Review of Literature
Graying of population world over has made old age and the process of aging a topic of scientific interest since the last part of twentieth century. Most of the interest in the field has been shown towards the negative side of aging: disability and degeneration. But over the last four decades another aspect of old age has started receiving attention. It is usually referred to as healthy aging, positive aging or more commonly as successful aging. The concept of successful aging was introduced by Rowe and Kahn (1987) in order to separate the effects of disease from the aging process itself. Rowe and Kahn proposed that those who age successfully show little or no age-related decrements in physiologic function in contrast to those who age "usually" (they show disease-associated decrements which are often interpreted as the effects of age). Bowling and Dieppe (2005) observes that: “The substantial increases in life expectancy at birth achieved over the previous century, combined with medical advances, escalating health and social care costs, and higher expectations for older age, have led to international interest in how to promote a healthier old age and how to age “successfully.” The present study is concerned with successful aging and its relation to some psychosocial variables in a group of community living elderly adults living in the city of Kolkata. In the present study successful aging has been assessed using three measures: life satisfaction, activity level and engagement with life. In order to obtain a picture of the scientific status of successful aging and each variable under study an extensive review of literature has been conducted.

2.1. Successful Aging:

Successful aging researchers found that in order to promote investigation on the issue of successful aging a comprehensive definition of successful aging is required. But as Young, Frick and Phelan (2009) observes that though for the past decades several studies
seeking to develop a definition of successful aging and identify the critical determinants of the same have been undertaken, there is still no consensus on a standard definition of “successful aging” yet. Another issue of importance is that most definitions are uni-dimensional and an undue focus of physiologic aspect of aging is observed. While the studies which emphasise the biological aspect of aging define successful ageing “largely in terms of the optimisation of life expectancy while minimizing physical and mental deterioration and disability”, psycho-social studies emphasize life satisfaction, social participation and functioning, and psychological resources, including personal growth(Bowling and Dieppe,2005).Some studies focused on lay views of successful aging. In a survey focusing on perception on successful aging conducted on 854 people aged 50 or more and living in Britain revealed that the most definition of successful aging include ‘good heath and functioning’ along with other factors like having resources, having life satisfaction and a sense of purpose; financial security; learning new things; accomplishments; physical appearance; productivity, contribution to life, sense of humour; and spirituality. (Phelan, Anderson, Lacroix and Larson, 2004). As Strawbridge et al.(1996) observes “Rowe and Kahn's definition leads to a focus on a very small, elite segment of the population…. ” reducing the relevance of the concept to the rest of the population. In order to address this problem, an attempt to propose a multi-dimensional definition of successful aging was made by Young,Frick and Phelan (2009). According to them “ Successful aging is defined as a state wherein an individual is able to make good use of psychological and social potentials to compensate for physiological limitations to achieve a personally satisfying quality of life and a sense of fulfillment even in the context of disease and disability.”
Though successful aging research spans over a period of more than four decades in history of old age research, it is found to be uniquely focused on bio-medical aspects. For example, MacArthur studies of successful aging included “70- to 79-year-olds who had correct scores on at least six of nine mental status questions, remembered at least three of six elements of a short story, reported no disabilities on any of seven activities of daily living, had no more than one disability on eight mobility and physical performance items, were able to hold a semi-tandem balance for at least 10 seconds, and were able to stand from a seated position five times within 20 seconds.”

Some researches have focused on the well being aspect of aging and tried to cover a variety of factors that are usually associated with aging. In Alameda County Study 356 men and women aged 65-95 years measured prospectively in 1984 and followed to 1990. In this study successful aging was defined as “needing no assistance nor having difficulty on any of 13 activity/mobility measures plus little or no difficulty on five physical performance measures.” This study found absence of depression, having close personal contacts, and often walks for exercise as predictors of successful aging. It was found that 1984 predictors of 1990 successful aging included socio-demographic factors like income above the lowest quintile, >12 years of education, white ethnicity, diabetes, chronic obstructive pulmonary disease, arthritis and hearing problems. Without adjusting for other variables it was found that male sex was associated with successful aging at a significant level at both baseline and follow-up (Strawbridge et al 1996).

On the basis of review of literature it has been found that successful aging has been measured in a varied way. In absence of standard methodological procedure for measuring successful aging, the measurement criteria for successful ageing vary widely and
typically reflect the standpoint of the investigator (Bowling, 2007). In an extensive review on longitudinal and cross sectional studies relating to successful aging, Depp and Jeste (2006) found that the principal focus or criteria of successful aging is functional ability and physical functioning (26 studies); 15 studies stressed on cognitive functioning; 9 studies used life satisfaction and well-being and 8 studies used social participation/productivity as criteria for successful aging. Other studies explored presence/absence of illness (6 studies), longevity (4 studies) self-assessment of health (3 studies), personality aspects (2 studies), environment and income (2 studies) and self-assessment of successful ageing (2 studies). Primarily on the basis of Rowe and Kahn’s criteria for aging successfully and Depp and Jeste’s review three measures of successful aging has been focused in the present study. These are: Engagement with Life, Activity level and Life Satisfaction.

**Measures of Successful Aging:**

In the present study successful aging has been assessed using three measures: **life satisfaction, level of activity and engagement with life.** A relevant overview of the existing literature is presented below:

### 2.1.1. Life satisfaction

In a review named Positive Psychology in Clinical Practice (2004), Duckworth, Steen and Seligman notes ‘The first sentence we hear from our clients is often, “Doctor, I want to be happy.”’ But this quest for happiness is not just restricted to those who seek clinical help. Happiness or subjective well being is a much wanted treasure for everyone. Thus a number of studies have focused on subjective well being (SWB) and the nature of these research is
diverse and cross cultural. Of considerable amount of literature, only a few recent studies are noted here as a part of the review of literature for the present study.

In a cross cultural it was found that character strength that significantly predicted life satisfaction included love, hope, curiosity and zest. Gratitude was among the most robust predictors of life satisfaction in the US sample, whereas perseverance was among the most robust predictors in Swiss sample. In both the samples, the strengths of character most associated with life satisfaction were associated with orientations to pleasure, to engagement, to meaning, implying that character strengths are those that make possible a full life(Peterson, Rooch, Beermann, Nasook and Seligman,2007 ).Again, The feelings of wellbeing and life satisfaction is enhanced by being appreciative(Adler and Fagley ,2001 ) .A significant correlation was found between appreciation and life satisfaction even after controlling effects of optimism, spirituality and feelings of self awareness(Adler and Fagley,2005). Diener and Diener (1995) found that self-esteem was a much stronger predictor of life satisfaction for women in the U.S.A. than it was for women in India. In a study by Worsch et al.( 2003) it was found that goal disengagement and reengagement are associated with high ratings of SWB and both have interactive effects on SWB. Abdo and Alamuddin (2007) found that internal personality factors are more predictive of SWB than demographic variables. Heisel & Flett (2004) discovered that satisfaction with life accounts for significant additional variability in suicidal ideation beyond what is accounted for by negative psychological factors. In a longitudinal study involving adolescents, Suldo & Huebner (2004) showed that youth who express positive life satisfaction are less likely to act out in the face of stressful life events. Life satisfaction is moderately stable over long
periods of time, but there is also an appreciable degree of instability that might depend on contextual circumstances. (Lucas and Donnellan, 2007).

