CHAPTER I
INTRODUCTION

1.1 The Aging Process and the aged.

The term ‘Aging’ refers to the process of growing older. Technically, all organisms can be considered as aging from the moment of conception (Crandall, 1980). It is a biological process that begins at birth and ends in death. The earlier stages are referred to as development or maturation. This is mainly because the individual develops and matures, both physically and socially, from birth through adolescence. In human beings, after age 30, additional change occurs that reflect normal decline in all organ systems, which is called senescence. Senescence occurs gradually throughout the body, ultimately reducing the vitality of different bodily systems and increasing their vulnerability to diseases. This is the final stage in the development of an organism (Campbell & Letrack, 1978).

Thus, by aging, we mean the progressive changes, which take place in cells, tissues, and organ systems or the total organism with the passage of time. All living beings change with time in both structure and function, and the changes, which follow the general trend, constitute aging.

Though it is easy to define the ‘aged’ chronologically, psychologically it is difficult to define the aged because it is relative. For e.g., to 10 year old children 30 year old person is aged and to a 30 year old person 50 year old is aged, and so on. Usually persons above 60 years of chronological age are considered as ‘aged’. Again there are classifications of the aged population like the ‘young-olds’ (60 to 80 years) and ‘old –old’ (above 80 years). The term ‘ageism’ refers to the
discriminations against individuals on the basis of age. It is the prejudice and discrimination that one age group has against another because of it's age (Crandall, 1980).

Aging is a universal phenomenon and no society can escape from it. Our place in the social structure also changes throughout our life span. Every society is age graded. That is, it assigns roles, expectations, opportunities, status and constrains to people of different ages. In our society, there are both positive and negative views and attitudes toward aging. Some people believe being old means being sick and worthless. Others believe that being old is having freedom, wisdom and enjoyment. In the traditional Indian culture, people who lived over 60 years were considered as repositories of wisdom and sole authorities to the family and community. The notions of ‘vanaprasta’ and “sanyasa’ were the social mechanisms that encouraged the aged to move away from the management of every day concerns. The joint family easily accommodated their elderly persons. But the situation has been changed totally by the intervention of modern institutions in the everyday affairs of human life. Now, many see the elderly as a burden to society (Rajan et al., 1999).

1.2. Aging Theories

For centuries, man has been looking for the “fountain of youth”. Many theories were formulated in this connection, some theories relate to the aging process while others show a high probability or possibility of affecting aging. Some theories have been altogether disproved when tested with modern technology and new research techniques. Theories of aging can be broadly classified into two groups:
1. Programmed theories dealing with inevitable biological causes of aging, and
2. Error theories that emphasize environmental assaults to our system that gradually causes our bodies to malfunction.

1.2.1 Programmed Theories:

These are further classified in to three categories.

i. Programmed senescence – which says that sequential switching on and off of certain genes, is the result of aging. When age associated deficits are obvious, it is senescence.

ii. Endocrine theory - biological clocks act through hormones to control the pace of aging.

iii. Immunological theory – this theoretical position assumes programmed decline in immune system’s functions that lead to an increased vulnerability to infectious diseases and thus aging and death results.

There are certain theories of sociological origin that comes much closer to the area of social gerontology. A very brief examination of the different aging theories are given below.

1.2.2 DISENGAGEMENT THEORY:

This theory was originally formulated by Cumming and Harry (1968). This states that independent of other factors such as poor health or poverty, aging involves a gradual but inevitable withdrawal from interaction between individuals and their social context. Here the individual prepare himself for death; the society also prepares them for the later phases of life by withdrawing the pressure to interact.
Central to this theory is the assumption that disengagement of elderly is a necessary condition for both successful aging and the orderly continuation of modern society.

1.2.3 ACTIVITY THEORY

This was developed by Havighurst (1961) in opposition to the notion of disengagement theory. It says that normal and successful aging involves preserving, for as long as possible the attitudes and activities of middle age. For the compensation of activities surrendered with aging substitute should be found.

