Chapter 1

Introduction

The progressive ageing of the world’s older population is perhaps one of the most significant demographic changes in modern times. The last century has witnessed a rapid increase in the population of older adults in the developed and industrialized countries. But this is not restricted to just the western world; many countries such as India are also feeling the impact of this transaction. This could be attributed to various factors such as increase in age, longevity and a decrease in death rates due to advancement in the medical field, improvement of life expectancy at birth and an increase in the average life span. (Dubey, Bhasin, Gupta, & Sharma, 2011).

The United Nations has defined an older adult as an individual over the age of 60 years. Communities and families often refer to various other socio-cultural aspects to define age such as the name ‘grandparents’ or physical appearance, for instance grey hair and wrinkles. However, the psychosocial and psychological toll of traumatic experiences along with poor nutrition and exposure to disease could lead to faster ageing, especially in refugees than settled populations (Atwell, Correa-Velez, & Gifford, 2007).

Falconer and O'Neill (2007) expressed that when people think of ‘ageing’, their thoughts generally go to pejorative and reductionist terms such as elderly, frailty, disability or functional decline. But this perspective can be changed as there are several positive aspects of successful ageing such as experience, wisdom, maturity, enhanced creativity and strategic skills that are generally overlooked but are qualities that are a critical part of successful ageing. There may also be individual differences between older individuals and care needs to be taken when generalizing and bracketing them into a larger clinical issue of frailty.
Ageing is a universal process common to all species of the animal kingdom. In the last few years, a majority of the older adults seem to contemplate on the concept of successful ageing which they define in multidimensional terms; encompassing physical, psychological, functional and social health (Phelan, Anderson, LaCroix, & Larson, 2004).

Ageing is associated with several rewarding and fulfilling experiences, but it is also a time when there are significant changes in almost all areas of life; such as changes in physical functioning, retirement, social networks and also bereavement. Maintaining a positive attitude during the ageing process is important as it helps one not just to feel good about oneself but also to be optimistic, keep healthy and fit and be fully involved in life as he prepares to face another phase of the life cycle. Those who age positively enjoy a good quality of life and live healthier and longer lives (Australian Psychological Society [APS], 2012).

Wealleans (2013) stresses the need to encourage and support older people to take control over their lives and to make use of opportunities available to improve the quality of their lives. Positive ageing is the process of looking forward and knowing that regardless of one’s age there is a future and a contribution that each one can make. It should take on a holistic approach, involving not just the older adult but focusing on the community as a whole, seeing older people as assets and positive contributors, exploring the challenges and opportunities available to them and making an attempt to do away with the existing problem focused and negative perspective. Positive ageing helps older adults to re-visualize their future, move forward with hope and courage, take risks and in the process build the resilience which will help them cope in times of difficulties and change.
Older adults in India. There has been a rapid increase in the ageing population all over the world and India is not immune to this transaction. “The UN defines a country as ‘ageing’ where the proportion of people over 60 reaches seven percent. By 2000 India would have exceeded that proportion (7.7 percent) and is expected to reach 12.6 percent in 2025”. In 2011, India’s population touched 1.21 billion people and was the second most populated country in the world. At the time of Indian independence in 1947, mortality was high and life expectancy was about 32 years and by 1990 it rose to 60 years. This could be attributed to an improvement in medical services and the control and near eradication of infectious diseases. Older adults who were 60 years and above were considered part of the older population (Mahajan & Ray, 2013; Prakash, 1999).

According to a report by the United Nations Population Fund and HelpAge India the population of older adults (60 years and above) in India, was 104 million; 51 million males and 53 million females. By 2026, the number of older adults is expected to increase to 173 million (United Nations Population Fund [UNFPA], 2017).

While increased life expectancy is an indicator of the progress of a country, it comes with a host of problems which our developing world is not yet equipped to handle. A joint report by the United Nations Population Fund (UNFPA) and Help Age International in 2012 said India has around 100 million older adults and the number is expected to increase to 323 million by 2050, constituting 20 percent of the total population (Indo-Asian News Service [IANS], 2014).

Prakash (1999) gives some insight into India’s cultural tradition on the life span of a human being, which was considered to be a hundred years. In the Dharmasastra, the ancient law maker, Manu divided the life span into four life stages of ‘ashramas’. It began with the stage of the student and was called ‘bramhacarya’; the
student lived a celibate life and resided at the guru’s house where he was trained and educated. He then moved on to the next stage where he had grown into a young adult and entered the ‘grihasta’ ashram. He was now ready to take on responsibilities and would get married and have children. His responsibilities at this stage were towards his parents ‘pitru rina’ by having sons and ‘deva rina’ which was performing rituals to the gods. At this stage that he would get married and fulfil his desires for love, parenthood, wealth, prestige and his physical and social needs. When he began to get grey and old he had to give up the worldly life and move into the forest in search of spiritual quests. This stage was called ‘vanaprastha’. The final stage was ‘samnyasa’ when he felt spiritually filled and was ready to renounce the world and enter asceticism.

