Introduction
Aging is defined as a “life-long process of progressive change in biological, psychological and social structures” of an individual (Kalache, 1999). Aging, according to Harwood (2007), refers to the “passing of time for an individual—the inevitable chronological change in our age from year to year.” Though it is a life long process starting at birth for several reasons it is considered to begin at a specific age (Kalache, 1999). Some studies use 60 years (WHO, 2002) and some studies use 65 years (UN, 2001) as demarcative age to mark the beginning of old age.

As aging process is almost always associated with old age—the last and degenerative phase in the trajectory of life which in a few years to come will inevitably end with death, the question arises why ageing indeed should be a topic of research interest. The last few decades have shown that quite a few factors have played significant role in making ‘aging’ and the ‘aged’ a topic of research interest. The two most important factors are the worldwide demographic transition and heterogeneity of the elderly population (Harwood, 2007).

Going back a few decades in the past shows that one of the greatest achievements of the twentieth century is decrease in the mortality rate resulting from controlling of communicable and non-communicable diseases due to improved medical technology, discovery of antibiotics and vaccinations to name a few reasons, leading to rise in life expectancy resulting in steep rise in elderly population. This has been closely followed by a decline in fertility rate world wide due to availability of contraceptive methods. This change of life expectancy has lead to a phenomenon often referred to as population aging. Population aging refers to “demographic transition from a pattern of high mortality/high fertility to that of low mortality/low fertility”. In other words it is referred to as Graying of
Population. According to World Health Organisation (1998) there are currently about 580 million older people (60 years and above) in the world, with 355 million in developing countries. By 2020 the figures are expected to reach 1,000 million, and over 700 million, respectively. This growth spurt implies that a major section of the population will enter an age where vulnerability of contracting non-communicable disease is high. Simultaneously though communicable diseases are showing a downward graph, they will not be eradicated (Murrey and Lopez, 1996) and hence leading to the so-called ‘double burden’ (Kalache, 1999). The principal implication of this demographic changes set a stage of the future in which a child will have to care for several elderly relatives, and the ‘younger old’ will be looking after the ‘older old’ (Kalache, 1999).

Apart from this demographic transition, diversity in elderly population makes it necessary to study old age in detail. As Dannefer & Perlmutter(1990) observes that elderly population especially those over 65 years are incredibly diverse and show individual differences as no other group has ever shown and as there are vast physical changes between 65 years and 90 years (Harwood, 2007), researchers from different disciplines including social sciences have started showing interest in the field.

This scenario along with the fact that after the implementation of aging programmes based on aging research, there is already a visible change in disability status of the elderly in developing countries including USA towards the positive (Kalache, 1999), a need to study the same group in order to bring change in public policies and initiate rehabilitative programmes is felt required. With this view the present study has focused on aging as the broad topic of interest with a specific focus on successful aging.
1.1. Concepts and Theories of Successful Aging:

Global population aging is one of the greatest challenges of the 21st century. Compared to developed countries, the social and economic burden is multiple times higher in the developing countries where the rate of increase in the elderly population is much higher compared to the economic growth rate. As Kalache and Keller (2002) observes: “In developing countries, the process is being compressed into two or three decades. Thus, while developed countries grew affluent before they became old, developing countries are getting old before a substantial increase in wealth occurs”. In 2002, almost 400 million people aged 60 and above lived in the developing countries. By 2025, this will increase to a 840 million representing 70 percent of all older people worldwide (WHO,2002). The World Health Organization asserts that a country “can afford to get old if governments, international organizations and civil society enact “active ageing” policies and programmes that enhance the health, participation and security of older citizens”.

In this situation, with a rise in longevity a need to make aging a positive experience is felt . In order to do so a need to optimize “opportunities for health, participation and security” is felt and WHO in 1990 adopted the term “active ageing” to express a more comprehensive message than “healthy ageing” and in order to recognize the factors in addition to health care that affect individual and population aging (Kalache ,1999). Other investigators in the field also recognized the need to accept and recognize the positive aspects of aging in order to help maintain autonomy and dignity in the rapidly aging population. Thus the concept of chronological age was found to be superceded by concept of functional age (Olds and Papalia, Feldman, 2004) which implies “how well a
person functions in a physical and social environment in comparison with others of the same chronological age”.

In 1987, with Rowe and Kahn’s publication in Science, the concept of Successful aging which was originally proposed by Havighrust (1961), gained a status of scientific interest. In Presidential address given to the Division of Maturity and Old Age, American Psychological Association, Chicago, Havighrust, for the first time proposed the term successful aging. Havigrust (1961) observed that “The science of gerontology has the practical purpose, as we often say, of "adding life to the years" of the latter part of the human lifespan. By the phrase "adding life to the years" we mean helping people to enjoy life and to get satisfaction from life”. Though several researchers have attempted to define successful aging, it is still an elusive concept.

Till date a number of definitions of successful aging have been proposed. Havighrust(1961) defined it as "adding life to the years" and "getting satisfaction from life". Decades later, Gibson (1995) defined successful aging as “reaching one's potential and arriving at a level of physical, social, and psychological well-being in old age that is pleasing to both self and others." Palmore (1995) observes that a comprehensive definition of successful aging "would combine survival (longevity), health (lack of disability), and life satisfaction (happiness)."

