Chapter 2

Review of Literature

Positive and successful ageing seems to have become a prominent topic for research and discussion in gerontology today. Those who age positively enjoy a good quality of life and live healthier and longer lives. For years theorists have debated the meaning and purpose of life after 60 or after retirement. It is the beginning of a new phase of life as one ventures into old age. It is a process of change to something new and different; a process of withdrawal from an active social life to one of contemplation, renewed wisdom and often involving new social roles. Researchers are still debating what successful ageing is, if it is a process or could it be an outcome.

Literature indicates that globally the older population is growing phenomenally in numbers and at the same time the size of the family is reducing, especially in urban areas. Although often, caring for older adults is becoming a burden and ageing is often termed as a problem, older adults with their wisdom and experience are also an asset to the family and society. In recent times the focus is more on positive ageing where professionals in the field of gerontology believe that a considerable proportion of older adults have the potential and the will to age successfully. But with the vast array of definitions the herculean task is how to measure it and how to promote positive and successful ageing (APS, 2012; Rowe, 2016).

The following review of literature focuses on psychological capital in positive ageing, successful and healthy ageing, the psychological well-being of older adults and the influence of social support and spirituality on positive ageing.

The researcher has used the following search key terms, namely, positive ageing, successful ageing, positive psychology, psychological capital, elderly, old age,
well-being, challenges in old age and IPA. A specific search was done to explore resilience, optimism, self-efficacy, hope, gratitude, spirituality and wisdom in older adults.

The online data bases referred to were EBSCO, JSTOR and PubMed. Along with the online data bases, physical library searches were done at the Christ (Deemed to be University) campus.

Using all these, the studies have been organized into the following sections.

1. Successful and healthy ageing
2. Psychological well-being of older adults
3. Positive ageing and social support
4. The role of religion and spirituality on positive ageing
5. Psychological capital and its impact on ageing

**Successful and healthy ageing.** Pruchno (2015) explored what researchers and theorists stated about successful ageing and an interesting observation was that lay people, in the US and Germany had described successful ageing in more detailed and elaborate terms than scientific theories. Irrespective of the gender or age, or the country they belonged to; whether young, middle aged or older adults, there were striking similarities in the themes that emerged. The themes included psychological factors such as attitudes and beliefs, wellbeing, meaning in life and strategies; available health and social resources and lastly behaviours and activities. Now successful ageing is adding on an array of other terms such as active, effective, positive, productive or healthy ageing.
Since there was available literature on active aging, Bowling (2008) was curious to understand the perception older adults have about active ageing and compared it with existing literature. She also explored their understanding of quality of life and successful ageing. The researcher interviewed 337 older adults in Britain, who were living at home, using the survey method. Results indicated that the most important aspect of active ageing was being physically healthy and functioning adequately, followed by being able to maintain social and leisure activities, being mentally active and lastly maintaining social relationships and necessary contacts. Almost half the older adults interviewed, felt they were fairly active and a third described themselves as ageing very actively. Optimum health, wellbeing and quality of life were the main predictors of active ageing. Older adults” laid emphasis on mental and physical health and social activity and highlighted aspects such as keeping the mind active and exercising the body. As a consequence, frail older adults were excluded from the concept of active ageing. While definitions of successful ageing overlapped with quality of life, quality of life has been portrayed as an outcome of active ageing.

Phelan et al. (2004) did a survey to decipher if older adults have reflected on ageing and on successful ageing and if their thoughts on ageing had changed over the last 20 years. They compared their perceptions with aspects of successful ageing defined in published literature. Results indicated that over 90 percent of the older adults had not just reflected on ageing, but also ageing successfully and about 60 percent reported that their thoughts had changed over the last 20 years. Older adults defined successful ageing as multidimensional which encompassed physical, psychological, functional and social health. In contrast, however, all these four dimensions describing successful ageing were not included in published literature.
However, Butler and Ciarrochi (2007) suggested that there is greater life satisfaction in older adults who have more knowledge about ageing and it could be that their increased knowledge helped them accept changes and adapt more readily.

Nimrod and Ben-Shem (2015) in their research study on „Successful Aging as a Lifelong Process” employed an innovative method to understand the process of successful ageing. They trained students to interview 207 older adults whose ages ranged between 65 to 92 years; this was a first-hand learning experience for the students as they personally explored their secret to successful ageing. From this qualitative study three themes emerged, namely, “investments at early stages are profitable, preservation of early qualities contributes to well-being, and internal resources are a key factor in the coping process”. Older adults shared that successful ageing was an investment that had to be undertaken from a young age; this investment was to look after one’s health, build lasting relationships, secure a good education, ensure emotional wellbeing and lastly be financially secure. Young adults need to conserve these investments to keep fit; and lastly, they stressed the importance of living in the present and to nurture positivity, spirituality and acceptance.