For generations, older adults in India have generally turned to family for support as they get on in age and most especially in a crisis. According to the traditional Indian culture, sons were expected to be devoted to their parents and had to respect and care for them. Parents generally lived with their eldest son and his family and this traditional practice ensured that parents were cared for by children, in laws and grandchildren (Prakash, 1999).

But this practice is changing in India with an increase in the ageing population. Statistics indicate that out of a population of 1.22 billion people in India, 90 million comprise of older adults who are dependent on their children both for care and financial assistance. This figure could change to 130 million older adults by the year 2030 (Ramamurthi, Liebig, & Duvvuru, 2015).

In recent times the Indian family system has undergone many changes. There has been a reorganization in the family system which has resulted in the emergence of the nuclear family. The traditional joint family system that has been prevalent for a
long time is on the decline not just in urban India but in rural areas as well. Due to urbanisation, families are becoming smaller and often find it difficult to care for an older parent. This change has had an impact on older adults and the issue of community care for aged parents has become a matter of concern today (Gupta, 2009; Prakash, 1999; Ramamurthi et al., 2015).

The importance of this subject has been highlighted by the increased concern about the welfare of older adults; which is indicative by the frequent discussions about the care and protection of older adults at seminars and conferences, in newspapers and magazines and even broadcasted on the radio and television in this country.

On the other hand, researchers have also noted that the tradition in India continues and the majority of older adults live with their children and many of them continue to be dependent on their children for financial and social support. In addition to this, the unavailability of adequate health care facilities or programmes for the older adults, only adds to their dependency on their families for care and support. In view of this ‘the Maintenance and Welfare Act of Parents and Senior Citizens was enacted to enforce family elder care and prevent elder abuse’ (Ramamurthi et al., 2015).

Raju (2011) indicates that the opinion of younger individuals about older adults varies. While many of them perceive the older generation as a burden, a few young people do value their presence when they need advice regarding family issues, suggestions related to education and also care when someone is ill in the family.

Prakash (2012) emphasizes the need for an attitude change towards older adults from considering them as a burden to seeing ageing as another phase of life and to appreciate the resources that older adults have to offer. In this way, there will be more scope for the development of active ageing programmes and suitable benefits and policies for older adults.
Movements supporting the rights of older adults in India. The rapid growth of the elderly population highlights elder care as an important issue in India (IANS, 2014). The issues of elder security and well-being are becoming a matter of concern. There is a need to take care of the elderly in terms of social and mental well-being, economic and social security and elder abuse. Considering all these factors there seems to be a need to understand the experiences of the elderly in order to adopt effective mechanisms by which the elderly will be cared and respected and will be able to live a life with dignity (Kumar, Das, & Rautela, 2012; Ramamurthi et al., 2015).

To the advantage and benefit of older adults in India, since the 1990’s and more prevalent today, there has been a rapid increase in research projects for the benefit of older adults; with a specific focus on successful and healthy ageing. In 1999, the Government of India in consultation with professionals in the field of gerontology had finalised a national ageing policy, NPOP (National Policy on Older Persons), that proposed to provide older adults with their basic needs of food, health and security. The NPOP had problems with implementing their plans and decision, largely because of lack of funds; but in a way, it has been instrumental in creating a legal provision that adult children take care of their ageing parents (Ramamurthi et al., 2015).

With the increase in the number of older adults in the country, much more than just medical care is needed. In 2008, an online community for older adults ‘Old Age Solutions’ was initiated by the geriatric medicine department of the All India Institute of Medical Science (AIIMS), New Delhi. They receive financial support from the Ministry of Science and Technology, Government of India. They have a team comprising of doctors, physiotherapists, nutritionists and social workers. They also
welcome senior citizens and anyone interested in elder care. AIIMS has started a new programme on “Technology Initiative for Disabled and Elderly (TIDE)”. Various projects have been initiated under this programme to enhance the quality of life of older adults. Apart from medical facilities, psychological wellbeing, safety and meaningful occupations are also given importance. Various NGO’s and academic and research institutions are associated with this programme. Some of the projects already undertaken are elder’s helplines, mobile health units, guidance on improving their living standards and interventions to improve health and psychosocial wellbeing of older adults (All India Institute of Medical Sciences [AIIMS], 2008).

Some of the contributions in the field of gerontology are health and ageing of older adults and in particular women; the promotion of the rights of older adults; security; elder abuse and old age homes, to name a few (Ramamurthi et al., 2015).

