Graying population is one of the most ‘significant characteristics’ of the 20th century and century and the first quarter of the 21st century known as the “age of ageing”. Along with the world population, Indian Elderly are also “ageing in old age”. Ageing is a phase of life and a biological process. Every organism born, ages with time and decays. Ageing is a life-long activity from birth we grow older through infancy to childhood to adolescence to adulthood and onwards. The most widely used measure of ageing is chronological age, since if is the simplest and...
most comparable. But chronological age in itself is inadequate to explain the condition of people in later life. The term old’ is often associated with alteration in individual’s biological, psychological and health capabilities and changes in social roles. People aged sixty years and over are also considered as persons in the “third age.

Ageing is a natural process that begins at birth, or to be more precise, at conception, a process that progresses throughout one’s life and ends at death. If is a constant, predictable process that involves growth and development of living organisms. Aging can’t be avoided, but how fast we age varies

From one person to another. He we age depends upon our genes, environmental influences, and life style.

“Ageing can also be defined as a state of mind, which does not always keep pace with our chronological age. Attitude and how well we face the normal changes, challenges and opportunities of prevented. However, some of the effects of aging can be slowed and even prevented. Prevention in later years requires participating in health education and health promotion activities designed to
reduce the risk of disease. Prevention also involves engaging in interventions that improve outcomes in the event an illness does occur and includes efforts that reduce the risk of progressive disability and decline of function. In later life the goals of prevention also include maintaining function, vitality and quality of life.

As ageing is a continuous process in the structure and functions of the body, the physical abilities if the former tend to slow down with the passage of years. It is an impoverished environment, poor nutrition and diseases that break down the nervous system’s natural potential resistance against deterioration. As far as the psychological structures and functions are concerned, there need not necessarily be deterioration. Ageism implies that the old are perceived as sick, unhappy, empty and useless, and are discriminated against. Aging is any change in an organism over time. Aging refers to a multidimensional process of physical psychological and social change. Some dimensions of aging and expand over time while others decline.) Research shows that even late in life potential exists for physical, mental, and social growth and development. Aging is an important part of all human societies reflecting the biological changes that
occur, but also reflecting cultural and societal conventions. Age is usually measured in full years and months for young children. Chronological aging, referring to how old a person and may be distinguished from “social aging” (society’s expectations of how people should act as they grow older) and “biological aging” (an organism’s physical state as it ages). Aging is not merely the passage of time; it is the manifestation of biological events that occur over a span of time. However, there is really no perfect definition of aging.

Aging in India: some reflections :

The aged population in India is currently the second largest in the world. In modern times, for all practical purposes the individuals who are above sixty years of old are considered to be aged or ‘senior’ citizens of the state. In academic research, retirement age is often taken as index of aged status. Chronological age of fifty-eight or sixty is considered the beginning of old age. However, existence of mass poverty, growing trends towards nuclear family, greater life expectancy and deterioration of cultural values
and norms are engendering stumbling blocks in the part of the aged to cope with the changing environment (Bhatia 1983). As a result, the aged population in India is accompanied by a series of problems in their day-to-day life. The major areas of problems, faced by the aged individuals are. Income generation, health, use of free time social security, social participation, dignity and respect and so on these problems are because of the following reasons namely, geographical and cultural differences, redtops and disproportionate socioeconomic facilities to urban and rural areas in terms of education, sanitation, health and housing. As a result the Government of India has Undertaken some legislative and policy measures for the welfare of the aged.

Population ageing is a worldwide phenomenon. In India the trend has resulted in various challenges on account of gradual erosion of the traditional joint family system and the inability of government to support any section of the elderly population besides retired government employees. Today, even as senior citizens are more active and independent owing to health consciousness, medical interventions, and easy
accessibility to medical facilities, most of them are dependent on the younger generation for physical care and financial security and are forced to adjust in a society that stereotypes ageing as deteriorated physical and mental health. Exiting studies mostly reveal the negative aspects of ageing the elderly are passive receivers of care, without their skills and talents being tapped by family and society it’s time gaps in research are plugged and we look at the positive aspects of ageing to ensure happier later years.

In India, as elsewhere, senior citizens need to remain integrated in society, be able to live with dignity and security, be able to pursue opportunities for self-development, and

Participate actively in the formation of policies that impact them. Tow major effects of globalization have been the breaking up of the traditional joint family system and increasing economic burden on the elderly. This has led to increased marginalization of the elderly. If is important that government and society understand the rights and needs of the elderly and frame suitable policies and legislations and effectively implement them. Ageing needs to be a positive
experience for the elderly. Media has a crucial role to play in reflection society’s attitudes and equally, in shaping those attitudes. From stereotyping of ageing to raising awareness of positive attitudes to ageing India media is fast maturing. The main features of ‘successful’ ageing include: ability to face reality, adapt well to changes, stay optimistic, consider life meaningful, maintain close family and social relations and use one’s skills and talents optimally. ‘adjustment and’ life satisfaction’ are important components of Successful ageing.