Older adults look at successful ageing and well-being as a process they go through as they adapt to life changes with the goal of continuing social function. Often one assumes that their social activities are limited which is not always the case, therefore it is essential to communicate with older adults about their family, friends, sports, music and other activities of interest. Each older individual is unique and nurses and caregivers need to involve older adults and encourage them to participate in their own care and include them in the process of planning and assessment. They should be given freedom and encouragement to be independent, take risks, choose and make their own decisions and be assured of support when they fail. Listening to and
supporting the choices they make will enhance the quality of the lives of older adults (Mezey & Fulmer, 2002).

A study done by Bacsu et al. (2014) on „Healthy Aging in Place: Perceptions of Rural Older Adults” pointed out that earlier research indicated that a consensus and decisions on healthy ageing was taken based on the views of health professionals, policy makers and researchers, while the perspective of older adults was not considered. These researchers felt that it was important to also understand the perspective of older adults and therefore they did a study on healthy ageing taking into consideration the perceptions of rural older adults in Canada. They conducted semi structured interviews with 40 rural older adults. Results revealed that these older adults conceptualized healthy ageing very differently from health professionals and policy makers. Older adults had a holistic approach to health which included effective social interactions to sustaining a positive mental outlook. They concluded that researchers and policy makers need to consider the perspectives, experiences and suggestions of older adults in order to enhance the development of interventions related to healthy ageing.

A study done by Stephens, Breheny, and Mansvelt (2015) recognized that the number of older adults was increasing rapidly and the focus was shifting from caring for the older population to a more positive one that encouraged active ageing, independence and enhanced wellbeing which would enable them to continue to contribute to society. Generally, the focus was on healthy ageing, and these researchers felt it would be beneficial to understand the perspective of older adults and what they would term as healthy ageing. They referred to Sen’s capability approach which laid emphasis on the physical changes that were part of ageing and the influence of the social environment. They interviewed 145 older adults between the
ages of 63 and 93 years in New Zealand. Thematic analysis of these interviews indicated six broad areas of functioning, namely physical comfort, security, autonomy, contribution, social integration and enjoyment. For older adults to be healthy meant that as they aged they would be able to continue to do things that they cherished and valued, regardless of the status of their physical health. Therefore the environment needed to be conducive to support the effective functioning of older adults, irrespective of their physical abilities. This study is of value to health psychologists as it gives an insight into encouraging healthy ageing.

Versey and Newton (2013) report that the process of ageing has and will continue to be a key topic of study. Whether ageing is conceptualized as successful ageing or optimal ageing, the fundamental premise is that the ageing process can be a positive experience. However, successful ageing should focus on the resilient and adaptive nature of the individual as spanning their entire adult life and less about satisfying some rigid criteria in old age. It can be seen as a low likelihood of disease, maintenance of appropriate physical and cognitive function, being actively engaged in life, happiness, well-being and positive affect. In order to understand the ageing process better, they suggested that researchers could also explore the different productive pursuits in the relationship between successful ageing and generativity in midlife.

**Psychological well-being of older adults.** Old age generally brings with it numerous changes but some people respond better to the ageing process than others. This stage in life brings with it retirement, a decrease in income, changes to socializing, impaired health and physical functioning, stressful events and death of a loved one; and these changes could at times also decrease the quality of life. Butler and Ciarrochi (2007) examined if psychological acceptance had an effect on the
quality of life of older adults. They found that a higher psychological acceptance, especially in areas such as safety, health, emotional well-being and community participation, led to higher quality of life and these older adults also showed resilience and less adverse reactions when there was a decrease in productivity or health. They also found that those older adults who continued to do the things they enjoyed despite the fact that they were ageing were more satisfied with life. They called this “adjustment to ageing” which is an important aspect that positively affects the quality of life.

Generally, studies elucidate the support children give their ageing parents, but research indicates that ageing parents also reciprocate and support their adult children. A study was done by Kim and Kim (2003) who focused on the equity or exchange theory and found that ageing parents who received support from their children and in turn reciprocated the support received were more satisfied in life. This contributed to enhanced psychological well-being of older adults. They also found that older adults who only gave support or only received support were less satisfied and were impacted negatively.

