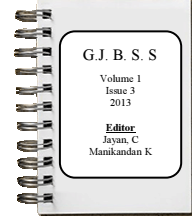




Guru Journal of Behavioral and Social Sciences

Volume 1 Issue 3 (July – Sept, 2013)

ISSN: 2320-9038 www.gjbss.org



Adjustment and Spirituality in Old Age

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Abstract

Received: 30 Jan 2013
 Revised: 15 July 2013
 Accepted: 17 Aug 2013

Keywords:

Adjustment, Spirituality, Old Age

In view of the increasing proportion of aged persons in our society and the consequent psychosocial challenges, the present study was an attempt to examine the problems confronted by aged persons. The major objectives of the study were to compare the adjustment status and spirituality in aged persons residing in old age homes and own homes, and to examine the impact of relevant socio-demographic variables on old age adjustment and spirituality. The results revealed poor adjustment status for the aged persons residing in old age homes, females, and the economically dependent groups of aged persons. The females were found to be more spirituality oriented than the males.

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The stage of human life that has not received the needed research attention is 'old age'. Kaplan and Sadock (1998) has noted that even though interest in the psychological aspects of aging goes back to thousands of years, it is only recently that the aged and aging have become topical concerns or topics of growing interest among psychologists. The new division 'Maturity and Old Age' added by the APA in its structure in 1946, resulted in an increasing interest in the psychological aspects of aging. Because life expectancy was relatively short in the past, there was little reason to show concern for the aged. Life expectancy for the Neanderthal man was under 20 years of age. To date, no archaeological excavations have found any Neanderthal skeleton remains above the age of 50 years. The same was the trend during Paleolithic period, and middle ages. In the past, disease, famine, war or natural calamities killed most individuals before old age and the aged constituted only a very small proportion of the population, and hence was neglected by poets, philosophers, and scientists. However, a 'longevity revolution' has occurred in the last century attributed to a combination of better sanitation, personal hygiene, improved nutrition, and advances in the field of technology and medicine. The industrial world, during the last century, witnessed a gain of some 25 years in average life expectancy and it is nearly equal to the added years of life expectancy amassed during the preceding 5,000 years of human history from the Bronze age (300 B.C.) until today (Butler, Lewis & Sunderland, 1998). The new medical and technological discoveries, improved health care, and a persisting low birth rate have resulted in a radical shift in the demographic profile of our country, with a tremendous increase both in the number and percentage of aged people. The same trend is prevalent in most other countries of the world.

The available 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 that one person out of five will be an aged person. Furthermore, of all the age groups, the percentage of people over the age of 85 years (oldest old) is increasing at the greatest rate (Kasthuri, 2007). The growth rate of aged population (37.3%) is twice that of general population (16.8%). The average life expectancy in India is expected to rise from 60 years in 1991 to 70 years by the year 2025 (Pai, 2002). This is not only the century of increasing proportions of older people but also the century of increasing proportions of older women. The sex ratio indicates an unequal distribution



between the sexes with increase in age, which can create a number of problems for the aged women. The longer life expectancy as well as the age norms of marriage in our society (older man and younger woman) have resulted in a large pool of single or widowed women. There is approximately over five times as many widows as widowers.

While in the developed countries, the States could well provide for the psychosocial and economic needs of the aged through well planned social security measures, in undeveloped, underdeveloped and developing countries the States themselves cannot provide for the needs of the aged. Without social security, the economic picture for older people would be bleak, since they have to spend a considerable portion of their meagre income for the essentials of existence (food, shelter, and medicine). Studies show that in India, majority of the elderly are not in a position to lead an economically independent life (e.g., Dutta, 1989). Adding to the economic, health and other psychosocial problems of the aged is the changes that are taking place in the traditional family system of our society, where the aged persons were taken care of in the family and were treated with fear and reverence. Today, the traditional roles of older individuals in the family and in the society are changing due to factors like urbanization, changes in family patterns and values, and youth migrating outside for better opportunities leaving their aged parents (empty nests) resulting in isolation, loneliness, neglect and helplessness of the aged. Currently protection and care of the aged is becoming a serious social concern and old age homes are mushrooming as an attractive alternative form of care. Though the concept of old age home is still a stigma to the Indian society, such institutions are becoming a significant reality for the aged (Shankardass, 2004).