These researchers have emphasized a need for such studies and this research study derives relevance in explaining these needs through the first-hand experience of the elderly; which indicate that we need to focus on the above important issues in order to facilitate successful coping.

**Meaning attached to old age.** “Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. According to the Maintenance and Welfare of Parents and Senior Citizens Act (2007), senior citizen means any person being a citizen of India, who has attained the age of 60 years or above” (Jeyalakshmi, Chakrabarti, & Gupta, 2011).

Gorman (1999) talks about ageing as a process which is largely beyond human control, but at the same time, it is also subjected to the way in which each society makes sense of old age. In the developed world, chronological time plays a paramount role;
the age of 60 or 65 is the age at which a person retires and is considered the beginning of old age. Whereas in the developing world, other socially constructed meanings of age are more significant such as the roles assigned to older people and in some cases, it is the loss of roles accompanying deterioration in physical ability. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible.

It has been observed that, even though old age comes with its share of problems, it is not necessarily synonymous with the deterioration of physical or mental capabilities. Several older adults are happy, enthusiastic and actively involved in various activities. Therefore, the need to focus on the positive experiences of ageing in order to help older adults maintain an optimistic attitude toward life.

**Theoretical Perspectives of Ageing**

Ageing is the stage in a person’s life that begins at 60 and goes on till death. It is not devoid of struggles and challenges and is characterized by both physical and psychosocial changes and adjustments, such as frailty and ill health; retirement and a change in life style and changes in the relationship between the older adult, the family and society. But at the same time old age can also be a time of reminiscing and self-discovery, a time to fulfil the quest for spiritual pursuits and self-transcendence (Davies, 1994; Tamari, 2010).

Theorists have expressed different perspectives to ageing, some stressing a loss of productivity and deterioration of physical and mental capacities while others have taken a more positive approach and look at old age as a stage of innumerable possibilities. Enumerated below are a few theories that elucidate the challenges, struggles and joys of the ageing process.
**Biological approaches to ageing.** The ageing process involves a number of complex biological changes in the body which involves changes in the cellular, molecular and organ levels which result in a progressive and inescapable decline in the human body's ability to appropriately respond to internal or external stressors (Birren & Schaie, 2001).

The biological theories such as the 'wear and tear' theory, decline in energy theory, cross linkage theory, programmed ageing (genetic) and ageing due to a decrease in function of the immune system explain the cause of the weakening of the body, including the nervous system. While these theories do not disagree with the ageing process they do not consider individual or generational differences. However, the 'use it or lose it' theory does specify the negative effects of leading a sedentary life at any stage of life (Davies, 1994).

We are in an age where older adults are stronger and healthier. Due to medical advances, the pattern of illness in old age is changing and the availability of effective interventions that help to reduce health risks and disability in later life are easily available.

Bowling and Dieppe (2005) explain that the biomedical theories define successful ageing by laying emphasis on the optimization of life expectancy and minimizing on mental and physical deterioration and disability. Their focus is in the absence of chronic disease and the risk factors associated with disease, good health, mobility, increasing levels of independent physical and cognitive functioning.

**Psychosocial approaches to ageing.** According to Bowling and Dieppe (2005), psychosocial theories view successful ageing as a dynamic process and are the result of one’s experiences and development through life. It is the ability to develop and learn by using one’s past experiences to cope with circumstances in the present
and in the process being able to maintain a realistic sense of self. They proposed that successful ageing is a result of being satisfied with one's past and present life. Satisfaction includes happiness and zest for life, determination and resilience, self-concept, mood, morale, relationships between anticipated and achieved goals and overall wellbeing. Continued and effective social functioning is another important domain of successful ageing. It involves high levels of skill in social role functioning, social integration, positive relationships along with reciprocal interactions and participation in society. Some of the psychological characteristics for successful ageing suggested include a positive outlook, self-efficacy, self-worth, autonomy and effective coping when faced with challenging situations.

Eric Erikson was one of the first who developed a psychological theory that extended into old age. Erikson believed that old age is a time for the individual to care for oneself after many years of caring for others. His psychosocial stage of late adulthood which is ‘integrity vs despair’ tells us that the primary task is to maintain integrity or a feeling of wholeness while at the same time avoiding despair or regret that there is too little time to live life to the full. However, at times even those older adults who feel a sense of fulfilment, meaning and satisfaction in life could feel some amount of despair as they look back on their past and wonder if they could have been happier (Santrock, 2007).

Erikson’s criteria of successful aging are subjective and phenomenological. Individuals who view their life as having been a failure or as very unproductive and would have lived it entirely differently if they had to do it all over again, would develop “ego despair”. This could lead to depression, anger, and finding fault with oneself and the surrounding world. Erikson offers no discussion of objective
measures of physical health or of a diagnostic psychiatric disorder (Martin et al., 2015).

