IMPACT OF PSYCHOLOGICAL WELL-BEING AND ADJUSTMENT ON QUALITY OF LIFE AND FAMILY RELATIONSHIPS AMONG OLD AGE PEOPLE

Thesis Submitted for the Award of the Degree of

DOCTOR OF PHILOSOPHY
in
Psychology

By

Tanya Alagh

Registration Number:42000513

Supervised By

Dr Rinu Chaturvedi (28446)

Department of Psychology

(Assistant Professor)

School of Liberal & Creative Arts

(Social Sciences & Language)

Lovely Professional University

LOVELY PROFESSIONAL UNIVERSITY, PUNJAB

2024

DECLARATION

I, hereby declared that the presented work in the thesis entitled "**Impact Of Psychological Well-Being And Adjustment On Quality Of Life And Family Relationships Among Old Age People**" in fulfilment of degree of **Doctor of Philosophy (Ph.D.)** is outcome of research work carried out by me under the supervision of **Dr Rinu Chaturvedi**, working as **Assistant Professor,** in the **Department of Psychology, School of Liberal& Creative Arts (Social Sciences & Language)**of Lovely Professional University, Punjab, India. In keeping with general practice of reporting scientific observations, due acknowledgements have been made whenever work described here has been based on findings of other investigator. This work has not been submitted in part or full to any other University or Institute for the award of any degree.

Tanya Alagh

42000513

Department of Psychology,

School of Liberal& Creative Arts

(Social Sciences & Language)

Lovely Professional University,

Punjab, India

CERTIFICATE

This is to certify that the work reported in the Ph.D. thesis entitled "**Impact Of Psychological Well-Being And Adjustment On Quality Of Life And Family Relationships Among Old Age People**" submitted in fulfillment of the requirement for the award of degree of **Doctor of Philosophy (Ph.D.)** in the **Department of Psychology, School of Liberal& Creative Arts (Social Sciences & Language)**, is a research work carried out by **Tanya Alagh**, **42000513** is bonafide record of his/her original work carried out under my supervision and that no part of thesis has been submitted for any other degree, diploma or equivalent course.

DrRinuChaturvedi

Assistant Professor

Department of Psychology,

School of Liberal& Creative Arts

(Social Sciences & Language),

Lovely Professional University

ABSTRACT

Ageing presents a variety of issues that have a substantial influence on one's quality of life and interpersonal connections. In developing countries like India, the elderly have particular challenges due to increased urbanization, changed family patterns, and evolving cultural norms. They frequently rely significantly on family support networks in the face of insufficient healthcare and social services. As the senior population grows, governments, caregivers, and health practitioners must better understand the elements that promote psychological well-being, ability to adjust, quality of life, and family relationships. This thesis investigates these issues by conducting a thorough analysis of the impact of psychological well-being and adjustment on quality of life and family connections among older individuals living in urban and rural regions of New Delhi, India.

The primary objectives of this study were to (1) assess the levels of psychological well-being, adjustment patterns, quality of life, and quality of family relationships among older adults; (2) evaluate the impact of psychological well-being on quality of life and family relationships; (3) assess the influence of adjustment on quality of life and family relationships; (4) compare the effects of psychological well-being and adjustment across socio-economic strata and rural-urban divisions; and (5) explore gender differences in the impact of psychological well-being and adjustment on the quality of life and family relationships. The overarching aim was to provide a holistic understanding of the dynamics influencing well-being in old age within an Indian context, addressing the gaps in gerontological research in this population.

To achieve these objectives, a cross-sectional quantitative research design was adopted; utilizing a purposive sample of 400 elderly participants aged 65-75 from diverse socio-economic backgrounds. The sample included 213 participants from urban regions and 187 from rural areas, providing a balanced representation of gender (104 males, 109 females in urban areas; 86 males, 101 females in rural areas) and socio-economic strata. Data were collected using standardized assessment tools, including the Psychological Well-Being Scale (PWBS) by Dr. Anjum Ahmed, the Social Adjustment Scale for the Aged (SASA) by Sisodia & Khandelwal, the

WHOQOL-BREF for measuring quality of life, and the Family Environment Scale (FES) by Vohra to evaluate family dynamics. These tools allowed for a comprehensive evaluation of both individual well-being and interpersonal relationship quality.

Data analysis was conducted using SPSS version 20, incorporating descriptive statistics to summarize sample characteristics and levels of psychological well-being, adjustment, quality of life, and family relationships. Inferential analyses, including multiple regression, ANOVA, and t-tests, were performed to examine the influence of psychological well-being and adjustment on quality of life and family relationships, as well as the moderating effects of demographic variables. The hypotheses posited that (1) psychological well-being and adjustment would have a significant positive impact on quality of life and family relationships among elderly participants; (2) socio-economic status, gender, and residential location would significantly moderate these relationships.

The results indicate a significant positive correlation between psychological well-being and both quality of life and family relationships. Participants who reported high levels of autonomy, self-acceptance, and purpose in life also experienced higher overall life satisfaction and stronger, more cohesive family dynamics. The findings suggest that psychological resilience and a sense of purpose play crucial roles in enhancing the well-being of older adults, contributing not only to personal life satisfaction but also to supportive and cohesive family relationships. Psychological well-being was identified as the strongest predictor of quality of life, with dimensions such as personal growth and positive relationships contributing significantly to both individual well-being and interpersonal harmony.

In terms of adjustment, results demonstrated that successful adaptation in domains such as health and finances was a significant predictor of quality of life, especially among individuals in rural areas and lower socio-economic groups. However, adjustment appeared to play a lesser role in shaping family relationships, suggesting that while practical adaptation strategies enhance individual well-being, they do not necessarily improve family cohesion. This divergence indicates that emotional

resilience and psychological health may have a greater influence on family dynamics than adjustment to life changes. Additionally, financial stability emerged as an essential component of adjustment, especially within lower socio-economic groups, where financial insecurity often exacerbates stress and reduces access to essential resources, further impacting life satisfaction.

Demographic differences were notable across several variables. Urban participants reported higher levels of psychological well-being and quality of life compared to their rural counterparts, reflecting disparities in access to healthcare, community resources, and social engagement opportunities. Gender differences were also significant, with males reporting higher quality of life and more cohesive family relationships than females. This trend may reflect societal expectations and caregiving roles, which often place additional burdens on older women, limiting their access to resources and social support. Higher socio-economic status was associated with greater life satisfaction and stronger family relationships, underscoring the importance of economic stability in facilitating access to healthcare, leisure activities, and social services that contribute to well-being.