Even though older people highly prefer to be with their children, grandchildren, and friends and relatives during the last phase of their life and old age homes are not in consonance with our culture and background, as Rani (2001) observed, there are a good number of destitute elderly who need old age homes, for the essential needs of food, shelter and medicine. The life in old age homes, either destitute homes or paid ones, deprive them of the love, contact and care from their children, grand children, friends and relatives, which warrants major readjustment in their lives. Available research findings indicate that aged persons living in old age homes lag behind in adjustment and mental health (Chandrika & Anantharaman, 1982; Joseph & George, 2011; Mathew, 1993). However, as Bharati (2009) has noted down, in addition to providing for the essential needs of the aged, old age homes become a place of solace for them, where they could meet like-minded people of their own generation, can have much better social interaction and provide opportunities for joy and recreation that suits their age.

In view of the multiple challenges of an aging society faced not only by the aged persons but also by the governments and society at large, the present study is an attempt to explore the adjustment status of our aged persons, including those living in old age homes. Spiritualism is considered as one of the basic orientative facets of personality which may influence all areas of our life. It is generally observed, and often reported in studies, that people become more religious and spirituality oriented in the later stages of their life. So this aspect of the aged also is explored in the present study.

Objectives

1. To find out whether there is significant differences in old age adjustment and spiritualistic orientation between the aged persons residing in old age homes and those residing in own homes.
2. To find out the whether there is significant gender differences in old age adjustment and spiritualistic orientation among aged persons.
3. To find out whether there is significant differences in old age adjustment and spiritualistic orientation between the economically independent and the economically dependent groups of aged persons.



Hypotheses

1. There will be significant differences between the aged persons residing in old age homes and those residing in own homes in their levels of adjustment and spiritualistic orientation.
2. There will be significant gender differences in old age adjustment and spiritualistic orientation among aged persons.
3. There will be significant differences in old age adjustment and spirituality between the economically independent and dependent groups of aged persons.

Method

Participants

The participants of the study consisted of 383 senior citizens randomly drawn from Ernakulam and Kottayam districts of Kerala. Of these, 232 participants were staying in old age homes (Men=73; Women=159) and the remaining 151 were staying in their own homes (Men=104; Women=47). The age of the respondents ranged from 60 to 90 years with a mean age of 74 years.

Instruments

1. **Shamshad-Jabir Old Age Adjustment Inventory (SJOA):** The Old Age Adjustment Inventory comprises of 125 items, measuring adjustment in six areas of life of the aged, viz., health, home, social, marital, emotional, and financial. The sum of the scores in different areas yields a measure of overall adjustment. The test- retest reliabilities of the test range from .91 to .96 for the different subtests and the split- half reliabilities range from .62 to .91. The inventory is reported to have high validity coefficients as determined by construct validation procedure (Hussain & Kaur, 1995).
2. **Mathew Materialism- Spiritualism Scale:** The Materialism- Spiritualism Scale (Mathew, 1975) was used to measure the materialistic- spiritualistic orientation of the participants. Containing 76 items, the scale consists of the following six subscales: 1. God: belief in God, 2. Religion: belief in the value of religion and religious practices, 3. Mysticism: belief in the genuineness of mystic experiences, 4. Spirits: belief in the existence of spirits and survival of the human personality of bodily death, 5. Character: belief in the direct personal value to the individual of altruism, unselfishness, celibacy, kindness, morality, etc., and 6. Psi: belief in the genuineness of paranormal phenomena like ESP, PK, Telepathy, etc. A high score in each of the subscales as well as a high total score indicates spiritualistic orientation. The odd-even reliabilities of the scales (corrected for attenuation) range from .63 to .90. The scale was validated against the 'Study of Values' subscales.

Procedure

The participants from old age homes were selected employing stratified random sampling and in the case of persons staying in own homes, simple random sampling was employed. The respondents were met individually and the tests were administered after obtaining informed consent and establishing rapport. In the case of some respondents, the investigator had to assist them in completing the questionnaires.

Results and Discussion

To find out whether there are significant differences between the aged persons residing in old age homes and those residing in own homes in the different dimensions of old age adjustment and spirituality, the significance of differences in the mean scores obtained by these two groups were tested using the 't' test and the results are presented in Table 1.