Busse (2002) supplements Erikson by adding that older people generally review their life experiences, spend time reminiscing over the past, visit favourite childhood places and in the process look back and try to find meaning in their lives. Older adults also feel the need to share their experiences with loved ones, especially family.

Robert Peck reworked Erikson’s stage of late adulthood by describing three developmental tasks, or issues that older adults face when they become old. The stages are differentiation versus role preoccupation which involves redefining one’s worth in terms of something other than work roles; second is body transcendence versus body preoccupation which involves coping with declining physical wellbeing and lastly ego transcendence versus ego preoccupation which involves recognizing that while death is inevitable and likely not very far away, it is adaptive to be at ease with oneself by realizing one’s contributions to the future through rearing of children or through vocations or hobbies (Whitbourne, 2002).

Based on the same lines another theorist Neugarten in the 1940’s defined tasks that need to be accomplished for a person to age successfully such as coping with physical illness, the acceptance of reality and imminence of death, the acceptance of the need to be dependent on others while at the same time being able to make independent choices that gave one satisfaction (Karp, 2014).

**Sociological approaches to ageing.** Successful ageing in older adults can be seen from the point of view of the sociological theories of ageing, namely the disengagement theory and the activity theory. They focus on the role and status of the elderly and relationship of the older person to society. The disengagement theory by
Cumming and Henry in 1961, state that as people age, they voluntarily slow down by retiring and are less involved with life. They withdraw from society as it relieves them from difficult roles and responsibilities and also helps to maintain life satisfaction. In short, they disengage themselves from society. The activity theory, developed by Havighurst and associates in 1953, state that some amount of activity is necessary to live a fulfilling life irrespective of how old the person is, as it is an important factor in keeping healthy and enhancing life satisfaction. People who are mentally, physically and socially active adjust better to the ageing process. Thus, the more activity one engages in, the better is the adjustment to ageing (Busse, 2002).

However, researchers have strongly criticized the disengagement theory because they have found very little evidence that older adults withdraw from society. It is more likely that they have fewer social relationships, which are deeper. When disengagement does occur, it could be due to poverty, disability or widowhood (Davies, 1994).

A few years later, in 1971 Robert Atchley proposed the Continuity theory which states that as adults age and become older adults in society, they do not change but maintain their personalities, behaviour, relationships and life style and continue their activities as when they were younger. As older adults retire they make use of their years of experience, skills and abilities to adapt and accommodate to the changing environment and learn to adjust to the ageing process (Atchley, 1989).

The continuity theory has also been criticized as it does not consider monetary aspects, illness, physical decline and disorders that are associated with old age. It also does not consider differences in gender, ethnicity, race and life style of older adults (Atchley, 1989).
Moving on to the social exchange theory by Thibaut and Kelley (1959), it states that as an individual engages in social interactions he/she strives to maximize material and non-material rewards and minimize costs. Consequently, individuals who receive more support or aid than they give will appraise their interactions positively and will also experience a higher morale and wellbeing than those who receive less than they give. Interactions are maintained over time because they are rewarding and not because they fulfil a social need. The inability of a friend to reciprocate rewarding behaviour forms the basis of power and could be used to obtain the compliance of the person who has less power. The social exchange theory further goes on to state that it is the imbalance in an exchange relationship that leads to frustration and dissatisfaction (Guillet, Sarrazin, Carpenter, Trouilloud, & Cury, 2002).

Social reorganization in later life results in older adults being more susceptible to and dependent on social labelling according to the social reconstruction theory. The social breakdown syndrome is the basis for this theory. This is described as a systems perspective in which “an individual’s sense of self, his ability to mediate between self and society and his orientations to personal mastery are functions of the kinds of social labelling and valuing that he experiences in ageing”. Social reorganization is believed to occur because of certain social conditions including loss of role, vague or inappropriate normative information and lack of reference groups. These conditions deprive individuals of feedback concerning identification, appropriate roles and behaviour and individual value in their social world. This lack of feedback creates a susceptibility to social breakdown as the person begins to feel useless and obsolete. The individual starts to feel incompetent in areas such as successful social role performance, adaptive capacity and personal feelings of mastery and inner control (Austrian, 2008).
Theory of Cognitive Appraisal by Lazarus and Folkman. Older adults often experience high levels of stress which is detrimental to their health and well-being. The theory of cognitive appraisal by Lazarus and Folkman in 1984, states that stress is not a response to a stimulus in the environment but a cognitive appraisal of a particular event. Stress results when a person appraises a situation and feels that it is taxing or exceeds his/her resources and endangers his/her well-being. The amount of stress experienced by the older adults depends on how he/she appraises the challenges they experience especially during the death of a spouse. Stress can result from a feeling of helplessness, physical exhaustion, depression, inadequate or absence of family or social support, depletion of economic resources, emotional attachment and uncertainty about the future (Sincero, 2012).