1.2.4 ERROR THEORIES

Wear and Tear Theory: Cells and tissues have vital parts that deteriorate as we age. Dr. August Weisman, a German biologist, first introduced this theory in 1882. He believed that the body and its cells were damaged by over use and abuse. The liver, stomach, kidneys, skin and so on, are worn down by toxins in our diet and in the environment, through the excessive consumption of fat, caffeine, sugar, alcohol, nicotine, by ultra-violet rays of the sun, and by the many other physical and emotional stresses to which we subject our bodies. Of course, even if we are using everything at optimum, our organs are going to wear out. Abuse will only wear them out more. When we are young, the body’s own maintenance and repair system keep compensating for the effects of both normal and excessive wear and tear. When getting older, the elderly people die of disease that they could have resisted when they were younger. Nutritional supplements and treatments can help reverse the aging process to a certain extent.
Rule of living: The greater an organism the rate of oxygen based metabolism, the shorter will be its life span.

Cross-linking: This is an accumulation of cross-linked proteins damaging cells and tissues, and thus slowing down bodily processes.

Free radicals: Accumulated damage caused by oxygen radicals causes cells and eventually organs to stop functioning.

Error catastrophe: Mechanisms that synthesize damaged proteins result in faulty proteins, which accumulate to a level that causes catastrophic damage to cells, tissues and organs.

Genetic mutation: Genetic mutations occur and accumulate with increasing age, causing cells to deteriorate and malfunction.

Hayflick limit theory: Dr. Hayfick and Dr. Moorhead, two cell biologists theorized that the aging process was controlled by a biological clock contained within each living cell. They added that human cells have a limited life span. They divide 50 times over a period of years and then suddenly stop. This causes aging and death.

1.2.5 DEVELOPMENT THEORY

This theory says that the rights of the aged are not with disengagement or activity theories. Rather, diversity of approaches and adaptation to the problems of aging will be displayed, depending upon the history of older person; that is, old age
is the time of summing up of one’s life - what he/she achieved and not achieved
during his/her life. So, for successful aging, current life style must be in terms of
earlier history.

1.2.6 CONTINUITY THEORY

This theory does not assert that one must disengage or become active, in
order to live with aging. Rather, decision regarding which roles are to be
disregarded and which are to be maintained will be determined by the individuals
past and preferred life style. Those who prefer to be active will do so and those who
desire lower levels of interaction may do so.

Besides these, there are theories like symbolic interactions, labeling
theory and exchange theories for viewing aging by more positive attitudes and
overcome negative stereotypes of old age.

1.3 Demographic Profile of the Aged in India.

‘Population Aging’ has become a universal phenomenon posing great
economic as well as psychosocial challenges to most societies. Demographers
often find or predict that a change in the age or sex composition of a population may
bring about significant changes in the structure and functioning of that society. Both
the number and percentage of older people in our country as in many other countries
have grown dramatically in the last several decades. The increase in the aged
population resulted mainly from the advances in the fields of technology and
medicine as well as social and health policies, which led to, decreased mortality
rates, increased life expectancy and declining birth rates. Moreover, in India, the
aged segment of the population has far more females than males (higher life
expectancy for females). The sex ratio indicates an unequal distribution between the
sexes with increasing age. This disparity can create a number of problems for the aged women. It means that there is a large pool of single or widowed women. This is also due to the older man and younger woman norm of our society for couples.

As already stated, greater life expectancy due to improved health care and living conditions has created an ever increasing population of elderly citizens. Current demographic projections indicate that India will experience a doubling of the aged population over the age of 65 years by the year 2020, which means one person out of 5 will be an aged person. Further more, of all age groups, the group over age of 85, the ‘oldest-old’ is increasing at the greatest rate (kasthuri, 2007).

In 1991, the population of 60 years and above was 56 million in our country. In 1999, it has crossed 70 million, and is expected to reach 177 million by 2025. The growth rate of elderly population (37.3%) is twice that of general population (16.8 %). One out of seven elderly in the world is an Indian. Average expectation of life from 60 years in 1991 is expected to reach 70 years by the year 2025 (Mohan Pai, 2002).

