A STUDY OF SOCIAL CONNECTEDNESS, SPIRITUALITY AND HOPELESSNESS AMONG OLDER ADULTS

DISSERTATION
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Accredited by NAAC with 'A+' Grade

CERTIFICATE

This is to certify that Ms. KAJAL CHIB student of B.A. Honours Psychology Semester V, Session 2021-2024, bearing Roll No, 2108008 has worked under supervision of Dr. Priya Choudhary on Project entitled "A Study of Social connectedness, Spirituality and Hopelessness among Older Adults". Her mini project is fit for submission, in partial This fulfilment of their requirements for the award of the Degree in B.A. Honours psychology.

Date:

Supervisor:

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CHAPTER I

INTRODUCTION

SOCIAL CONNECTEDNESS

The degree to which people have and perceive a desired number, quality, and diversity of relationships that create a sense of belonging, and being cared for, valued, and supported. Social connectedness influences our minds, bodies, and behaviours all of which influence our health and life expectancy. Research shows that social connectedness can lead to longer life, better health, and improved well-being (CDC, 2023)

Social connectedness plays a very important role in promoting health and wellbeing. Social well-being in elderly people helps in strengthening good mental health and consists of arrangement of networks and their interconnections (Galloway, 2013). Social connectedness is often promoted as a means of encouraging older people to age 'effectively' and 'set up,' as well as framing the newly discovered 'age-friendly cultures' (World Health Organization, 2007, 2015) and diminished paces of discouragement and stress and more prominent life span (Choudhary et al., 2021; Umberson & Montez, 2010)

SPIRITUALITY

Spirituality has become an essential part of emotional health in today's world. Maintaining a sense of value or reason in life as an older adult is a sign of general happiness (Crowther, et al.,2002; Fry, 2000, 2001; Krause, 2004; Steger et al., 2009) and is associated with lower levels of depressive symptoms (Van Orden et al., 2012). Older adults with clinically severe depressive symptoms may be more susceptible to believing that life has no significance (Reker, 1997). Provided meta-analytic results showing positive correlations between spirituality and well-being (Smith, McCullough, & Poll, 2003) (Choudhary & Naz, 2021).An individual’s experience of the sacred (Hill & Pargament, 2003) and associated with lower depressive symptoms (Mofidi et al., 2006; Nelson et al., 2002; Yoon & Lee, 2004), greater psychological well-being (Bush et al., 2012; Fry, 2001), and greater levels of positive affect (Kim et al., 2004).In older people, spirituality has been shown to reduce the negative association between frailty and psychological well-being (Kirby, Coleman, & Daley, 2004).

Spirituality refers to the factors which can contribute to health, social, and behavioural problems, can limit the physical capabilities and disposition of elderly people in their communities (Choudhary et al., 2021; Farzianpour et al., 2012; Lehnert et al., 2011 & WHO, 2007).

HOPELESSNESS

Hopelessness among the elders is commonly seen in elderly people and also influences the elderly people the formation of suicidal thoughts and a component of the depressive condition (Beck et al.,1985; Melges & Bowlby, 1969; Stotland, 1969). It results in a negative attitude towards life which results in maladaptive and abnormality in behaviour (Beck et al., 1974; Weishaar & Beck, 1992, Alloy et al., 1988). The onset of the hopelessness thoughts influences the occurrence of depression in the elderly. There are a few Social Connections for Older Adults Strategies available(van et al., 2020).Considering the weakness of older individuals and the significance of health status in the elderly population and because of the absence of studies concerning social connectedness, spirituality, and quality of life on the hopelessness of the elderly people, this examination was expected to survey the relationship between different variables. The present exploration was attempted to explore the socio-segment characteristics to survey the mental health and fundamental prosperity of the seniors rehearsing spirituality. Without spirituality, the mental wellbeing of the elderly cannot be persuaded. Nowadays, the mental health of the elderly is often neglected, and fatigue, anxiety, and depression have become commonplace (Choudhary & Naz, 2021).

