than elderly people in Japan who lost a close other but did not believe in a good afterlife.

Stressors Arising in Highly Valued Roles, Meaning in Life, and the Physical Health Status of Older Adults
Neal Krause

Results: The findings suggest that life events arising in roles that are valued highly are associated with less favorable health ratings. Moreover, the data reveal that stressors in highly valued roles affect health primarily by eroding an older person's sense of meaning in life. Finally, the results indicate that emotional support helps older people cope more effectively with stress by restoring their sense of meaning in life.

Neglect of Dropout Underestimates Effects of Death in Longitudinal Studies
Patrick Rabbitt, Mary Lunn and Danny Wong

Investigations of terminal declines in mental abilities have assessed cognitive performance at a single time point and retrospectively compared survivors and decedents at a single later
census date. Neglect of outcomes other than death, such as dropout, causes a loss of information on the relative frailty of survivors and deceased persons before the census date and on incidence of mortality and frailty among survivors after the census date. This discards information on differences in health status between younger and older survivors. The Heim AH4-1 intelligence test was given to 4,228 people between the ages of 42 and 92 years, and both deaths and dropouts were logged during three successive census periods during the subsequent 11 years. Within and across census periods, effects of impending death and dropout did not differ, decreasing with time from initial assessment. Thus the effects of terminal decline, or indeed of any other variable affecting cognitive performance, are miscalculated if dropout is ignored.

Practice and Drop-Out Effects During a 17-Year Longitudinal Study of Cognitive Aging
Patrick Rabbitt, Peter Diggle, Fiona Holland and Lynn McInnes

Interpretations of longitudinal studies of cognitive aging are misleading unless effects of practice and selective drop-out are considered. A random effects model taking practice and drop-out into account analyzed data from four successive presentations of each of two intelligence tests, two vocabulary tests, and two verbal memory tests during a 17-year longitudinal study of 5,899 community residents whose ages ranged from 49 to 92 years. On intelligence tests, substantial practice effects counteracted true declines observed over 3 to 5 years of aging and remained significant even with intervals of 7 years between successive assessments. Adjustment for practice and drop-out revealed accelerating declines in fluid intelligence and cumulative learning, linear declines in verbal free recall, and no substantial change in vocabulary. Socioeconomic status and basal levels of general fluid ability did not
affect rates of decline. After further adjustment for demographics, variability between individuals was seen to increase as the sample aged.

Age and Sex Differences in Genetic and Environmental Factors for Self-Rated Health A Twin Study

Pia Svedberg, Paul Lichtenstein and Nancy L. Pedersen

Results: Individual differences primarily reflected individual specific environmental influences at all ages. The increase in total variance across age groups was primarily due to genetic influences in the age groups 45-74 years and greater environmental influences in the oldest age group (>74). No significant sex differences were found in variance components.

Philips (1987) did work under the heading of “adjustment in old age” and found that a significantly higher proportion of male adjusted. Respondents were found among those who identified as old as opposed to middle aged. This was found to hold, when control on employment status, marital status and age, were introduced.

According to Phelps and Hendreson “This hazardous character of this degeneration and deterioration of the organism is noted by the facts that generally most elderly people will have a number of these ailments and defects, but often symptoms may be non-existent or so few that they are not easily observable and detectable by the physician therefore subjective symptoms are deemed to be more authentic and reliable in many cases then the objective signs. The following symptoms and signs are generally apparent, such as loss of appetite, insomnia, and more susceptibility to fatigue crying spells, being melancholy, being nervous and forget full, or worry about health”
“The retirement age is set at age 58 for government employees and age 60 in most other professions. Census data in 1991-recorded 55 million persons aged 60 and over, representing 6.5 per cent of the total population. Life expectancy at birth has reached age 62. The increase in the elderly population between 1951 and 1991 938 per cent0 was greater than for the general population (18.0 per cent). More than four times as many older persons live in the rural areas of India as urban areas”. (41) (41) Ponnuswami Ilango demographic of ageing national academy press of India.