Family Approaches.

One cannot look at older adults in isolation because family is an integral part of the life of an individual and almost all early experiences happen in the family. Keeping this in mind family life cycle stages and its impact on individuals within a family context need consideration. Structural family therapy is also relevant here as it believes that the family comprises of individuals who are constantly interacting and influencing each other and it gives a framework to understand and analyze these family interactions.

Family Life Cycle Stages. A baby’s first exposure to the world and the first relationship with people begins in the family. As the baby grows and develops in to childhood, adolescence and adulthood the experiences are largely in and through the family. The life cycle of an individual begins, moves, develops and changes within the family life cycle. The family influences the identity and the personality of a child and is the focal point and the smallest social system that a child is first exposed to. The
family we refer too is not just the nuclear family, but also the extended or multigenerational family connections that shape our lives. People hold different roles in the family such as a parent, spouse, sibling and child and these subsystems get redefined as roles change and boundaries shift through the family life cycle (Carter & McGoldrick, 2005).

According to Carter and McGoldrick (2005), there are six life cycle stages that a family goes through.

The first stage in the family life cycle is when the young adult leaves home either for higher studies or work. The separation from home and family leaves the young adult responsible for himself both financially and emotionally. It is also the beginning of intimate relationships and the initiation of a career which leads to financial independence.

The second stage is the new couple and the joining of families through marriage. This stage involves a commitment to married life along with formation of new relationships with extended family and friends and at the same time adjusting to the demands of a career.

The third stage is the family with young children. Here the couple take on parental roles and need to make adjustments in their marital relationship to accommodate their children. Both spouses need to share the responsibilities of childrearing, managing finances and household chores. There is a readjustment of relationships in order to accommodating grandparents and extended families.

The fourth stage needs a lot of flexibility as it is the family with adolescents. Parents need to stretch family boundaries to include adolescent’s independence and at the same time cope with frailties and illness of grandparents. There is also a refocus of midlife concerns involving marital relationship and career issues.
The fifth stage is when adult children begin to launch out for higher education, work or marriage. The couple are a dyad again and they start re building their marital relationship and let go of their children; but at the same time continue to nurture the relationship with their adult children. This stage also involves several exits and entries as children occasionally return to the comfort of the home. As the couple and their parents get older they have to deal with disabilities, illness and eventually death of parents.

Finally, the sixth stage is the family in later life where the couple accepts retirement and old age. There is a shift in generational roles where the older couple begin to explore new roles in the family and society. The older couple make their contribution in terms of wisdom and experience and they in turn are cared for and supported by the younger generation. They have to cope with the death of spouse, siblings and peers and finally while they integrate and review their life, they begin to prepare for their own death.

**Structural Family Therapy.** This therapy was developed by Salvador Minuchin and his colleagues in the 70’s and had become the leading and most widely used conceptual model in the field of family counselling (Nichols, 2014).

The fundamental tenets of this approach are that every family has a structure that is revealed only when the family is in action. The basic components of structural family therapy are structure, subsystems and boundaries. Family structure is the organized manner in which members of the family interact with each other. They establish rules, roles and functions. The structure of families traditionally hinges on relations between parents and children, on relations between spouses, or on both. Structural family therapy views family dysfunctions as a consequence of family structure. Wisdom and insight come only after structural change. (Nichols, 2014).
Family Strength indicates that strong families share three major clusters of qualities: cohesion, flexibility and communication. Family cohesion includes commitment and time together. Commitment to the family includes trust, honesty, dependability, and faithfulness. Time together means spending quality time sharing activities, feelings, and ideas and enjoying each other’s company. Family flexibility includes the ability to deal with stress and having spiritual beliefs. Coping abilities include using personal and family resources, helping each other, seeing crises as challenges rather than denying them and growing together by working through crises. Spiritual well-being includes happiness, optimism, hope, faith, and a set of shared ethical values that guide family members through life’s challenges. Family communication focuses on positive communication and on appreciating and having affection for family members. Positive communication includes open, straightforward discussion, being cooperative rather than competitive and sharing feelings with each other. Appreciation and affection include kindness, caring for each other, respect for individuality, and a feeling of security (Nichols, 2014).

**Positive approach to ageing.** The above theories provide a foundation for the changes older adults go through as they age. Older adults can also enjoy a productive and positive life and therefore it is important to understand the dimensions to positive ageing and the contribution older adults make to the family and society in more detail.