SOCIAL CONNECTEDNESS, SPIRITUALITY AND HOPELESSNESS AMONG OLDER ADULTS

Social connectedness has quickly gained traction as an important research area in the past two decades, with much evidence pointing to its considerable impact on various outcomes for both individual and society. Researchers have consistently found that higher levels of social connectedness are linked to desirable outcomes such as increased political participation (Paxton, 2002, Reilly, 2017), and better health outcomes (Cornwell & Waite, 2009; Kawachi et al., 2008). On the other hand, a lack of social connectedness (i.e., social isolation) often leads to increased mortality risk (Holt-Lunstad et al., 2015) and can exacerbate the negative consequences from natural disasters (Klinenberg, 2001).

Findings suggesting the decline of social connectedness in American society have thus led to some public anxiety. Sociologists Robert Putnam and Claude Fischer have been the two main contributors

to (rather public) debates on this issue. Putnam (2000) first argued in *Bowling Alone* that the proportion of people engaging in regular group activities and informal social gatherings was sharply decreasing. This, he claimed, signalled the fragmentation of society that would eventually lead to the erosion of democracy, economic productivity, and general well-being of its citizens. Many commentators then offered reasons for this apparent decline, ranging from industrialization, capitalism, to feminism (for a review, see Wellman, 2001). By contrast, Fischer (2011) assembled new evidence in Still Together to demonstrate that Americans remain as socially connected as before – particularly in areas of informal social participation such as making phone calls, and/or having meals with family and friends. Given these trends, it was concluded, the "panic" around social connectivity was unfounded (Wang & Wellman, 2010). Americans' ties to their family and friends remained stable, resilient to wider changes in society such as technological advances and demographic shifts (Fischer, 2011).

First, as Fischer (2011:49) explicitly notes, age and cohort effects could not be directly separated. While Putnam (2000) attempted to approximate cohort effects by comparing rates from similar age groups across different survey years, it is unclear whether the trends derived from these synthetic cohorts (i.e., containing different cohort members at each time point) are able to sufficiently mimic true cohort patterns. Second, although changing life course circumstances between cohorts (e.g., delay of marriages, fewer children, more people living alone in later cohorts) were offered as plausible explanations for the purported trends in social connectedness, these studies could not directly estimate the impact of these factors on cohort differences within a single statistical model. Rather, they were forced to make extrapolations based on observational trends pieced together from synthetic cohorts(Ang, 2019).

Spirituality and religious participation are highly correlated with positive successful aging, as much as diet, exercise, mental stimulation, self-efficacy and social connectedness, stimulating an interest in the understanding of why spirituality has such positive effects on the quality of life and end of life. Crowther et al. proposed that positive spirituality is defined by developing an internalized relationship with the sacred and transcendent world that is not bound by race, ethnicity, economics or class, and promotes the wellness and welfare of the self and others. Older adults who are more religious tend to demonstrate greater wellbeing than those who are not. However, Seifert warns against the sentiment of assuming that spirituality automatically increases with age. In those individuals, the success of their aging should be measured according to spiritual traditions of humankind that respect the role of an elder in the society .In summary, spirituality appears to play

an important and adaptive role in aging that seems to lead to a better quality of life and life satisfaction, as well as longevity in the older practitioners (Lavretsky, 2010).

One of the frequent negative emotions in the elderly is hopelessness. It can be said that it is related to the feeling of failure, which occurs more frequently in old age than in youth.5 Often, the elderly ceases to do what they cannot accomplish successfully, because they consider that they will fail again[3]. Hopelessness is the subjective assessment of negative expectations on the occurrence of highly valued outcomes, along with the sensation that lacks control over the desired events in the future. Hopelessness has been reported as the origin of mental disorders, especially depression and suicidal ideation. It can be conceptualized as a temporary state of humour, reflecting a person's response to challenging circumstances or a more lasting trait, reflecting a habitual look of the individual in various aspects of life.6 The growing increase of the elderly population in Brazil and in the world, as well as the augmented prevalence of mental disorders in the 21st century presents as new dilemmas under the health and quality of life scope.7 Thus, the objective of this study is to undertake a systematic review of the literature on the hopelessness in the elderly people to analyse their prevalence and to demonstrate the problems that may be associated with this feeling in this population (Hartmann Júnior et al., 2018).