Successful aging was defined by Rowe and Kahn as the avoidance of disease and disability. This definition has since been expanded to include the ability to maintain three key characteristics: (1) avoiding disease, (2) maintaining high cognitive and physical function, and (3) remaining engaged with life (Rowe and Kahn,1998).
Research shows that **successful aging is a multidimensional concept** encompassing biological, social, cultural, economic and psychological factors. On basis of different studies attempts to build a number of theoretical frameworks were made. Most important theories that have been proposed to enlighten the mechanism of aging successfully are mentioned below:

1. **Disengagement theory** proposed by Cummings and Henry(1961) holds that successful aging is characterized by mutual withdrawal between older person and society. With age people gradually withdraw from their social roles due to societal disincentives or due to reduction in capabilities. According to this theory a successfully aging person will contentedly withdraw from previous roles in order to pursue a more passive life and take part in activities of solitary nature in preparation for death (Bearon, 1996).

2. **Activity theory** proposed by Neugarten, Havigrust and Tobin (1968) holds that in order to age successfully a person must remain as active as possible. It was advocated that a person must keep busy that is they must participate in full daily activities (Lemon, Bengtson & Peterson, 1972). In modern times this theory has been discarded with the view that it promotes a particular life style but elderly population is a heterogeneous one and many people prefer a less structured life style. Additionally many aged people do not have the health to pursue or participate in full daily activities(Bearon, 1996)

3. **Continuity theory** by Atchley(1989) emphasize that in order to age successfully people must maintain a balance of continuity and change in both internal and external structures of life. This theory proposes that “the people who age most
successfully are those who carry forward the habits, preferences, lifestyles and relationships from midlife into late life” (Bearon, 1996). Longitudinal research has shown that variables measured in midlife are reliable predictors of outcomes in later life along with the fact that several psychological and social characteristics are stable across the lifespan. For majority of population old age does not signify an abrupt break form the past; in fact the changes seep in imperceptibly and people tend to deal with the changes and obstacles in later life with the coping strategies that they gained in earlier life.

4. **Selective optimization with compensation** by Baltes and Baltes (1990) states that three fundamental processes of developmental regulation are essential for successful development and aging. Selection, optimization, and compensation are thought to advance the maximization of gains and minimization of losses associated with aging, thus promoting successful development and aging.

5. **Erikson ‘s Theory of Psycho-social Development and Old age:**

   No attempt to explain successful aging will be complete without mentioning last stage of psycho-social development in Erikson’s theory (1982): Ego Integrity vs. **Despair** where a successful resolution of this stage leads to development of virtue **wisdom** and failure to achieve wisdom leads to development of **disdain**.

   In Erikson’s Theory the last and final stage of life, that is, old age is not only a period of senility, loss and depression. It is also a period of joy, playfulness and wonder. Procreation does not stop with advent of old age; though procreation or production of children is absent in old age, it continues to be present through different creative and productive activities. The psycho-sexual mode of old age is **generalized sensuality**
which means “to take pleasure in a variety of different physical sensations”. This attitude can be cultured only in presence of Integrity which is a feeling of wholeness and coherence or in other words, “I-ness” in faces of losing mental and physical health. In cases where losses lead to disgust depression and contempt for others, Despair develops which means loss of hope. In the inevitable struggle between integrity and despair, Wisdom develops. Wisdom is “informed and detached concern with life itself in face of death”. In absence of development of wisdom, Disdain - the core pathology of old age, occurs; disdain is “a reaction to feeling (and seeing others) in an increasing state of being finished, confused, helpless”.

1.2 Overview of the present study:

It may be concluded from this brief overview of successful aging that the concept of successful aging is relevant in the context of population aging with effect that a scientific interest in this line and implementation of research findings may help the elderly population remain active and satisfied - in other words to help the elderly population remain integrated with the society and continue to contribute meaningfully to the society. The first question that arises in this regard is how to measure successful aging. 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). Primarily on the basis of criteria for aging successfully discussed above, three measures of successful aging have been focused in the present study. These are:

Engagement with Life, Activity level and Life Satisfaction. To be more specific, life satisfaction /Subjective wellbeing is selected as a measure of successful aging as old age is a period strewn with many thorns and contemplation of the past life may lead to either
satisfaction or despair. Level of activity is selected as measure of successful aging because one who has expectedly played the normative roles of life so far will endeavour to live the remaining years of life independently. Finally in order to live successfully or satisfactorily, a need to find meaning or purpose in the present activities of life is essential and with this view the present study has included engagement with life as measures of successful aging.

Keeping in mind that old age is the last chapter in the book of life and a successful old age is only possible when one can look back on bygone chapters of life with contentment along with perceiving meaningful existence of the self in present circumstances, three character strengths have been selected for the present research: wisdom, forgiveness, gratitude. The study also includes one self evaluative variable: self efficacy. Finally quality of life is included in the present study as improving the quality of life of the aging population is the ultimate goal of aging research. The character strengths along with quality of life will be henceforth referred to as **Psychosocial Factors**.

The following section briefly enumerates the important definitions, models and theories of measures of successful aging and the psychosocial factors under study.

**1.3. Measures of Successful Aging:**

In the present study three measures of successful aging has been used. These are **life satisfaction or subjective well being (SWB), activity level and engagement with life**.