Dramatic demographic changes pose multiple challenges, and the implications of aging society are likely to be experienced in an adverse manner unless immediate stops are taken to provide social security for all of India’s older population, which of course is a Herculean task, under our present national economic scenario. Current provisions by central and state governments are grossly inadequate as far as the well being of the elderly are concerned.
1.4 History of the Emergence of Interest in the Aged

It is only recently that the aged and aging have become topical concerns or topics of growing interest. Because life expectancy was relatively short in the past, there was little reason to think about the aged. Life expectancy for the Neanderthal man (who lived 100,000 to 150,000 years ago) was under 20 years of age. To date, archaeological excavations have not found any Neanderthal skeleton remains above the age of 50 years. The same was the trend during Paleolithic period (8000 to 35000 years ago), and middle ages. In the past disease, famine, war or physical conditions killed most individuals before old age. Thus, in the past, the aged received relatively little attention from writers, poets, philosophers, and scientists because there were few of them.

Currently, about 10% of the world population are 65 years of age or older, as a result of which academic interest on the aged population began to emerge, which culminated in the science of “Gerontology’.

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

Kaplan (1998) has noted that interest in the psychological aspects of aging goes back to thousands of years. However, it is only recently that psychologists
have studied gerontology from a scientific framework. The famous statistician Lambert Adloph Jackques Quaetlet is often credited with initiating the first psychological studies on the aged.

In 1946, the APA added a new division to its structure called “Maturity and Old Age”. Since that time there has been an increasing interest in the psychological aspects of aging. In recent years there has been an even greater interest in the aged on the part of psychologists and colleges and universities have started offering courses on aging and the aged and the topic is becoming popular among students. However, there is still a great deal to be done for the aged in the area of psychology. Lawton and Gottesman (1974) have noted that psychological services for the elderly are insufficient and inadequate. One of the problems in research on the aged is that most psychological tests are designed for younger people. Psychologists need to devise more instruments that adequately measure psychological characteristics of the aged.

Gerontology is a branch of science that studies the biological, psychological, and socio economic aspects of aging. The term ‘Gerontology’ comes from the Greek word, ‘geras’ meaning old age. It is one of the fastest growing multidisciplinary sciences within the field of health and human services. Gerontologists include researchers and practitioners in such diverse fields as biology, medicine, nursing, dentistry, psychology, sociology, economics, political science and social work. However, the three core components of gerontology are the biological, the psychological and the sociological. The present study belongs to the psychological aspects of gerontology, focusing on old age adjustment.
1.5 Need and Significance of the study.

An empirical scientific study of aging and the aged on a large-scale basis is of relatively recent origin. Therefore, there are many gaps in the knowledge about aging and the aged and there are many practical concerns to be addressed by the scientific community. Until recently, knowledge of aging and the aged was dominated by myth, stereotypes, prejudice, ignorance, and personal fears of growing old. Such myths and stereotypes can be damaging. This fact was demonstrated by Palmore (1977) who developed a quiz on the facts of aging that determines the amount of factual information about aging and the aged held by different segments of society. It was found that in the general population there is a great deal of misinformation about the aged that can be detrimental to both aging and the aged. Current knowledge either challenges or dispels most of the ‘truths’ (myths) held by people in the above study. So, researches into different aspects of the life of the elderly are inevitable for alleviating these myths and providing scientific information about aging and the aged.

As seen above, our society is rapidly aging, with an increasing proportion of the population living over the age of 60 and the growth of the older population is expected to increase dramatically over the next 20 years as the average life expectancy is expected to reach 70 years by 2025. Dramatic demographic changes pose multiple challenges to the governments, social scientists and to the society at large. The economic, social, and physical and mental health status of the fast growing elderly people is the number one among them.
Studies show that in India and other developing as well as under developed countries, majority of the elderly population are not in a position to lead an economically independent life (e.g., George, 2003). Many would have to turn to work for their livelihood until they are physically unable to do so anymore.

Increasing age brings about many changes. The changes that are often the most noticeable and the most feared are the biological and physical changes. It is regrettable that old people must face chronic limitations, illness, and physical dependence in a society that values independence. Health is obviously an important factor in the lives of the age. It is a factor that has a bearing on almost every single aspect of our lives; it can determine what activities or tasks we can or cannot engage in. It can have a bearing on how we perceive ourselves, or our self-concept.