Perceptions of change are more important to age-related adjustment than the actual change. Self-esteem and self-rated adjustment to ageing largely depend on the individual’s personality and interaction with physical and social environment. In turn this interaction creates attitudes that help to meet the challenges of ageing. In India, factors that influence the extent of adjustment mainly include the degree of flexibility, living arrangements, economic status, marital satisfaction, attitude towards retirement, self-perception after ageing, physical and mental health including any disability attitude towards the future and death, and involvement in family and society.
Factors that determine life satisfaction are mental disposition and enthusiasm, acceptance of one’s actions, parity between desired and achieved goals self-esteem, and optimism. Major determinants of successful ageing include age, marital satisfaction, family support and involvement, educational and professional success, economic well-being, health, satisfactory community participation and awareness of social support systems.

Harmony envisages senior citizens as ‘Silvers’ and believes in the need to create a positive image of old age in society. Encouraging and assisting the elderly to participate and contribute in the overall development of family and society enhances confidence, dignity and harmonious integration. As

The correlation between the elderly and the social and physical environment determines successful ageing, as in-depth understanding of factors providing a wider perspective is crucial. In traditional Indian society, health and financial concerns of the elderly were the family’s responsibility. However, sustaining such support in a modernizing society has become increasingly difficult.
owing to changes in family structure and consequent mobility of the younger generation—both within urban areas, and from rural to urban areas. There is also lack of control over family resources, and growth in individualism. Without much support from either the family of society, the elderly have no one to depend on, leading to greater alienation and isolation. Though it is unlikely that family support and care of the elderly will altogether cease in the near future, a marked decrease in expected as a result of economic development and modernizations in India, as in many other Asian countries.

India is characterized by heterogeneity among the elderly. Variations in their living situations are viewed vis-à-vis factors like age, gender, marital status (never married, married, widowed, divorced or separated), region, educational status and occupational status. Thus far, the Indian government has

Found it difficult to work around this cultural and socio-economic heterogeneity, and has hot been able to effectively implement policies for senior citizens. Hence the existing challenges—absence of adequate and assures income, ill health, lack of social security, loss of social role and recognition, and non-availability of creative opportunities, to name a few.
Theoretical Perspective:

The major theoretical perspective of ageing are: disengagement theory, modernization theory, labeling theory, activity theory and subculture theory (Baum and Baum 1980 and Crandall 1980).

The disengagement theory of aged, proposed by Cumming and Henry (1961), proclaims that the aged individuals must be disposed of from their respective roles in order for the proper functioning of the society. According to the proponents of this theory, disengagement is a gradual and an inevitable process (Crandall 1980). Moreover, this theory confines the area of operation of the aged by restricting their scope for employment and commitments. In essence, though controversial, it is mentioned that the perspective of

Disengagement of aged is functional in its approach-it gives psychological well-being for the old individuals (Baum and Baum 1980 : 20).

Modernization theory of aged, propounded by Cowgill and Holmes (1972), portrays a sense of abandonment of the role to the elderly in the modern society. After engaging in a series of qualitative and quantitative observations on older people in preindustrial and industrial societies,
Cowgill and Holmes advocate that modern societies have a less use of older persons than that in the pre-modern societies. But I think modern societies have failed to give due recognition to the elderly. According to them, the more you become older, the more you experience a sense of relative deprivation. In the words of Baum and Baum, as promulgated by Cowgill and Holmes, “modern societies abandon their older people economically, socially, and culturally more so than did preindustrial social orders”. Thus this theory can be attributed to the conflict perspective.

The labeling theory of aged, proposed by Bengston (1973), advocates to elucidate the actions of the elderly individuals in the society. The basic tenets of this theory are based on the assumption that when an individual is given a label of ‘old’, this label creates a significant impact on the way he/she is being treated and perceived by the society. In fact, this theory demonstrates a similar nature of symbolic perspective. As labeled individuals, the aged individuals are used to associate to new identities, positions and roles. Once labeled, it is difficult for him/her to change the label because all of his/her actions are interpreted in light of the new identity, positions and roles. Moreover, the
action that does not confirm to the label will be abandoned and the action that confirms the new identity/positions/roles will be accentuated.

Activity theory of aged, developed by Havighurst Neugarten and Tobin (1958) has developed a different approach for the elderly in modern society. According to Maddox (1966 and 1968), this theory is regarded as anti-ageing perspective (Baum and Baum 1980:23). It believes that if the roles and activities associates to old age are lost, it is important to develop new set of roles and activities in order to replace the existing ones. Thus, replacement of roles and activities is a compulsory fact for the aged because it empowers the degree of life satisfaction at the old age. In fact,

The activity theory can best attributed to the perspective of emancipation.

In arguing for the empowerment of the aged, Arnold Rose (1965) has developed the theory of subculture of the aged, which defines and delineates the environment for the elderly by determining its own organizations, and objectives. Broadly speaking, there are three antecedents, which are responsible for the emergence of subculture of aged. These are: a high density of aged population;
exclusion of aged from participation in societal activities, for example due to the case of retirement laws and health factors; and a sense of age consciousness. As a result, the subculture of aged shows an apathetic attitude towards society by maintaining its own value system, life styles, interests and actions. This theory comes under the preview of emancipation perspective.