Smith and Hollinger-Smith (2015) in their research study „Savoring, resilience, and psychological well-being in older adults”, stated that as individuals age, they either go through a process of self-discovery and personal growth or they feel burdened by the changes in the environment, the death of a loved one or decline in physical health. To age successfully meant adapting to a changing environment and still being able to live a fulfilling and productive life. Smith and Hollinger-Smith (2015) examined the „relation between savoring, resilience, and psychological well-being” in 164 older adults who were living in community. While referring to ‘Fredrickson’s broaden and build theory of positive emotions and Zautra’s dynamic
model of affect” they studied the relationship between psychological wellbeing and savoring positive experiences in older adults with both lower and higher resilience levels. A survey was conducted to measure savoring, happiness, depression, resilience and life satisfaction in older adults. Results indicated that when older adults exhibited high resilience and a greater capability to savor positive experiences, this indicated increased happiness, less chances of depression and greater life satisfaction. Though savoring results in positive outcomes for people with both high or low resilience levels, the relationship between psychological wellbeing and savoring has been found to be stronger for those with low resilience. They indicated that the findings of their study will help in planning positive psychological interventions for older adults that will boost positive emotions and savoring in order to enhance their wellbeing and increase resilience to stressful life events.

Gwozdz and Sousa-Poza (2010) did an analysis in Germany on ageing, health and life satisfaction of the oldest old, that is elderly who were 75 years and above. Results indicated that though life satisfaction remained constant across the life cycle, there was a rapid decline in life satisfaction among older adults who are 85 years and above. The reason being that the oldest of the oldest old experienced debilitating health conditions, increased risk of frailty, functional impairments and poor health; and this put restriction on their life satisfaction and also overwhelmed them to such an extent that their expression of well-being was moderated.

Major life events or experiences of older adults could be instrumental in impacting their life satisfaction. This is seen in a study by Chen (2001) on older individuals in Taiwan. Physical, psychological and social losses experienced by older adults during their transition to old age seem to impact and decrease their subjective well-being. Some of these major life events that led to decreased life satisfaction are
deterioration of health, retirement and decrease in income, loss of a spouse, change in living arrangements and a decrease in the levels of active participation. At the same time, it was noted that some older adults also felt prosperous after rough experiences or a life of hardship. Change in life experiences from hardship to prosperity helped older adults to turn their past experiences into old good days. Another aspect was that they valued every day that they lived after they turned 70 as they believed that this was a bonus to their lives. This helped them appreciate their past, present and future lives.

Ramirez, Ortega, Chamorro, and Colmenero (2014) conducted a positive psychology intervention programme with the intention of increasing the quality of life of older adults. They involved 46 older adults in the age group of 60 to 90 years in their training programme, which focused on memories of the past and present and the two factors that improve memory namely, gratitude and forgiveness. The basis for this came from current research which shows that while there is a change in emotional experiences through the different stages of the life cycle, life satisfaction and happiness increase with age. Research indicates that happiness in older adults is a positive correlate of quality of life, health, effective family and social relationships, adequate social support, personal skills and an active life style. At the same time, older adults are more vulnerable to anxiety and depression and therefore it is important and essential that they are exposed to activities that will help maintain their emotional and physical wellbeing. Results indicated that older adults who went through the training programme showed a significant increase in specific memories, happiness, improvement in mood, appreciation and satisfaction in life and there was a decrease in depression and anxiety. Unfortunately, the effects of the intervention programme did not last for too long. After about four months the older adults were
back to their previous ratings and this shows that they need follow up programmes on positive psychology to increase and maintain quality of life, happiness and wellbeing. In conclusion, this study is an indicator that positive interventions that focus on personal as well as social resources are effective in enhancing the quality of life and wellbeing of older adults.

**Positive ageing and social support.** Phillips, Bernard, Phillipson, and Ogg (2000) examined family and community networks of older adults in three urban areas in England. They looked at whom older adults identified as important in their lives and also the role these people played in providing help and support. Results indicated that older adults turn to immediate family for specific kinds of assistance and also to friends residing in the locality for alternate sources of help. Older people also use their social network when they need to confide in and talk to people about health concerns but do not seek much help when it comes to household chores, financial advice or transport.

To add to the above research has recognized that emotional and social support from grandchildren can also contribute significantly and have a positive effect on older adults’ life satisfaction and well-being (Lou, 2010).

Ysseldyk, Haslam, and Haslam (2013) in their study reported that generally by the time individuals reach old age they would have formed many social connections over the years, which is like a treasure trove of relationships; while at the same time there are a few older adults who also experience isolation. Unfortunately, isolation in old age can lead to a deterioration in both physical health and psychological wellbeing. Previous research indicates that being a part of a group and maintaining a social identity can help alleviate ill health and enhance wellbeing. Considering this, one can assume that religious identification could be useful in assisting older adults
cope with the challenges of ageing, as in some way religious identity leads to a larger social network comprising of membership in other groups as well.