These findings make several contributions to the existing literature on aging. First, the study underscores the crucial role of psychological well-being in promoting both individual life satisfaction and family cohesion among older adults. The strong association between psychological health and family relationships suggests that interventions aimed at enhancing emotional resilience, self-acceptance, and purpose in life may not only improve the well-being of elderly individuals but also strengthen their family support systems. Second, the study highlights the importance of socio-economic and geographical factors in determining quality of life, emphasizing the need for targeted interventions that address the specific challenges faced by vulnerable populations, such as rural residents, women, and individuals from lower socio-economic backgrounds.

The findings suggest several practical implications for policymakers, healthcare providers, and community organizations. Given the centrality of psychological well-being to both life satisfaction and family relationships, mental health programs

specifically tailored to the needs of older adults should be prioritized. Such programs could incorporate cognitive-behavioral therapy (CBT), life review therapy, and social engagement activities that foster self-acceptance, autonomy, and a sense of purpose. Financial literacy and security programs are also essential, particularly for low-income and rural elderly populations, as financial stability plays a key role in enabling individuals to maintain a satisfactory quality of life.

Moreover, the study's findings indicate a need for gender-sensitive policies that support elderly women, particularly those facing caregiving burdens and health disparities. Community-based outreach programs in rural areas could bridge the gap between urban and rural elderly populations by providing healthcare access, social engagement opportunities, and mental health support. Family counseling services could also be implemented to help improve intergenerational relationships and address family conflicts, as family dynamics play a crucial role in the psychological well-being of elderly individuals, and vice versa.

In conclusion, this thesis provides a comprehensive analysis of the factors that influence quality of life and family relationships among older adults in India. By focusing on both psychological well-being and adjustment within the socio-cultural context of New Delhi, the study offers valuable insights into the aging process in a rapidly developing society. The findings underscore the importance of psychological resilience and practical adjustment mechanisms in promoting life satisfaction and family cohesion, while also highlighting the need for demographic-sensitive interventions. Future research could build on these findings by conducting longitudinal studies to explore how psychological well-being and adjustment evolve over time, as well as by developing and testing intervention programs aimed at enhancing well-being among diverse elderly populations.

Keywords**:** Psychological Well-Being, Adjustment, Quality of Life, Family Relationships, Elderly Population, Aging in India

ACKNOWLEDGMENTS

This journey would not have been possible without the guidance, support, and encouragement of many individuals, to whom I owe my deepest gratitude.

First and foremost, I am profoundly grateful to my current supervisor, **Dr. Rinu Chaturvedi**, for her unwavering guidance, insightful feedback, and patience throughout this research journey. Her encouragement and expertise have been invaluable, helping me shape this work into its present form. I am deeply thankful for her belief in my potential and her dedication to my academic and personal growth.

I would also like to extend my heartfelt gratitude to my ex-supervisor, **the late Dr. Sanjay Ghosh**, whose contributions laid a strong foundation for this research. His mentorship, insightful discussions, and support provided the groundwork for my thesis. His passion for psychology and commitment to excellence continue to inspire me, and I dedicate this work in part to his memory.

My sincere thanks also go to the entire **faculty of the Department of Psychology at Lovely Professional University (LPU)**. Their expertise, feedback, and support throughout my academic journey have been invaluable. I am grateful to each faculty member for the knowledge and encouragement that have helped me reach this milestone.

This journey would not have been complete without the love and support of **my family**. My heartfelt gratitude goes to **my parents**, who have been a steady source of encouragement and have instilled in me the values of resilience and dedication. To **my husband**, whose belief in my dreams has been a constant source of strength, and to my daughter, **Asmi**, whose birth and joyful presence have been woven into this PhD journey—thank you for filling my life with purpose and light. Balancing my studies with her early years has been a profound experience, one that has enriched both my personal and academic life in immeasurable ways.

To all those who have supported me along this path, directly or indirectly, thank you for helping me realize this goal. This work is a testament to your faith in me.

Date: March 13th, 2024 **Tanya Alagh**

TABLE OF CONTENTS

1. ***Declaration*** ***..... ii***
2. ***Certificate*** ***..... iii***
3. ***Abstract*** ***.....iv-vii***
4. ***Acknowledgements*** ***.....viii-ix***
5. ***Table of Contents*** ***.....x-xii***
6. ***List of Tables*** ***..... xiii***
7. ***List of Figures*** ***.....xiv***

CHAPTERS:

1. **Introduction**..... 1-45

    1.1 Overview..... 1

    1.2 Old Age 2

    1.3 Psychological Well-Being 11

    1.4 Adjustment.....19

    1.5 Quality of Life..... 29

    1.6 Family Relationships 34

    1.7Theoretical Perspectives 39

    1.8Summary..... 44

2. **Review of Literature** 46-69

    2.1 Overview 46

    2.2 Research Gap..... 68

3. **Methodology**..... 70-88

3.1 Overview 70

3.2 Scope of the Study 71

3.3 Statement of the Problem 72

3.4 Objectives of the Study 73

3.5 Hypotheses of the Study..... 73

3.6 Research Design..... 74

3.7 Sample and Sampling.....75

3.8 Data Collection Tools.....78

3.9 Data Collection Process.....83

3.10 Data Analysis 84

3.12Ethical Considerations 85

3.12 Limitations of the Study 86

3.13Summary.....87

4. **Results and Discussion**..... 89-119

4.1 Overview 89

4.2 Baseline Characteristics of the Study Population.....89

4.3 Descriptive Analyses 92

4.4 Impact of Psychological Well-Being on Quality of Life 96

4.5 Impact of Adjustment on Quality of Life..... 97

4.6 Impact of Psychological Well-Being on Family Relationships…….98

4.7 Impact of Adjustment on Family Relationships ……99

4.8 Combined Impact of Psychological Well-Being and Adjustment on Quality of Life..... 100

4.9 Combined Impact of Psychological Well-Being and Adjustment on Family Relationships..... 101

4.10 Comparative Analysis: Socio-Economic, Rural/Urban, and Gender Differences..... 102

4.11 Further Analysis 106

4.12 Discussion 112

5. Summary, Conclusion, Recommendations, Suggestions And Limitations.....120-127

5.1 Summary of the Study 120

5.2 Conceptual Framework.....121

5.2 Conclusion 122

5.3 Recommendations 124

5.4 Suggestions for Future Research 126

5.5 Limitations of the Study 127

6. References……128-154

7. **List of Publications**…….……155-156

8. **List of Conferences**…….157

LIST OF TABLES

Table 1: Sociodemographic Characteristics of Participants at Baseline 89

Table 2: Descriptive Analyses for Variables of Study (N=400) 92

Table 3: Regression Analysis highlighting the Impact of Psychological Well-Being on Quality of Life.....96