In order to estimate the long term stability of SWB, Lucas and Donnellan (2007) used to analyze life satisfaction data from two panel studies. Results indicate that 34–38% of the variance in observed scores is trait variance that does not change. Again, 29–34% variance can be explained by an autoregressive trait that is moderately stable over time. So it was concluded that though life satisfaction is moderately stable over long periods of time, there is also an appreciable degree of instability that might depend on contextual circumstances.

In another study it was found that life satisfaction remains stable over time when cohort effect is controlled. This finding is based on data obtained from the German Socio-Economic Panel (GSOEP) and the Survey on Health, Ageing and Retirement in Europe. Here a U-shaped relationship was observed between age and levels of life satisfaction for people aged between 16 and 65 years. After that life satisfaction was found to decline rapidly and the ‘lowest absolute levels of life satisfaction’ are recorded for the oldest old (75 years or older). Significance of age as a factor affecting successful aging has been emphasized by other researchers also. In another study a small negative correlation between life satisfaction and age was found which was eliminated when factors of poor health, financial problems and loneliness were controlled. Poor health, loneliness, and money problems are the strongest correlates of life satisfaction across age groups. Here the individuals above 65 years were found to be only slightly less satisfied with their life in comparison to the lower age groups (Doyle and Forehand, 1984). In study on Taiwanese elderly adults, life satisfaction among the elderly decreased as age increased beyond 65 years of age. It was also found that socio-demographic variables viz. income decrease, living
arrangement, and level of activity participation had a significant impact on life satisfaction of Taiwan's elderly. When the correlates were controlled, the coefficients for age groups greater than 70 turned positive. According to the authors this change may be accounted for by “two types of cohort experience: (1) from rough to prosperous life experience and (2) cohort norm on life expectancy” (Chen, 2001).

2.1.2. Activity Level

In the present study ‘level of activity’ has been used as a measure of successful aging. Different terms like functional capacity, physical activity, functional ability, activity restriction, and functional disability has been used in geriatric and gerontological literature to imply activity level in the elderly. As optimal level of activity is believed to be required for preserved level of independence and as preserved level of independence is essential for aging successfully, this variable has been used as an indicator of successful aging in existing literature.

Though the first reference to activities of daily living was reported by Sheldon in the Journal of Health and Physical Education in 1935, the credit of clarifying the theoretical framework for function is attributed to Lawton (1990). A review of studies on elderly people show that activities of daily living (ADL) and instrumental activities of daily living (IADL) have been used to assess the functional capacity in both community living elderly people as well as in elderly people suffering from various illnesses and disease conditions in both primary care and neurological and psychiatric settings. Studies on activities of daily living centre around particular themes: every day life of elderly, independent living in elderly, cognitive impairment, dementia and executive functioning.
Some of the studies focus on the method of assessment of the activities. IADLs are assessed by self report or reports of functionality by family members, or by performance based measures that require that various IADL activities be performed in front of the examiner (Suchy, Craybill and Franchow, 2010). Discrepancy between objective assessment and self report reflecting a lack of awareness of IADL deficit was found to be associated with decline in functionality (Goverover, Chiaravalloti, Gaudino-Goering, Moore, & DeLuca, 2009;).

Difficulty in IADL was found to be under-reported by dementia patients (Carlson, Fried, Xue, Tekwe, & Brandt, 2005; Karagiozis et al., 1998) while depressed patients tend to over-report the problem (Dunlop, Manheim, Song, Lyons, & Chang, 2005; Grigsby et al., 1998; Patrick, Johnson, Goins, & Brown, 2004).

Studies also show a link between functional impairment and cognitive decline. It has been repeatedly found that the ability to effectively engage in IADLs relies on executive functioning and to some extent on memory (Burton, Strauss, Hultsch, & Hunter, 2006;). Lower cognitive reserve was found to be related to decline in IADL in dementia patients (Spitznagel, Tremont, Brown, & Gunstad, 2006). Both ADL and IADL are culture sensitive (Fillinbaum, 1984) and as Fillinbaum et al, 1999 notes that culturally determined differences can be found most prominently reflecting gender roles (Heikinnen, Waters and Brzezinski, 1983). Impairment in ADL/IADL may not be due to neurodegenerative conditions or functional disorders like depression. It may be a reflection of other factors like fear of falling and consequent avoidance of activities (Yardley and Smith, 2002).

2.1.3. Life Engagement:

Engagement with life as conceptualized by Scheier et al. (2006) is purpose in life defined in terms of the extent to which a person engages in activities that are personally
valued. Though this concept has emerged in the field for some time, no study directly using this concept was found. According to Scheier et al (2006) this concept is relevant in the context of health psychology and it is relevant for people who must discontinue their activities due to some inevitable life circumstances. In these situations where people must disengage from their goals, sense of purpose in life is lost (Wrosch et al., 2003) unless they are able to reengage in some alternate activities that bring back the sense of purpose (Scheier et al. 2006).

Wrosch et al. (2007) reports that goal disengagement-reengagement tendencies are associated with subjective well-being. According to the authors, people who are better able to disengage from unattainable goals and reengage with alternative goals experience better physical health. The ability to disengage from unattainable goals is related to better self-reported health and greater normative patterns of diurnal cortisol secretion. Goal reengagement, on the other hand, was found to be unrelated to indicators of physical health but helped in buffering off some of the adverse effects of difficulty with goal disengagement. Subjective well-being or life satisfaction was found to mediate the associations between goal disengagement tendencies and physical health. In another study by Wrosch, Bauer and Scheier (2005), it was found that being disengaged from undoing the consequences of life regrets and having many future goals available may reduce older adults' intensity of regret and help in improving quality of life. A few studies found that goal reengagement tendency protect the emotional well being of people when they successfully abandon unattainable goals to successfully reengage in new activities even in societal context which provide few opportunities, as in old age (Duke, Leventhal, Brownlee, & Leventhal, 2002; Wrosch, Scheier, Miller, et al., 2003). In another study Scheier et al.,
(2006) found that engaging in personally meaningful activities should enhance subjective well-being. Active engagements in overcoming health problems buffer the adverse effect of acute physical symptoms on elderly peoples’ depressive symptoms, and reduce levels of depression over time (Wrosch et al., 2002).