To support the above assumption Ysseldyk et al. (2013) did a study to explore the relationship between religion and wellbeing in older adults; and if being a member of a religious group would facilitate membership in other groups as well. This study was done on two groups of older adults. The first group they surveyed were older adults living in community care in Canada, where they measured religious identity, membership in other groups and depression. The second group was a longitudinal study on older adults in UK and they were assessed on the above factors with an addition of apparent physical health. Results indicated that older adults in Canada who belonged to a religious group exhibited fewer symptoms of depression and this was because of their association with multiple social groups. They also noted that there was no visible relationship between mental health and social or exercise groups. Similar results were noted in older adults in the UK, but in addition to this, membership in multiple groups over time facilitated a partial relationship between physical health and membership in religious groups. Therefore, the above researchers concluded that „religious social networks“ are a basis for the foundation of social capital in older adults as they directly support wellbeing and also promote other group memberships.

Dumitrache, Windle, and Herrera (2015) in their study indicated that older adults who were optimistic seemed to be satisfied with life, but there was no plausible explanation for this. One explanation could be that there was a connection between optimism and social resources and social resources and life satisfaction. Research has indicated that older adults who are optimistic are more likely to have a large social network, more social support and satisfying social interactions than those less
optimistic. Incidentally, researchers as well as older adults have purported that social support is the most important component for life satisfaction. Generally, it is easier for older adults who are physically fit to feel optimistic, so the question that arose was, what was it that would keep those who have physical ailments optimistic and satisfied with life. The present study examined if optimism directly or indirectly affected life satisfaction in older adults; and if there was a difference when older adults were with or without an illness. The sample comprised of 406 older adults living in community; from Granada in Spain. Results showed that health status was moderately linked to life satisfaction while there was a strong connection between optimism, social relations and life satisfaction. For older adults without any illness restrictions, relationship between optimism and life satisfaction was facilitated by the size of their social networks, adequate support and a fulfilling family life. For older adults who had illness restrictions, only a fulfilling family life and social network size facilitated the relationship between life satisfaction and optimism. These researchers therefore concluded that optimism and social support are important components that contribute to the wellbeing of older adults. In addition to this they proposed that the size of their social network, genuine support and a satisfying family life explain to some extent the connection between life satisfaction and optimism in older adults.

For several decades research shows that a lack of social relationships increases the risk of mental and physical ailments and with the steady increase in social isolation, signs of loneliness are increasing across the lifespan. An earlier longitudinal study indicated that a lack of social relationships in childhood; loneliness in adolescence and as a young adult could predict the increase in risk factors for cardiovascular disease in young adulthood and eventually in old age. They also
indicated that loneliness could affect physiological resilience across the life span (Hawkley & Cacioppo, 2007).

On similar lines researchers Hawkley and Cacioppo (2007) explored the effect of loneliness on the ageing process. The results of their study indicate that loneliness leads to a decrease in physiological resilience. To explain further, loneliness enhances exposure to stressors, increases inappropriate health related behaviour, affects coping styles and increases feelings of helplessness, susceptibility to cardiovascular and neuroendocrine diseases, and sleep disturbances. This research study also elucidates that initially the adverse effects of loneliness will manifest as indicators to physiological diseases in young adults, while this slow progress of physiological disease will eventually result in full blown diseases and dysregulations, affecting several physiological systems as old age progresses. There is some indication that loneliness in young adults is linked to an elevation in their vascular resistance and in older adults it results in an increase in blood pressure. But at the same time, it has been noted that there is limited research on loneliness and its effect on health-related processes and hence longitudinal research needs to be done to determine if chronic loneliness affects blood pressure levels, metabolism and neuroendocrine functioning in older adults.

The role of religion and spirituality on positive ageing. Researchers generally talk about successful ageing with a predominant focus on optimal well-being in relation to physical, psychological and social functioning while the spiritual dimension has been ignored. Sadler and Biggs (2006) indicate that often the terms spirituality and religion are used interchangeably, but they are not largely synonymous constructs. They define spirituality as a personal search for meaning and purpose that goes beyond religion and the temporal and material dimensions of human existence and could take into account
beliefs and practices. Exploring the existential and spiritual needs of older people will give a better understanding of what they mean by success in later years. They also noticed that the personal experiences and views of older adults have received minimum attention. The few studies done indicate that while older people also give a great deal of importance to health, physical fitness and social relationships, they also give importance to a positive attitude, self-understanding, opportunities for personal growth and purpose in life. In terms of spirituality older adults describe spirituality using various terms such as a transcendent belief in some higher power, drawing on inner resources of strength and peace, experiencing a connection with self and others.