**The Plight of the Elderly:-**

As human life advances from childhood to youth and from youth to manhood, at every stage there is meaningful and responsible role to play. At the same time, every stage of human life is exposed to numerous “risks” and “hazards” associated with occupation and age. In this process, as it

Advances from manhood to old age, new stresses and strains engulf human existence. The family has generally been. The traditional primary source of the social, economic, psychological and physical support for the aged. However, the elderly get affected due to lack of support from children who would have grown into adulthood and
are in the web of fulfilling their own priorities. Joint family system is slowly vanishing from the society day social set-up. And due to lack of any worthwhile scheme of social insurance of social assistance these elderly become one of the marginalized and vulnerable sections of the society. Emerging changes in the demographic, social and cultural mores of the society is also one of the major causes behind the unfavorable scenario of the twilight zone of human life. The intensity of old age problems varies from rural to urban and ageing from person to person and of course from men to women.

**ECONOMIC CONDITION :-**

The problems of the elderly essentially concern:

1. Lack of Income Security
2. Absence of appropriate Health Care
3. Deprivation of social and Emotional needs
4. Lack of personal Security

In general older people are considerably poorer than young active members in the work force. In India old age is associated with lowering of economic status, financial insecurity and at times objects poverty. The reasons are:
1. Only about 10 percent of the people are employed in organized sector where they can expect regular income, pension or other benefits after retirement. As of 1991, there were 7 million elderly who were employees in public and private sector and 53 million in unorganized sector. Low wages, job insecurity, lack of legal and governmental provision to protect their make 90% wage earners vulnerable provision to protect their.

2. 60% of those who get retirement benefit are found to become financially dependent on others within two to three years after their retirement.

3. Joint families used to provide succor to the old, disabled and infirm earlier. Nuclear families cannot or may not provide for economic needs of older member.

4. Though the needs of elderly reduce to begin with, as years go by, they increase due to health reasons. It is then difficult to cope with the declining finances. Hence, physical, financial and emotional dependence goes on increasing.

5. Increasing number of elderly get disillusioned and lead a miserable life resulting out of their blind faith and love for their children.
6. There is a large segment of older women who had always been dependent economically on the family. They will be hard hit, if families are not supportive in their old age.

7. Traditionally children were considered as “old age security”. With decline in birth rates and nuclear families, old people are forced to fend for themselves.

8. In India, there is already considerable poverty. People living in marginalized conditions are likely to become increasingly so when they grow old and disabled.

9. Health problems increase with ageing. India lacks comprehensive Medicare policy. Even optimal health care is expensive. As people live longer, they outlive their resources (if any) as medical expenses eat into their savings. Dependency

Economic well being of a society is often measured by dependency ratio. Persons under 15 years and above 60 are assumed to economically inactive and depend on population aged 16-59. Dependency ratios are calculated taking these three segments of population. Inadequate income and poverty lead to dependency on bread earning/care taker group (16-59 years of age). Dependence
rate is very working person in the future there will be 2 dependent persons. In turn this trend creates economic, social, health and psychological pressure on care givers. The National Sample Survey Organization (NSSO) 42\textsuperscript{nd} round of studies shoe that nearly half of the aged persons in India are fully dependent of others. Out of these three fourths. Are supported by their children. Rural elderly work for longer time as agriculture laborers, while urban elderly seek re-employment. In a country with high unemployment rate, this may not be easy. At times poor health may act. As an obstacle for reemployment.

**STATUS OF THE OLS IN INDIA**

75 per cent suffer from physical disability. 60 per cent face a great sense of alienation. 48 per cent are extremely lonely.

46 per cent face economic problems. 40 per cent feel unwanted by their children.35 per cent feel no one helps them or speaks consolatory worlds.35 per cent are unhappy due to disrespect in the family.33 per cent are worried about bad health.52 Per cent aged of both sexes do all their work themselves, including cooking their meals, and feel a sense of loss about daughters-in-law not helping out. Only 1per cent enjoy this facility.67 per cent feel the family
treats them with contempt as they are no longer working. 25 per cent suffer from depression. 12 per cent suffer from a sense of economic “sociology of ageing among the senior citizens” in urban UP. In India, the elderly people suffer from communicable as well as non-communicable diseases.

**PROBLEMS DUE TO THE AGEING PROCESS**

No one knows when old age begins. The “biological age” of a person is not identical with his “chronological age” nobody grows old merely by living a certain number of years. Years may wrinkle the skin, but worry, doubt, fear, anxiety, tension and self-distrust wrinkle the soul. With

The passage of time, certain changes take place in an organism. The following disabilities are considered as incident to it:

- **A.** Senile cataract
- **B.** Glaucoma
- **C.** Nerve deafness
- **D.** Osteoporosis affecting mobility
- **E.** Failure of special senses


**F. Bronchitis**

*a) Alzheimer’s disease*

*b) Rheumatism etc.*

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**PROBLEMS ASSOCIATED WITH LONG-TERM ILLNESS**

Certain chronic diseases are more frequent among the older people than in the younger people. These are:

*a) Degenerative diseases of Heart and Blood vessels*

*b) Cancer*

*c) Diabetes*

*d) Diseases of Locomotors System*

*e) Genitourinary System*

Till now, a few hospital based studies have been made in India on the health status of the aged persons, but such studies provide only a partial view of the spectrum of illness in the aged. The overall data on aged are scarce. The
The following table shows the percentage of elderly reporting various ailments:

<table>
<thead>
<tr>
<th>Ailment</th>
<th>Reported percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Impairment/complaint</td>
<td>88</td>
</tr>
<tr>
<td>Locomotive disorder</td>
<td>40</td>
</tr>
<tr>
<td>Neurological complaints</td>
<td>18.7</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>17.4</td>
</tr>
<tr>
<td>Respiratory disorder</td>
<td>16.1</td>
</tr>
<tr>
<td>Skin condition</td>
<td>13.3</td>
</tr>
<tr>
<td>Gastro-intestinal disorder</td>
<td>9</td>
</tr>
<tr>
<td>Psychiatric problem</td>
<td>8.5</td>
</tr>
<tr>
<td>Hearing Loss</td>
<td>8.2</td>
</tr>
<tr>
<td>Genitourinary disorder</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Source: ICMR
• **PSYCHOLOGICAL PROBLEM**-

It comprises of:

a) Emotional disorders- it is a result of social maladjustment failure to adapt can result in bitterness, inner withdrawal, depression, worriness of life and even suicide.

b) Sexual adjustment – after the age of 40, there is cessation of reproduction by women and diminution of sexual activity on the part of men. As a result, physical and emotional disturbances may occur. Jealousy, irritability is very common and frequent.
Social problem due to Mental Changes:

Impaired memory rigid outlook and resistance to change are some of the mental changes in the elderly. Reduced income leads to a fall in the living standards of the elderly; it does have mental morbidities due to ageing of the brain problems associated with physical health, cerebral pathology, socio-economic factors such as breakdown of the family support, and decrease in economic independence.

The mental disorders that are frequently encountered include dementia and mood disorders. Other disorders include neurotic and personality disorder, drug and alcohol abuse, delirium, and mental psychosis. The rapid urbanization and societal modernization has brought in a breakdown in family values and the framework of family support, economic insecurity, social isolation, and elderly abuse leading to a host of psychological illnesses. In addition, widows are prone to face social stigma and ostracism.

Socio-Economic Problems
The socio-problems of the elderly are aggravated by factors such as the lack of social security and inadequate facilities for health care rehabilitation and recreation. Also, in most of the developing countries, pension and social security is restricted to those who have worked in the public sector or the organized sector of industry. Many surveys have shown that retired elderly people are confronted with the problems of financial insecurity and loneliness. The 60th National sample survey (January-June 2004) collected data on the old age dependency ratio. It was found to be higher in rural areas than in urban areas. With regard to the state of Economic development a higher number of males in rural areas, 313 per 1000, were fully dependent as compared with 297 per 1000 males in urban areas. For the aged family, an opposite trend was observed (706 per 1000 for females in rural areas compared with 757 for females in urban areas). On average 30% females in geriatric group are economically dependent, usually on their children.

The multifarious dimensions of ageing in India can psychologically be thought to be a series of transition from one set of social roles to another and such roles are structures by the social system. According to Bhatia
(1983), “age and ageing are equally related to role-taking, value orientations and modes of behaviors of a person the expectation of which varies at different age-stages of members of a society”. It may be mentioned that the process of ageing is not uniform for all individuals in the society. Thus, changes in the life of the old age, which is considered to be the saunas ashram of the Hindu ashram theory, is influenced by the biological as well as the social and cultural systems. However, in recent times the status and role to the old age population have been diminished due to the technological developments that have colonized the outlook of the youths.

**Stress :-**

The definition of stress has changed over the years, but the meaning has remained the same: that many diverse agents elicit the same neuroendocrine response consisting of an elevated secretion of adrenocorticotrophic hormone (ACTH) by the pituitary leading to the enhanced release of glucocorticoids from the adrenal cortex (1,2). The neuroendocrine products affect every organ system. Three major changes are observes: adrenal enlargement, gastrointestinal ulcers and thymolymphatic atrophy (1,2,3). Consequently it is possible to assess stress simply
by weighing the thymus, spleen or the adrenal gland thus providing a quantitative index of the intensity of stress. These indicators were used half a century ago but now such functions of the adrenal medulla cortex, hypothalamus and pituitary can be determined by assaying catecholamine, corticoids and other hormones. Most recently, monitoring stress-related gene expression has been used as a measure of stress-evaluations (4).

Stress in a familiar aspect of modern life, being a stimulator for some, but having a negative impact for many others. Stress can be defined as a constellation of events resulting from a stimulus (the stressor), and precipitating a series of events activating physiologic response are generally adaptive in the body (the stress response, 5,6). The physiologic response results in the release of neurotransmitters to the body. The results of the physiologic response are generally adaptive in the short-term (5), but can be detrimental when the stress in chronic and prolonged (7). There are wide variations in behavioral and biological reactions to stressful situations depending on genetic factors, gender, physiologic and psychological
history (8). A great deal research remains to be carried out concerning these individual differences and how they can be recognized.