Personality and Mortality in Old Age

Robert S. Wilson, Carlos F. Mendes de Leon, Julia L. Bienias, Denis A. Evans and David A. Bennett

We examined the relation of personality to mortality in 883 older Catholic clergy members (69% women). At baseline, they completed the NEO Five-Factor Inventory, which assesses the five principal dimensions of personality. They were followed for a mean of 5.1 years, during which 182 deaths occurred. Risk of death was nearly doubled in those with a high neuroticism score (90th percentile) compared with a low score (10th percentile) and was approximately halved in those with a high conscientiousness score compared with a low score. Findings for extraversion were mixed, and neither agreeableness nor openness was strongly related to mortality. The results suggest that personality is associated with mortality in old age.

Invisibility and depression in the elderly: see me, hear me, and touch me.

Ring, Jeffrey; California School of Professional Psychology, California, U.S.A.
Social role theory suggests that as the elderly tend to face an ever decreasing number of social roles which consequently limit the active interpersonal participation in the goings on of the community. This decrease in social participation can lead to feelings of depression and uselessness in one's later years. Social forces such as limited health and mental health service accessibility, ageism, and skewed images of the elderly portrayed by the communications media can all contribute to an additional sense of invisibility, uselessness and hopelessness. This presentation will examine the theoretical and empirical contributions to the concept of invisibility and its’ relationship to mood disorders in the elderly. Implications for clinical intervention and prevention programs will also be discussed.

Spirituality and Well-Being in Frail and Nonfrail Older Adults
Sarah E. Kirby, Peter G. Coleman and Dave Daley

Previous studies have identified that spiritual beliefs contribute to psychological well-being (PWB) in older people, but limited research has considered the effects of spirituality on PWB when physical health deteriorates and people become frail. We recruited 233 British participants from warden-controlled retirement housing to complete interviewer-administered questionnaires. Results showed that, after we controlled for marital status, age, education, other health problems, and gender, degree of frailty had a negative effect on PWB. Spirituality was also a significant predictor of PWB and moderated the negative effects of frailty on PWB. Therefore, this study suggests that spirituality is a resource in maintaining PWB, and that the use of this resource is more significant for individuals with greater levels of frailty.
Simon de Beauvoir, some of them (selected) are presented: - It is common knowledge that the condition of old people today is scandalous. The society shuts its eyes to all abuses. Scandals and tragedies, so long as these do not upset its balance and it worries no more about the fate of the children, in state orphan-ages or of juvenile delinquents, or of the handicapped, then it does about that of the aged. In the last case, however, this indifference does on the face of it, seems more astonishing since ever-single member of the community must know that his future is in question and almost all of them have close personal relationship with some old people. How can their attitude be explained? It is the ruling class that imposes their status upon the old, but the active populations as a whole connives at it in private life of children and grand children rarely do much to make their elder have any pleasant. Beauvior Simon D, 1972 old age (New York: puntam,), P.104. Now a day the adults take quite another kind of interesting turn the aged have become objects of exploitation.

In a handbook called long term care edited by Sylvia Sherwood. She has said about American society. “Nursing homes and homes for the aged are of special concern today to almost every body in our Society”. She explained further about the condition of nursing homes that these major themes run through the many circumstances of nursing homes. Patients have died in bed and been discovered several days later. Home have burned down, patients have been punished by spoiled food. Home administrators have been found to be embezzlers and drug addicts have been hired as nursing aids.

Spencer Dorr, 1975 Understanding aging (Englewood Cliffs, New Jersey: prentice-Hall, Inc), P173. “Who are the elderly? What needs do they have? What kind of services is best suited to meet their needs? How can they be delivered and by what kind of people? Do such services,
when provided, Affect positive changes among the elderly? Social welfare research is essential in order to base plans on a more rational footing and to provide services that are commensurate with the needs and tasks of older people.”