Table 4: Regression Analysis highlighting the Impact of Adjustment on Quality of Life..... 97

Table 5: Regression Analysis highlighting the Impact of Psychological Well-Being on Family Relationships.....98

Table 6: Regression Analysis highlighting the Impact of Adjustment on Family Relationships.....99

Table 7: Multiple Regression Analysis highlighting the Impact of Psychological Well-Being and Adjustment on Quality of Life.....100

Table 8: Multiple Regression Analysis highlighting the Impact of Psychological Well-Being and Adjustment on Family Relationships.....101

Table 9: ANOVA Comparing the Quality of Life and Family Relationships between Elderly belonging to Upper and Lower Socio-Economic Strata 102

Table 10: Independent Samples Test between Quality of Life and Family Relationships between Elderly Residing in Urban vs Rural Areas 103

Table 11: Independent Samples Test between Quality of Life and Family Relationships among Elderly Males and Females.....105

Table 12: Correlational Analyses between Study Variables.....106

Table 12: Correlational Matrix for Domains of Study Variables.....108

LIST OF FIGURES

Figure 1: Classification of Chronological Old Age.....3

Figure 2: Classification of Psychological Well-Being..... 13

Figure 3: Components of Hedonistic Well-Being……..... 14

Figure 4: Components of Eudemonic Well-Being 15

Figure 5: Illustration of Adjustment and its Mechanism..... 20

Figure 6: Factors Affecting Adjustment.....26

Figure 7: Sample Characteristics.....76

Figure 8: Number of Participants Based on Type of Residence……..90

Figure 9: Number of Participants Based on Gender……90

Figure 10: Number of Participants Based on Socio-Economic Status……91

Figure 11: Means and Standard Deviations for Domains of Psychological Well-Being…….93

Figure 12: Means and Standard Deviations for Domains of Adjustment……94

Figure 13: Means and Standard Deviations for Domains of Quality of Life…...95

Figure 14: Means and Standard Deviations for Domains of Family Relationships…….96

Figure 15: Conceptual framework depicting the influence of psychological well-being and adjustment on quality of life and family relationships, with demographic variables (gender, SES, and location) acting as moderators……..122

INTRODUCTION

1.1 Overview

Worldwide, people are living longer lives. Today, most individuals may expect to live well into their sixties or beyond. Each country in the globe is seeing an increase in both the number and share of older people in its population (World Health Organization, 2024).

The process of ageing, an unavoidable aspect of human existence, is a multidimensional journey distinguished by a progressive progression through several life phases (Beard & Bloom, 2015). Individuals' experiences and perceptions are shaped by a variety of psychological, social, and biological changes that occur over life. While ageing is a universal process, its symptoms and implications vary depending on environment, genes, lifestyle choices, and socio-cultural context. In the past few decades, the global demographic landscape has changed dramatically, with a large increase in the share of older individuals in communities. This demographic transformation, often known as population ageing, poses difficulties and possibilities for individuals, families, communities, and society as a whole (Little& McGivern, 2014).

Ageing is an inevitable phenomenon. Everyone must go through this stage of life at their own time and speed. In a broader sense, ageing refers to all of the changes that occur over one's life. These changes begin at birth—one grows, develops, and reaches adulthood. The young find ageing intriguing. Middle age is when people perceive age-related changes such as greying hair, wrinkled skin, and a degree of physical deterioration. These changes affect even the healthiest and most cosmetically fit people. Slow and persistent physical decline and functional inability are observed, culminating in greater reliance during old life. According to the World Health Organization, ageing is a biological process that begins with conception and concludes with death.It has its own dynamics, which are beyond human control. However, this ageing process is influenced by the ways in which each community

constructs old age. In most industrialized nations, 60 is considered retirement age and marks the start of old age (Amarya et al., 2018).

1.2 Old Age

According to Özel et al. (2014), old age is a natural phenomenon that begins in utero and lasts until death, characterised by irreversible deterioration of cells and systems. Old age is not a degenerative process; it is characterized by physiological, psychological, social, and temporal changes (Karagülle, 2000; Hoca and Türker, 2017; Yildiz et al., 2017). Thus, the concept of old age is vast and complicated. Physiological old age expresses structural as well as functional losses; psychological old age expresses decreases in perception, learning, and problem-solving ability; and sociological old age expresses decreases and losses in the values that society bestows on individuals (Tekin& Kara, 2018).

The World Health Organization (WHO) defines old age as a reduction in an individual's ability to comply with environmental factors beyond their control. This term applies to adults aged 65 and older (Ünal&Özdemir, 2019). According to the WHO, chronological old age is classed as follows: 65-75 years describe early old ages and a transition phase from working life to retirement; 75-85 years indicate advanced old ages and a period when functional deficits begin to occur. According to Beğer&Yavuzer (2012) and Ünal&Özdemir (2019), those aged 85 and above require specialised care and support.