Any kind of immediate threat to a person’s wellbeing is a stress-producing experience (acute triggering a response in the body known as the fight-or-flight response. Here, both the sympathetic nervous system and the endocrine systems are involved. The sympathetic nervous system stimulates the adrenal medulla to secrete catecholamine, including adrenaline.

... and nor adrenaline this results in an increase in respiration, heart rate, blood pressure and blood flow to the muscles and, inhibition of digestion and dilation of the pupils—the fight or flight response. Once the threat is removed the parasympathetic nervous system is activated and arousal tapers off over the neat 20-60 minutes. Prolonged stress, however, follows a different route. The hypothalamus produce corticotrophin releasing hormone which, in turn stimulates the pituitary to produce adrenocorticotropin, which then stimulates the adrenal cortex to release stress related corticosteroid hormones, the most important being cortical. However, corticosteroids...
have long-lasting effects. Importantly, if stress in detrimental to the body systems, lowering immunity and increasing susceptibility to illnesses including infectious diseases—the subject of this review. Evidence of stress effects on health, predominantly involves a co-relational analysis and illness. For each of chronic stress can contribute as a factor to disease initiation and/or exacerbation.

Stress in common in both the fairer gender. Causes of anxiety and depression in both the men and women might be quite dissimilar from each other. Definitely it is unknown that if stress affects men and women differently. Generally, as the two sexual categories often work in different social circumstances, both are likely to build up different emotional temperament and personality. For that reason, their response and handling the stress situations differ to each other.

**Can stress Accelerate Aging?**
We are at the receiving end of stress at any part of our life. Both the aged and comparatively younger ones are facing hard situations and trying to live with them. While the aged people are confronted by physical and monetary problems, the young ones are challenged by their studies, jobs, emotional relationship and friends. Fortunately, we learn to live with the obstacles that have been given by stress with time, but in the far end of our life the natural defense mechanism does not perform properly. Naturally, we all identify that there is a relation between how we live and how we die. It then makes sense that if we are challenged by stress during our youth, it will have a negative impact on how we grow older and how quickly that takes place. In the past, it was thought that the animals having low heart rate live longer. That is not considered convincing anymore. Modern theory is that it is the due to the long-term effect to various stress hormones that can accelerate aging.

One particular case is very much fascinating and it has a merit investigating it separately. This is the relation of the body with release of glucocorticoids during stress. The brain controls the release of the glucocorticoids form the adrenal gland by secreting corticotrophin releasing the glucocorticoids. How does the brain determine when there
are sufficient glucocorticoids in the blood?. It is mediated by the mechanism for controlling hormone release. The brain controls the release of (CRF) (that in, turn, the glucocorticoids) using a feedback mechanism. The area of brain that determines the levels of glucocorticoids In the system is called the hypothalamus. Older people’s thalamus cannot the hypothalamus. This will explain the higher level of glucocorticoids even during there is no stress. What could have caused the failure the feedback system? The answer is not clear but the most likely cause is the glucocorticoids during previous chronic stress. What could have caused the failure of the feedback system? The answer is not clear but the most likely cause is the glucocorticoids during previous chronic stress. This means that a long duration of being exposed to glucocorticoids will bring about hippocampus damage that will lead to more glucocorticoids being released in the blood stream. Hippocampus damaged leads to a disease called- Alzheimer’s Disease. This is probably one of the most incapacitating diseases known to man. Hippocampus is the part of brain, which is an important area for storing and retrieving memories. If this area is injured the person concerned will not recall anything.
As it is proved by the scientist that stress can increase the rate of aging one has to control the stress as far as practicable.

Stress causes negative emotion. People who are surrounded by negative emotions are more prone to build up loss of memory and cognition, as they are getting older. People who were prone to psychological suffering (negative emotions) are more liable to have mild cognitive impairment. Those with the highest degree of negative emotion are about 42% more likely to develop mild cognitive impairment than those with the lowest level of psychological distress. However, people’s fundamental inclination toward negative emotions does not change radically over time.

Scientists confirmed that cognitive problems could in the long run lead to Alzheimer’s disease. They are now investigating the fact that if controlling blood pressure can, in fact, lessens the risk of developing Alzheimer’s disease. It is a major medical investigation because it may help us avert one of the most incapacitating diseases known to man. Scientists advocate that it is essential for the adults need to know about their blood pressure. It is also important to have a knowledge that how to maintain it
under control. Memories help us to learn easily. If we do not have our memory, we have to learn everything again and again each day. Memory loss is related to numbers of social and physiological aspects. We can control some of these aspects. Stress is one of the factors, which can be controlled by us effectively. We are facing the stress a lot of times each day. Sometimes just getting up in the morning and making breakfast is stressful. However, there are different magnitudes of stress. Stress that can be controlled may actually be beneficial for us. It motivates us to take essential steps. Otherwise, slackness may come into our mind. On the other hand, there is the king of stress that is absolutely beyond our control.