Conceptual descriptions of these measures are given below:

**1.3.1. Life Satisfaction /Subjective Well Being (SWB):**

The concept of SWB developed as a response to overemphasize on the negative mental states in psychology (Diener and Lucas, 1999). On the basis of utilitarian tradition and principles of hedonic psychology, Diener (1984) considers “wellbeing to be the
subjective evaluation of one’s current status in the world”. According to Diener, subjective Well-Being or life satisfaction has been defined as a person’s cognitive and affective evaluations of his or her life. Cognitive evaluations are cognitive judgments of satisfaction and fulfillment and affective evaluations include emotional reactions to events. (Diener, Lucas and Oishi, 2000).

A person is said to have high SWB if she or he experiences life satisfaction and recurrent joy, and only infrequently experience unpleasant emotions like sadness and anger. On the other hand, a person will have low SWB if he or she is dissatisfied with life, experiences joy and affection rarely, and frequently experiences negative emotions such as anger or anxiety. (Diener, Suh Oishi, 1997). Individuals have a level of SWB even if they do not often consciously think about it, and “the psychological system offers virtually a constant evaluation of what is happening to the person”. All people evaluate events in their lives as either positive or negative, so that they can normally able to offer judgments about their lives. People almost always experience emotions which have hedonic element that is pleasant and signals a positive reaction, or unpleasant element that signals a negative reaction. Diener, Suh Oishi, 1997).

1.3.1.1. Components of SWB or life satisfaction:

There are three primary components of SWB: a) satisfaction b) pleasant affect, and c) low levels of unpleasant affect. Life satisfaction consists of satisfaction with the various domains of life like recreation, love, marriage, friendship etc. and these domains can in turn be divided further. Pleasant affect can be divided into specific emotions like joy b and affection. On the other hand, unpleasant affect can be divided into specific emotions and moods such as shame, guilt, sadness, anger, and anxiety.
1.3.1.2. Characteristics of SWB or life satisfaction:

Diener (1984) delineated some cardinal characteristics of life satisfaction which are discussed below:

1. **Range of the field: Agony to Ecstasy**

   The field covers the whole range of well-being from agony to ecstasy. It is concerned not only with the causes of depression and anxiety, but also with the factors that differentiate slightly happy people from moderately happy and extremely happy people. (Diener, Suh Oishi, 1997).

2. **Perspective: Respondent’s own view**

   SWB is defined in terms of the internal experience of the individual. SWB is assessed from the individual's own perspective. In SWB assessment, an individual’s beliefs about his or her own well-being are of great importance. Though the final decision maker is the respondents, SWB cannot be a definition of mental health because people might be disordered even if they are happy.

3. **Focus: Long-term states**

   The field focuses on long term states, not just momentary moods. Though an individual’s mood is likely to fluctuate with each new event, the SWB researcher is most interested in the person's moods over time.

1.3.1.3. Theories related to SWB or life satisfaction:

Attempts have been made to explain SWB from different perspectives. They are----

1. **Adaptation Theory:**

   In adaptation theory, a person's past life is of importance. The idea of adaptation delineates that people initially react strongly to new life events or circumstances, but over
time habituate and return to baseline. The idea of adaptation cannot be pushed to the extreme end that the environment has no long-term influence on SWB because some conditions appear to continually influence it. These differences relate to level of income, human rights record, and democratic institutions of the society.

2. Telic Theory:

Telic theories posit that SWB is gained when goals and needs are reached (Diener, 1984). Thus, the causes of SWB are not universal, but differ depending on people's values and desires. Different aspects of goals are related to different components of SWB. Carver and Scheier (1990) further postulated that progress toward goals at a rate higher than the standard leads to positive affect, whereas progress at a rate lower than the standard leads to negative affect.

3. Temperament Theories:

Temperament produces significant effect on SWB. Personality characteristics including character strengths are important in determining SWB. Support for this has been gained through personality studies as well as heritability studies (Lykken & Tellegen, 1996 Diener & Diener, 1995, Larsen and Diener (1987).

4. Cognitive Theories:

In the domain of SWB, investigators find that one can dampen or amplify one's emotions by what one thinks, and thereby experience more or less powerful emotions (Larsen, Diener, & Croponzano, 1987). Happy people initiate thoughts and behaviors that are adaptive and helpful, whereas on unhappy people cope in more disparaging ways. Happy people are expected to see the bright side of events, pray, directly deal with problems, and seek help
from others, whereas unhappy people are more likely to engage in fantasy, blame others and themselves, and avoid dealing with problems (McCrae & Costa, 1986). People can increase their SWB by the control of their thoughts.

1.3.2. Activity Level:

One of the most important themes in geriatrics is preservation of function(). In reflection of other researchers words, Gallo (2006) says that “The emphasis has appropriately changed from an exclusive concern with delaying mortality to a focus on avoiding morbidity, that is, to preserving function and extending active life expectancy. Keeping this in mind activity level or functional capacity has been used a measure of successful aging in the present study. Though other categories are possible the functional assessment categories that are usually agreed upon are Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

1.3.2.1. Activities of Daily Living (ADL):

According to International Encyclopedia of Rehabilitation, ADL refers to self care activities which consist of ‘those activities or tasks that people undertake routinely in their every day life.’ ADL refers to personal care or Basic ADL or BADL (also simply referred to as ADL). According to James (2008), ADL/BADL refers to “activities involving functional mobility (ambulation, wheelchair mobility, bed mobility and transfers) and personal care (feeding, hygiene, toileting, bathing and dressing)”

1.3.2.2. Instrumental Activities of Daily Living (IADL):

Instrumental Activities of Daily Living (IADL) includes domestic and community activities. IADL refers to “a person's ability to cope with her/his environment in terms of such
adaptive tasks as shopping, cooking, housekeeping, laundry, use of transportation, managing money, managing medication and the use of the telephone (Katz, 1983)."