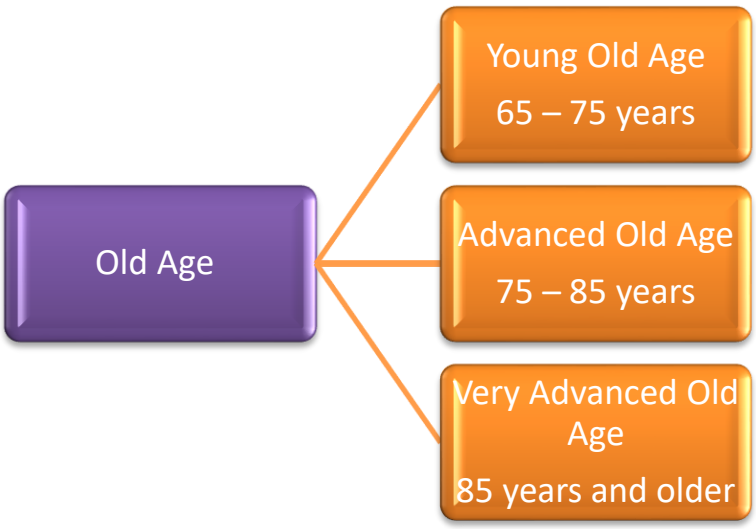

Fig 1: Classification of Chronological Old Age (World Health Organization)

Elderly or old age refers to ages that approach or exceed the typical life span of humans. The definition of old age is imprecise since it varies among civilizations. In January 1999, the Government of India established the 'National Policy on Older Persons'. The policy defines ' senior citizen' or 'elderly' as a person aged 60 or older. The National Policy on Older Persons defines the elderly as persons who are 60 years of age or older (Ministry of Statistics &Programme Implementation, Government of India, 2011). The government considers this factor while establishing measures for the elderly, who are typically termed as senior citizens in India.

Old age, also known as senescence, is the ultimate stage of an individual's life cycle and includes the population's oldest individuals (Britannica, 2024). It is characterized by a steady deterioration in an individual's physical and mental skills, as well as a higher likelihood of disease and, eventually, death (World Health Organization, 2024). In addition to physical and mental deterioration, old age is marked by developmental changes such as retirement, the loss of loved ones, and migration to more suitable housing (World Health Organization, 2024). These changes, however, may vary from person to person, happening sooner in one's life while appearing later in another.

The number and proportion of persons aged 60 and up in the population are growing. In 2019, there were one billion persons aged 60 and over. This figure will rise to 1.4

billion by 2030, and 2.1 billion by 2050 (World Health Organization, 2024). According to the World Health Organization, by 2030, one in every six persons worldwide would be 60 or older. By 2050, the world's population of persons aged 60 and over will double (2.1 billion). The number of people aged 80 and older is anticipated to treble between 2020 and 2050, reaching 426 million (World Health Organization, 2024).

This rise is taking place at an unprecedented rate and is expected to intensify in the next decades, particularly in emerging nations. While this shift in the distribution of a nation's population towards older ages, known as population ageing, began in high-income countries (for example, in Japan, 30% of the general population is already older than sixty years old), low- and middle-income countries are now seeing the most change. By 2050, two-thirds of the world's over-60 population will reside in low- and middle-income nations (World Health Organization, 2024).

India, the world's second most populous country, has seen a tremendous demographic transformation over the last 50 years, with nearly a doubling of the population over the age of 60 (Ministry of Statistics &Programme Implementation, Government of India, 2011). This tendency is expected to persist (Dey et al., 2012). The proportion of Indians aged 60 and older is expected to increase from 7.5% in 2010 to 11.1% by 2025 (United Nations Department of Economic and Social Affairs, 2008). This is a minor percentage point rise, but it is a significant amount in absolute terms. According to data from the United Nations Department of Economic and Social Affairs (UNDESA) on projected population age structure (2008), India had more than 91.6 million senior people in 2010, with 2.5 million more added each year between 2005 and 2010. India's old population is estimated to reach 158.7 million in 2025 (United Nations Department of Economic and Social Affairs, 2008), and by 2050, it would outnumber children under the age of 14 (Raju, 2006).With India's elderly population growing at a decadal rate of 41% and projected to double to more than 20% of total population by 2050, the United Nations Population Fund, India (UNFPA) stated in its 2023 India Ageing Report that by 2046, the elderly population is likely to have exceeded the country's children (aged 0 to 15 years) (Lakshman, 2023).

According to the Report of the Technical Group on Population Projections for India and States 2011-2036, there will be nearly 138 million elderly people in India in 2021, with 67 million males and 71 million females, and this figure is expected to rise by another 56 million by 2031.

A few key traits of India's old population stand out. Two-thirds of the 7.5% senior population lives in villages, and nearly half has a low socioeconomic level (SES) (Lena et al., 2009). Half of the Indian old are dependent, typically owing to widowhood, divorce, or separation, and the bulk of the elderly (70%) are women (Rajan, 2001). More women (3.49%) than males (1.42%) make up the minority (2.4%) of older people who live alone (Rajan and Kumar, 2003). Thus, the bulk of the elderly live in rural regions have a poor socioeconomic status, and rely on their relatives (Dey et al. 2012). According to the survey, more than 40% of India's seniors are in the worst wealth quintile, with around 18.7% living without an income, and such levels of poverty may have an impact on their quality of life and use of healthcare. The report projected that the population of people aged 80 and up will grow at a rate of approximately 279% between 2022 and 2050, with a "predominance of widowed and highly dependent very old women" - a finding consistent with the pattern across several nations (Lakshman, 2023).

1.2.1 Characteristics of Old Age

In contrast to earlier stages of a normal life span, when development and growth take priority over degeneration, the reverse is true in old age, where degeneration takes precedence over growth (Beattie, 1963). Physical health, agility, and strength deteriorate markedly with age, and this is accompanied by major psychological and environmental shifts. Elderly persons must adapt to these changes in order to make a smooth transition into the final stage of life.

- Physical Changes – Others can easily detect the majority of the bodily changes that occur with ageing. These include greying and thinning hair, deterioration of sensory functions such as vision and hearing, skin wrinkling and drying, muscular sagging, and stooping (Hurlock, 1981; Morgan et al., 1993). In addition to these apparent

changes in appearance, there are also internal alterations that may be subtle but substantial (Hurlock, 1981). The bones begin to become brittle and more vulnerable to fractures that are slow to heal; the autonomic nervous system peaks quickly but fades slowly, making the elderly appear more nervous and vigilant; atrophy occurs throughout the major systems of the body; strength and agility decrease; and sensory and sexual functions decline, as age progresses (Hurlock, 1981; Morgan et al., 1993).