Often after retirement, there is a change in life style and economic status which could result in a change in personal identity. Older people have less to contribute in terms of economic resources and this often makes them feel powerless and incapable. But at the same time, they have much to share in terms of wisdom and experience. Those who age positively live longer and healthier lives, and enjoy a good quality of life (Davies, 1994).
**Evolution of Positive Psychology.** Positive psychology focuses on discovering people’s strengths and enhancing their positive functioning. Psychology generally had a threefold mission namely curing mental illness, helping people live fulfilling lives and identifying and fostering new talent. However, in the course of time, diagnosis and treatment of mental illness took the forefront but now exploring the positives in people has emerged (Snyder & Lopez, 2007).

Martin Seligman in 1998 gave importance to positive psychology when he took over as president of the American Psychological Association. He expressed that positive psychology is crucial for all people irrespective of cultures and countries (Snyder & Lopez, 2007).

Even before Seligman, there were a few theorists who proposed views about positive psychology. Karen Horney in 1951 outlined three possible aspects when trying to explain the core of human nature. Firstly, people are sinful and driven by instincts; people by nature are essentially both good and bad and lastly, there are constructive forces within a person that motivate and inspire them to realize their potentialities. A few years later Carl Rogers in 1951, in his person-centered therapy, proposed the view that all human beings have the inherent capacity of developing their full potential, which he called the actualizing tendency. However, Horney and Rogers are not the only psychologists who proposed this view of human nature. Famous theorists like Adler, Jung, Rank, Goldsteing and Maslow have also suggested that human beings exhibit actualizing tendencies (Joseph & Linley, 2004).

The above theorists have proposed a general view about positive psychology. In 2005 Lars Tornstam has developed a model to explain positive ageing and how older people can live a life that is more integrated and transcendent. It highlights
growth, interconnectedness, increase in life satisfaction, understanding and wisdom that emerge from years of life lived (Tamari, 2013).

**Gerotranscendence – a positive approach to ageing.** Gerotranscendence is a developmental theory of positive ageing developed by Lars Tornstam (2005). Based on a phenomenological study and interviews, gerotranscendence gives an alternative as well as a complementary theory to the existing theories of ageing. Tornstam described old age as a shift from the materialistic world to a more integrated and transcendent view and highlights growth, interconnectedness, increase in life satisfaction; understanding and wisdom that emerge from years of life lived (Tamari, 2010).

Tornstam (2003) was inspired by Eastern philosophy and Jung’s idea that old age or the second period of life is qualitatively very different from the first period of life which is young adulthood and middle age. He realized that many people are unaware about this second period of life and so do not allow themselves to enter and reach this new dimension which is marked by ‘ego – integrity and harmony’. Tornstam’s theory of gerotranscendence (2005) states that, if an individual allows oneself to go through the gerotranscendence process then they will redefine their definitions of the self, cosmic dimensions and social relations.

The ‘cosmic dimension or transcendence’ is the belief that when an older individual reaches old age and gerotranscendence, the concept of time loses its importance, the fear of death decreases, death is no longer absolute and the individual self-transcends and becomes part of the universe. The ‘self or ego transcendence’ highlights a decrease in self – centeredness. The older adults no longer feel the need for importance, can laugh at oneself, trivial things lose their importance, reconciliation gains importance, there is a wider outlook to life and in the process makes life more
meaningful. Lastly, there is a new outlook to ‘social relations’. Warm and close friendships become important and older adults also feel the need for positive solitude. They begin to abandon the roles played in life and feel the need to get closer to their genuine self. They begin to go beyond rules and norms and feel free to express themselves irrespective of the consequences. In the process, they lighten up in life and enjoy a new-found freedom which helps them grow (Tornstam, 2005).

McCann (2005) further goes on to state that the theory of gerotranscendence also explores the relationship between transcendent views and spirituality in later life. Older individuals experience a change in perspective from a pragmatic and materialistic view of the world to a more transcendent and cosmic one. This process is believed to be due to the personal changes that accompany the process of ageing, which leads to life satisfaction and a sense of wisdom in later life. Old age is a time to discover greater depths and live life to the full. The mental, physical and psychological aspects of an individual are generally given importance and take care of, but the spiritual aspect which is the deepest core of an individual and an important element to being fully human has taken a back seat. If there has to be a healthy balance of the individual and society, then recognizing and giving importance to the spiritual dimension is necessary. The spiritual self enables an individual to appreciate, search and discover the truth, love, goodness, beauty and inner freedom. Older people have the time and the opportunity to let their spirit-self develop and flourish.

