Aging is a natural and universal phenomenon and human concern about it is old age. It is an inescapable part of human destiny and comes to everyone of us. Aging is a process which takes place during the entire life span of the organism and is the final phase of human development (Cumming & Henry, 1961) it must be seen as part of a continual process of change.

Every society has its own conception of aging. It begins from the very birth of individual and continues till death. In the early years of life and throughout young adulthood, people tend to view aging impersonally. It is something that happens to others, not to him. It is only when signs of aging occur such as graying of hair make their appearance that they realize that it is happening to them. Each and every stage of human development comes with certain hopes, aspirations and achievements and attaining to the old age, man tries to find out the last question of his life. No new hopes, aspiration are new for him. Aging can be considered as the sum of all changes: anatomical, physiological, biochemical and functional that occurs in man with passage of time and leads to functional impairment and eventually death.

Old age is often viewed as a problematic period of one’s life which brings numerous problems. The problems of aged are manifold. Moreover these problems vary from individual to individual and culture to culture but there are certain common problems experienced by most of the aged person across culture and geographical location. These have been categorized as biological, social, economic and psychological problems. These problems are interdependent and interactive in nature (Kapoor & Kapoor, 2000; Kumar 1999).
For the elderly compounded losses of spouse, siblings and friends cause tremendous changes, affects emotional well being and may have serious concerns about how this may affect their QOL. Quality of life (QOL) relates to the total well being of people, including physical, mental, social, and spiritual component (Eckersley, 1998). Life orientation in old age aims to guide and equip them for meaningful and successful living in a rapidly changing and transforming society. By focusing more on positive things and avoiding negative ones, older adults are able to stay on an even emotional keel and feel good. Positive states of mind like optimism, hopes etc. have long been associated with health and successful coping while depression, despair, pessimism and hopelessness have been linked to illness, capitalization and even death.

To face the final years of one’s life feeling helpless, empty and hopeless is devastating. To watch one’s older mother, father, sibling or friend suffers from depression and to live or care for such as elder is similarly difficult. Not only the elderly is suffering from depression at the end of his life but the social networks surrounding the person have to deal with the compounded factors that decrease the QOL for the persons involved.

Researchers have emphasized that there has been considerably controversy as to whether widowhood is a more difficult experience psychologically for men or for women. Widowhood is generally a problem financially for women than men and economic difficulties can lead to lower psychological well being and depression. Widowhood is also more depressing for men because married men are the least depressed of any sex/marital status group. Several studies suggested that elderly widowers can be prone to depression after the death of their wives, especially when they are compared with their non bereaved elderly married counterparts. Why are some elderly widow/widowers at risk for illness or depression and why elderly married couples cope well with stress.
Keeping in mind the above issues, it becomes imperative to compare the elderly people whose spouse is not alive and the elderly people whose spouse is still alive on different parameters. The following problem, objectives and hypotheses has been undertaken for the present study.

Problem
To assess and compare the levels of quality of life (QOL), optimism and depression of widowed elderly and married elderly people.

Objectives
1. To assess and compare the level of QOL (physical, psychological, social & environmental) amongst widowed and married elderly people.
2. To assess and compare the level of optimism amongst widowed and married elderly people.
3. To assess and compare the level of depression amongst widowed and married elderly people.
4. To assess and compare the gender difference of QOL, optimism and depression amongst widowed and married elderly people.

Hypotheses
1. There would be significant difference between the level of QOL of widowed and married elderly people.
2. There would be significant difference between the level of optimism of widowed and married elderly people.
3. There would be significant difference between the level of depression of widowed and married elderly people.
4. There would be significant sex differences in the level of QOL, optimism and depression.
To meet these objectives a 2x2 factorial design was adopted and a sample for the present study constituted 200 elderly persons in the age range of 65 to 80 years was taken. These 200 elderly participants divided into four groups: widower, widow, married male and married female (50 in each group) were purposively selected for the present study belonging to both urban and rural background. Three scales/tests were used for collecting the data wise World Health Organization Quality of life (WHOQOL-BREF, Life Orientation Test (LOT) and Geriatric Depression Scale-Hindi Version (GDS-H). The obtained data was subjected to a number of statistical analyses pertinent to research objectives. The data was analyzed by appropriate statistical methods i.e. two-way analysis of variance (ANOVA) and t-test.

The present study focused on assessing and comparing the widowed and married elderly people on account QOL, optimism and depression. The two groups i.e. widowed and married elderly people differed on all the four domains of QOL, optimism and depression. Further to find out the significant difference between means for quality of life (all four domains), optimism and depression, the two-way ANOVA was employed. The F-values were found to be significant on all the parameters indicating that widowed elderly differ on QOL, optimism and depression with their married counterparts. But the F-values regarding gender as well as interaction effects suggested no significant independent effect. However, the F-value regarding gender on depression was found to be significant indicating that male and female elderly subjects differ on this parameter. The present study also focused that females of both the groups are getting high scores on depression as compared to their male counterparts. It also enhanced the fact that there is a strong need for elderly people in general and widowed elderly in specific to hold the string tightly to avoid feelings of purposelessness to enhance the psychological well being as this age cannot be avoided and it is a phase of life. However, there are some limitations in the present study that can be dealt in future research.
Further research should be conducted to examine the factors that could have contributed to the differences in the attitude and perception of both the groups towards life. The two extreme groups of stages of widowhood i.e. early widowhood and late widowhood should be compared to get the real picture in this context.

The implications of the present study should be focused on the exchange of assistance between aging parents and adult children which acts as a key factor in the well being of the depressed elderly. Feedback and encouragement through that exchange may motivate elderly persons to overcome the reluctance of their generation. The keys; on what needs to change in the adult children are “filial maturity” working out “parent-child” issues of the past and then firmly recognizing “that aging parents are adults, who need and should have input on decisions that directly affect their lives”. Family values should be given more importance. Hence, the older generations hold a very important position in the family tree and in society. They are the epitomes of wisdom and the younger ones should get benefit from their profound knowledge and experiences. This will help in reducing signs of pessimism and depression and will enhance their quality of life. It is necessary to form suitable rehabilitation programs for enhancing their physical, psychological, social and environmental well being. It is not only important to have a successful aging but also a dignified participation in modern society.