- Changes in Motor Abilities–Motor skills in old age tend to diminish in the reverse order in which they were developed. Skills gained lately are the most readily lost, whilst those learnt early are the most likely to be maintained. Elderly persons tend to be clumsy and have an uneven walk as their strength and speed deteriorate, leaving them prone to frequent falls and generally clumsy (Hurlock, 1981).
- Cognitive Changes – Elderly people typically demonstrate cognitive regression, which means they return to less sufficient levels of thinking from earlier in life (Beattie, 1963). Most cognitive functions, including learning, memory, creativity, problem solving, memory and recall, and intellectual functioning, begin to deteriorate with age, however the progression varies by individual. There is also a noticeable lack of flexibility and aversion to change (Beattie 1963).
- Changes in Interest – With substantial lifestyle changes in old age, such as retirement and the death of loved ones, including spouses and friends, as well as deteriorating physical and mental capacities, older people must reassess their interests to meet their requirements. Elderly people may become more egocentric, focusing on themselves, their health, and other aspects of their lives more than others, and while their interest in appearance declines, their interest in money increases as they retire and no longer have steady incomes to support themselves (Hurlock, 1981). Their recreational and social interests may be more focused on staying at home than going out or participating in daring activities. There might also be an upsurge in their religious interests as well as an interest in the nearing end and uncertainty of lives (Hurlock, 1981).

1.2.2 Consequences of Old Age

The variety of late-life outcomes is already significant, and it is expected to becoming even more so. Financially secure or well-educated people view old age considerably differently from impoverished or illiterate people. Those who are well approach old age considerably differently from those who are ill. Those who are part of strong social networks outperform those who are alone. Culture, race, and ethnicity, as well as the accumulation of individual life experiences, influence how individuals age (Carstensen&Hartel, 2006). The character of old age will determine whether greater life expectancy is beneficial or detrimental to society. Societies will be strengthened to the extent that individuals reach old age physically and psychologically well and play active roles in their communities and families. To the degree that older individuals are infirm, secluded, or reliant, an increasing elderly population will place additional strain on a limited younger population. Older individuals who are healthy and interested are likely to give significantly more to society than earlier generations (Carstensen and Hartel, 2006).

Some of the challenges that take effect in old age may be outlined as follows:

- Retirement and resulting economic issues–Retirement is one of the most significant occurrences of old age (Hurlock, 1981). Retirement in old age is a dramatic shift from the routine and obligations of a job to a period of relaxation, pleasure, and, in many cases, personal fulfilment. For many, this period allows them to pursue hobbies, travel, and spend more time with family and friends, offering a much-needed vacation after decades of hard labour. However, transitioning to retirement can be difficult, including the loss of a regular daily routine, social contacts, and a feeling of purpose connected with one's professional identity (UNFPA India, 2023).

  As people age and lose physical and cognitive capacities, they are perceived to be less efficient than their younger counterparts and are compelled to retire from their occupations. This occurrence has a significant impact on the lives of the elderly, who are now burdened with finding new activities to fill the days that they used to spend at work (Hurlock, 1981). Sustaining both mental and physical well-being becomes an important concern, encouraging seniors to participate in wellness and social

interaction activities (UNFPA India, 2023). It also changes the nature of their relationships with their wives as they spend more time together. Furthermore, if regular income is reduced or eliminated, this phase may result in an increasing concern about money and how it is used. The elderly may believe that they are now dependent on their offspring for their needs, which may lower their self-esteem (Hurlock, 1981). Financial stability is critical in this transition since appropriate savings and pensions may significantly improve quality of life during retirement. Overall, while retirement may be a time of rest and enjoyment, it also needs careful preparation and adaptation to promote a satisfying and balanced existence in old age (UNFPA India, 2023).

- Housing-related Concerns – In India, housing difficulties in old age pose considerable development obstacles. Many older people live in substandard circumstances owing to financial restrictions, a lack of family assistance, and limited public funding. Traditional family arrangements are shifting, and urban migration has left many older people without close family support (UNFPA India, 2023; Desk, 2024). Furthermore, there is a need for more inexpensive and accessible housing alternatives, such as senior citizen homes and assisted living facilities, which are frequently limited and unevenly distributed, particularly in rural regions (UNFPA India, 2023; Press Information Bureau India, 2022). With deteriorating health and economic challenges following old age, older people may be compelled to relocate from their current residence to a smaller and more suitable property that meets their needs. In certain situations, individuals may need to move to an old facility when their health deteriorates (Ministry of Statistics &Programme Implementation, Government of India, 2021), requiring the establishment of such facilities. Addressing these housing issues is critical to preserving the dignity and well-being of India's ageing population.
- Crimes Against Elderly –Crimes against the elderly in India are an increasing problem. The old population is becoming increasingly vulnerable to crimes such as theft and robbery since they are unable to fight back and protect themselves (Hurlock, 1981; Ministry of Statistics and Programme Implementation, Government of India, 2021). Elderly people are frequently targeted because of their perceived vulnerability, physical fragility, and social isolation. Physical abuse, neglect, financial exploitation,

and emotional mistreatment are all common types of crimes. Financial exploitation is especially prevalent, with cases of property fraud, fraudulent withdrawals, and compelled asset transfers becoming more regular. This abuse is frequently carried out by family members, carers, or trusted persons, who take advantage of the elderly's need and trust ((MaRS Monitoring and Research Systems Private Limited, 2015).

Physical abuse and neglect are also serious concerns, with many occurrences remaining unreported because the elderly are afraid of retaliation or increased isolation. The lack of a strong social support system exacerbates the issue, as older people may have restricted access to healthcare and legal services. The Indian National Crime Records Bureau (NCRB) highlighted a rise in crimes against the elderly, emphasising the critical need for focused policies and intervention methods (NCRB, 2021).

The historically high societal value put on the elderly in India is decreasing due to challenges from modernisation and changing family relations. Joint families, historically a pillar of Indian culture, are increasingly being supplanted by nuclear families, leaving the elderly without proper care and support (Rajan, 2014). Government measures, such as the Maintenance and Welfare of Parents and Senior Citizens Act of 2007, seek to address these concerns by establishing legal channels for the elderly to seek support from their children and relatives. However, implementation issues exist, necessitating more vigorous enforcement and awareness efforts to safeguard the elderly and uphold their rights (Government of India, 2011).

Addressing crimes against the elderly in India necessitates a diversified strategy that includes greater legal safeguards, enhanced public awareness, and improved social services. Community-based initiatives and the development of familial relationships are critical in reducing these crimes and providing a decent life for the elderly.

- Mental Health Outcomes – Mental health among India's elderly is a major public health problem, impacted by a wide range of social, economic, and health-related variables. According to the World Health Organisation (WHO), India has one of the highest populations of older persons, and forecasts show that the aged population will grow significantly in the future decades (World Health Organisation, 2017).