Gerotranscendence gives a completely new understanding of the ageing process and life in old age. It is a model that explains positive ageing and provides an optimistic view of the ageing process. This theory is special because it explains the passivity and withdrawal of older people from society as another way of ‘being’, termed as transcendence which leads to an improved quality of life (Tornstam, 2005).
**Positive psychological capital.** Snyder and Lopez (2007) have elucidated how positive psychological capital evolved. Positive psychologist Fred Luthans in 2004, focused on understanding organizational behaviour with an emphasis on the individual at the work place. He projected a different way of thinking about assets, resources or capital which was relevant to the work force. He began with the traditional ‘economic capital’ which is the faculties or assets of the company; went on to ‘human capital’ which focuses on the employees of the organization (reserve of knowledge, experience, abilities and skills); followed by ‘social capital’ which looks at relationships and networks and finally the emergence of ‘positive psychological capital’ which lays emphasis on discovering who one is. There are four variables in positive psychological capital. They are first, Bandura’s self-efficacy (confidence), followed by Synder’s hope (reaching goals), thirdly, Seligman’s optimism and lastly Masten’s resiliency (enduring to succeed in adversity). Luthans and his colleagues (2004) empirically determined that the four constructs that make up psychological capital (PsyCap) were more effective when combined and had a stronger relationship with performance and satisfaction than each of the constructs by itself.

Psychological capital (PsyCap) explained by Luthans, Youssef-Morgan, and Avolio (2015) is the study of optimal human functioning and gives importance to mental wellness rather than mental illness. It focuses on two important goals of psychology, to help individuals live a more meaningful and productive life and to help one reach their full potential. PsyCap is an individual’s positive psychological state and includes the mental resources that one build’s when things go well and which are drawn on when things go badly. It also gives one the strength to cope effectively with change. These resources comprise of key elements of happiness such as motivation, resilience, optimism, hope, confidence, self-belief, self-worth and energy. If an
individual develops and nurtures his psychological resources, then he can effectively deal with who he is now and who he can become in the future.

Luthans, Youssef-Morgan, and Avolio (2007) describe the characteristics of the four components that help in the development of positive psychological capital of an individual.

- Firstly, self-efficacy or confidence is the belief in one’s ability that helps an individual make the necessary effort to be successful in times of challenges.
- Secondly, hope is a way of thinking that comprises of goals, pathways and willpower. It is the positive motivational state that involves goal oriented determination and productive planning in order to achieve one’s goals.
- Thirdly optimism helps one to persevere with a hope to succeed not just in the present but in the future as well. Optimism reinforces self-efficacy and hope.
- Lastly, resiliency is a positive way of coping with stress, conflict or change and helps one bounce back when faced with problems and adversity.

Empirically, PsyCap has been accredited as a measurable and objective theory and a concept that significantly impacts attitude and behaviour in organizational employees (Youssef-Morgan & Luthens, 2013). In 2007, Luthans, Avolio, Avey, and Norman empirically established the theoretical foundation of PsyCap applicable in organizational behaviour and proved its validity as a theory. They used factor analysis to validate and support their PsyCap measurement tool, while at the same time the four constructs, namely self-efficacy, hope, optimism and resilience individually have more than sufficient theoretical and research support to develop a cohesive theoretical foundation for positive psychological capital and is termed a higher order construct. When empirically tested, the four constructs which share a common link that help to
bind them together as PsyCap indicate a greater impact on performance and job satisfaction.

Luthans et al. (2015), are considering the addition of a few more positive constructs which could be relevant and possibly be included in PsyCap in the future. They are creativity, flow, mindfulness, gratitude, forgiveness, emotional intelligence, spirituality, authenticity, and courage.

Though there is no dearth of empirical support for PsyCap as a notion, this science certainly lacks an established, umbrella framework of guidelines, principles and concepts to guide theorists with regard to its applicability in real-life situations. They are going beyond the boundaries of workplace satisfaction and exploring the relationships and mental health of the employees with a holistic perspective (Youssef-Morgan & Luthens, 2013).

Research Paradigm

Epistemologically, phenomenology is based on a paradigm of personal knowledge and subjectivity, laying emphasis on the importance of the personal perspective of the individual and interpretation. This approach was powerful as it aimed to understand subjective experiences, gaining insights into motivations and actions, while at the same time avoiding the clutter of taken-for-granted assumptions and conventional wisdom (Given, 2008).

Often, the general attitude of mental health and geriatric professionals towards older adults is not a very positive one as they often fail to recognise the rich potential of older adults and their contribution to the family and society. The society also views old age as a burden and ageing as a struggle. But even though old age comes with its share of problems, it is not necessarily synonymous with the deterioration of physical
or mental capabilities. Several older adults are happy, enthusiastic and actively involved in various activities (Prakash, 2012; Raju, 2011).

Therefore, phenomenology was appropriate for this study because the researcher explored the subjective experiences of older adults to understand them from their perspective to get a clear, first-hand understanding of their journey through life and their existence in old age. This gave us an understanding of how older adults view positive ageing and would help older adults face the challenges of ageing.