Schlehofer, Omoto, and Adelman (2008) had similar views and stated that an interest in the terms religion and spirituality has been growing since the 1980’s, as this has become an important part of people’s lives today, especially for older adults. Often the terms are used interchangeably and is generally conceptualized differently by different people. Among psychologists the terms religion and spirituality have always been debated upon and there is no clear definition as the meaning of the terms keep changing. Religion is generally more ritualistic or a set of organized practices; while spirituality is more personal and relates to a higher power. Research indicates that generally religious practices start from a young age and remain stable as individuals reach adulthood, but spirituality is more distinct as one gets on in age. In order to understand the lay definition of religion and spirituality, these researchers explored what Protestant older adults meant by these terms. They did a qualitative study with 64 older adults living in retirement homes. Results indicated that the older adults seemed to be both religions minded and spiritual, but they seemed to have more concrete definitions for religion. Older adults seemed to associate religion with organized and ritualistic practices, in pursuit for the sacred, personal beliefs and meaning in life, and
an affiliation to community worship. Religion also provides a set of guidelines to live one’s life. Spirituality was a more abstract term and did not always involve a belief in God; it was more of a personal relationship and the presence of a higher power.

Researchers have observed that in recent times religion and spirituality play an important part in determining psychological wellbeing in older adults. Previously factors such as income, physical health and social support were important precursors for wellbeing, but now older adults are turning to religion and spirituality to help them cope with the challenges and losses that are an inevitable part of ageing. Since there is very little empirical evidence to show how the lives of older adults are enhanced by religion and spirituality, psychologists are in the process of understanding the relationship between religion, spirituality, meaning in life and psychological wellbeing of older adults. Researchers in the medical field are also hypothesizing the positive relationship between physical and mental health, religiosity and spiritual experiences of older adults. The absence or presence of religious activities and spiritual practices which include personal prayer, devotions, a belief in a greater power and a deep-rooted meaning for life have been found to predict psychological wellbeing in older adults. As years go by older adults seem to be moving towards transcendence, a deeper spirituality and a search for a deeper meaning in life. Religion and spirituality also assist older adults as they cope with illness, anxiety, the loss of a loved one and loneliness in old age (Fry, 2000).

To understand how religion, spirituality and meaning in life could predict wellbeing in older adults, Fry (2000) explored personal experiences of older adults who lived in community and institutions. Results were analyzed using hierarchical regression and results indicated that personal meaning in life, participation in formal religious and spiritual practices, importance and ease associated with practicing
religion, being at peace with oneself and the availability of religious resources were all important aspects that predicted wellbeing in older adults. Personal meaning in life, religion and spirituality also contributed substantially to wellbeing, as opposed to the traditional aspects namely, physical health, social resources or adverse life experiences. Therefore, a deeper meaning in life, religion and spirituality helped older adults cope effectively with the inevitable stresses of old age and maintained personal wellbeing.

As McFadden and Kozberg (2008) share their views on „Religion, Spirituality and Meaning in Later Life“ they elucidate the importance of religion and spirituality in the lives of older adults, and the strength they get to face the challenges of old age. It is a known fact that for older adults, their families and also for professionals in the field of gerontology existential questions seem to take center stage as there are thoughts on death, loss, love and meaning in life. But in spite of this, the meaning of religion and spirituality in later life is a hushed-up topic. Research points out that the religious beliefs, rituals and practices of older adults, their deep spirituality and connections with their community encompass their strengths and resources. The religious beliefs of older adults and their spiritual practices gives them a sense of meaning and purpose in life. Working with older adults is a very rewarding experience as in subtle ways the professional touches the human spirit and is touched in return and in the process, one learns to cherish the joys of ageing.