Studies related to self regulation also demonstrated positive effect of active engagement on both mood and health parameters. For example, in a sample of 200 community dwelling older adults it was found that the common health problems (e.g., arthritis, diabetes, high blood pressure) predicted high levels of older adults’ depressive mood, but this finding was only relevant for participants who were not actively engaged in overcoming their health problems. For participants who actively addressed their health problems were protected from experiencing elevated levels of depressive mood (Wrosch et al., 2007). This study also found that ‘active health engagements are not a general-purpose mechanism’. These self-regulation processes are most effective when people have favorable opportunities for attaining their health-related goals. It was also demonstrated that engagement in overcoming health problems produced a buffering effect on the adverse consequences of participants’ health problems on increased levels of diurnal cortisol secretion. In another study elevated levels of cortisol secretion was found only among older adults who experienced high levels of health problems and did not actively engage in overcoming their physical problems (Wrosch et al., 2007).

2.2. **Psychosocial Correlates of Successful Aging:**

In the present study successful aging has been studied in relation to five psychosocial factors. These are *wisdom, generalized self efficacy, forgiveness, gratitude and quality of life.*
2.2.1. Wisdom:

The concept of wisdom is an age old one yet the interest in wisdom in psychology dates back to mid 1970s. But the importance of wisdom in study of human psyche was recognized long before that. Interestingly the first mention of the significance of wisdom in life probably came in the writings of G. Stanley Hall in 1921 (Baltes and Staudiger, 2000). This was followed by works of Carl Gustav Jung and Erik Erikson. Wisdom in Life span development theory of Erikson came as a result of successful resolution of the eighth stage of life: “Ego integrity vs. Despair”. Interestingly Erikson’s focus was on a particular phase of life and not the wisdom itself.

Empirical research on wisdom started as late as 1980s with works of Clayton, Birren, Baltes, Sternberg and a few others and started evolving gradually in the 1990s. Kunzman and Baltes (2005) noted that since wisdom has always been considered as epitome of human development and related to old age, the first section of researchers to show interest in wisdom research were those who were interested in aging research. Others started research from different perspectives such as personality, intelligence, language and motivation (Kunzman and Baltes 2005). Brugman, (2000) observed that before that period the quest for wisdom was barely restricted to theoretical endeavours.

The principal obstacle in the path of wisdom research was the difficulty to operationally define the concept ‘wisdom’. From this point the wisdom researches mainly focused on their quest to define wisdom. Quest for defining wisdom gave rise to numerous definitions of wisdom. Clayton (1975) observes that wisdom is an approach to life typically present in the elderly people. Clayton and Birren (1980) encouraged wisdom research mainly in relation to aging and viewed it as a “later life competency”. Kramer (1990)
defined wisdom from an organismic perspective. According to her wisdom is “integration of relativistic and dialectical modes of thinking, affect and reflection;” Kramer believes that integration, interdependence and reciprocal interaction between cognition and affect helps in recognition of possibilities for change, the importance of integration of cognition and affect as well as recognition of individuality. She also recognizes wisdom’s role in considering context into account and helps to understand the importance of cooperative interpersonal strategies. Just as in other conceptualization of wisdom, Pascual-Leone’ (1990) emphasized the integration of different aspects of personality. According to him wisdom is a symbolic process which consists of dialectical integration of different aspect of personality that includes “affect, will, cognition and life experiences”. Pascual-Leone (2000) asserts that wisdom is attained by following two complementary paths: natural life-experience path and a meditation path. On basis of years of research Baltes and his colleagues recognize wisdom as “expertise in the pragmatics of life, serving the good of oneself and others”. In the implicit perspective of wisdom research, the conceptualization of wisdom in the mind of common people is the result of the cultural history and largely involves language based descriptions. Robert J. Sternberg’s wisdom research developed from his years of extensive research on intelligence, expertise and creativity. According to him wisdom is “…a meta-cognitive style plus sagacity, knowing that one does not know everything, seeking the truth to the extent that it is knowable” (Birren and Fisher, 1990).

A noteworthy factor noted by Bluck and Gluck (2005) is that wisdom researchers have used different descriptors to describe the same /identical wisdom sub component. This has made wisdom appear to have more different aspects and has made the issue of defining wisdom more complex. One such instance as mentioned by them is the use of the various
descriptor terms to explain the cognitive basis of wisdom. For example, while Sternberg used the term reasoning ability to refer to the cognitive ability of wisdom, Holliday and Chandler described the same as the general competencies. After going through a large number of studies in the implicit line of thought, Bluck and Gluck integrated different subcomponents of wisdom into five categories: 1. cognitive abilities 2. Insight 3. reflective attitude 4. Concern for others 5. Real-world problem solving skills.

Jeste and others (2010) reported that though many articles were published on the topic of wisdom in the period between 1970s and 2008 and several authors tried to define wisdom, no consensus was found in the definition of the concept of wisdom. This lead Jeste and others decided to arrive at an expert consensus using Delphi method (a widely accepted method of seeking consensus among experts on a certain area). The study established wisdom as a distinct concept different from spirituality and intelligence.

The studies conducted so far have established wisdom as a multifaceted and distinct concept. Different definitions of wisdom have been proposed but no unanimous definition of this concept has been reached at. On the basis of cross cultural studies of implicit theories of wisdom in Western and eastern societies Takahashi and Overton (2005) proposed the Culturally Inclusive Developmental model of wisdom. In this model Takahashi and Overton have integrated two modes of wisdom: analytic and synthetic. In the synthetic-analytic framework, analytic mode “focuses on the reduction or analysis of the global systems into elementary qualities, and the explorations of the relations among these qualities. ……The synthetic mode focuses on experience a holistic integrated “whole-part relationship”, which is not derivable directly from an analysis of individual elements”. This model is against the dichotomies among different lines of thoughts of wisdom researchers which result from
cultural egocentrism and advices going beyond all differences to arrive at an all inclusive definition of wisdom.

Though much effort has been put in the quest to define wisdom the reality of the situation can be simply expressed by quoting words of W.A. Achenbaum. Achenbaum. (1997) notes in The Wisdom of Age -An Historian’s Perspective: “…we know little about how to define wisdom. There is no consensus as to its form or variations”. Sternberg (1990) observes that “To understand wisdom fully and correctly requires more wisdom than any of us have. Thus, we cannot comprehend the nature of wisdom because of our own lack of it”. Kunzman and Baltes (2005) divided the change of wisdom research in two levels. At the theoretical level the challenge lies in defining the principal elements of wisdom which differentiates it from other variables related to human strengths. At the empirical level the difficulty lies in arriving at a definition of wisdom which can be used for empirical assessment of wisdom and that which will help in the experimental investigation of acquisition of wisdom.