Depression, anxiety, dementia, and other neuropsychiatric illnesses are common mental health difficulties in this group. According to a research conducted by the National Institute of Mental Health and Neurosciences (NIMHANS), about 20% of older persons in India suffer from some sort of mental disease, with depression being the most common, impacting approximately 8% to 10% of the aged population (Gururaj et al., 2016).

Many older people's mental health problems are exacerbated by their socioeconomic status. Poverty, social isolation, the dissolution of the joint family system, and a lack of access to competent healthcare services all contribute to psychological discomfort (Tiwari & Pandey, 2013). Traditional support networks are gradually being supplanted by nuclear families, leaving the elderly without enough social assistance. Furthermore, the stigma attached to mental illness in Indian society discourages many older people from seeking care, resulting in under-diagnosis and under-treatment of mental health issues (Seby et al., 2011). A range of additional factors, such as motivation to adapt to transitory changes, changing interests in response to changes in lifestyle, degrees of adjustment, sentiments of resentment and inferiority as age passes, may have an impact on older people's mental health. Research suggests that individuals who experience social support, are less dependent on others for their physical and financial needs, and engage in adequate recreational activities have better mental health outcomes than those who experience stressful relationships, are dependent on others for their activities of daily living or to meet their financial needs, and are unemployed(Swarnalatha, 2013; Buvneshkumar et al., 2018; Chauhan et al., 2016; Sanjay et al., 2014; Soni et al., 2016; Zalavadiya et al., 2017). All studies agree that females tend to experience more mental health issues in the elderly as compared to males.

- Ageism - Growing older entails maturing and becoming a more responsible and courteous adult. Some people perceive the ageing process negatively, reducing the pleasure they may have derived from their own growth (Kang, 2020). Ageing is typically viewed as a difficult process in which people lose confidence and productivity (Schafer &Shippee, 2009). Industrialisation and modernisation have resulted in significant decreases in social and cultural status among older persons over

the last century (Aboderin, 2004; Nelson, 2005). The industrial age and technical breakthroughs have made it more important for individuals to work effectively and rapidly to remain competitive(Tuomi et al., 1997). These adjustments have had theeffect of decreasing the need for and visibility of older adults' activities (Solem, 2005).

A increasing corpus of studies has found a rise in unfavourable views towards elderly people over time (Nelson, 2005; Scharlach et al., 2000). Several research have found that younger generations have more unfavourable opinions and attitudes towards elderly persons than in the past (North & Fiske, 2012). Negative thoughts and attitudes about older persons are becoming more common, which may exacerbate the hurdles that older adults encounter while seeking work (Skirbekk, 2004). As a result, older persons are frequently viewed as passive receivers of assistance, and they may even be accused of burdening younger generations (Hudson, 2012).The perception that older people are less valued or have little interest in society may contribute to ageism. Ageism is defined as stereotyping, prejudice, and discriminatory behaviour or attitudes based on chronological age (Iversen et al., 2009). Ageism can therefore be operationalised as preconceptions, biases, and discrimination, with each component classified as cognitive, emotional, or behavioural (Iversen et al., 2009).

1.3 Psychological Well-Being

Psychological well-being is a multifaceted notion that encompasses a person's overall happiness, life satisfaction, and mental and emotional health (Dhanabhakyam&Sarath, 2023). It may be characterised as a psychological condition characterised by positive functioning and the absence of mental diseases (Yeung, 2017). It can be defined as the ability to recognise one's abilities, cope with everyday stresses, work productively, contribute to one's community (which could be the workplace, family, or neighbourhood), and develop and maintain healthy relationships (Student Wellbeing Service, 2020).

This term is used by psychologists to define pleasure that is based on meaning, purpose, and reaching one's full potential (Student Wellbeing Service, 2020). The absence of discomfort does not necessarily imply that a person is in excellent mental health. High psychological well-being comprises being happy and doing well. People with high psychological well-being report feeling capable, joyful, supported, and satisfied with their lives (Morin, 2024). Pleasant feelings, autonomy, positive relationships, low negative emotion levels, a sense of purpose in life, life satisfaction, and personal growth are all important components.Researchers have questioned the definition of psychological well-being, which the World Health Organisation describes as a state of mind in which an individual can achieve their full potential, work successfully, and deal with everyday life obstacles. Psychological well-being is seen as vital for general health and happiness, and has been linked to improved mental, physical, and life expectancy (Dhanabhakyam&Sarath, 2023). Ryff and Keyes (1995) define it as autonomy, environmental mastery, personal progress, positive relationships with others, a sense of purpose in life, and self-acceptance. These aspects emphasise the significance of both individual variables and societal interactions in preserving psychological health.

Several variables contribute to psychological well-being, including genetic predispositions, personality qualities, social support, and environmental situations. Interventions to improve psychological well-being frequently emphasise good emotions, supportive connections, and personal progress and self-acceptance (Seligman, 2011).

1.3.1 Components of Psychological Well-Being

Psychological well-being can be divided into three categories: evaluative well-being, which deals with overall life satisfaction, affective or hedonic well-being, which deals with enjoyment, positive affect, and depressive symptoms, and eudemonic well-being, which refers to purpose in life, self-acceptance, and control (Steptoe et al., 2012).