Raju (2011) indicates that in India religion takes precedence as one grows older and older adults turn to spirituality for various needs such as, when in need of support, as a coping mechanism during stressful situations, to develop and maintain relationships and to deal with the issues of death and dying. These were the results of a study
Chokkanathan (2013), conducted a study to examine the relationship among religiosity, psychosocial resources (social support and mastery) and psychological distress. This study was conducted particularly in an Indian context. This study was conceptualized based on the belief that religiosity increases psychosocial resources which then leads to wellbeing of the individual. As per this study, religiosity comprises three dimensions; organizational, non-organizational and subjective. This study extends Smith’s (2003), theory of religious effects to elucidate the link between religion and well-being among older adults in India. According to Smith, religiosity exerts benefits through nine constructs which cover three main dimensions; moral order, learned competencies and social resources. For their study, they initially formed a hypothesis which stated that there is a direct inverse relationship between religiosity and depressive symptoms. Consistent with these theoretical formulations, a mediational model was tested. To test this study, a cross sectional survey method was of non–institutionalized older adults 65 years of age and above, in Chennai, India. Both the direct effect and mediation models were tested after controlling for age and gender. Religiosity, the exogenous variable had three indicators, namely, organizational, nonorganizational and intrinsic religiosity. The latent variable, psychosocial resources had two indicators: social support and mastery. Depression symptoms served as the outcome variable which had two indicators: CESD (Centre for Epidemiological Studies Depression Scale) and GDS (Geriatric Depression Scale) scores. The correlations showed that most of the associations between the variables were significant. The direct model was initially tested with religiosity and psychosocial resources posited to directly influence depressive symptoms. The path
coefficients indicated that religiosity had a significantly inverse direct relationship with depression symptoms ($b \approx 0.34$, $p \approx .001$), thereby supporting the hypothesis. This study found evidence for a partially mediating model. The link between religiosity and psychosocial resources is consistent with past findings. The results of the present study have important practical implications for working with older Hindu adults. This study has included only two psychosocial factors namely social support and mastery; the effect of other factors such as optimism, resilience and forgiveness which also contribute to the linking of religion and wellbeing of older adults could be explored in future research. Since this study indicates that social support and mastery have only a limited influence on the effect of religion on the wellbeing of older adults, qualitative studies could do a more detailed analysis to give a better understanding of the influence of religion on wellbeing of older adults.

Snodgrass and Sorajjakool (2011) tried to understand the relationship between spirituality and older adults and the factors that enhance spirituality in later life. They detailed that older adults have a vast array of experiences and insight from years of lessons learnt in their journey through life. Years of introspection influences their spirituality and hence they are able to accept the limitations of life, to understand the continuity of life and to grow in clarity in their journey of faith in God. In the process of change, of being vulnerable in the face of trials, they gain wisdom which is a source of inspiration to not just themselves but to others as well. Earlier research states that developmental psychologists explain that older adults move from ego despair which is preoccupations with oneself; to ego identity, which involves the search for wisdom, introspection and the realization that life comprises of the self along with a historical and cultural background. They reasoned that experiences in life provide opportunities for older adults to introspect and go deeper into their lives and this has a positive
effect on their spirituality. As older adults retire they need to gaze into the sky and let that inexorable inner peace envelope their being. Even in Hinduism old age is considered a time for deep reflection and introspection. The individual moves away from worldly cares and becomes a “non-entity”, focusing only on the transcendence of the senses. The way in which one defines who we are in our earlier days will determine the way in which one finds meaning in later life. Finding meaning in life enhances spirituality and thereby helps older adults achieve integrity over despair.

Meaning making is challenged largely when one experiences troubles and adversity. There are various factors that can aid or hinder coping such as religious beliefs, philosophy, resilience, a positive attitude and self-confidence. Feeling complete with oneself enhances the connection with others and eventually draw one closer to God.

**Psychological capital and its impact on ageing.** A review done by Yongmei (2015), on the psychological capital of the elderly, indicates that PsyCap is a new approach that assists in making older adults live a fulfilling, happy and non-apathetic life and is concerned with an individual’s positive mental capacity. Research is being done on hope, optimism, resilience and self-efficacy of older adults but however, it is also necessary to carry our research on the PsyCap of older adults which comes under the umbrella of positive ageing.

Researchers in Brisbane are exploring the feasibility of transmitting positivity from health care professionals to older adults to boost their health. The study aims to find ways to measure psychological Capital and to develop training programmes for caregivers of older individuals. They believe that if their staff learns to be strong and resilient and are able to reach out to the older adults in their care they will be able to improve the quality of care provided to them (Larkins, 2015). A similar study could be
relevant and useful in the Indian context. There is also a need to explore PsyCap and ageing in older adults in India.