Empirical investigation on wisdom is diverse. In a study on older adults involving life review process on older adults’ current judgment of turning point events as being positive, negative, or neutral over time it was found that individuals who are able to overcome adversity and to retell their life stories in a positive way possess higher life satisfaction and illustrate gaining wisdom. In a study on character strengths on three hundred and twelve students from the Greek universities it was found that “wisdom, courage and transcendence appeared to be the most salient among their character strengths, since character strengths were each highly and positively correlated with the wellbeing subscales of environmental mastery, purpose in life and self-acceptance ()”. Using structural equation
modeling Ardelt(1997) found that wisdom has a profound influence on life satisfaction irrespective of the objective circumstances in life. Measuring wisdom as an integration of synthetic and analytic mode, it was found to be positively correlated with life satisfaction in middle aged and older American and Japanese adults (Takahashi and Overtone, 2002). Beaumont (2009) found a positive relation between wisdom and happiness in a group of college students. Bergsma and Ardelt (2012) state that happiness and wisdom “do not conflict”. Based on a internet survey of 7037 Dutch respondents a modest and positive relation between wisdom and happiness were found. 9.2% varience in hedonic happiness was found using Three Dimensional Wisdom Scale.

A theoretical framework proposed by Linley (2005) depicts wisdom as both a process and an outcome in adaptation to trauma. According to him three dimensions of wisdom are important for an understanding of the role it can play in posttraumatic positive adaptation. These dimensions are the recognition and management of uncertainty; the integration of affect and cognition and recognition and acceptance of human limitation. In an in depth analysis of semi –structured interviews conducted on a group of forty elderly people, a comparison was made between relatively wise respondents and the respondents who were relatively low on wisdom; the study focus was how relatively wise people responded to crises in life in comparison to relatively unwise people. The study revealed that the wiser group in comparison to the other group knew how to deal with obstacles in life and how to provide guidance to others. In line with the study by Montwgomery, Barber and McKee (2002) this study found six essential elements viz. guidance, knowledge, experience, perspective of time, moral principle and compassion in the coping behavior of the relatively wise people. In a study conducted on a three hundred and sixty retired individuals, problem-
focused coping, positive reappraisal coping along with other factors mediate relation between wisdom and positive affect. In a study conducted on four hundred and thirty six under-graduate students wisdom was found to be related positively to resilience and it emerged as unique predictor of resilience in European Americans (Gilmore, 2014). Aldwin (2009) notes no matter how one defines it, the process of coping with stress can result in the development of wisdom--- which one could argue is the goal of human development.

The first attempt to investigate the relationship between wisdom and gratitude was reported by Konig and Gluck (2014). The report gives account of two studies: Study 1 compared wisdom nominees (mean age 60.9, SD = 16.26, Min = 26, Max = 92) who were nominated through newspapers or radio and control participants (mean age 60.0, SD = 15.10, Min = 26, Max = 84) with respect to spontaneous mentions of gratitude in life-event interviews and to sources of gratitude. It was found that more wisdom nominees expressed feelings of gratitude spontaneously in their interview and reported gratitude for their life in general, religion, and partner more often than control participants. Study 2 investigated relationships between wisdom and scale measures and sources of gratitude in a large sample of young adults. It was found that gratitude was significantly related to wisdom and the other findings were in support of the study1. Though both the studies found a gender difference in gratitude, no difference in wisdom across gender was found.

In a study to explore the role of wisdom in substance abuse recovery behaviours on a community sample of women it was found that wisdom was predictive of greater abstinence self-efficacy behaviors.
2.2.2. **Self efficacy**

Self-efficacy makes a difference in how people feel, think, and act (Luszczynska & Schwarzer, 2005). Self efficacy beliefs affect behaviour in several ways. Choice of behaviour and course of action is affected by self efficacy beliefs (Bandura, 2001). It also affects peoples’ goal choice, effort and persistence that a person expends on a task (Locke, Fredrick, Lee and Bobko, 1984). Self efficacy emerged as a strong predictor of success and people usually tend to maintain strong commitment even at the time of failure (Pajares and Shunck, 2001).

Self efficacy is found to be related to different constructs such as self esteem, Self efficacy is important for psychologically adjusting in face of different stressful conditions and in daily life. Low self efficacious people show dysfunctional anxiety and avoidant behaviour as well as features of depression (Bandura, 1997; Williams, 1995).

In a study on a group of 42 test anxious college students a significant decrease in test anxiety along with considerable decrease in general trait anxiety was found in a cognitive-behavioral coping skills training programme focusing on generalized expectancies concerning self-efficacy and locus of control. In the group trained in coping skills, decrease in test anxiety was found to be significantly correlated with improvements in test performance and increase in general self-efficacy. Reductions in general trait anxiety was also found to be related to increased self-efficacy (Smith, 1989).

In a study Schwarzer and Hallum (2008) investigated the relationships between self-efficacy, job stress, and burnout, focusing on mediation effect (self-efficacy→job stress→burnout). Such an effect was found particularly in younger teachers and those with low general self-efficacy. In a second related study this relationship was examined.
longitudinally over a period of one year and it was found that low self-efficacy preceded burnout.

Hampton (2004) found that self efficacy behaviors were moderately related to perception of good health. But relation between health perception and self efficacy show some conflicting evidences. For example, in a study conducted Natvig, Albrektsen, Anderssen, & Qvarnström,( 1999), it was found that though general self-efficacy predicted an index of psychosomatic distress (headache, stomachache, backache, dizziness, irritability, and insomnia), high school-related self-efficacy was associated with higher levels of complaints (e.g., headaches in girls). This disparity explained by Luszczynskaas and Schwarzer (2005) may be due to mismatch of self efficacy and outcome measure i.e. school-related self-efficacy is related with school achievement more than with self-reported wellness.

Self efficacy beliefs influence different biological processes including body’s immune system. Increased susceptibility to infections and increase rate of progression of disease is enhanced by lack of perceived control over environmental demands. Self efficacy also acts as buffer in face of stress. Self-efficacy beliefs also influence the activation of catecholamine and endorphins which are important for managing stress and pain (Bandura, 1997; O’Leary & Brown, 1995).