IADLs can be further divided into subsets viz. Household Activities of Daily Living and Advanced Independent Activities of Daily Living (Lawton, 1990).

Household Activities of Daily Living includes those skills that are specific to maintaining home environment, such as, shopping, doing laundry or preparing meals. Performance on these items accurately reflects gender roles of specific age cohorts (Lawton, 1990). “Advanced IADLS differ from basic and household ADLs in that they engage higher order cognitive abilities that require greater levels of neuro-psychological organization in addition to the routine motor movements and scripts common to ADLs (Marson, 2001).” These includes managing finances, medications, making medical treatment decisions, driving etc. It is considered as essential to judgement concerning an individual’s ability to live independently (Marson and Herbert,).

1.3.2.3. **Typical Assessment Methods of ADLs and IADLs:**

ADLs and IADLs are principally assessed using two methods viz. Self and Informant Reports and Performance Based Assessments. These assessment methods are discussed below:

1. **Self and Informant Reports:**

Self and informant reports are most commonly used methods of assessing ADL and IADLs. In this method, the individual himself, caregiver or any knowledgeable informant is asked to provide ratings of the extent to which the individual can perform the self care tasks or the complex activities at home and community (Angel and Frisco, 2001).
2. **Performance Based Assessments:**

Performance Based Assessments demands that the individual must perform the activities under the direct supervision of a trained examiner (Angel and Frisco, 2001).

Both the methods have their own advantages and disadvantages. While the performance based measures can vary in variance with the individuals’ cognition, motivation and behaviour (De Bettignies et al, 1993), the informant based report appears to be a more stable measure as the caregiver or knowledgeable informant has the opportunity to observe the individual in everyday environment across time (Loewenstein and Mogosky, 1999). On the other hand, performance based methods are free from informant biases and provide valuable information regarding the performance of the elements of the tasks which may be important for rehabilitation (Loewenstein and Mogosky, 1999).

**1.3.3. Engagement with Life:**

The concept of ‘Engagement with Life’ as conceptualized by Scheier et al, 2006 is a new one and theoretical literature related to it is yet to develop. **Engagement with Life**, according to 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 definition implies that engagement with life is ‘purpose in life’, this conceptualization is different from the existing definitions of purpose in life and has its origin in Theory of Self Regulation. In the next section the theoretical base behind the origin of the concept is briefly discussed.

**1.3.3.1. Origin of the Concept of Engagement with Life:**

The concept of engagement in life as it is described here has its roots in recent models of self regulation (Carver and Scheier, 1981, 1990, 1998) which have come from the descendents of generations of expectancy-value models of motivation (Atkinson, 1964;
According to these self regulation models two elements are salient for creating behaviour: a) Ability to identify valued goals and b) Perception that these goals are attainable. Scheier notes that “it is the value dimension that is of interest here”. Valued goals serve two functions: a) Provide purpose in life and b) Provide mechanism by which a person remains behaviorally engaged in life. In this case the behaviour will either represent a valued goal in itself or it may be instrumental in achieving some other higher order valued goal. Apart from role of goal in creating behaviour, another factor which is pertinent for creation and continuation of behaviour is the situational factors around the individual. Many times in life due to several situational factors a person have to give up the pursuit of a given goal. In these situations the person must find out alternative goals to pursue, otherwise the life will be without purpose.

In order to maintain purpose in life a person needs to adjust his/her goals. Goal Adjustment perspective of models of self Regulation, as proposed by Worsch, Scheier and Miller(2013) posits that adaptation to unattainable goals requires individuals to disengage from the unattainable goal and reengage in more feasible goals. It also says that that individuals differ widely in general tendencies to disengage from unattainable goals and to reengage in other goals across different domains. A goal disengagement capacity is the person’s tendency to withdraw both “behavioral efforts and psychological commitment from the pursuit of an unattainable goal.” Goal reengagement capacities, on the other hand, include the “tendency to identify new goals, commit to new goals, and start pursuing new goals when unattainable goals are being encountered (Wrosch et al., 2003b).”

In case the goal is unattainable a significant amount of distress is produced when people give up effort but remain committed to goal and but disengaging from that goal helps
to reduce distress. Building on this proposition, it was further proposed that four consequences can arise from disengaging from goal. These are: a) Scaling back to the limited goal in the same domain b) Choosing alternate path to high order goal c) forming new goals or new path to high order goals and d) giving up goal commitment without adopting any new goal (Worsch et al, 2003).

On basis of the effect produced by goal disengagement and reengagement, Worsch, Scheier and Miller (2013) proposed the theoretical model of psychological and health benefits of goal adjustment capacities. According to this model, goal disengagement reduces the psychological impact of an unattainable goal as it prevents the experience of repeated failure. So goal disengagement capacity should be related to the avoidance of negative aspects of subjective well-being. While the primary functions of goal reengagement is to keep individuals who confront unattainable goals engaged in meaningful and attainable goals. Goal reengagement capacities therefore helps to promote positive aspects of subjective well-being. Additionally, the psychological benefits of individuals’ goal adjustment capacities helps in adaptive physiological processes (e.g., normative cortisol secretion or low levels of inflammation) and reduce vulnerability to develop physical disease.