Researchers have discovered that stress can trigger the commencement of memory and cognitive disorder. The association between memory problems and stress is rooted in the way our bodies respond physically to stress. Certain hormones (stress hormones-Adrenaline, Cortical) are secreted form the adrenal gland to facilitate us managing the apparent threat. After their action and when the stress wane off the hormone levels return to basal level quickly. However, when the stress continues for prolonged period, the hormone levels continue to be raised and in due course, the brain component that is related with memory function
is damaged. Now, the big question is how to deal with the stressors that are beyond our control? Essentially, we should search and discover a way of deal with distress that is sure going to work. Meditation is a good option. Alternatively, exercise has a role to lower down stress. Some learn to be within himself, giving adequate time to rejuvenate. Some rely up on healthy living skills such as taking balanced diet or adequate sleep. Some relieve stress by responding appropriately to relieve pain. It takes endeavor to manage stress. But once we become

Successful, the outcome will be much healthier and it will be easier to sustain with our memory power.

**LIFE Events and Stress:**

*Life events* are defined as discrete experiences that disrupt an individual’s usual activities, causing a substantial change and readjustment. Examples of life events include marriage, divorce, illness or injury, and changing or losing a job. In the literature on stress life events have been traditionally considered as one type of stressor, along with chronic strains (ongoing stressful circumstances such as living with disability or poverty). Since the pioneering work of Tow Holmes and Richard
Rahe in 1967, an enormous body of literature has developed on the topic of life events and illness.

Life events research has evolved from early models viewing life changes as inherently stressful and having similar effects on all who experience them to more complex models emphasizing individual differences in both reactions and vulnerability to life events. In addition, there have been a number of conceptual and methodological critiques that have led to more sophisticated models and methods of assessing life events. Recent studies demonstrate that even with careful attention to methodological issues life events can have important effects on health and psychological well-being.

**Life events in old age:**

Individuals from various age groups are exposed to different sets of life events. Yet, despite potentially important age differences, relatively little research has focused on life events in later life. Research on life events in old age is of great importance, since identifying prevalent events and managing stress in later life can not only improve our understanding of human development
and adaptation, but can also serve as a basis for interventions and social policies.

Age differences in the occurrence of life events. Contrary to the general belief that age is a stressful period of time, studies have consistently shown that older adults experience fewer life events than do younger adults. However, though the overall number of events that individuals experience may decline with advancing, aging, some specific types of life events are more likely to be encountered in later life. Illness and injury, hospitalization, and the death of a spouse or a friend are

Examples of undesirable life events that are more prevalent in old age. Using large sample of community-dwelling older adults, Stanley Murrell and colleagues (1984) showed that over half of their sample had experienced hospitalization, either their own or that of significant other in the past year. Of course, some other types of life events, such as family conflict and problems with jobs, are less prevalent in older adults.

Another reason for the reduction in life events in later life may be found in the composition of measurement scales. Since most life event inventories used in previous studies were originally developed and standardized on
relatively young populations, items less relevant to older adults, such as getting married, having children, and changing jobs, are often included. Given the different experiences in the life cycle, some researchers have developed life event inventories for older individuals. Studies employing relevant measures for older individuals have been shown to be more successful in relating life events and measures of well-being.

Age differences when responding to life events. Some events experienced by older individuals are age-normative

Events that are expected by most people to occur later in the life cycle. When events are anticipated, their adverse impact may be limited because individuals are prepared for them. The case of planned retirement, older individuals feel much better than do younger persons who involuntarily lose a job. In addition, retirement may even lead to enhanced physical and psychological well-being. On the other hand, the death of an adult child is a non-normative experience for older individuals. Even though only a small portion of the older population experiences the loss of a child, it can have a devastating influence on physical and emotional well-being of older individuals. The unexpected and untimely nature of such an event interferes with
adjustment and adaptation and can also make older adults feel guilty.

Studies show that older individuals are more likely than younger persons to be affected by the events that occur to people they are close to. Such events have been referred to as network events or non egocentric events. Examples include adult children’s marital or financial problems and illness of family members or friends. With advancing age, individuals pay

More attention to the problems of others and become vulnerable to these events.

Researchers have suggested that individuals’ prior experiences should be considered to better understand their experiences with life events. This is particularly true for older adults who have had various and rich experiences through the life course. A life-long experience of dealing with stress may provide a context to understand an individual’s response to certain events. In many cases, older individual’s tend to perceive life events as less troublesome because they are more likely to have relevant experiences to help them cope. Research that focused on older victims of a flood showed that older individuals with prior experience of a flood showed less anxiety and distress
then younger persons or persons without such experience (see Murrell et al., 1998). Accumulated life experiences may make older individuals more resilient and others undergo life events may also aid older people in adaptation to life events. For example, the experience of spousal bereavement may be less devastating for older widows compared to younger ones in part because windows of

Older females are more prevalent and there are many role models in society.

Along with prior experience, current life situations also provide an important context for interpreting individual differences in the impacts of life events. Life events that happen concurrently with other events or under situations of chronic strains may have different meanings than a single event. Older caregivers of dementia patients report mere negative events and appraise them as mere stressful than controls who are not caregivers (see Reed, Stone, and Neale). In contrast, some researchers have suggested that chronic stressful events because minor stressful events play in comparison to mere chronic stressors.