SIGNIFICANCE OF THE STUDY

The study of social connectedness, spirituality, and hopelessness among older adults holds significant importance for various reasons. Firstly, as the global population ages, understanding the psychosocial well-being of older adults becomes crucial for promoting healthy aging. Social connectedness plays a vital role in the mental and emotional well-being of individuals, and investigating its impact on older adults can contribute to the development of targeted interventions to enhance their quality of life. Secondly, spirituality often becomes more prominent in the lives of older individuals, and exploring its role can provide valuable insights into the coping mechanisms and sources of resilience among this demographic. Spirituality can serve as a resource for finding meaning and purpose in life, potentially buffering against feelings of hopelessness. Lastly, addressing the issue of hopelessness among older adults is essential, as it can have significant implications for mental health and overall life satisfaction. Identifying factors that contribute to or mitigate hopelessness can inform strategies to promote mental well-being and resilience in the aging population. In summary, this study has the potential to contribute valuable knowledge that can inform policies, interventions, and support systems aimed at enhancing the social, spiritual, and

emotional well-being of older adults, thereby fostering a more positive and fulfilling aging experience.

STATEMENT OF THE PROBLEM

"A STUDY OF SOCIAL CONNECTEDNESS, SPIRITUALITY AND HOPELESSNESS AMONG OLDER ADULTS"

OPERATIONAL DEFINITION

Social connectedness: Social connectedness refers to the extent to which an individual is engaged in meaningful social interactions, has a sense of belongingness, and perceives themselves as part of a social network or community.

Spirituality: Spirituality encompasses an individual's beliefs, values, practices, and experiences related to meaning, purpose, transcendence, and connection with something greater than oneself . negative cognitive state characterized by a pervasive sense of despair, pessimism about the future, and a lack of motivation or expectation for positive outcomes.

Older adults: Older adults" refer to individuals typically aged 65 years and older, although definitions may vary based on cultural, social, and institutional contexts.

OBJECTIVES OF THE STUDY

The objective of research project summarizes what is to be achieved by the study. In view of the available literature & importance of the topic, the following objectives were set: -

1. To find out relationship between social-connectedness and spirituality among elder adults.
2. To find out relationship between social-connectedness and hopelessness among elder adults.

HYPOTHESIS OF THE STUDY

1. There will be significant relationship between social-connectedness and spirituality among elder adults.
2. There will be significant relationship between social-connectedness and hopelessness among elder adults.

DELIMITATION OF THE STUDY

1. The study focuses specifically on adolescents having ages of 10 and 19 years old. This excludes younger children and adults.

2. This study is limited to the population of Jammu district.

CHAPTER II
REVIEW OF LITERATURE

INTRODUCTION

The importance of review of literature is very heavy in the research process where every researcher wanted to have. Identify the need for additional research (justifying your research) and Place your own research within the context of existing literature making a case for why further study is needed. The major purpose of reviewing the literature is to determine what has already been done related to the topic and Identify the need for additional research that can relate to one's problem. It involves the systematic identification, Identification of the relationship of works in the context of its contribution to the topic, location and analysis of documents containing related information about the problem. The review of published literature is a faithful source of information where one can place their own research within the context of existing literature making a case for why further study is needed and it helps to show the relationship between completed research and the topic under investigation. A theoretical framework sharpens research objectives, suggests what variables should be eliminated as no meaningful and hence wasteful, increasing the likelihood of significant findings, simplified the complex task of interpreting results, aids in interpreting the result, aids in interpreting meaningful even if non-significance result and makes research cumulative from one study to the next.

Social connectedness among older adults

Coelho-Júnior et al. (2022) investigated the association between religious and spiritual (RS) practices with the prevalence, severity, and incidence of mental health problems in older adults. Older adults aged 60+ years and assessed RS using valid scales and questions from valid scales, and mental health according to validated multidimensional or specific instruments. The findings

showed that while there was a good correlation with life satisfaction, meaning in life, social relationships, and psychological well-being, there was a negative correlation with anxiety and depressive symptoms when high RS was present. In particular, the prevalence of depressive symptoms was reduced in those with high levels of spirituality, intrinsic religiosity, and religious affiliation.