A large section of research on self efficacy was concerned with health behaviours. Self efficacy is a predictor of intention to engage in health related behaviours (Luszczynskaas and Schwarzer, 2005). In a study on adolescents, Umeh(2003) found that self efficacy had a consistent effect on intentions across different behaviours such as nicotine abstinence, fat consumption, and physical exercise-after controlling for past
behaviour. Across a large number of studies it was found that self efficacy is related to different health behaviours, for example, use of contraceptives (Wang, Wang, & Hsu, 2003, Longmore, Manning, Giordano, & Rudolph, 2003) and abstinence behaviours. Self-efficacy to resist smoking temptations is related to the current smoking status of adolescents, along with smoking intention, attitude towards smoking, hindrance to smoking, and social norms (Hanson, Downing, Coyle, & Pederson, 2004). In a study by Li, Pentz, & Chou (2002), self efficacy was found to act as a mediator between social influence variables (e.g. perceived norms), substance offer, past behavior on one hand and smoking on the other.

Self efficacy is also found to be important for disease management. Adherance to medication (Wolf et al., 2007) and adherence to recommended life style (Bar-Mor, Bar-Tal, Krulik, & Zeevi, 2000; Griva, Myers, & Newman, 2000) was predicted by self efficacy across a number of chronic disease conditions. Self efficacy was also found to be important for coping with painful and terminal diseases. Schwarzer et al. (2005) investigated the relation between coping and self efficacy in 130 men and women who had undergone tumour surgery. They were assessed at three time points i.e. 1, 6 and 12 months after surgery. It was found that coping varied with self efficacy. Planning, humour, acceptance, and accommodation were significantly associated with general self-efficacy and it was also found that general self-efficacy played an antecedent role as a personal resource factor.

Adjustment in cancer patients is aided by self efficacy (Schulz & Mohamed, 2004). Quality of life was found to be affected by self efficacy in cancer patients in a number of studies. In a meta-analytic study on 38 studies it was found that interventions aimed at self-efficacy and outcome expectancies had a significantly stronger impact on global affect, depression, objective physical outcomes, and social quality of life (Graves, 2003).
efficacy also emerged as the strongest predictor of psychological quality of life in the recurrent breast cancer patients (Northouse, Mood, Kershaw, Schafenacker, & Mellon, 2002).

2.2.3. Forgiveness:

Literature related to forgiveness is vast and encompasses a very broad area. Though a large body of the literature pertain to theology, law, philosophy and religion, forgiveness has been studied in a variety of settings-organisational, clinical, social justice etc. and in a variety of groups-children, adolescents and adults. Forgiveness research has extended to diverse directions in the recent past and the focus on forgiveness to others has been diversified to include forgiveness of self (Maltby, Macaskill and Day, 2001), situation (Thompson et al, 2005), group (Wohl and Branscombe, 2005) and retributive justice (Exline, Worthington, Hill and Macullough, 2003).

One line of literature in forgiveness research is concerned with contribution of forgiveness in enhancing mental health. A number of intervention models have been proposed and used in reducing anger, bitterness, distress, physiological stress and even health conditions like coronary heart disease (Baskin and Enright, 2004; Wade and Worthington, 2005; Witvliet, 2001).

Forgiveness has been a subject of interest in human society for thousands of years. Both western and oriental religious and literary texts are interspersed with anecdotes and teachings which depicts forgiveness as an essentially benevolent virtue and human strength. With rise of use of forgiveness in psychotherapeutic intervention, a number of self-help books made an appearance in popular health book market (e.g., Enright, 2001; Luskin, 2003; Spring and Spring, 2004; Worthington, 2001).; but organized research in psychology
does not go beyond the last two decades. As with other variables relating to human strength and virtues, a difficulty in reaching consensus in defining forgiveness is evident in the existing literature. Lack of consensus about the necessity of requirement of presence of positive feelings and absence of negative feelings towards the offender in order to identify forgiveness (Exline, Worthington, Hill, & McCullough, 2003) along with issues like necessity to distinguish between forgiveness and reducing unforgiveness is found in existing literature (Wade & Worthington, 2003; Worthington & Wade, 1999).

Another issue that has made reaching a consensus in definition of forgiveness difficult is distinguishing forgiveness from other related variables like pardoning, forgetting, excusing and condoning (Enright & Coyle, 1998). As Strelan and Covic (2007) points out that though majority of the researchers agree that forgiveness should not be confused with another variable viz. reconciliation, some authors believe that it is the desired endpoint of forgiveness process (Hargrave, 1994; Pollard et al, 1998). McCullough & Witvliet (2002) posits that most scholars agree that forgiveness is distinct from the above variables.

Consensus between and divergence from lay definition of forgiveness and its research operationalisation was found in a number of studies. Kearns and Fincham (2005), using prototype analysis found that lay conceptions emphasized the importance of experiencing a decrease in negative feelings along with the importance of recognizing forgiveness as a multi-dimensional concept involving affect, cognition and behavior. This finding was consistent with the research conceptualization but difference was also evident between the two perspectives. For example, condoning was viewed by 12% of participants as a significant, and sometimes central, attribute of forgiveness. Further, forgetting was viewed
as an important attribute of forgiveness by 28% of participants. In addition, reconciliation was viewed as a central attribute of forgiveness by 21% of participants.

Though a consensus was hard to arrive at researchers found forgiveness to be a cognitive and affective process and sometimes includes a behavioural component (Enright et al, 1996; Gordon and Baucom, 1998). Researchers also conclude that forgiveness consists of two dimensions: negative e.g. a reduction in negative emotions - anger and resentment and positive e.g. compassionate response towards transgressor (Fincham 2000; McCucllough, et al. 1997). Studies on forgiveness show that most of the studies are concerned with interpersonal forgiveness i.e forgiveness to others. In fact, most of the measures of forgiveness measure the aspects of interpersonal transgression. However, it is not essentially of interpersonal process but it is definitely an intrapersonal process (Baumister, Exline and Sommer, 1998).

Relatively recent times has seen emergence of study of dispositional forgiveness.