Chronic strains can even change the context and outcomes of major life events. Research suggests that
highly strained caregivers show some recovery of functioning after the death of a spouse while no caregivers react with increased depression. Since chronic trains and life events interact in a variety of examination of both life events and chronic

Strains is helpful in understanding individuals responses to life events.

Most life events research has focused on negative and undesirable life events and the beneficial effects of positive life events need to receive more attention. Birth of grandchildren, going on a trip out of town, receiving an award or special praise, and starting a new hobby or recreational activity are some of examples of positive events that happen in later life these positive life events not only have a desirable meaning to older individuals but also moderate the impacts of stressful events. Positive events make individuals focus on good feelings, change views of other events and provide motivation and resources to overcome stress resulting from negative events. Research on depression in late has shown that depressed older adults
have relatively few pleasant events and that treatment aimed at increasing pleasant events can reduce depression.

**Optimism :-**

Optimism is “a inclination to put the most favorable construction upon actions and events or to anticipate the best

Possible outcome”. It is the philosophical opposite of pessimism. Optimists generally believe that people and events are inherently good, so that most situations work out in the end for the best

Alternatively, some optimists believe that regardless of the external world or situation, one should choose to feel good about it and make the most of it. This kind of optimism doesn’t say anything about the quality of the external world; it’s an internal optimism about one’s own feelings.

A common conundrum illustrates optimism-versus-pessimism with the question, does one regard a glass of water, filled to half its capacity, as half full or as half empty? Conventional wisdom expects optimists to reply, “half full, “and pessimists to respond, “Half empty”
(assuming that “full” is considered good, and “empty”, bad).

Another paradox sometimes associated with optimism is that the only thing an optimist cannot view as positive is a pessimist. Pessimism, however, as it acts as a check to recklessness, may even then be viewed in a positive light.

Over optimism naïve optimism or strong optimism is the overarching mental state wherein people believe that things are mere likely to go well for them than go badly. Compare this with the valence effect of prediction, a tendency for people to overestimate the likelihood of good things happening rather than bad things.

Optimism bias is the demonstrated systematic tendency for people to be over-optimistic about the outcome of planned actions.

Personal optimism correlates strongly with self-esteem with psychological well-being and with physical and mental health. Optimism has been shown to be correlated with better immune systems in healthy people who have been subjected to stress. Martin Seligman, in researching
this area, criticizes academics for focusing too much on causes for pessimism and not enough on optimism.

**Optimism is the key to a long life:**

Why is it that some people live to be older than others? Is it because of a self-disciplined diet, regular exercise and good Hygiene? It is also true that genetic factors account for longevity in 25% of the world’s population. But interestingly, the rest of it depends upon the way you live. A diet comprising one-third less than the recommended 2,300 calories and meals including fish, vegetables and soya products, was cited as the reason for a high life expectancy on the Japanese island of Okinawa, where the world’s highest number of people over 90 love. Optimists get the last laugh, according to a new study that shows their hearts stay healthy longer than those of grumps.

People who described themselves as highly optimistic a decade ago had lower rates of death from cardiovascular disease and lower overall death rates than strong pessimists, the research found.

To be an optimist you have to have a positive outlook towards life. New research suggests that optimists have more stable cardiovascular systems and have more
responsive immune systems. Also they have a less of a hormonal response to stress as compares to the pessimists

Lack of stress, regular working hours, sleeping hours and bed times, nutritious food and exercise too are important factors that prolong life. yet long life is merely not a matter of physical health but also your mental health. New research suggests that people with certain temperaments live longer. And you can successfully change your personality to attain that particular temperament.

**Locus of control:-**

Within psychology, Locus of control is considered to be an important aspect of personality. The concept was developed originally Julian Rotter in the 1950s (Rotter, 1966).

Locus of control refers to an individual’s perception about the underlying main causes of events in his/her life. or more simply:
Do you believe that your destiny is controlled by yourself or by external forces (such as fate, god, or powerful others)?

The full name Rotter gave the construct was locus of control of Reinforcement. In giving it this name, Rotter was bridging behavioral and cognitive psychology.
Rotter’s view was that behavior was largely guided by “reinforcements (rewards and punishments and that through contingencies such as rewards and punishments, individuals come to hold beliefs about what causes their actions. These beliefs, in turn, guide what kinds of attitudes and behaviors people adopt. This understanding of locus of control is consistent, for example, with Philip Zimbardo (a famous psychologist):

A locus of control orientation is a belief about whether the outcomes of our actions are contingent on what we do (internal control orientation) or on events outside our personal control (external control orientation).” (Zimbardo, 1985, p 275). Thus, locus of control is conceptualized as referring to a unidimensional continuum, ranging from external to internal:

<table>
<thead>
<tr>
<th>External Locus of Control</th>
<th>Internal Locus of Control</th>
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<tbody>
<tr>
<td>Individual believes that his/her behavior is guided by fate, luck, or other external circumstances</td>
<td>Individual believes that his/her behavior is guided by his/her personal decisions and efforts.</td>
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However, it’s important to warn people against lapsing in the overly simplistic view notion that internal is good and
External is bad (two good, four legs bad?). There are important subtleties and complexities to be considered for example:

- Internals can be psychologically unhealthy and unstable. An internal orientation usually needs to be matched by competence, self-efficacy and opportunity so that the person is able to successfully experience the sense of personal control and responsibility. Overly internal people who lack competence efficacy and opportunity can become neurotic, anxious and depressed. In other words, internals need to have a realistic sense of their circle of influence in order to experience ‘success’

- Externals can lead easy-going, relaxed, happy lives. Despite these cautions, psychological research has found that people with a mere internal locus of control seem to be better off, e.g., they tend to be more achievement oriented and to get better paid jobs. However, thought regarding causality is needed here too. Do environmental circumstances (such as privilege and disadvantage) cause LOC beliefs or do the beliefs cause the situation?