Can Oz et al. (2022) conducted a study to identify the meaning and effects perceived by a person concerning religion and spirituality as that person grows old. A total of nineteen adults aged 65–88 participated in the study and their interviews were conducted. The findings suggest that the participants see becoming an older adult as a process that improves relationships with others and increases empathy and support. Additionally, the findings suggest that spirituality may be a significant factor in directing the lives of older persons, providing them with tools to deal with adversity and define their purpose in life. Providing spiritual support to senior citizens may also help them feel good and manage their stress. It is advised that continuing education programs be established to increase the knowledge of spiritual requirements among health practitioners.

Hernandez & Overholser (2021) examined hopelessness as an important determinant of health and death, and as a modifiable risk factor for older adults. The study aimed to evaluate the effectiveness of interventions on hope among older populations. A thorough search of PubMed and Psych INFO was conducted.36 studies were included, most with hope/hopelessness as a secondary outcome. Interventions based on CBT alone or combined with antidepressants significantly decreased hopelessness in depressed older adults. Psychological interventions based on life review effectively improved hope/hopelessness in a range of samples, including depressed, bereaving, or medically ill older adults. In conclusion Hope/hopelessness in older adults can be improved using psychological interventions based on CBT and life review.

Suragarn et al., (2021) examined the approaches that enhance social connection related to health and well-being in older adults. The CINAHL, Embase, Medline, PsycInfo, and the Cochrane Library were searched between 2008 to 2021. Sixteen articles met our inclusion criteria and four approaches were categorized: (1) intergenerational programs between younger and older generations, (2) aging-friendly neighborhoods or communities, (3) community-based group physical activities, and (4) technology. Diverse activities that facilitate the formation of new social networks and the maintenance of existing ones—whether through in-person or virtual interactions—should be part of early treatments.

Hunsaker et al. (2020) examined Online Social Connectedness and Anxiety Among Older Adults. We investigate the connection between different forms of online socializing and overall anxiety using information from an online survey of older persons (60 years of age and above). It was found that engaging in meaningful online discussions and being a part of online communities are linked to higher levels of anxiety. Anxiety is also correlated with meaningful online participation, particularly in debates about aging and health. Our findings point to a connection between older persons' worse mental health and higher levels of social interaction on the internet.

Lima et al. (2020) examined that the quality of life of older persons was becoming more and more crucial for the evaluation, enhancement, and distribution of health and social care services. The aim of this research was to improve understanding of the relationship between elderly people's quality of life. This is a cross-sectional study that involves 604 community-dwelling older individuals. The sample was consisted of females in 63.6% of cases, with a mean age of 71.6 (SD = 4.81). The Spiritual and Religious Attitudes in Dealing with Illness measures spirituality; the Barthel Index measures functioning; the Satisfaction with Social Support Scale measures social support; and the Short Form Health Survey 36 measures mental and physical quality of life. The findings confirm the notion that age and chronic illness are unchangeable factors that affect older

people's quality of life, but functionality, spirituality, and contentment with social support are variables that may be changed.

Zaki, (2018) conducted a study to assess the perceptions of members at a PACE. There were four African American, five unanswered, and twenty Caucasian (including Hispanic). Of the participants, 14 lived alone at home and 15 shared housing with a family member. The results showed that the welcoming and compassionate community was cited as the greatest strength, while the transit timetable was mentioned as the most popular area for improvement. Members are significantly more satisfied overall, more satisfied with access to medical care, and more satisfied with the quality of medical care since joining the PACE. Living situation was an effect modifier for overall satisfaction, access to PCP, and quality of medical care.

O'Rourke et al., (2018) examined the literature on interventions and strategies to affect loneliness/social connectedness for older adults. A search of six electronic databases from their launch in July 2015 turned up 5530 unique records. After using standardized inclusion/exclusion criteria, 44 research (reported in 54 journals) were selected for additional analysis.the results showed that To improve our understanding of intervention processes, research is required to examine the various hypotheses about why treatments are effective. To foster social connectivity among older persons, new conceptualizations of intervention goals are required that go beyond the existing emphasis on the objective social network, such as purposeful activity.