The most commonly reported health problems of the elderly are, arthritis, hearing impairments, heart problems, blood pressure, visual impairments, digestive disturbances, mental and neuro disorders, genital and urological problems. The factors that influence the health of the aged are found to be exercise, nutrition, drugs, medical care, physical and psychosocial environments. Even though we cannot do much in this aspect, studies intended at finding out the factors that influence health adjustment among the elderly as well as the psychological factors related to health are indeed necessary.

The amount of stress to which an individual is subjected to and how he adjust to the life’s demands is also related to health. The literature indicates that the more stress individuals suffer, the poorer their health. Old age is a period wherein we
experience a number of stressful events such as loss or death of spouses, friends and relatives; economic dependence, migration to old age homes, and the like. Stress may not only precipitate illness, but it may also predispose illness. For example, it has been found that during the first year of widowhood, the death rate is 10 times higher than what would normally be expected and illness rate is 12 times higher than what would be expected for the surviving partner. Even though we cannot avoid most of the events happening in old age, we can do a lot in reducing their impact on the aged by helping them to cope with the situations, effectively. Significant supports received from others are found to reduce the impact of stress as well as help recovery from illnesses. So, how the aged persons adjust to their life events and factors that facilitate their adjustment are areas where psychological research is needed.

While the youth can expect or hope for a better tomorrow or a change on the good direction, the aged cannot. As a result of this many aged persons feel depressed, alienated and find life meaningless. At the same time, many elderly people, who too have similar experiences, adjust to them well and live their old age happily and meaningfully. Identification of the factors, which cause these differences and finding out means that facilitates the latter position in old age are certainly fruitful research attempts.

As already seen, a lot of changes have taken place in our traditional family system, wherein the elderly were taken care of and were treated with fear and reverence. Now the situation has changed a lot, the joint family system has almost vanished. We find that more than 12 percentages of the rural elderly live alone in
India (George, 2003). The number of elderly living alone will increase with urbanization and migration of young people coupled with decreased cohesiveness of the family bonds. Another notable change that has occurred in our society is the emergence of old age homes or institutions for the elderly. There has been an increase in the number of elderly resorting to old age homes, as they have no other means. This deprives them of the love, contact, and care from their children, grandchildren, friends and relatives and requires a major readjustment, which is rather unwelcome.

Studies have shown that the aged persons who are institutionalized lag behind in well-being and satisfaction and that most of the aged people in our society desire the presence of their family members and friends during the last phase of their life. So, comparative studies are certainly needed to obtain empirical evidence regarding the consequences of being institutionalized and to explore means to make life in old age homes more beneficial to the elderly, who have no other option.

Various surveys show that approximately 50 percentage of the elderly suffer from chronic diseases, around 6% are immobile and that visual and hearing impairments are highly prevalent among the aged. At the same time, the availability of health services for the elderly is far from satisfactory. Knowledge among the health workers of the specific needs of the elderly is also minimal.

Our Union Cabinet recently approved a new law in the maintenance and welfare of parents and senior citizens. Bill of 2007 aimed at helping the elderly live in dignity and peace, is of course a welcome move towards the protection and care
of India’s 77 million elderly citizens. Of course, this bill was the result of empirical evidence regarding the problems of the aged. However, in view of the increasing rate of growth of the aged population in our country, government efforts only will not be sufficient to meet the challenges.

Many Pan-Indian surveys reveal that about 30% of India’s elderly are subject to some form of abuse or neglect by their families. In spite of this, only one in six of the abused elderly report the injustice. Shockingly about 47.3 % of abuse against the elders is being committed by adult care givers, partners, or family members, while 48.7 % of all abuse cases imply neglect of elderly person, abandonment, physical, financial, or emotional abuse (Neeta Lal,.2007; Khatri ,2008). What ever be reasons for this, it reflects a rapidly changing, social landscape where family bonds are weakening and elders are being marginalized. It is high time that neither the governments nor social scientists shall turn their face away from these harsh realities.

Lack of familial adjustment, loneliness, illnesses, unfulfilled basic necessities and no source of income, and acute helplessness and dependence are the factors that reflect the miserable life of many of our elderly.

Powerlessness and alienation in personal domain and in the social and political fields are another aspect of life of the elderly. These are not biologically determined. Rather, they are socially created, the roots of which lie in the social, economic, and political structure of our society. For this reason, the capitalist
economic system discriminates and marginalizes the elderly in the political and social lives.