Sometimes locus of seen as a stable, underlying personality construct, but this may be misleading, since the
theory and research indicates that that locus of control is largely learned. There is evidence that, at least to some extent, LOC is a response to circumstances. Some psychological and educational interventions have been found to produce shifts towards internal locus of control (e.g., outdoor education programs; Hans 2000; Hattie, Marsh, Neill, & Richards, 1997)

**Locus of control and age:**

It is sometimes assumed that as people age they will become less internal and more external, but data here have been ambiguous. Longitudinal data collected by Gatz and Karel (cited in Johnson et al. 2004 imply that internality may increase up to middle age and thereafter decrease noting the ambiguity of data in this area, aldwin and Gilmer (2004) cite Lachlan’s claim that locus of control is ambiguous there is evidence that changes in locus of control in later life relate mere visibly to increased externality, rather than reduced internality, if the two concepts are taken to be

internality up until middle age. These authors also note that attempts to control the environment become mere pronounced between the age of eight and fourteen.

A study published in the journal psychosomatic Medicine examined the health effect of childhood “locus of control” 7,500 British adults followed form birth who had shown an internal locus of control at the age of 10 were less likely to be overweight at age 30. The children who had an internal locus of control also appeared the have higher levels of self esteem.

**Adjustment:-**

Adjustment and ‘Life satisfaction are important aspects of ageing. Adjustment’ is defined as ‘the restructuring of the individual’s attitude and behavior in response to the new situation by integrating his/her expression with the expectations and demands of society’. It includes resemblance between mental state and external circumstances, a degree of continuity between past and present patterns of adjustment, acceptance Of old age and death, euphoria adequate financial security, and extent of participation in community and recreational activities. Adjustment is influenced by factors like rigidity and flexibility role availability and involvement types of family
structure living arrangements, marital status approach towards retirement, self-perception, physical and mental health, disabilities, belief in karma, and attitude regarding the future and death factors influencing ‘adjustment’ in older females include deteriorating health and relationships with family and society and self-emotions. Females with lower frustration level are less resigned and aggressive. They are socially better adjusted, but need greater affiliation and nurturing compared to males. Once people cross the age of 50, they generally display poor adjustment and greater dissatisfaction with life. However, after retirement, they gradually adjust and their life satisfaction index increases. Negative effects of ageing become more pronounced after the age of 70. Factors that contribute to adjustment problems of retired persons mainly include financial constraints, physical weakness, mental tension, widowhood and loneliness feeling neglected by family, friends and society.

And fear of death. Living arrangements with children and adjustment of the elderly are found to be closely associated. In situations where children live separately, the quality of relationship and frequency of meetings with the elderly has a positive association with their adjustment. Differently across diverse class and sex groups, successful ageing is
influenced by age, marital status, type of family, educational background, working status, economic stability, health, involvement in family activities, satisfaction with community participation and awareness of social support systems

24 S mental alertness in later years is encouraged to ward off dementia. Those who lead intellectually stimulating lives continue to grow and mature well into late adulthood and old age.

25s Grand parenting brings out the feeling of nurturing without the added burden of responsibility as with one’s own children. To have someone who looks up to you for advice and guidance after one’s adult children have stopped doing so, boosts self-esteem.

There are advantages of living alone in old age as decisions can be taken independently. But it is important to maintain social connections.

Opportunities that tap the full potential of the elderly in terms of skills and talent improve their quality of life. Access to health facilities and better living opportunities demands financial stability. However, health insurance and
old age pension schemes are woefully inadequate in India especially in rural areas.

‘life satisfaction’ is measured through components such as enthusiasm, accepting responsibility for one’s actions, agreement between desired goals and achieved goals, positive self-concept, general mood of happiness and optimism.

**Objectives of the study:-**

The study has following objectives-

A. To investigate the level of adjustment and life satisfaction of the aged.

B. To explore the effect of rural–urban living on the level of adjustment and life satisfaction of aged

C. To determine the effect of religion of the level of adjustment and life satisfaction of aged

D. To explore the comparative effect of gender on the level of adjustment, life satisfaction.

E. To investigate the interaction effect of area, religion and gender on level of adjustment, and life satisfaction
F. To explore the relation of stress with adjustment and satisfaction in the aged.

G. To determine the relation of locus of control with level of adjustment and life satisfaction

H. To investigate relation of optimism-pessimism with level of adjustment and life satisfaction.

i. To examine the interactional effect of personality variables on level of adjustment and life satisfaction and thereby revealing the stress moderating role of locus of control and optimism.