So Scheier and Carver’s Engagement in Life is basically about finding purpose by engaging in pursuing of valued goals though other unattainable goals may be present in the context.

1.4. Psychosocial Factors Related to Successful Aging:

According to Upton (2013), social factors are general factors at societal level that are about social structure and social processes affecting the individual. Psychological factors are
individual-level processes and meanings affect the mental states. These words are combined as “psychosocial.” It implies that the “effect of social processes are sometimes mediated through psychological understanding (Stansfeld & Rasul, 2007)”. In the present study character strengths of wisdom, gratitude and forgiveness along with self evaluative variable-self efficacy as well as quality of life are together referred to as psycho-social variable. These variables are briefly described below:

1.4.1. **Wisdom:**

Wisdom is a complex human attribute and tops the list of all human virtues. This position is taken in all cultures across the globe for many centuries. In spite of this, history of wisdom research in psychology is a brief one. On basis of different endeavours researchers have tried to define wisdom but elusive nature of wisdom made this job an extremely difficult one. Birren and Fisher (1990) defines wisdom as “integration of affective, conative and cognitive aspects of human abilities” in response to completing life tasks and solving life problems; it is a “balance between the opposing valences” in the affective, conative and cognitive fields. Clayton and Birren (1980) defined wisdom as an integration of cognitive, affective and reflective dimensions. Following them Ardelt also defines wisdom along the same lines. According to Pascual-Leone (2000) wisdom is “an expectable but often missed outcome of adult development” which is attained by following two complementary paths: natural life-experience path and a meditation path. Holliday and Chandler (1990) describe wisdom as “a well defined, multidimensional, prototypically organized competency descriptor” while Brugman (2000) describes it as “expertise in uncertainty” consisting of meta-cognitive, affective and behavioural aspects.
1.4.1.1. *Theories of Wisdom:*

Wisdom is identified as one of the cardinal virtues that facilitate personal development, good living and enhancement of resources that help in social growth (Snyder, Lopez and Pedrotti, 2011). As the concept of wisdom is deeply embedded in the religious and cultural context the scientific study of wisdom has its roots in the socio-cultural milieu. On basis of these two lines of wisdom research emerged which formed the basis of the existing wisdom theoretical perspectives (Sternberg, 1990), which are briefly discussed below:

1.4.1.1.1. *Implicit Theoretical Perspective of Wisdom:*

Implicit approach concerns about folk-psychology and commonsense approach to wisdom. This approach attempts to identify the characteristics of a wise person and to determine the usage of the term in everyday language. This line of research was first initiated by Vivian Clayton in 1976 and developed by Holliday and Chandler (1986), Sternberg (1985, 1986), Orwoll and Perlmutter (1990), and Sowarka (1989). Baltes and Staudinger (2000), following the implicit line of research delineated a few conclusions about wisdom: 

a) Wisdom is a distinct concept with a specific meaning which demarcates it from other related concepts
b) It is considered to be an exceptional quality and a pinnacle of human development
c) It is a state of mind and behaviour that consists of a well balanced coordinated interaction of cognitive, affective and motivational aspects of human functioning
d) It is related to high level of personal and interpersonal competence
e) It involves benevolent intentions and is used for the wellbeing of others.

Baltes (1993, 1999) through his cultural-historical and philosophical analysis of wisdom found: 

a) wisdom is a “truly superior level of knowledge, judgment, and advice”
b) it
provides strategies to solve difficult questions about conduct and meaning in life c) it consists of knowledge of uncertainties of life and limits of knowledge d) it is a knowledge with scope, depth and balance e) it consists of perfect synchronization of knowledge and virtues f) it is a knowledge utilized for well being of self and others g) it is difficult to achieve and specify but can be easily identified when manifested. This approach also emphasise that beliefs of an individual is less organized and comprehensive that that of a philosophical and cultural tradition (Baltes and Staudinger, 2000).

1.4.1.1.2. Explicit Theoretical Perspective of Wisdom:

In contrast to implicit theories of wisdom, explicit line of wisdom research is about “behavioral manifestations or expressions of wisdom”. It is about theoretical construction of the concept followed by empirical investigation in order to obtain a quantifiable operationalisation of the concept and to find out various concerned factors and correlates. On basis of Jean Piaget’s (1932) Sage Theory of Cognitive Development, Riegel (1973) considered a form of post operational thinking which he called as dialectical operational stage or more simply wisdom. This stage involves reflective thinking. This type of thinking helps in integration of the opposites as well as integration of motivation and life experiences, not to exclude a coupling of logical and subjective information processing.

Two most important line of research in this perspectives are: a) Baltes’s Berlin Wisdom Paradigm and b) Strenberg’s Balance Theory. In Berlin Wisdom Paradigm, five criteria that characterize wisdom and wisdom related performance were identified by Baltes group (Baltes and Smith, 1990; Staudinger and Baltes, 1994). They are: (a) rich factual knowledge about the fundamental pragmatics of life (“know what”) (b) rich procedural knowledge about the fundamental pragmatics of life (“know how”) (c) lifespan contextualism.
(knowledge that considers the many themes and contexts of life) d) relativism of values and life priorities( tolerance for value differences of others) e) recognition of and management of uncertainty. In Strenberg’s Balance Theory wisdom is recognized as the application of tacit knowledge to accomplish a common good by balancing multiple personal interests and environmental situations.