Agli et al., (2015) examined the effects of religion and spirituality on health outcomes such as cognitive functioning, coping strategies, and quality of life in people with dementia. A total of 51 articles featuring specific keywords were gathered from online databases. Then, 11 articles were chosen based on inclusion and exclusion criteria. These were sorted by methodological quality and then examined one at a time. The results emphasize the positive effects of spirituality and religion on physical well-being. According to three articles, participants' cognitive problems tended to lessen or stabilize when they made greater use of their spirituality or religion through

their faith, practices, and upholding of social interactions. Religion and spirituality seem to help patients cope with their illness and live better lives by slowing down cognitive loss.

von Humboldt et al., (2014) examined the markers of adjustment to aging (AtA) and look into the latent notions that may be important factors in determining spirituality for an older population living in communities across borders. 154 older adults from two nationalities (German and Portuguese), aged between 75 and 103 years were interviewed Three aspects of the entire model—spiritual and existential meaning, limit-related awareness, and community embeddedness—explained older persons' spirituality. This paper's findings underscored the need to investigate spirituality's potential for AtA and to enhance the spiritual aspect of health care for the older, international population.

Sarin et al. (2016) examined the presence and severity of depression and extent of negative attitudes about the future in institutionalized elderly in India. The Beck Depression Inventory (BDI) and Beck Hopelessness Scale (BHS) were used to gather data from inhabitants of various senior living facilities located around Delhi NCR (N = 21). Findings showed that among the elderly living in institutions, there was mild depression and mild pessimism. Additionally, there was a significant positive connection ($\Gamma = 0.83$) discovered between hopelessness and sadness. Elderly people who are institutionalized may experience social and emotional losses that result in depressive symptoms. The study's conclusions highlight the neglected and apathetic living circumstances of old people in institutions, a pressing issue for Indian society.

Shaw et al. (2016) explored the perceived role of religion and spirituality as a person ages. Eight older adults, four men and four women, aged from 67 to 80 years, participated in semi-structured interviews. The results from a thematic analysis revealed three manifest themes (*defining religion and spirituality*, *the spiritual journey* and *being older but not feeling older*) and one latent theme (*faith*). The results show that the participants see older adulthood as a period of spiritual growth

and development which provides a means of compensating for losses that can result from physical decline.

Trivedi et al. (2014) assess the suicidal ideations, hopelessness and impulsivity in depressed and non-depressed elderly and to study the relationship of suicidal ideations with hopelessness and impulsivity in them. 60 elderly patients above the age of 60 years participated in the study. The scales used were Geriatric Suicide Ideation Scale, Beck Hopelessness Scale, Barrat's Impulsiveness Scale, Geriatric Depression Scale. Results showed that hopelessness was a significant predictor of suicidal ideation in the entire sample as well as in the depressed and non-depressed elderly when the two groups were considered separately. Impulsivity when considered alone was a significant predictor of suicidal ideations in the entire sample. In conclusion, Hopelessness and impulsivity both by themselves are significant predictors for suicidal ideations in the elderly and when both are considered together hopelessness is a better predictor of suicidal ideations than impulsivity.

Yen et al., (2012) examined how older adults perceive and navigate their neighbourhoods for their health. 38 adults (ages 62–85) were part of the study. The results showed that the health of older persons is influenced by a variety of settings, including residential districts. Active lifestyles, social interactions, and mobility are valued by older persons.

Emlet & Moceri, (2011) examined the importance of social relationships and social connectedness with aging in place and in developing elder-friendly communities. The process used in this study was inclusive of younger adults (age 40–65) as well as older adults (65+) in order to further understand how they envision a community that could support their own aging in place. The results of this study reinforce the importance of social connectedness in creating and maintaining elder-friendly communities for older adults, as well as soon-to-be retired individuals, wishing to maintain life connectedness to their community. The study suggests the possibility of

using more nontraditional research techniques (such as the World Café process) for gathering community level data.