The results presented in Table 1 reveal that the aged persons residing in their own homes have better adjustment status in all the six areas of adjustments as well as in overall

adjustment than their counterparts residing in old age homes, the differences in the mean scores between them being significant at the .01 level. These results clearly indicate that the older persons staying in old age homes are facing many adjustment problems in all the major areas of their life. Most of the aged persons staying in old age homes are separated from their children and family, have financial and health problems, and many of them are widows/widowers. Old age homes, the majority being charity based, are insufficient in providing the inmates with sufficient opportunities for recreation, social contacts and medical facilities.

Table1

Mean, SD, and 't' values of Adjustment areas and Spiritualistic dimension by place of residence

Variables	Old age homes		Own homes		't'
	Mean	SD	Mean	SD	
Adjustment Areas					
Health	11.78	4.87	18.27	3.78	13.90**
Home	10.64	3.85	18.32	3.98	18.84**
Social	09.87	3.31	16.66	3.25	19.74**
Marital	05.62	2.90	11.54	3.44	18.12**
Emotional	09.54	4.48	16.26	3.79	15.23**
Financial	06.31	3.09	10.09	2.14	13.12**
Overall Adjustment	54.05	16.81	91.11	14.75	22.11**
Spiritualistic dimensions	Mean	SD	Mean	SD	
God	27.89	9.89	30.38	8.96	2.50*
Religion	23.65	8.37	21.56	6.46	2.60**
Mysticism	24.04	9.53	25.94	8.53	1.98*
Spirits	21.40	8.71	18.86	10.14	2.61**
Character	44.63	14.86	38.35	13.60	4.18**
Psi	30.70	11.25	29.83	12.13	0.72
Total	171.66	45.70	163.09	40.37	1.88

* $p < .05$; ** $p < .01$

So, it is quite natural that the resident older persons have poor adjustment status. A number of earlier studies have reported that older persons staying with families have better adjustment than those staying in old age homes and the latter group has less favourable attitudes towards others, themselves, and has poor physical and mental health (Mathew, 1993; Poorkaj, 1972; Santhosh, 1991). Pinto and Prakash (1991) found that home based elderly are more active, more satisfied, and hence more privileged than their counterparts dwelling in old age homes. Chandrika and Anantharaman (1982) have pointed out that the main reason for poor adjustment of institutionalized elderly is that they are constantly surrounded by other elderly who experience dejection and loneliness in their life.

The results given in Table 1 reveal that there are significant differences between the two groups in most of the spiritualistic dimensions except in Psi and total spiritualism. Of these, the persons residing in own homes have higher scores (high spiritualistic orientation) in the dimensions of God and mysticism, while those residing in old age homes have higher spiritualistic orientations in the dimensions of religion, spirits, and character. These indicate that the aged persons residing in old age homes have strong belief in the value of religions and religious practices and beliefs. They also have greater belief in the existence of spirits and survival of the human personality of bodily death. Moreover, the old age home dwellers have greater belief in the direct personal value to the individual of altruism, unselfishness, celibacy, kindness, morality, and the like. The life experiences and the style of life in old age homes may be the reasons for their greater spiritualistic orientation in these dimensions.

To examine whether there are significant gender differences among the aged persons in old age adjustment and spirituality, their respective mean scores were computed and tested for significance using the 't' test and the result is presented in Table 2.

The obtained results reveal that the males have significantly higher scores (better adjustment) in all the areas of their life than the females. In our society, the males are enjoying a better position than the females in financial, social and cultural aspects. They are more active, have more social contacts and a wider network of friends than the females.

Table 2

Mean, SD, and 't' values of Adjustment areas and Spiritualistic dimension by Sex

Variables	Males(N=177)		Females(N=206)		't'
Areas of Adjustment	Mean	SD	Mean	SD	
Health	15.20	5.77	13.59	5.22	2.90**
Home	15.36	5.35	12.21	5.04	5.94**
Social	13.79	4.80	11.48	4.28	4.96**
Marital	09.58	4.19	06.56	3.81	7.40**
Emotional	13.30	5.32	11.24	5.19	3.82**
Financial	08.72	3.19	07.00	3.22	5.21**
Overall Adjustment	75.93	24.56	62.42	22.09	5.77**
Spiritualistic dimensions	Mean	SD	Mean	SD	
God	27.44	9.91	29.84	9.24	2.14*
Religion	21.81	7.53	23.69	7.81	2.39*
Mysticism	24.54	9.02	25.00	9.34	0.49
Spirits	19.83	9.69	20.89	9.08	1.10
Character	40.99	15.91	43.16	13.49	1.44
Psi	29.86	11.48	30.79	11.70	0.78
Total	164.01	47.91	171.96	39.74	1.78

*p< .05; **p< .01

The females in our culture are traditionally bound to the family, have less friends and social contacts. Other researchers also have revealed similar findings. For example, Dhillon's (1993) comparative study of the elderly have revealed that the aged females, irrespective of institutionalization, felt more alienated, depressed, and pessimistic than the aged males.