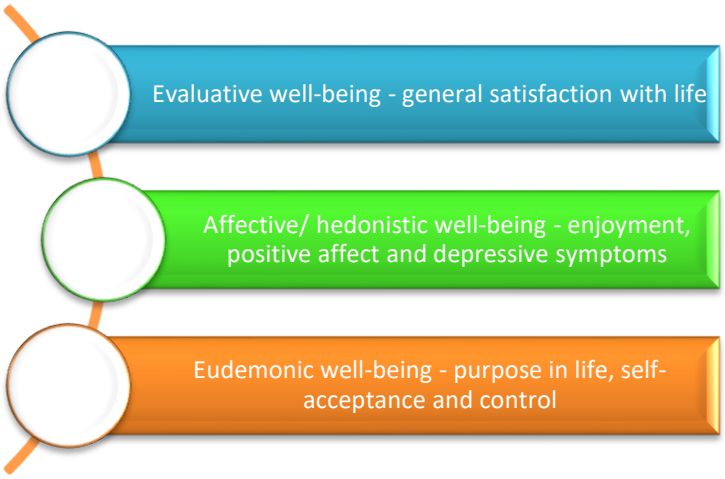

Fig 2: Classification of Psychological Well-Being

Evaluative well-beingrefers to people's overall assessment of their lives, which is typically measured by expressing their level of satisfaction (Kapteyn et al., 2015; Miretet al., 2014). Evaluative subjective well-being (or life satisfaction) is a self-evaluation of one's life using a positive criteria (Kahneman et al. 1999). It can be measured on an aggregate level as a single-item (e.g., life as a whole; this is captured in Cantril's Ladder, where the top rung represents the best possible life and the bottom rung represents the worst possible life) (OECD, 2013), or it can be divided into distinct life domains in a multiple-item scale. For instance, Cummins (1996) identified seven types of life satisfaction, including material well-being, health, productivity, intimacy, safety, community, and emotional well-being (Cummins, 1996; OECD, 2018). People with high evaluative well-being report decreased pain (Kreuger& Stone, 2008) and greater health (Al-Windi, 2005; Deiner& Chan, 2011).

Affective or hedonistic well-being, also known as experienced well-being, relates to people's pleasant and negative feelings on a daily basis (Kapteyn et al., 2015; Miret et al., 2014). This dimension assesses sentiments, affect, or mood at a given time (MacKerron and Mourato, 2013). It is heavily impacted by current events or news and can shift rapidly. It includes both good (happy, pleasure, and satisfaction) and negative emotions (anxiety, rage, and concern) (Tinkler, 2015).Traditionally, instantaneous assessments of SWB were obtained using the Positive and Negative

Affect Schedule (PANAS) (Watson et al., 1988), a widely used psychometric scale for measuring mood. However, there is evidence that positive and negative affect are not mutually exclusive and can be experienced simultaneously. Experienced well-being may also have an effect on health (Deiner& Chan, 2011). Greater pleasure of life has been linked to a decreased likelihood of acquiring impaired activities of daily living and a slower decline in gait speed (Steptoe et al., 2014). Research studies discovered that experiencing positive affect (Chida& Steptoe, 2008; Martin-Maria et al., 2017) and evaluative well-being (Martin-Maria et al., 2017) were associated with lower mortality in healthy populations or subsequent good health (Steptoe & Wardle, 2011; Martin-Maria et al., 2016; Nabi et al., 2008; Gana et al., 2016).

Fig 3: Components of Hedonistic Well-Being

The literature on well-being also identifies a third component, the eudemonic one (Ryan & Deci, 2001), which is concerned with self-realization, a feeling of purpose, and meaning in life. This dimension refers to the process of living a thriving and meaningful life in which one's full potential is achieved (Waterman, 1993; Ryan and Deci, 2001).

It refers to inner goals, self-realization, personal progress, and a feeling of purpose and meaning in life, or what individuals believe is significant in life. It aims to capture Aristotelian conceptions of well-being using a self-reported technique. Much like the following: "Overall, to what extent do you feel that the things you do in your life are worthwhile?" Or "Does your life have meaning and purpose?" Eudemonic well-being,

like evaluative well-being, is often monitored yearly using questionnaires. Psychologist Carol Ryff has established a very clear model that divides eudemonic health into six distinct forms of psychological wellness (Seifert, 2005; Ryff& Keyes, 1995).

Fig 4: Components of Eudemonic Well-Being (Race &Radburn, 2020)

1. Self-acceptance

Self-accepting individuals recognise that they, like everyone else, have strengths and faults. They understand that life has its ups and downs; and that everyone makes errors, misses chances, and experiences regret, disappointment, and other unpleasant feelings. They are understanding and nonjudgmental of themselves and their experiences thus far (Student Wellbeing Service, 2020).

2. **Competence**

Competence refers to possessing knowledge, skills, and talents and applying them to solve problems and complete desirable activities. Competent people can handle the

obligations and pressures of daily life while getting things done. They take advantage of their chances and tailor their living situations to their needs (Student Wellbeing Service, 2020).

3. **Healthy relationships**

Most people require interaction with others. Some people appreciate huge groups of friends, family, and coworkers, while others prefer more isolation and independence. The capacity to form loving, trusting, and helpful connections is a vital aspect of psychological wellness, whether you seek many or few (Student Wellbeing Service, 2020).

4. **Personal growth**

Individuals that prioritize personal development are open to learning and new experiences. They understand that viewpoints vary over time and perceive themselves changing and developing. They want to extend their horizons and reach their full potential (Student Wellbeing Service, 2020).

5. **Purpose in life**

People with purpose have a clear sense of direction in life. They realize what they truly value, such as being a caring father, helpful friend, productive professional or valuable member of a community. They take joy in developing and achieving objectives, and they believe that their lives have significance (Student Wellbeing Service, 2020).

6. **Autonomy**

Autonomy is the capacity to make your own judgments about how to think and conduct without relying too heavily on the views or approval of others. Autonomous people reject societal influences that contradict their inherent values or inclinations. They pursue freely selected objectives that they truly value (Student Wellbeing Service, 2020).

Cultivating these six aspects of wellbeing might be difficult. Standing by our own convictions may be tough, especially when others disagree. Dealing with everyday obligations may be difficult. Even the healthiest partnerships have sensitive and awkward moments. It is hard to admit our flaws and defects, to feel awkward and apprehensive when acquiring new abilities (Student Wellbeing Service, 2020).

Research regularly reveals that individuals, who create meaning and purpose, acquire skills and competences, exercise autonomy, care for their relationships, and attempt to contribute to things they care about, even when it is unpleasant and challenging, are mentally healthier than those who do not. They have stronger self-esteem, a decreased risk of depression, and are more satisfied with their life (Student Wellbeing Service, 2020).

By example, evaluative and eudemonic well-being are snapshots of people's lives, similar to photography, and affective well-being is like an ongoing video recording of life (OECD, 2018).

1.3.2 Psychological Well-Being Dynamics

In terms of PWB dynamics, it's crucial to note that, to some extent, PWB is rather stable and will have been impacted by both prior experience (such as early childhood) and underlying personality. Stressful experiences can predispose persons to future mood and anxiety problems (Gladstone et al., 2004); nevertheless, exposure to severely traumatic circumstances can assist to build resilience and even protect PWB. For example, children who have experienced somewhat stressful situations appear to be better equipped to cope with following stressors (Khoshaba& Maddi, 1999). The similar "inoculating" effect of stressful situations has been seen in working adults (Solomon et al., 2007).