Lim et al. (2015) observed that depressive symptoms were prevalent in older adults in both the Western population as well as the East Asian population and stressful life events have been linked to increased depressive symptoms. Various studies have been done on the effect of psychosocial factors and depression and so they felt the need to understand if there was a connection between stressful life events and depression in old age and the role of resilience in coping with this. Their research study „Resilience, stressful life events, and depressive symptomatology among older Chinese adults” was conducted on 385 Chinese older adults, aged 60 years, living in community. They had to respond to questionnaires such as the Connor Davidson resilience scale, the Geriatric Depression Scale and questions related to stressful life events. Results indicated that lower levels of resilience and increased number of stressful life events resulted in higher levels of depressive symptoms. The key underlying factors of resilience was optimism and a personal ability or competence for both the groups namely the young old which was 60 to 69 years and the old old which was 70 years and above. Therefore, they concluded that resilience played a significant role in regulating depressive symptoms which resulted from the adverse effects of stressful life events in Chinese older adults.

Traditionally older adults in China lived with their families, but due to social development this is changing and Chinese older adults have been found to live alone. Research on Chinese family tradition shows that living with family enhanced life satisfaction for older adults while it resulted in depressive symptoms if they lived alone. Lou and Ng (2012) explored through in-depth interviews how resilient 13 Chinese older adults were when they had to cope with loneliness, while living alone.
In their study „Chinese older adults” resilience to the loneliness of living alone: A qualitative study” Three themes emerged namely, cognitive resilience, self and personality resilience and social relations resilience. Cognitive resilience included aspects such as an acceptance of the benefits of having the freedom to live their own lives and they had better problem-solving skills; self and personality resilience involved prioritizing life goals and being more positive emotionally; and finally, social relations resilience where they maintained relationships with not just family but also with peers and acquaintances. The themes were fitting with the Chinese cultural tradition as were indicated by the secondary themes where coping was more family oriented and relationship focused. This was instrumental in helping older adults cope effectively with loneliness when living alone.

Netuveli, Wiggins, Montgomery, Hildon, and Blane (2008) did a panel survey to identify adults in the age group 50 years and above, who exhibited resilience and also to identify the predictors and characteristics of their resilience. They defined resilience as having a positive outcome in spite of adversity and was described as maintaining or bouncing back to the initial level after a crisis or set back. This study involved 3581 participants who were 50 years and older; who were exposed to an adversity and bounced back within a year; and had access to a 12-point general health questionnaire. The adversities that the participants would have experienced were bereavement, marital separation, poverty and functional limitations. Results indicated that older women were predominantly more resilient than men and this was attributed to their strong social support irrespective of which socio-economic group they belonged to. Participants with strong social support especially in times of adversity were more likely to be resilient by 40 -60% when compared with participants with a low likelihood of social support. In conclusion this study indicates that social support
existing before a traumatic event or adversity increases resilience, especially in older women.

Wayne, Cascio, and Luthans (2014), looked at the effectiveness of PsyCap and institutional work by exploring the transformational change in Nelson Mandela and other prisoners from South Africa who were abused and thrown into the worst of situations on Robben island in the 1960’s. The positive attitude of these prisoners eventually led them to freedom and put an end to racial discrimination in South Africa and in a way transformed society as well. The researchers used psychological capital to explore this transformation. They used the case study method and conducted 92 interviewed, out of which 70 were with the former prisoners from Robben Island and the other participants were jailers and other prisoners. Results indicate that the prisoners survived and brought about a change due to a collective and individual positive PsyCap which led them to feel empowered and in control in spite of being in an oppressive environment. It also indicates effective leadership and strengthened the fact that positive PsyCap does have an impact on bringing about not just a positive change in an organization or community, but also being able to stand up for one’s own ethical rights and beliefs.

Researchers have postulated that the main challenges of old age are the deterioration in emotional, physical, spiritual and social facets of the individual. In light of the above study where the prisoners were empowered, several older adults are resilient and rise above their numerous challenges and make use of their internal strengths and external resources to cope and face the stress and difficulties of old age. While there are older adults who are active and lead fulfilling lives, there are others who find life meaningless and lose focus and direction. This could be because as people grow older they experience deterioration in health, loss of a loved one, have a
limited social network, experience financial difficulties and are unable to live independently. At this stage in life the two core factors, namely, resilience and spirituality which have developed through years of experience and challenges, are a solace to them in their silver years (Langer, 2004).

Langer (2004) in his conceptual paper speaks about „the strengths perspective” which encourages care givers and counsellors to focus less on pathologies and problems and focus more on the strengths, assets, capabilities and positive qualities of older adults. This generative model when implemented helps older adults be more in control and makes them more efficient at coping, problem solving and healing. The strengths model empowers older adults to cope with the stressors of life, find meaning and purpose in life, develop a deeper spirituality and in the process become more resilient.