However, Strenberg’s and Baltes’s theories are recognized to be similar due to the fact that they emphasize the organization and application of pragmatic knowledge (Snyder, Lopez and Pedrotti, 2011)

1.4.2. Forgiveness:

Forgiveness is another variable which is an age old concept and its importance has been stressed in religions all over the world from time unknown. Different disciplines have looked into forgiveness (e.g. philosophy, law and religion) including psychology. But in psychology the initial emphasise was on the role of forgiveness in psycho-therapeutic intervention rather than on the development of theoretical perspectives. Several attempts have been made to define forgiveness. Thompson et al. (2005) defined it as the framing of a perceived transgression such that one’s responses to the transgressor, transgression, and squeal of the transgression are transformed from negative to neutral or positive. The source of a transgression, and therefore the object of forgiveness, may be oneself, another person or persons, or a situation that one views as being beyond anyone’s control (e.g., an illness, “fate,” or a natural disaster). Enright et al. (1998) defined it as “a willingness to abandon one's right to resentment, negative judgment and indifferent behavior toward one who unjustly hurt us, while fostering the undeserved qualities of compassion, generosity and even love
towards him or her”. McCoullagh (2001) defined forgiveness as "a suite of pro-social motivational changes that occurs after a person has incurred a transgression."

1.4.2.1. Different Conceptualizations of Forgiveness:

In psychology different researchers have attempted to define forgiveness from different perspectives and these conceptualizations are briefly depicted below:

1.4.2.1.1. Forgiveness as motivation:

According to this perspective, three distinct motivations “work in concert to create the psychological state that people refer to as forgiveness”(McCullough, 2000). These three motivations are:

1. Feelings of hurt-perceived attack correspond to a motivation to avoid personal and psychological contact with the offender (Avoidance).
2. Feeling of righteous indignation correspond to a motivation to seek revenge or see harm come to the offender (Revenge).
3. A motivation for benevolence or good will which typically decreases in face of hurt or offense

1.4.2.1.2. Forgiveness as pro-social behaviour:

McCullough (2001) argues that forgiveness itself should be conceptualized as a "complex of prosocial changes in one's motivations" in response to a perceived transgression by others in which the offended party no longer wants to avoid or seek revenge on the transgressor(s).

1.4.2.1.3. Forgiveness as self preserving tool:

Forgiveness is instrumental in preserving important relationships in one’s life and also a way of coping psychologically with betrayal (Ashton, Paunonen, Helmes, & Jackson, 1998).
1.4.2.1.4. Factors Influencing Forgiveness:

Several factors that influence whether an individual will forgive or not are enumerated below:

1. **Nature and consequences of transgressions:** Transgressions which are severe and intentional and lead to negative consequences are difficult to forgive (Boon and Sulsky, 1997; Girard and Mullet, 1997).

2. **Apology:** The extent of seeking forgiveness and offering apology for committing a transgression also influence the chance of developing forgiveness in the victim (McCullough et al., 1998; Girard and Mullet, 1997). Apology principally helps to reduce the victim’s negative affect (Ohbuchi, Kameda and Agarie, 1989) and increase his empathy (McCullough, 1997).

3. **Nature of interpersonal relationship:** People are more likely to forgive in relationships where in which they feel close and intimate and satisfying (Nelson, 1993).

4. **Personality characteristics:** Forgiving people are less hostile, less aggressive, less ruminative, less narcissistic, less exploitative and more empathetic (Tangney et al., 1999).

1.4.2.1.5. Model of Forgiving in Psychology:

In pursuit of conceptualizing forgiveness Worthington formulated the Pyramid Model of Forgiveness. The various steps to attain forgiveness in **Pyramid Model to REACH Forgiveness** by Worthington is given below:

1. **Recall the Hurt (R):** In order to heal one must recall the hurt that is it is required to admit that a wrong has been done to the self instead of showing anger or demanding an apology which will never be given or dwelling on the victimization.
2. **Empathise (E):** In order to forgive one must try to feel the transgressor’s feelings.

3. **Offer the Altruistic Gift of Forgiveness (A):** Thinking about one’s own past transgressions and forgiveness offered by others may lead to a feeling of selflessness which may lead the person to offer forgiveness to the perpetrator.

4. **Commit publicly to Forgive (C):** If one lets others know of the feelings of his forgiveness, it is unlikely that he will doubt it later.

5. **Hold on to Forgiveness (H):** When one doubts whether he has forgiven at all there are several ways to prevent oneself from sliding back to anger or hurt from forgiveness.

1.4.3. **Self Efficacy:**

**Generalized Self Efficacy** is an optimistic self-belief that one can perform a novel or difficult tasks, or cope with adversity -- in various domains of human functioning (Schwarzer, 1992). On the other hand, in Social Cognitive Theory (SCT) **Self-efficacy** is defined as “beliefs in one’s capabilities to mobilize the motivation, cognitive resources, and courses of action needed to meet given situational demands” (Wood & Bandura, 1989). According to SCT there are three dimensions of self efficacy. These are:

1. **Magnitude:** Magnitude of self efficacy refers to the level of task difficulty that a person believes he is capable of executing.