India is a vast country both in terms of area as well as population. It has a total area of 3,288,000 square kilometers. Its present population is estimated to be over 850 million. The total working population is estimated to be about one-third of this number. Dependency ratio is therefore about 1:2. The per capita income at current prices during 1988-89 was Rs.4250 ($280 based on rate of exchange of Rs.15 per one U.S. dollar). About 25.8 per cent of the people are reported to be living below the poverty line (subrahmanya, 1994). India, a subcontinent that carries 15 per cent of the world’s population, is gradually undergoing a demographic change as a result of many factors including specific development programs. With decline in fertility and mortality rates accompanied by an improvement in child survival and increased life, expectancy, a significant feature of demographic change is the progressive increase in the number of elderly persons (accepting 60 years as a practical demarcation for defining the elderly). In 1951, the sixty plus population was around 21 million. Three decades later in 1981, it was a little over 43 million, a further decade later in 1991, this had increased to 54.7 million and for 2001 it is projected to be nearly 76 million (medium projections). Calculations also based on census reports show the decadal rate of growth of the population in the age category sixty plus to be higher than that of the general population. It is estimated that the decadal growth rate for 1991-2001 (medium protection) in the age group 0-14 years (which for most national planning such as policies such as education, welfare, and health is an important target group) will be only 6.7 per cent while that of the 60 + populations will be 38.4 per cent. These demographic facts and trends make the elderly in India an increasingly important segment of the population pyramid in the coming years (Shankardass, 1995).
The different stages in aging show specific characteristics. They are based on an interaction of serials or “Factors” which are to be understood with respect to biological and psychological facts. 3 formal Categories are proposed to be applied on each of the following stages. (1) Handicapped by aging (2) not influenced by aging (3) especially sensible for values with growing age. Each of these categories is subdivided into (a) “thorough-minded” with respect to personality as a whole. Resulting and formally possible combinations of these categories are discussed with respect to the aging responsibility.

Education and APOE-e4 in Longitudinal Cognitive Decline: MacArthur Studies of Successful Aging

Teresa E. Seeman, Mei-Hua Huang, Philip Bretsky, Eileen Crimmins, Lenore Launer and Jack M. Guralnik

Longitudinal data from the MacArthur Study of Successful Aging were used to test for interactions between education and apolipoprotein E (APOE) genotype with respect to time trends in cognitive performance. Interactions between education, APOE-e4 status, and time were found for overall cognitive function, and for subscales measuring memory and naming: The presence of the e4 allele was associated with steeper declines in cognition for those with a greater than eighth-grade education. For those with an eighth-grade education or less, time trends did not differ by APOE genotype. A measure of cognitive impairment (i.e., scores of 7 on the Short Portable Mental Status Questionnaire) yielded parallel though weaker evidence
for a similar interaction with respect to risk of cognitive impairment. These findings suggest that the presence of at least one e4 allele appears to reduce the protective effects of education for those with at least a ninth-grade education or more, resulting in steeper cognitive declines with age.

Feminist Gerontology and Old Men

Toni Calasanti

This article outlines feminist gerontology and shows how its focus on power relations lends insight into the lives of those people disadvantaged by them as well as the people privileged by social inequalities. To illustrate the latter, I discuss how feminist gerontology might examine old men, using the topic of health as an example. For instance, arrangements that maintain privilege in young adulthood and middle age can lead to poor health in old age. These practices of masculinity include physical risk in competition with other men, neglect of social networks and medical care, and avoidance of any self-report of emotional strain. However, with its focus on diversity, feminist gerontology also emphasizes that experiences of manhood, aging, and health vary by one's location in a network of inequalities.

Death anxiety in the elderly

Convener: Templer, Donald I.; California School of Professional Psychology, Fresno Campus, California, U.S.A.