Though study of forgiveness in psychology is spanning over two decades, interest in cross cultural perspective in forgiveness has started even later. Most of the studies on the issue are conducted in Europe and USA, only a few studies conducted on the eastern culture. A study was conducted on university students and teachers of Peoples Republic of China (PRC) to understand the role of personality correlates such as self-esteem, anxiety, and relationship harmony in the disposition to forgive. The study was conducted in five steps. The first two sub studies explored the nature of forgiveness in PRC using interview method and open ended questionnaire method respectively. The first study was done on 27 research scholars while the second was done on 99 middle school students. The findings of the two sub studies indicated that forgiveness was a relevant concept in PRC and peoples’ attitude
towards forgiveness was more influenced by group-oriented values, rather than personality
or religious beliefs, in contrast to western perspective. In the third step two factor
forgiveness questionnaire was modified for Chinese respondents; an analysis of findings of
432 participants indicated that it was necessary to simplify the original two factor scales to a
single factor for the present group. Study 4 was conducted on 432 university students and
336 teachers to identify the correlates of forgiveness in a Chinese cultural context. In this
context it was found that tendency to forgive depended on relationship harmony and not on
anxiety and self esteem. The fifth study, conducted on 316 university students attempted to
investigates the link between interpersonal forgiveness and relationship harmony; in support
to the findings from the fourth study it was found that likelihood of forgiving depended on
interpersonal harmony and independent self but not the other personality variables. Though
the study was conducted on a substantially large sample question may be raised about the
representative ness of the sample. As discussed by the authors, it consisted of only scholars,
students and teachers of PRC who belonged to a particular stratum of the society and PRC
consisted of both rural and urban population who belonged to different socio-economic
status and different professions. Also, this study involved only people belonging to age
group of 18 to 50 years and relevance of the concept of forgiveness in older age groups and
relationship of forgiveness with other personality variables were not investigated. Though
the relevance of the concept was investigated using qualitative method, the role of
personality correlates such as self-esteem, anxiety, and relationship harmony in the
disposition to forgive was explored using only questionnaires and Muellet’s forgiveness
questionnaire explored only interpersonal forgiveness.
Studies on forgiveness show that most of the studies are concerned with interpersonal forgiveness i.e forgiveness to others. In fact most of the measures of forgiveness measure the aspects of interpersonal transgression. Relatively recent times has seen emergence of study of dispositional forgiveness. Based on intervention models (based on clinical samples) promoting forgiveness different authors (Doyle, 1999; Enright, 1996; Gartner, 1988; Hunter, 1978; McCullough & Worthington, 1995; McCullough, Worthington, & Rachal, 1997; Worthington, 1998) have found that empathy is necessary to forgive. In a brief report on study on 324 British undergraduate students (age=18 to 51 years) a significant positive correlation between forgiveness of others and emotional empathy for men as well as for women was found. However no significant relation was found between self forgiveness and emotional empathy for both genders; neither any relation between forgiveness for self and others was found. Though no gender difference was found in overall forgiveness score, women were found to score higher on empathy than men. Also, no relation between age and emotional empathy, forgiveness of self and others was found. Though the sample consisted of participants of a considerably broad age range i.e from 18 to 51 years, most of the participants belonged to the younger age band. Though a positive relation between empathy and forgiveness is evident, the study did not seek to find out whether there was any effect of emotional empathy on forgiveness. Also, the study measured two aspects of forgiveness i.e. forgiving self and others while another aspect of the issue i.e. forgiving or accepting uncontrollable situation was not assessed. The findings from this study are in line with a meta-analytic review by Wood (2010) on forgiveness and its dispositional and situational correlates encompassing 175 studies and 26,000 participants. Along with other variables state empathy was found to be an important correlate of interpersonal forgiveness. The
effect of gender was not significant in interpersonal forgiveness and effect of age on the same was negligible. Situational correlates were found to contribute to greater variance than dispositional constructs in forgiving a perpetrator. In a correlational survey study, in a sample of 500 college students (Male=200; Female=300) between age of 15 and 25 years, Big Five Traits of conscientiousness, extroversion, openness and agreeableness are significantly and positively correlated to forgiveness, with agreeableness showing the most significant relation. There is a significant negative relationship between neuroticism and forgiveness.

2.2.4. Gratitude

As psychology has been interested more in studying vice than virtues (Myers and Diener, 1995) gratitude for long has been a neglected virtue in psychology (Watkins et al, 2003). Review of the existing literature shows that gratitude shares a positive relationship with SWB. Gratitude is negatively correlated with neuroticism while positively correlated with agreeableness (McCullough et al, 2002). Gratitude, most simply is identified as “the recognition and appreciation of an altruistic gift” (Emmons, 2004,) and researchers have recognized gratitude as a variable of interpersonal nature.

Like most of the variables relating to character strength gratitude was found to be an elusive construct to define (Wood et al, 2010). Most researchers have tried to conceptualise gratitude as an affective variable of interpersonal nature. But a number of studies have found it to be more than a variable of interpersonal nature i.e. emotion directed towards others in response to help is not the only salient feature of gratitude. For example Graham and Barker (1990) found in an experiment with children that gratitude was expressed when they watched a video where another child successfully completed the task, either working
independently or when s(he) helped by teachers. Though most gratitude was felt in the helping condition, some gratitude was also expressed for the first condition. Gratitude, here, is probably a product of appreciation of one's abilities, or of a climate in which such successful work was made possible. Similar findings have been reported by other researchers (Emmons and McCullough, 2003; Weiner, Russell, & Lerman, 1979). In response to these findings Wood et al(2010) have advanced “life orientation” conception of gratitude. According to them “at the dispositional level, gratitude is part of a wider life orientation towards noticing and appreciating the positive in the world.” They also propose that it is a variable distinct from optimism, trust and hope.

A small number of studies have tried to investigate the relation between gratitude and physical health. Some studies have focused on gratitude and its relation to stress. Krause(2006) found subjective stress along with a number of self reported health symptoms to be related to gratitude; Deutsch(1984) found alleviating effect of gratitude on levels of stress.

Another line of research has endeavoured to investigate the effect of gratitude on sleep. Wood et al. (2009) examined the relationships between gratitude and sleep in a community sample of 401 people; The sample consisted of 40% of individuals who had clinically impaired sleep. Gratitude was found to be related to total sleep quality, sleep duration (including both insufficient and excessive sleep), sleep latency (abnormally high time taken to fall asleep), subjective sleep quality and daytime dysfunction (arising from insufficient sleep). The relation between sleep and gratitude was found to be mediated by pre-sleep cognitions. Experiences of gratitude and appreciation was found to increase parasympathetic myocardial control (MaCarty et al, 2003).
Though physical health was not a favourite area for the gratitude researchers a considerable section of research has been directed towards beneficial effect of gratitude on mental health. Emmons observes that “Gratitude is foundational to well-being and mental health throughout the life span. From childhood to old age, accumulating evidence documents the wide array of psychological, physical, and relational benefits associated with gratitude”. In diverse groups gratitude has been found to lead to an increase in positive affect as well as to a lowering of negative affect (Emmons and McCullough, 2003; Froh, Sefick and Emmons, 2008). Kashdan, Uswatte and Julian (2006) found in a study on war veterans with post-traumatic stress disorder (PTSD) that dispositional gratitude was significantly lower in this group as compared to a group of war veterans without PTSD. Dispositional gratitude predicted greater daily positive affect, higher percentage of pleasant days during the assessment period, greater daily intrinsically motivating activity, and daily self-esteem over and above effects that can be due to PTSD severity as well as dispositional negative and positive affect in the PTSD group, which was in contrast to the non-PTSD group. The same study also investigated the aspect of daily gratitude. Though no difference was found between the group with PTSD and without PTSD, daily gratitude was found to be related to different aspects of well being in both groups. The link between gratitude and subjective well being has been established by a number of studies (For example, Wood and Joseph et al., 2008; Wood, Joseph, and Maltby 2009; McCullough and Tsang et al. 2004; Lambert and Fincham et al., 2009). In a series of four studies on undergraduate students, conducted in course of developing GRAT questionnaire, Watkins et al (2003) found gratitude to be robustly linked to subjective well being. In a unique study by Wood, Joseph and Matlaby (2009) gratitude was found to be
substantially related to psychological well being (PWB) even after controlling for the Big Five personality facets- gratitude explaining between 2% and 6% additional variance in PWB. In this study which was conducted on undergraduate students between the age range of 18 and 26 years also raises question as to whether gratitude is a predictor of well being or it is a fundamental aspect of well being.