From table 2, it can be seen that there exist gender differences in spirituality among the aged persons only in the dimensions of God and religion. In the case of both these dimensions, the female senior citizens have significantly higher mean scores than the males indicating that they have greater belief in God and in the value of religions and religious practices. These results are in agreement with general observations and research findings in this regard. Some earlier studies also have reported that females in general, and older ones in particular, are more religious and do attend religious services more frequently than men (Moberg, 1970; Taylor, 1986; Cherian, 1999).

In view of earlier findings regarding the significance of financial security in the lives of the aged, this aspect has been examined by way of testing the significance of the differences in the mean scores obtained by the economically dependent and independent groups of the aged persons in adjustment and spirituality and presented in table 3.

The results with respect to old age adjustment and financial dependence clearly indicate that financial independence/dependence is an important variable influencing the adjustment status of aged persons. In all the different areas of adjustment as well as in overall adjustment, the aged persons who are financially independent demonstrate significantly better adjustment than the aged persons who are financially dependent. It is quite natural that



economically sound and independent persons can afford to a better standard of living including food, medicine and other amenities.

Table 3

Mean, SD, and 't' values of Adjustment areas and Spiritualistic dimension by independence vs. dependence

Variables	Independent		Dependent		't'
	Mean	SD	Mean	SD	
Areas of Adjustment					
Health	17.74	4.21	11.68	4.88	12.78**
Home	17.64	4.28	10.05	3.96	16.95**
Social	15.64	4.18	10.11	3.45	14.15**
Marital	10.42	4.18	06.00	3.21	11.69**
Emotional	15.80	4.13	09.38	4.43	14.46**
Financial	09.76	2.57	06.24	3.02	12.05**
Overall Adjustment	88.89	18.71	54.31	17.57	17.47**
Spiritualistic dimensions	Mean	SD	Mean	SD	
God	27.89	9.89	28.07	8.96	1.88
Religion	23.65	8.35	22.74	6.46	1.07
Mysticism	24.04	9.53	25.04	8.53	1.17
Spirits	21.40	8.71	20.82	9.60	0.98
Character	44.63	12.78	43.97	11.74	1.09
Psi	30.70	11.25	29.83	12.13	0.72
Total	171.66	45.70	163.09	40.37	1.88

**p<.01

It seems that financial capacity of aged persons has a bearing on all areas of their life. A number of studies have revealed that aged persons who are economically independent, having financial security and a ready source of income displayed better adjustment and positive behaviour (Poorkaj, 1972; Ramamurthy, 1989; Ramamurthy & Jamuna, 1993; Thorson, 1983; Tilak, 1990). However, financial dependence or independence does not have any influence on the spiritualistic orientations of the aged persons. The two groups did not differ in any of the dimensions of spirituality.

Conclusion

The present investigation has helped in identifying the diverse problems confronted by aged persons and the differences among different subsections of the aged. The finding that the aged persons residing in old age homes and those who are economically dependent lag behind in adjustment points to the need for extending at least the minimum facilities for them including food, clothing, medical aid, and recreation and counselling facilities. Opportunities for participation in religious activities and prayers, visit to holy places, and the availability of priests would help to enhance the well-being of the aged and may help them lead a contented life and prepare for peaceful death. Psychologists and other social scientists should try to devise training programmes that help adults to learn how to age peacefully and nobly. Such programmes shall include training in financial, emotional, interpersonal, and health management during old age. Instead of leading a passive, withdrawn, and isolated life, the aged persons should be encouraged to participate in social, religious, and spiritual activities. Controlled physical exercises and recreations may make them more active both physically and mentally as revealed by the beneficial effects of yoga for the aged. Encouraging and helping aged people to maintain friendship bonds, visits of relatives, pilgrimages, and occasional get

together will benefit them a lot. All these cannot be achieved by the State alone; but the concerted efforts on the part of religious and social groups, political parties, voluntary agencies, neighbourhood groups, and social, psychological, and medical professionals are needed to help our elderly persons to live the last phase of their life happily and peacefully.

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