2. **Strength:** It refers to whether judgement about magnitude is strong (ability to persevere in coping effort in spite of disconfirming experiences) or weak (one is easily questioned in face of difficulty).

3. **Generality:** It refers to whether the efficacy beliefs are related to a particular task or are generalizable to domain specific tasks or situations.
1.4.3.1. **Determinants of self efficacy:**

According to Bandura there are four significant categories of experiences and sources of information that determine self efficacy beliefs. In spite of the fact that efficacy expectations may be influenced by any of these factors, it is of immense importance to note that the impact of any information on self efficacy belief will depend upon the way it is cognitively processed i.e. subjective perceptions of personal and situational factors are of more importance than the objective reality. These determinants are:

1. **Enactive Mastery Experiences** or performance accomplishments that give an individual the indication of his capability

2. **Vicarious learning/modeling** or observation of others behaviour which may cause the individual to alter his behaviour

3. **Verbal persuasion** or other social influences that inform the individual of his capabilities

4. **Physiological and psychological states** that can help the individual to judge his capability and vulnerability to dysfunction

1.4.3.2. **Differentiating general self efficacy from self efficacy:**

Though the two concepts appear to be equivalent, general self efficacy and self efficacy as defined in Bandura’s theory are vastly different in their conceptualization. Bandura’s self efficacy is specific self efficacy which refers to task and situation specific cognition while generalized self efficacy is generalized dispositional trait that represents an individual’s overall estimate of his ability to perform a wide range of tasks under varied range of circumstances. Thus while self efficacy varies with variance in situational or task related factors, generalized self efficacy is an enduring personality trait (Stajkovic and Luthans, 1998).
1.4.4. **Gratitude:**

Gratitude has been defined variously over ages but it is only in the last three decades that empirical research on gratitude has been initiated. Gratitude is one of the most basic social emotions that guide for moral judgments and behaviour. It has also been defined as the principal motivator of benevolent behaviour which helps the beneficiary to find out ways of acknowledging the benefit which helps to create a sense of goodwill and promotes social stability (Smith, 1790/1969). On basis of Smith’s (1790/1969) theory, Simmel (1950) argued that gratitude serves as a reminder of moral norms, such as reciprocity obligations. According to Schwartz (1967) gratitude is a social force that causes people to maintain a prosocial orientation. Gratitude has been conceptualized from different perspectives which are depicted below:

1. **Gratitude as action tendency:**
   
   Gratitude is a response that arises from the sense of having received a gift. This response can be directed towards a person or to an impersonal source: God, nature or luck, and may also embrace a general sense of life as a gift (Emmons and McCulough, 2003).

2. **Gratitude as character strength:**
   
   Gratitude is “aware of and thankful for the good things that happen; taking time to express thanks” (Park, Peterson and Seligman, 2004).

3. **Gratitude as life orientation:**
   
   Gratitude is ‘a life orientation towards noticing and appreciating the positive in life’ (Wood, 2010).

4. **Gratitude as affective state:**
   
   McCullough and colleagues (2004) define gratitude as grateful affect. Grateful affect is an emotional response to a gift that involves the appreciation felt after one has been the beneficiary of an altruistic act.
5. Gratitude as an affective trait:

Gratitude is “a generalized tendency to respond with grateful emotion to the roles of other people’s benevolence in the positive experiences and outcomes that one obtains” In comparison to less dispositionally grateful individuals, dispositionally grateful individuals should simultaneously: (a) experience more intense feelings of gratitude in response to positive events, (b) report feeling grateful many times each day and should have a lower threshold for experiencing gratitude (e.g., in response to simple pleasures), (c) feel grateful to a large number of life circumstances, and (d) refer to a large number of people as contributors to the positive outcomes that they have experienced.

Gratitude is a predisposition to experience gratitude, i.e., feelings of thankful appreciation for favors received. Grateful individuals (a) have a sense of abundance, (b) be appreciative of the contribution of others to their well-being, (c) have the tendency to appreciate simple pleasures in life, and (d) acknowledge the importance of experiencing and expressing gratitude.

1.4.4.1. Model and Theories of Gratitude:

1.4.4.1.1. Social–Cognitive Model of Trait and State Levels of Gratitude:

In this model Wood et al (2008) makes four propositions which were confirmed on basis of three studies:. These propositions are:

1. After a person receives help he or she makes a number of attributions about the nature of the help, and the attributions naturally cluster together to form a benefit appraisal

2. benefit appraisals cause the experience of state gratitude
3. Distinctive interpretive biases lead people higher in trait gratitude to make more positive benefit appraisal”.

4. More positive benefit appraisals elucidate why trait and state levels of gratitude are connected.

The model in sum states that “individual differences in trait gratitude and situational factors lead to benefit appraisals, and benefit appraisals lead to the experience of state gratitude” Wood et al. (2008).

1.4.4.1.2. Find, Remind, and Bind Theory of Gratitude:

This theory focuses on importance of gratitude in building a relationship. According to this theory, gratitude is important for depth of affection and relationship stability. In building a relation the partners need to find out reasons to be grateful for each other, to remember these qualities and utilize to bind themselves together.

1.4.5. Quality of Life:

Quality of life (QOL) have been defined in various ways. In Farquhar’s (1995) taxonomy, or classification of definitions, made on basis of a systematic review of the scientific literature, she identified three major types of QOL definition: (1) general or global definitions (2) Definitions which break the concept down into a series of component parts or dimensions, and (3) Definitions that focus on only one or two of the component parts recognised in the former type of definition.