Most of the researchers have focused on Big Five Personality traits (McCrae & Costa, 1999) in gratitude research. Though gratitude was found to be related to each of the five personality factors in some way, not every study found a relationship between gratitude and each of the trait. As Wood et al.(2010) points out that it is may be because Five factor Model of personality consists of many lower order traits under the umbrella of five personality factors and relationship of gratitude with the lower order traits vary across studies. Two important findings in this direction have tried to find the nature of relationship of gratitude with 30 traits involved in Five factor model of personality.In sum studies have found grateful people being more extroverted, agreeable, open, and conscientiousness and less neurotic (McCullough et al., 2002; McCullough, Tsang, & Emmons, 2004; Wood, Maltby, Gillett, Linley, & Joseph, 2008;).Gratefulness was negatively related to hostility, anger, depression and emotional vulnerability while there was a positive relationship between gratitude and emotional warmth, gregariousness, activity seeking, trust, altruism, and tender-mindedness. Lastly, grateful people had higher openness to their feeling, ideas, and values as well as greater competence, dutifulness, and achievement striving.
2.2.5. **Quality of life:**

Quality of Life has emerged as an important issue in the field of public health (Keister & Blixen, 1998). Different researchers have tried to define quality of life from different theoretical perspectives that include human welfare, self regulation, cognitive adaptation (Cowan, Graham, & Cochrane, 1992; Nesbitt & Heidrich, 2000), social productivity, social comparison (Zissi, Barry, & Cochrane, 1998), human need and development (Raphael et al., 1997; Sarvimaki & Stenbock-Hult, 2000), and general systems (Wilder, 1995). A few authors have accepted it as a subjective and multidimensional concept (Bowling, 2001; Skevington, 2002).

Browne et al. (1994) described quality of life as the dynamic interaction between the external conditions of an individual’s life and the internal perception of those conditions (p. 235). Age was found to impact quality of life in a number of studies. For people of age younger age groups (<65 years) different domains of quality of life, e.g. relationships, happiness, work, and finance emerged as more importance in comparison to the older group for whom health is the most important domain (Bowling, 1995a; Browne et al., 1994). When exploring older people’s experience of quality of life, both good and bad aspects should be considered (Farquhar, 1995) to produce knowledge of how to maintain or improve quality of life. No consensus has yet been reached about how to define quality of life (Sarvimaki & Stenbock-Hult, 2000; Veenhoven, 2000). Farquhar (1995) asked 210 persons aged 65–85+, living in their own homes, five unprompted open questions concerning quality of life. The respondents regarded health, independence, family relations, and social contacts, material wealth, mobility, activities, and home milieu as important for their experience of quality of life. Browne et al. (1994) studied 56 older people (m=73.7, range 65–90), of whom 95%
mentioned spare time and social activities as the most important aspect for quality of life, followed by health (91%) and family (89%). Browne et al. also found that although they were allowed to freely nominate domains of importance for quality of life, the nominated domains had idiosyncratic meanings for them. For example, the domain of health was found to have several underlying meanings, e.g. fear of death, loss, illness, pain, fear of the future, and fear of dependence. This implies that by using predetermined items the result may be based on domains that have limited relevance for older people’s quality of life. Most quality of life research concerning the old and oldest old is, conducted quantitatively.

Only a limited number of qualitative studies aiming to explore the experience of quality of life for older people living at home have been located. For example Nilsson, Ekman and Sarvimäki (1998) carried out in depth interviews with 30 senior citizens (range 82–92 years) and revealed six dimensions – relationship, activities, health, philosophy of life, the person’s past and present lives, and future perspectives – as being important for older people’s quality of life and ageing. In another study, Nilsson, Ekman, Ericsson and Winblad (1996) asked 87 healthy people (range 77–87 years) about the quality of their lives. Their result proved that material values became less important and that social relations and spending time by oneself became more important, implying that the meaning of quality of life may differ in old age compared to earlier in life (Nilsson et al., 1996). In another study in-depth interviews were conducted with six women and five men (80+) living in their home. An interpretative hermeneutic phenomenological analysis revealed that quality of life in old age meant a preserved self and meaning in existence. Maintained self-image meant that the older people experienced a coherent life with an intact meaning. How quality of life was valued depended on the meaning the old people attached to the areas of importance as
well as how they were evaluated. Additionally, areas not generally included when measuring quality of life became discernible. The meaning of home, how life was viewed, thoughts about death and dying, proved to be areas of importance for their perception of quality of life (Borglin, Edberg and Hallberg, 2004).

Saxena, Chandiramani and Bhargava (1998) have pointed out that the majority of existing QoL measures have been developed in a European or North-American context. Anthropological research suggests that connotations of diseases are culture-bound, which can only be interpreted within a given culture (Nilsson et al 2005). Quality of life, which is subjective by nature, will be conceptually understood differently by Asian elderly people than those in western societies. In a study on rural community in Bangladesh conducted with the aim to determine the conceptual meaning of elderly peoples’ experiences of quality of life, through in-depth interviews with 11 elderly persons aged 63–86 years, two principal themes emerged from the data as being of most importance in quality of life of the elderly people in rural Bangladesh. Content analysis revealed that these were: (i) having a role in the family and the community and (ii) being functional, both physically and economically. A study on perceived health status using a standardized translation of the Medical Outcomes Study 36-Item Short Form (SF-36) on poor and non-poor family members in rural Bangladesh (Ahmed et al., 2002), age was identified the single most important determinant of perceived health. Another study using selected items of SF-36 focused on the impact of disability on quality of life of disabled people in rural Bangladesh (Hosain, Atkinson, & Underwood, 2002) suggests that disability had a devastating effect on the quality of life of the disabled people, affecting several dimensions, such as psychological, social and economic.
2.3. Indian Studies:

Though work on successful aging and the aforementioned psycho-social factors have started receiving attention in the West for the last three decades the status of Indian literature in this field is scanty and lacks systematic organisation. In a study on 100 elderly people in Kolkata between 60 and 80 years of age lower level of forgiveness was found to be associated with higher level of loneliness. People who were unable to forgive themselves have a tendency to withdraw from social relations. In a study by Gayatrivadivu et al (2014), forgiveness was found to be related significantly to marital satisfaction, marital relationship and resilience. No significant difference was found in this study with respect to forgiveness.