The need and significance for research studies on various aspects related to aging and the aged are clear from the above picture of and facts about the elderly. So, the present investigation is undertaken to explore into the different problems confronted by the elderly, particularly those residing in old age homes, and various factors affecting their adjustment status, feelings of alienation and spiritualistic orientation. It is hoped that the results of the study may provide empirical evidence regarding the same that may help all those who are concerned with the problems of the aged and seek ways to enhance their well-being – psychologists, sociologists, social workers and other professionals as well as governments and policy makers of our nation.

1.6. OBJECTIVES OF THE STUDY

The primary objectives of the study are:

1. To examine the major problems confronted by the aged persons as evidenced in the areas of health, home, social, marital, emotional, and financial adjustment, as well as their overall adjustment.

2. To find out whether there are significant differences between the aged persons staying in old age homes and those staying in their own homes, in the following.
   a) The six different areas of old age adjustment and in overall adjustment;
   b) The five components of alienation and in total alienation;
c) The six components of materialism-spiritualism and in total materialistic-spiritualistic orientation.

d) The degree of perceived support from the ten significant sources and in total perceived support.

3. To find out the impact of relevant socio-demographic variables [sex; economic dependence vs. independence; religion; marital status; educational status] on the different variables of old age adjustment, alienation, and materialistic-spiritualistic orientation of the aged persons.

4. To find out the relationships between age and adjustment status among the aged persons.

5. To find out the relationships between age and feelings of alienation among the aged persons.

6. To find out the relationships between age and materialism-spiritualism orientation among the aged persons.

7. To find out the relationships between perceived support and adjustment status among the aged persons.

8. To find out the relationships between adjustment status and feelings of alienation among the aged persons.

9. To find out the relationships between adjustment status and materialism-spiritualism orientation among the aged persons.

10. To find out the relationships between feelings of alienation and materialism-spiritualism orientation among the aged persons.
1.7. HYPOTHESES

Pursuant to the above objectives, the following hypotheses were proposed for the study:

Hypothesis – 1

“There will be significant differences between aged persons staying in old age homes and those residing in their own homes, in the six different areas of old age adjustment and in overall adjustment. Aged persons residing in their own homes have better adjustment status than those residing in old age homes.”

Hypothesis – 2

“There will be significant differences between aged persons staying in old age homes and those staying in their own homes, in the five components of alienation and in total alienation. Aged persons staying in old age homes have greater feelings of alienation than those staying in their own homes.”

Hypothesis – 3

“There will be significant differences between aged persons staying in old age homes and those staying in their own homes, in the six subscales of materialism-spiritualism and in total materialism-spiritualism orientation. Aged persons staying in old age homes have greater spiritualistic orientation than those staying in own homes.”
Hypothesis – 4

“There will be significant differences between aged persons residing in old age homes and those staying in their own homes in the degree of perceived support from the ten different sources and in total support. Aged persons staying in own homes have greater degree of perceived support than those staying in old age homes.”

Hypothesis – 5

“There will be significant differences between the male and the female aged persons in the six different areas of adjustment and in overall adjustment. Male elderly persons have better adjustment status than the females.”

Hypothesis – 6

“There will be significant differences between the male and the female aged persons in the different components of alienation and in total alienation. Female elderly persons have greater feelings of alienation than the males.”

Hypothesis – 7

“There will be significant differences between the male and the female elderly persons in the six subscales of materialism-spiritualism and in total score. Females are more spiritually oriented than the males.”

Hypothesis – 8

“There will be significant differences between the economically dependent and the independent groups of elderly persons in the different areas of old age
adjustment and in overall adjustment. The economically independent persons have better adjustment status than the dependent persons.”

**Hypothesis – 9**

“There will be significant differences between the economically dependent and the independent groups of the elderly persons in the different components of alienation and in total alienation. The economically dependent persons have greater feelings of alienation than the independent persons.”

**Hypothesis – 10**

“There will be significant differences between the economically dependent and the independent groups of aged persons in the different subscales of materialism-spiritualism and in total score of materialistic-spiritualistic orientation. The economically dependent persons are more materialistic in their orientation”.

**Hypothesis – 11**

“There will be significant differences among aged persons belonging to the three religious groups in the six different areas of old adjustment and in overall adjustment.”