The symposium will attempt to cover a broad array of themes with a broad array of methods. Both qualitative and quantitative approaches and blends of the two will be welcome. The qualitative approaches may include clinical impression, case study, experiential analysis, and
existential frames of reference. It is anticipated that the quantitatively based research will include standard psychometric analysis of death anxiety. In addition, the application of the recently developed Death Depression Scale to elderly populations would appear promising. Although it has been established that elderly persons tend to score somewhat lower on the Death Anxiety Scale, there is a need for more and intensive and incisive investigation of the nature of this death anxiety, using item analysis, factor analysis, and qualitative methods, such as stated above. The relationship between death anxiety and death depression in the elderly could prove quite fruitful. Both individual differences in elderly populations and differences between elderly and younger persons fall within the scope of this symposium. Cross-cultural study of death anxiety and death depression would certainly be germane to the spirit of the conference. (Theodorson, 1970:211) Difficulties in social interaction may be assumed in the perspective of social activities of the old. They are after retirement usually confined to their homes loss of power and engagement sometimes becomes the cause of isolation and reclusions. Summing up the whole discussion it can be said that isolation of the old may creates difficulties for them in their interaction with others.

A Double-Edged Sword in Old Age

Ute Kunzmann, Todd Little and Jacqui Smith

Although control beliefs are thought to be pivotal contributors to emotional well-being in old age, questions remain about the specific and long-term emotional implications of different types of control beliefs. We examined three generalized beliefs about control (personal control over desirable outcomes, personal responsibility for undesirable outcomes, perceived others’ control) and their associations with emotional well-being (positive and negative affect) using cross-sectional (N = 516) and longitudinal (N = 206) samples from the Berlin
Aging Study (age range = 70-103 years). Relationships between control beliefs and emotional well-being were dependent on the type of control belief and the dimension of emotional well-being considered, the sample investigated, and on whether individual differences at a given point in time or individual differences in intra-individual changes over time were examined. Despite these complexities, findings suggest that perceived control over desirable outcomes is associated with high emotional well-being, whereas perceived others' control is an emotional risk factor in old age. UN report the 60 years old people will be increased to 5 times & more than 60 years of age will grow 7 times as much. The estimated population of about 60 years was 214 million, which is expected to be 1121 million by the year 2025. The increase in the aged population will be in the developed countries & by the 2025 the number of above 60 years people will rise 800 million. In the under-developed countries the number in 1950 was 56% which will rise to 72% in the year 2025”. (8)

According to W.H.O the rise in age of the people will be due to the availed health facilities. The natural process of aging does not make a person disabled in any way. If the health condition is good the person is good enough till death. According to a modern research a particular disease generally affects the health of a person. According to W.H.O 75% of people in the developed countries are healthy and self-reliant. In the under-developed Countries the people are usually taken ill in the areas reliant in other’s for support. “Usually the aged ill people are taken care of at home. According to a statistics less than 5% of disabled people live in the old age houses”. Figures about women: - In all the countries the length of women’s age is longer than men. The fact is more prominent in the developed countries when in comparison against 60 years of men. The women were more in number in 1975 and the ratio was 74: 100. This ratio grows more when the age group rises up. “In the
under developed countries the ratio between the two sexes is almost the same. The ratio of women is expected to grow, as there is more advancement, in the 3rd world countries”.

Fear of Death in Older Adults Predictions from Terror Management Theory
Victor G. Cicirelli

Terror management theory asserts that death fear (fear of annihilation) is buffered by self-esteem and beliefs in literal and symbolic immortality achieved through participation in the cultural system. The aims of this study were to determine how variables suggested by the theory were related to fear of death measures. Participants were 123 Black and 265 White elders aged 60 to 100 years; they were assessed on the Multidimensional Fear of Death Scale (MFODS), self-esteem, religiosity, locus of control, socioeconomic status, social support, and health. Regression analysis findings (p < .05) offered partial support to the theory, with greater Fear of the Unknown (fear of annihilation) related to weaker religiosity, less social support, and greater externality; the effect of self-esteem was mediated by externality. Other predictors were related to an overall fear score based on the remaining 7 MFODS subscales. Findings are interpreted in terms of changing sources of self-esteem in old age.