**Statement of the Problem**

There is a rapid increase in the ageing population all over the world and India is also experiencing the impact of this. Along with this, the Indian family system is undergoing many changes. The joint family system is on the decline and nuclear family has emerged (Prakash, 2012). Many people have a general impression that older adults are irritable, depressed, forgetful, withdrawn, and helpless, have physical illnesses and are dependent on a caregiver. People have failed to notice, however, that older adults also have their own individual needs, as they are going through a different developmental life stage; they need to deal with numerous challenges such as loss of independence, frailty, retirement, dealing with grief and loneliness and ill health. This study gives older adults a chance to narrate their experiences, which would help families and caregivers to ensure that older adults are taken care of, their needs are recognized, and the services provided to them cater to their age and their developmental needs. In this way, they can continue to have hope and live fruitful lives in-spite of mental and physical disabilities, loneliness or abuse (Davies, 1994).
Finally, if we continue to believe that older adults are a burden, we will never appreciate the way they add value to the family and contribute to society in various ways such as sharing of wisdom, gratitude, resilience, optimism, hope and confidence (PsyCap). These are in a way the mental resources that they build when things go well, and which are drawn on when things go badly. Hence the researcher felt the need to give older adults a chance to communicate their lived experiences to bring about a shift in mind set and a change in attitude in care givers and professionals who are involved with older adults. If ageing is portrayed as an important phase of life, this would encourage opportunities for the development of active ageing programmes and suitable benefits and policies for older adults (Prakash, 2012; Youssef-Morgan & Luthens, 2013).

Significance of the Study

While increased life expectancy is an indicator of the progress of a country, it comes with a host of problems which our developing world is not yet equipped to handle. Along with this many people have a negative attitude towards ageing and most theories of ageing also elucidate the negative impact ageing has on an individual (Davies, 1994). However, older adults contribute to society in numerous constructive ways such as sharing of wisdom, gratitude, resilience, self-efficacy, optimism, hope and spirituality. By understanding the positive experiences of older adults this study has implications for firstly, older adults themselves can be enlightened about their transition into old age and they can learn ways to cope with challenging experiences with hope and courage; secondly it can promote a positive and healthy attitude towards older adults. It can also help the family and caregivers modify their attitude and appreciate the resources and positive assets older adults have to offer, which in
turn will improve the quality of the lives of older adults and lead to a smooth transition as they move into their twilight years.

As we understand ageing from the older adult point of view, this study can help in initiating innovative research ideas and encourage and facilitate research in the field of gerontology which could help to enable and promote services and policies that would benefit older adults.

Lastly, exploring the positive experiences of older adults with a focus on psychological capital will help the researcher comprehend their life experiences in terms of self-efficacy, optimism, hope, resilience, gratitude and spirituality. It will give a clearer understanding of the internal strength which help them cope in times of crisis, disabilities, illness, dementia, frailty, loneliness and abuse. Their experiences will give an insight into the elements of psychological capital which hinder effective coping and help us understand the importance of wisdom and spirituality as a coping strategy in their lives (Luthans et al. 2007).

**Aim**

The aim of this research was to understand the process of development of psychological capital in positive ageing.

**Objectives of the Study**

- To understand the factors that facilitate the development of self-efficacy, optimism, hope, resilience, gratitude and spirituality (PsyCap) in older adults.
- To comprehend the changes and challenges faced in the development of PsyCap in older adults.
- To understand the strategies of adapting to the changes that occurred in the process of development of psychological capital.
Key Terms

- *Psychological capital* is an individual’s positive psychological state of development and includes the mental resources that one builds when things go well and which are drawn on when things go badly. It encompasses key elements such as self-efficacy or confidence to be able to make the necessary effort to succeed when faced with challenges; optimism about succeeding both now and in the years to come; hope or perseverance to meet challenging goals; and resilience or sustaining and bouncing back when faced with problems and adversity (Dirzyte, 2013).

- *Positive ageing* is “the process of maintaining a positive attitude, feeling good about yourself, keeping fit and healthy, and engaging fully in life as you age” (APS, 2012).

- *Older adults* refer to persons who are 65 years of age and older (American Psychological Association [APA], 2014).

- *Gratitude* is an “emotion experienced when individuals perceive themselves to be the recipients of something good, and someone else (a human, supernatural or impersonal benefactor) to be responsible for this benefit” (Luthans et al., 2015).

- *Spirituality* is “the feelings, thoughts, experiences and behaviours that arise from the search for the sacred. The term ‘search’ refers to attempts to identify, articulate, maintain, or transform. The term ‘sacred’ refers to a divine being, divine object, Ultimate Reality, or Divine Truth as perceived by the individual” (Luthans et al., 2015).