Definitions from different perspectives show that quality of life is a multi-dimensional concept. For example, World Health Organisation (1994) defines Quality of Life as ‘an individual’s perception of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and
concerns’. Haas, 1999b defines QOL as a multidimensional evaluation of an individual’s current life circumstances in the context of the culture in which they live and the values they hold. QOL is primarily a subjective sense of well-being encompassing physical, psychological, social and spiritual dimensions. In some circumstances, objective indicators may supplement or, in the case of individuals unable to subjectively perceive, serve as proxy assessment of QOL. It is again referred to as a feeling of overall life satisfaction, as determined by the mentally alert individual whose life is being evaluated. Other people, preferably those from outside that person’s living situation, must also agree that the individual’s living conditions are not life-threatening and are adequate in meeting that individual’s basic needs.” (Meeberg, 1993). Quality of life’ and more specifically, ‘health-related quality of life’ refer to the physical, psychological, and social domains of health, seen as distinct areas that are influenced by a person’s experiences, beliefs, expectations and perceptions (which we refer to here collectively as ‘perceptions of health’. Each of these domains can be measured in two dimensions: objective assessments of functioning or health status, and more subjective perceptions of health.” (Testa et al., 1996).

1.4.5.1. Models of Quality of Life:

1.4.5.1.1. Systems Theory Structure:

   Systems theory approach to QoL was first suggested by Veenoven and Cummins (1998). Hagarty et al. (2001) found that most of the existing QoL indices fail to specify any well established theory. On the basis of this they proposed a Systems Theory Structure of Quality of Life concepts and causes. According to this theory, input variables denote exogenous environmental variables affecting individuals’ QOL which includes the “objective indicators” of QOL, like extent of freedom, income inequality, etc. The
throughput variables describe the individual’s response to this environment (e.g., education achieved, marriage choice). These are also often measured as “objective indicators”, but they also include the individual’s choice in response to the environment and to public policy. The output variables are the result of input and throughput. Veenhoven summarizes these ultimate outputs as: Happiness (or SWB), personal survival, and “contribution to the human heritage”.

1.4.5.1.2. **Defining Attributes of Quality of Life:**

1. **Dimensionality:** Quality of Life (Qol) has been identified as a multi-dimensional concept (WHO, 1995; Haas, 1999a) by most investigators as most studies have identified a number of domains essential to evaluating Qol. Those studies which cite QoL as unidimensional assess health-related QoL only (Torrence, 1986).

2. **Nature:** It is value based and dynamic (Haas, 1999a)

3. **Nature of Indicators:** Qol can be designated by both objective and subjective indicators but they are most reliably measured by person capable of self evaluation (Haas, 1999a). Meeberg (1993) has also emphasized on the mental capacity of the individual to assess life as satisfactory or not. Meeberg (1993) has also suggested that an objective third party assessment of an individual’s living condition as adequate and not life threatening is also an attribute of Qol. Schalock and Verdugo (2004) identified the 3 most common indicators for each of their 8 core QOL domains.

4. **Time span:** It could be evaluation of life in general (Meeberg, 1993) or evaluation of current life circumstances (WHO, 1995; Haas, 1999a).
1.5. Summery of the Present Chapter:

This chapter presents an overview of the situation under which the study has been formulated and gives a brief idea about the definitions and theoretical background of the variables under the present study. In recent times, aging has emerged as an area of profound interest to the researchers of various disciplines all over the world because of two factors: Graying of Population worldwide and Heterogeneity of the elderly population. The growth spurt in the aging literature shows that though negative sides of old age has been the principal focus of the gerontological literature for some time, positive aspects of old age is also becoming a topic of interest to the researchers. In search for positive aspects of aging, some researchers have come up with the idea of successful aging which has been variedly defined and several criteria have been identified for determining a successful ager. But this line of research is in its nascent form and as most of the studies have been conducted in the West, gerontological research field needs more intensive and culture specific studies.

Keeping this in mind the present research purports to study successful aging using three measures: life satisfaction or Subjective Wellbeing (SWB), Activity Level and Engagement with Life. Life satisfaction or SWB is cognitive and affective evaluation about life while activity level refers to one’s preserved level of activities of daily living and instrumental activities of daily living. Engagement with life, the third measure of successful aging is basically a purpose in life to the extent one executes one’s valued goals. In this study an effort has been made to study different psycho-social factors, namely, wisdom, forgiveness, self efficacy, gratitude and quality of life, in relation to successful aging. As discussed above wisdom is an integration of cognitive, affective and reflective aspects of human abilities while forgiveness is nothing but the ability to renounce
resentment, indignation and anger towards a transgressor which may be in the inter-personal or intra-personal domain or even in case of uncontrollable situation. On the other hand, gratitude is the ability to ascribe the credit of benefit to an external agency along with a rise in positive feelings. While these three are usually recognized as character strengths, generalized self efficacy is a self evaluative variable which equals to positive self beliefs about one’s coping ability in diverse situations. Quality of life is a multidimensional evaluation of an individual’s current life circumstances in the context of the culture in which they live and the values they hold.

With such a background, the present study has been designed. It purports to investigate the impact and relationship of some psychosocial factors on successful aging. Details of existing literature on psycho-social factors and successful aging will be delineated in the next chapter.