In a study by Pareek, Mathur and Mangnani (2016), all dimensions of forgiveness was found to be related to subjective wellbeing in a sample of 100 adolescents in the age range of 18 and 24 years. In a study on 50 young adults, statistically significant positive correlation among forgiveness, gratitude and resilience was found. Again no difference was found with respect to gender for forgiveness, gratitude and resilience. This study reports that the young adults obtained more than average scores on the components of forgiveness: forgiving self others and situation().

In a study by Buragohain and Mondal (2016) it was found that gratitude can be experimentally taught. In a study on school teachers by Khan and Singh (2013), it was found that significant gender differences exists between male and female teachers with respect to gratitude (males found to be higher than females), spirituality and forgiveness (females were found to be higher than males on both the dimensions). In another study significant gender difference was found with respect to forgiveness and gratitude but not subjective well being on a sample o 219 college students. However, no relationship was found among these
variables in this study. Singh, Khan and Osmany (2014) found that significant gender differences was present with respect to gratitude - females showing high level of gratitude. Significant negative correlation was found between gratitude and two dimensions of health - depression/anxiety and social dysfunction. Overall health scores yielded significant but negative correlation with gratitude. The authors conclude that gratitude was significantly predicted by overall mental health in young adults which explains the role of gratitude as positive emotion in promoting mental health. In a study done in the city of Delhi, male elderly people were found to have higher life satisfaction while their female counterparts had higher hopelessness scores. Social network was larger for male elderly people and those who were married; Married elderly men and women had higher life satisfaction and lower hopelessness in comparison to widow or widowers (Malhotra and Chadha, 1996; Arora and Chadha, 1995). In a study on elderly adults in Jammu region it was found that there is consistent relationship between life satisfaction and health in old age (Choudhury, 2013).

Priyanka & Mishra (2013) conducted a study on a sample of 400 elderly (200 urban samples and 200 semi urban samples) of age range 60 years and above 60 years. No significant differences were found in overall life satisfaction of elderly people in urban and semi urban dwellings. Significant differences were found in Health satisfaction, Financial satisfaction and Social satisfaction among urban and semi urban elderly. Ghose and Das (2012) found that presence in meaning in life predicted life satisfaction positively in a group of emerging adults while spirituality emerged as a negative contributory factor of life satisfaction. In another study on life satisfaction and its indicators on elderly it was found that cognitive health was the most determining factor in life satisfaction among both men and women. Individual’s social support also played a significant role on life satisfaction among rural
elderly. Elderly who are living alone and were living with disability and were unable to execute activities of daily living (ADL) were reported significantly lower perceived life satisfaction for both the genders (Banjare, Dwevedi and Pradhan, 2015). In a study on elderly male living in the township of Varanasi, an attempt was made to explore the relationship of wisdom, cognitive failure, depression and loneliness. In 50 elderly men belonging to the age group of 60-64 yrs (N=25) and 65+ yrs (N=25) from middle socioeconomic status gge related comparisons indicated no differences on any of the dimensions of wisdom, cognitive-failure, depression or loneliness. Cognitive wisdom was found to be negatively associated with cognitive-failure for 65+yrs group and while loneliness for 60-64yrs group, but it found to be unrelated to depression. Affective wisdom was negatively associated with cognitive-failure, loneliness and depression for 65+yrs group only. Reflective wisdom had the most prominent effect and was negatively associated with cognitive-failure for the older group only but with both depression and loneliness for both the age groups. People with high wisdom had lower score on cognitive failure, depression and loneliness in comparison to the low wisdom group. In another study Ghose and Das (2013) explored the attempts made by different researchers in their quest to define wisdom. The elders living in the urban community reported significant lower level of quality of life in the domains of physical and psychological than the rural elderly people. The rural elderly people had significant lower level of quality of life in the domains of social relation and environmental than urban population (Muday et al., 2011). In a sample of 800 elderly in the of age 65-76 years were assessed for quality of life. The sample consisted of 200 men and 200 women living in institutional care and 200 men 200 women living in non-institutional settings. Institutionalised elderly people showed high level of quality of life than those living
in non-institutional setting. The result also revealed that there is a significant difference between the institutional and noninstitutional elderly men and women in different domains of quality of life (Lakshmi Devi and Roopa, 2013).

Though discrete attempt to study these variables have been made in India no study was found that attempted to find the relationship of the aforementioned variables with respect to successful aging.

2.4. **Implications obtained from the review of the studies:**

A glance through the existing literature shows that successful aging research has mainly focused on conceptualisation of the concept of successful aging and most of the studies reported emphasise the biological perspective. Relatively recently psycho-social aspects of successful aging are gaining importance and many researchers are attempting to pursue research in integrative line. In this attempt to study successful aging Positive Psychology appears to be largely overlooked as more emphasise is always placed on preservation of function and maintaining quality of life in the terminating phase of life. Though a few personality researches have taken place in the area of successful aging, the value aspect of personality has been largely neglected. Only a few studies on aging have endeavoured to investigate successful aging and character strengths / virtues together. As the review of literature shows that some studies have separately tried to deal with character variables (e.g. wisdom) in relation to satisfaction with life in elderly population (e.g. Ardelt, 2003) but integrative study encompassing different character strengths and successful aging was not found.

Another issue that needs to be mentioned is dearth of literature on successful aging in the Indian context. Most of the researches discussed here have been conducted on the
Western population. But it is a well documented fact that aging process is not independent of impact of culture: a person ages in the context of one’s society and norms of that society, historical background of that culture, and economic status of that country together impact and shapes the process of aging of an individual. Hence successful aging needs to be studied within the context of Indian culture which presents a unique combination of unity and diversity.

Keeping these factors in mind, an integrative approach to study successful aging is taken in the present study encompassing character strengths (wisdom, forgiveness and gratitude), quality of life and self evaluative variable viz. self efficacy, all of which will be referred to as psycho-social factors in the present study. The present study purports to investigate successful aging with respect to the above mentioned psycho-social factors in the community living elderly people living in the city of Kolkata, the details of the study being presented in the Method Section.