**Hypothesis – 12**

“There will be significant differences among aged persons belonging to the three religious groups in the five components of alienation and in total alienation”. 
Hypothesis – 13

“There will be significant differences among aged persons belonging to the three religious groups in the different subscales of materialism-spiritualism and in total materialistic-spiritualistic orientation”.

Hypothesis – 14

“There will be significant differences among the four groups of aged persons, based on marital status, in the six areas of old age adjustment and in overall adjustment.”

Hypothesis – 15

“There will be significant differences among the four groups of aged persons, based on marital status, in the five components of alienation and in total alienation.”

Hypothesis – 16

“There will be significant differences among the four groups of aged persons, based on marital status, in the six subscales of materialism-spiritualism and in total materialistic-spiritualistic orientation.”

Hypothesis – 17

“There will be significant differences among the three groups of elderly persons, based on educational status, in the six areas of old age adjustment and in overall adjustment.”
Hypothesis – 18

“There will be significant differences among the three groups of elderly persons, based on educational status, in the five components of alienation and in total alienation.”

Hypothesis – 19

“There will be significant differences among the three groups of elderly persons, based on educational status, in the six subscales of materialism-spiritualism and in total materialistic-spiritualistic orientation.”

Hypothesis – 20

“There will be significant relationships between age and adjustment status of the elderly persons. Older the individual, less the adjustment status.”

Hypothesis – 21

“There will be significant relationships between age and feelings of alienation of the elderly. Older the individual, greater the feelings of alienation.”

Hypothesis – 22

“There will be significant relationships between age and materialism-spiritualism orientation of the elderly. Older the individual, greater the spiritualistic orientation.”
Hypothesis – 23

“There will be significant relationships between the degree of perceived support from significant sources and adjustment status of the aged persons. Greater the perceived support, better the adjustment status.”

Hypothesis - 24

“There will be significant relationships between the adjustment status and the feelings of alienation of the aged persons. Better the adjustment status, less are the feelings of alienation.”

Hypothesis - 25

Material and spiritual orientation of the aged persons. Better the adjustment status, greater is the spiritual orientation.”

Hypothesis - 26

“There will be significant relationships between the feelings of alienation and the material- spiritual orientation of the aged persons. Higher the feelings of alienation, greater are the spiritual orientation.”

1.8. DEFINITION OF KEY TERMS

ADJUSTMENT:

According to Sarason and Sarason (1993), “adjustment implies mastery over one’s environment and being at peace with oneself”. It refers to the ability to satisfy the demands of our surroundings as well as our need, so, it is a healthy balance between what we want and what society demands.
In the present study, adjustment is being represented by the scores obtained by the subjects in the six different areas of adjustment as well as in overall adjustment in the ‘Shamshad – Jasbir Old-age Adjustment Inventory (Hussain & Kaur, 1995).

**ALIENATION:**

Alienation refers to “the state or experience of being isolated from a group or an activity to which one should belong or in which one should be involved” (The Oxford Dictionary, 2002).

In the present study, alienation is being represented by the scores obtained by the subjects in the five different components and in total alienation in the “AlienInventory” (Gireesan & Sananda Raj, 1988).

**MATERIALISM:**

To Colman (2001), “materialism is an approach to the mind-body problem According to which only the physical realm is real and mental phenomena are merely functions or aspects of it”. In other words, materialism considers material possessions and physical comfort as more important than spiritual values.

**SPIRITUALISM:**

The New Oxford Dictionary (2002) defines spiritualism as “ a system of belief or religious practice based on supposed communication with the spirits of the dead”.

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Spiritual means relating to or affecting the human spirit or soul as opposed to material or physical things.

In the present investigation, materialism-spiritualism is conceived as a basic orientative facet of personality, influencing an individual’s moral values, dominant interests, motives, and social attitudes. It is being represented in the present study by the scores obtained by the subjects in the six different aspects as well as in total materialism-spiritualism in the “Mathew Materialism-Spiritualism Scale” (Mathew, 1973).

AGED / ELDERLY:

In the present investigation, ‘aged’ means a person who is 60 years or above in chronological age. The terms aged, elderly, and old age persons are used synonymously in the present report.