Stanley et al. (2011) conducted a study to examine patient preferences for incorporating religion and/or spirituality into therapy for anxiety or depression and examine the relations between patient preferences and religious and spiritual coping styles, beliefs and behaviors. 66 adults, 55 years or older fulfilled these tasks over the phone or in person: The Geriatric Anxiety Inventory, the Santa Clara Strength of Religious Faith, the Client Attitudes Toward Spirituality in Therapy, the Patient Interview, the Brief Religious Coping, and the Religious problem solving Scale are some of the tools used to measure spirituality and religiousness. The results showed that more positive religious-based coping strategies, stronger religious faith, and more collaborative and less self-directed problem-solving methods were indicated by participants who believed it was crucial to incorporate religion or spirituality in treatment than by those who did not. In conclusion, It was preferred for people, such as the majority of study participants who were Christians, to include spirituality and religion in anxiety and depression counseling.

You et al., (2009) conducted a study to examine Spirituality, Depression, Living Alone, and Perceived Health Among Korean Older Adults in the Community. This study included 152 men and women older than 65 years old. The results showed that Korean older adults living alone were significantly more depressed than were older adults living with family and the only factors that were substantially correlated with general health and/or depression were spiritual activities and Spirituality Index of Well-Being scores. However, there was no correlation found between the variables of depression and general health and the importance of religion and attendance.

Allen et al., (2008) examined the relation of religiousness/spirituality; demographic characteristics such as age, race, and type of crime; and physical and mental health among 73 older male inmates in the state of Alabama. After passing a cognitive test, prisoners over 50 had

in-person interviews that lasted 30 to 60 minutes. The results showed that there were no racial/ethnic differences in reported religiousness/spirituality, demographic characteristics, or mental health. Three regression models looked at the relationship between anxiety, sadness, and a wish for an early death and the self-reported religiousness and spirituality of the prisoners. It was found that having a greater number of daily spiritual experiences and not feeling abandoned by God were associated with better emotional health.

Cornwell et al. (2008**)** examined the social connectedness among older adults. The study included older Americans aged 57–85 who were not institutionalized. Results indicate that the number of non-primary group ties, the size of the network, and the closeness to network members are adversely correlated with age in older persons. However, volunteering, attending church, and mingling with neighbours are all positively correlated with age. These results contradict the idea that social connectivity is universally negatively impacted by aging.

Klemmack et al., (2007) examined the spirituality among older adults. Using data from 1,000 older persons living in the community, the authors conducted a k-means cluster analysis using a modified version of the Duke University Religion Index to identify six clusters. The findings of the study showed the greatest scores on the variables measuring health, functional status, and mental health were seen among participants in the very religious, moderately religious, and slightly religious clusters.

Stern et al., (2001) conducted a study to evaluate the relationship between hopelessness and mortality in a biethnic cohort of older community-dwelling Mexican Americans, the most rapidly growing segment of the elderly, and European Americans. 795 persons aged 64 to 79 years participated in the study. The sample was selected using random sampling technique. The results showed that among middle-aged and older persons from different ethnic backgrounds, pessimism is a substantial predictor of death. Additional investigation is required to assess the processes

underlying this occurrence and the impact of treating hopelessness on the length and quality of life of those involved.

CHAPTER – III

METHODOLOGY

INTRODUCTION

Research is a scientific enquiry, definite and systematic procedure to collect data. It helps to find out more information about study in detailed and careful manner. According to Creswell (2008) research is a process of steps used to collect and analyze information to increase our understanding of a topic or issue. It consists of three steps: pose a question, collect data to answer the question, and present an answer to the question. The research methodology is a systematic way to resolve a problem. Methodology helps to contribution towards the success or failure of any research work. A pre-planned and well organized method of research that helps researcher to make scientific and systematic plan for solving the problem under investigation. After selection of the problem, the researcher has to decide suitable procedure and techniques that to be used for investigation according to the nature of research problem**.**

Research design Research design is an outline or a sequence of steps to be followed for conducting the study in such a way that maximum control will be exercised over factors that could interfere with the validity of the research results. (Polit and Hungler, 1999). The research design includes the researcher's overall plan for obtaining answers to the research questions guiding the study. Types of research design which are commonly used are exploratory, descriptive, correlational, experimental and causal. The present study followed an exploratory research design for deciding the hypotheses. Once the hypotheses were finalized, descriptive and correlational research designs were adopted. Exploratory research design is used for formulating the problem for more clear and definitive exploration. Extensive literature survey was done under exploratory research design to come up with the gaps in the current literature and identify hypothesis to be tested.