Studies on ‘successful ageing’
Van Der Geest Sjaak Van Dongen Els

Studies on ‘successful ageing’ suggest that decline of physical health and deterioration of cognitive Functions, however painful, are regarded as 'normal' during old age. They are not felt as 'failures' by the elderly themselves or their environment. Social isolation, on the other
hand, is often seen as the result of a less than successful life. Loneliness, it is believed, occurs because the elderly person is not (or no longer) able to attract people. It may be the price of a life in which the elderly person did not invest enough in social relations and mainly lived for him/herself alone. It may be an indication that he/she is not (or no longer) an interesting / attractive person. In short, being left behind in an 'empty nest' has the undeniable aura of failure at the end of one's life. If loneliness has such a strong psychological and symbolic impact on the wellbeing of the elderly, it deserves closer scrutiny. The workshop intends to critically examine the above-cited suppositions by comparing loneliness in different social and cultural settings. To elucidate the experience of loneliness it will be related to eleven conceptual variables, cross-culturally:

1. The concept of self;
2. The conceptualization and appreciation of old age;
3. Reciprocity;
4. Marital relationship and sex;
5. Housing;
6. Material security;
7. Work conditions;
8. Migration;
9. Cultural perspectives on friendship and neighborliness;
10. Communication and technology;
11. Medical care.

The rationale of these ten variables will be expounded in a background paper which will be sent to the workshop participants.

The experience of loneliness among elderly people in a Dutch city
In a longitudinal study, a population based sample of 705 citizens of the Dutch city of Leiden, aged 85 years was screened for physical, psycho-cognitive and social functioning, and feelings of well-being. In-depth interviews were held with 27 of these elderly people about their experience of aging and their opinion about the concept of ‘successful aging’. Quantitative measurements showed marked feelings of loneliness in 16% of the respondents. It is, however, unclear what these percentages tell about the character and causes of loneliness.

The most important cause of loneliness was found to lie in the relationship between the parent and children, characterized by ambivalent feelings of both attachment and detachment. Fear of ‘being a burden’ shapes socially desirable behavior towards children and prevents elderly people from sharing negative emotions or feelings of bereavement. Instead of showing actual feelings of loneliness, elderly people try to uphold a positive image of themselves, ‘reward’ social attention and try to explain away unmet expectations of reciprocity. This behavior reflects the complex relationship between attitudes of old age, the value of social contacts and feelings of dependency of elderly people.

Loneliness and respect among elderly people in Kwahu, Ghana

Van Der Geest Sjaak

This article describes life conditions of elderly people in a rural community of Ghana. It deals with the paradoxical situation of elderly people who are still engaged in social activities and yet experience loneliness. It is argued that in spite of the respect given to them, elderly
people are denied what they regard as the most valuable proof of respect and companionship: having people listening to their wisdom and advice. Their loss of that ultimate respect constitutes an experience of loneliness. The article is part of a broader anthropological study on social and cultural meanings of growing old in a rural Ghanaian community.

"It is not nice to be an old person..." Loneliness of older people on the Cape Flats

Van Dongen Els

During the years of Apartheid and the years thereafter, the situation of older people in South Africa dramatically changed. Old cultural structures like Ubuntu (sharing ethos) and care in families changed and got new meanings. The consequences for old people, especially those who live in the townships of the South African cities, are profound. One of those consequences is loneliness. Many older people have a lack of meaningful social contacts due to their socio-economic situation, migration, violence and threats within their communities.

In my paper, I will describe the lives of older people in the townships of the Cape Flats in the Western Cape Province in South Africa. It will be argued that the loneliness of older people is not only a matter of a lack of social contacts and care, but also a matter of a lack of respect and their limited role as financial providers for the family. Strategies to reduce loneliness will also be discussed.

Aggregate Changes in Severe Cognitive Impairment among Older Americans 1993 and 1998

Vicki A. Freedman, Hakan Aykan and Linda G. Martin

Results: The percentage of older Americans with severe cognitive impairment declined from 6.1% in 1993 to 3.6% in 1998 (p < .001). The decline was statistically significant among self-
respondents but not among those with proxy interviews. Improvements between 1993 and 1998 were not explained by shifts in demographic and socioeconomic factors or by changes in the prevalence of stroke, vision, or hearing impairments.