Resiliency is the knowledge, skills, abilities and insights that accumulate over the years, as older adults struggle to overcome adversity and face challenges. Resilience would also include „Equanimity” or the composure that enables older adults to adopt a balanced perspective of the joys and sorrows of life; „perseverance” or the will to keep going in spite of hardships and disappointments; „self-reliance” or self-confidence; „existential aloneness” where older adults value relationships, but some experiences are best faced alone and finally „meaningfulness” or finding meaning and purpose in life. Older adults who are able to take control of how they react and readjust to periods of disruption, crisis and loss will feel powerful and confident.

Keeping these aspects in mind, successful ageing would mean being active, a belief that one is in control over life events and a conviction that change will stimulate growth (Langer, 2004).
There is vast literature on individual resilience but there is very little literature on family resilience; to be more specific, family resilience to the ageing process. Individual resilience is the ability of the individual to maintain stability, be strong, endure, and bounce back when faced with difficult life events. Ageing affects the family as a whole and resilience is the ability of the family to adapt, make adjustments, recover and also be strengthened when faced with challenges or problems that could weaken or damage the healthy functioning of the family. The importance given to the construct of resilience and its connection with successful ageing, both for the older adult and the family is crucial as we are in an age where life expectancy is increasing and with it comes medical, financial and social challenges (Martina, Distelberg, Palmera, & Jestea, 2015).

Keeping this in mind Martina et al. (2015) developed an assessment tool for older adults to measure individual and family resilience. The assessment tool detailed the "multidimensional nature of resilience" which included eight factors namely, self-efficacy, access to emotional support from social network, being optimistic and hopeful, assurance of financial and social resources, religiosity and spirituality, pressure and demands from family and friends, effective communication and being sensitive to the feelings of others and lastly being able to regulate emotions when faced with problems. As older adults get on in age they are faced with numerous adversities such as a decline in physical and mental health, problems with mobility, death of a loved one, retirement and decrease in financial security, change in residence, loss of social relationships and status, and social ageism. These difficulties and challenges impacts successful ageing and also causes stress and affects the family. This assessment tool will help assess and understand both individual and family resilience and give a holistic perspective to understanding the effects of ageing; the
changes, adaptations and the healing and recovery process experienced by the family and the older adult.

Focusing on wisdom, traditionally it is associated with positive ageing and develops with maturity. Theories and intuition indicate that generally, people who are wise are happy and satisfied with life. Literature in the west shows that well-being is usually considered an outcome of wisdom and empirically, a few studies support this view. Being wise is generally attributed to older adults and is a result of their active involvement with the environment; in the process, it enhances positive well-being (Etezadi & Pushkar, 2013).

In the past few years researchers have proposed that mindfulness or being attentive to what is happening in the present, helps to improve positive affect in older adults. Positive affect is when a person feels enthusiastic, alert and active, which results in psychological and physical benefits for older adults. Research also shows that mindfulness intervention programmes, help reduce stress and in turn increases optimism; this has helped to enhance and promote positive affect in older adults. With this in mind Zeng and Gu (2017) explored the „relationship between mindfulness and positive affect in Chinese older adults” with optimism as a mediator. Results of their study indicated that there was a significant relationship between optimism, mindfulness and positive affect. Therefore, since enhancing mindfulness levels in older adults” results in them being more optimistic, then this can be used as an effective intervention to improve positive affect, promote self-compassion, develop a peaceful mind, enhance quality of life and increase happiness in older adults.

The above studies indicate that growing old is challenging and stressful. From the literature reviewed it is evident that studies in the Indian context have focused largely on the Indian family system, the family and elder care, social support, quality
of life, successful and healthy ageing and elder abuse. There are also a few studies on religion and spirituality. Studies in the west however, have focused on positive and active ageing, resilience, spirituality, psychological well-being and social support. What is lacking in the Indian literature are studies on positive and active ageing (Raju, 2011).

Older adults need to be viewed as active contributors to the family and community and not just recipients of care. Moreover, there seems to be a lack of understanding about the needs of older adults as they cope with physical disabilities and illnesses; and face social and emotional issues and mental health problems. In this context, Raju (2011) has indicated that India requires not just more studies related to the elderly but also a change to a multidisciplinary approach.

Research shows that older adults are resilient when faced with challenges and make use of their internal strength and external resources to cope with the difficulties of old age. In this context, the present qualitative research focuses on exploring the positive experiences and the struggles and challenges faced by older adults in order to help them experience a smooth transition into old age. The researcher hopes that this study will help families and caregivers to inculcate a positive and healthy attitude towards ageing and older adults (Langer, 2004).