METHOD

There are several methods of collecting data but the selection of method of research is determined by the nature of the problem. The descriptive survey method is used in the study after considering nature, need and purpose of present research. Descriptive survey studies are conducted to collect the data of existing phenomena with the view to employ data to justify current condition and practices or make intelligent plans description of the tools and the sample is given under.

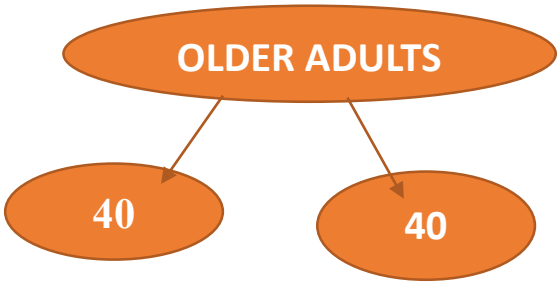
POPULATION AND SAMPLE OF THE STUDY

POPULATION

In the course of our research, our targeted population comprised adolescents, recognizing the importance of studying this specific age group due to its unique developmental nuances and distinct perspectives. the sample will be collected from Jammu districts only.

SAMPLE

Sampling is the soul of scientific study. A good sample minimizes the error of estimation, is less time consuming, and economical in terms of time and money. The size of sample varies from study to study, methods and nature of population. In the present study, keeping in view the limitation of time the researcher has to be contented within the limited samples. The investigator randomly selected 80 adults of Jammu District.



S.NO.	NAME OF THE OLDAGE HOMES	NO.
1	OLDAGE HOME AMPHALLA	40
2	OLDAGE HOME TALAB TILLO	40

SAMPLING TECHNIQUE

In our synopsis, random sampling method was used to ensure a representative and unbiased selection of participants. The use of **random sampling** was pivotal in minimizing selection bias and enhancing the generalization of our findings. This approach involved randomly selecting participants from the larger population, providing everyone an equal opportunity to be included in the study.

VARIABLES

On the basis of above illuminations and nature of problem following independent variables were selected in present study.

A) DEPENDENT

Older Adults

B) INDEPENDENT

- Social connectedness
- Hopelessness

RESEARCH TOOL AND ITS DESCRIPTION

The selection of suitable tools is of vital importance for successful research. Different tools are suitable for collecting different kinds of information for various purposes. Selection of tools for

data collection depends upon the nature of problem undertaken. For the present investigation the investigator has used the following tools of research: -

- **Spirituality (Lynn G. Underwood 2006)**

  The Daily Spiritual Experience Scale (DSES) is a 16-item self-report measure designed to assess ordinary experiences of connection with the transcendent in daily life. When using the DSES quantitatively, items 1-15 are scored: Never 1, Once in a while 2, Some days 3, Most days 4, Every day 5, Many times a day 6. Item 16 is scored: Not at all 1, Somewhat close 3, Very close 5, As close as possible 6. The Cronbach's Alpha for the scale is usually above 0.9

- **Social connectedness (Lee, R. M., & Robbins, S. B., 1995)**

  The Social Connectedness Scale (SCS) is a self-report questionnaire that measures the extent to which individuals feel connected to others in their social environment. It was developed by Lee and Robbins in 1995 and has been widely used in research and clinical settings. The SCS is a 20-item scale that assesses different dimensions of social connectedness, each item on a 6-point Likert scale, from 1 (strongly disagree) to 6 (strongly agree).

- **Hopelessness Scale (Dr.Aaron T Beck)**

  It is a 20-item self-report inventory developed by Dr. Aaron T. Beck that was designed to measure three major aspects of hopelessness: feelings about the future, loss of motivation, and expectations.[1] It is a true-false test is designed for adults, age 17–80.

STATISTICAL TECHNIQUE EMPLOYED

The collected data was scored according to directions given in the list manuals. Then standard statistical procedures were used to conduct the analysis. Descriptive statistics such as Mean and Standard Deviation were calculated to test significance of means of different variables in the study. Correlational Analysis was performed to derive the relationship between the variables and to see one variable's effect on other variables.

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