The Relation between Everyday Activities and Successful Aging: A 6-Year Longitudinal Study

Verena H. Menec

Results: Regression analyses indicated that greater overall activity level was related to greater happiness, better function, and reduced mortality. Different activities were related to different outcome measures; but generally, social and productive activities were positively related to happiness, function, and mortality, whereas more solitary activities (e.g., handwork hobbies) were related only to happiness.

Constancy and change of various components of the fear of dying and death in old people.

Wittkowski, Joachim; University of Wuerzburg, Germany.

The study attempts at demonstrating age correlated changes of four aspects of the fear of dying and death in a stratified German sample of old men and women. In a multidimensional approach the questionnaire subscales "Fear of One's Own Dying", "Fear of One's Own Death", "Fear of Other Persons' Dying", and "Fear of Other Persons' Death" were administered to 256 Ss (128 men, 128 women) aged 65 to 92 years. Reliability coefficients (Cronbach's Alpha) of these subscales ranged from 0.88 to 0.93. The study is based on a cross-sectional design including four age groups (65-69; 70-74; 75-79; > 80) within each sex and 32 Ss in each age group. Means and standard deviations of each subscale and the four age
groups were computed. Main effects of age and sex as well as an age x sex interaction were tested by means of MANOVA. Results are discussed with respect to (a) the question of successful adaptation to old age, (b) the education of healthcare professionals who are concerned with the treatment of old people.

Health Effects of Involuntary Job Loss among Older Workers Findings from the Health and Retirement Survey
William T. Gallo, Elizabeth H. Bradley, Michele Siegel and Stanislav V. Kasl

Results: The effects of late-life involuntary job loss on both follow-up physical functioning and mental health were negative and statistically significant (p < .05), even after baseline health status and socio demographic factors were controlled for. Among displaced workers, reemployment was positively associated with both follow-up physical functioning and mental health, whereas the duration of joblessness was not significantly associated with either outcome.

Self-Efficacy and the Progression of Functional Limitations and Self-Reported Disability in Older Adults with Knee Pain
W. Jack Rejeski, Michael E. Miller, Capri Foy, Steve Messier and Stephen Rapp

Results: There was a significant interaction of baseline self-efficacy with baseline knee strength in predicting both self-reported disability and stair climb performance. Participants who had low self-efficacy and low strength at baseline had the largest 30-month decline in these outcomes.
Willard L. Rodgers, Mary Beth Ofstedal and A. Regula Herzog

Results: Unadjusted scores suggest cohort improvements in several components of cognitive functioning between 1993 and 1998, and little change between 1998 and 2000. However, these improvements largely disappear after confounding features of the survey design (changes in age distribution of the sample across waves and prior exposure to the cognitive tests) and changes in the demographic composition of the sample (race, ethnicity, and gender) are adjusted for.

Positive Affect and Function as Influences on Self-Assessments of Health Expanding Our View beyond Illness and Disability
Yael Benyamini, Ellen L. Idler, Howard Leventhal and Elaine A. Leventhal

Longitudinal data from 851 elderly residents of a retirement community ( ) were used to examine the correlates of self-assessments of health (SAH) and the predictors of changes in SAH over several follow-up periods ranging from 1 to 5 years. The authors hypothesized that indicators of positive health, including feelings of energy and positive mood, social support, and active functioning, are as important in determining current and future SAH as negative indicators such as disease history, disability, medication, and negative mood. Results of cross-sectional and longitudinal analyses showed that functional ability, medication use, and negative affect were salient to people judging their health, but positive indicators of activity and mood had an even stronger, independent effect. These findings show the importance of attending to the full illness/wellness continuum in studying people's perceptions of health.
Results: Childlessness per se did not significantly increase the prevalence of loneliness and depression at advanced ages, net of other factors. There also was no statistical evidence for the hypothesis that childlessness increases loneliness and depression for divorced, widowed, and never married elderly persons. Sex, however, altered how childlessness and marital status influenced psychological well-being. Divorced, widowed, and never married men who were childless had significantly higher rates of loneliness compared with women in comparable circumstances; divorced and widowed men who were childless also had significantly higher rates of depression than divorced and widowed women.
Growing old is compulsory - growing up is optional.

Bob Monkhouse