Although baseline psychological well-being may be relatively steady, day-to-day events and experiences can have an influence. For example, even the most resilient individual may ultimately get very low, or depressed, if his or her everyday circumstances are consistently distressing. There is considerable evidence that

prolonged exposure to work-related stresses has a detrimental influence on PWB, hence, while short episodes of adversity may be beneficial in developing resilience, long-term stress is not good for PWB. As a result, this reduced level of PWB may lead to major sickness, such as cardiovascular disease, blood sugar management issues like diabetes, and immune system malfunctions (Chandola et al., 2008). Psychological well-being has also been found to be substantially connected with physical health status, functional status, and socio-demographic characteristics such as occupation, income, educational level, and level of social contact (Cho et al., 2011; Larson, 1978; Iwasa et al., 2006). Hamashima (1994) reviewed prior research on psychological well-being (particularly, quality of life) in Japan and concluded that it was impacted by physical health as well as age, marital status, occupation, and economic position.

In summary, PWB theory proposes that early experience and underlying personality lay the groundwork for psychological well-being, but everyday experiences can either help to maintain a high level of PWB (if positive) or, if negative, lower levels of PWB, leading to poor health outcomes (Robertson, 2024).

1.3.3 Psychological well-being in Old Age

As life expectancy rises and therapies for life-threatening diseases improve, the necessity of preserving well-being as we age grows (Steptoe et al., 2015). Psychological well-being is seen as a predictor of effective adaption to old age (Tandon, 2017; Smith et al., 1999).

Because people in their golden years suffer from deteriorating health, a loss of autonomy, and a decline in functional status, these variables may jeopardize their subjective sense of well-being. On the other hand, variables like as solid family connections, the absence of limiting health issues, and the capacity to carry out everyday activities all contribute to an increased sense of subjective well-being among the elderly.

According to research, older persons who observed or experienced ageism were less likely to report higher levels of psychological well-being than those who did not perceive or experience ageism. According to Kang and Kim (2022), older people's psychological well-being was harmed if they internalized ageist beliefs. The psychological well-being of older adults (1) who were proud to be a member of their age group, (2) who experienced fewer negative emotions (i.e., feeling hurt, angry, sad, frustrated, humiliated, discouraged, terrified, foolish, or ashamed), (3) who saw the aging process positively and had a positive outlook on their future, (4) who had higher body esteem, and (5) who had high levels of flexible goal adjustment were less negatively influenced by ageism.These mediators can inform intervention improvements that reduce the consequences of ageism and increase the psychological well-being of older persons.

Seniors who do not feel lonely and have adequate opportunity to speak with others and participate in social activities have a greater degree of psychological well-being than seniors who are lonely, lack communication, and are socially inactive. Seniors with a better degree of psychological well-being have more trusting connections with others, which might explain this. They are more interested in them, and they acknowledge both the positive and negative parts of their own personalities. In general, seniors who are not lonely, have many opportunity to speak with others, and participate in social activities are more optimistic about and value their lives (Kovalenko&Spivak, 2018).

1.4 Adjustment

In psychology, adjustment is the process by which individuals adapt and maintain a balance between their wants and the demands of their environment. It entails the capacity to work well with people, cope with stress, and efficiently satisfy one's own needs. Adjustment may be defined as an individual's capacity to meet their psychological requirements, acquire self-acceptance, and live a life free of problems. It is a behavioral mechanism that helps people maintain balance and meet their diverse demands. It may be defined as a condition of balance between an individual's

wants and the expectations of the society in which he lives (Shashipanghalvmlg, 2017).

Fig 5: Illustration of Adjustment and its Mechanism (Shashipanghalvmlg, 2017)

In general, the adjustment process consists of four stages: (1) a need or motive in the form of a strong persistent stimulus, (2) the thwarting or non-fulfillment of this need, (3) varied activity or exploratory behaviour accompanied by problem solving, and (4) some response that eliminates or reduces the initiating stimulus and completes the adjustment (Britannica, 2018).

Social and cultural changes are comparable to physiological changes. People attempt to be at ease in their surroundings and to meet their psychological requirements (such as love or affirmation) through the social networks they belong to. When requirements exist, particularly in new or changing environments, they motivate interpersonal behaviour to meet those needs. In this way, individuals get more accustomed and comfortable with their surroundings, and they start to expect their needs to be supplied in the future through their social networks. Anxiety or despair

might accompany ongoing challenges with social and cultural integration (Britannica, 2018).

In social and cultural situations, adjustment entails seeking comfort, becoming acquainted with one's surroundings, and anticipating that needs will be supplied through social networks. The adjustment process entails stress management, learning and making sense, establishing behavioural patterns, and balancing personal and organizational needs. Varied sorts of adjustment reactions may help with varied responsibilities or job assignments (Sharma &Mathil, 2017; Varghese, 2021; Banoo et al., 2017).

Adjustment is a dynamic process that takes place throughout a person's life as they face new difficulties and opportunities. Personality qualities, upbringing, social support, cultural background, and life experiences all have an impact (Jain, 2023).

Individuals who are well-adjusted can deal with stress and hardship, maintain strong relationships, and accomplish their goals. Those who have difficulty adjusting, on the other hand, may have problems with their emotional and social functioning. It can cause mental health issues such anxiety, sadness, and substance misuse (Jain, 2023).

1.4.1 Adjustment – Product Or Process?

Psychologists have considered adjustment from two distinct approaches. For some, adjustment is an accomplishment or outcome, while for others, it is a process. The first viewpoint emphasizes the quality or efficiency of adjustment, whereas the second focuses on the process by which an individual comes to terms with the external environment (Sharma, 2016).

Adjustment as a process defines and explains how an individual adapts to himself and his environment, without regard for quality in terms of failure or success. It merely demonstrates how an individual copes with shifting circumstances. It is a constant and continuing process that begins at birth and lasts throughout life (Shashipanghalvmlg, 2017).

In general, the adjustment process includes: (1) a need. (2) The obstructed or incomplete fulfillment of this desire, (3) Variable movement or exploratory behaviour combined with critical thinking, and (4) Some reaction that eliminates or perhaps reduces the initial boost and completes the transformation. Social and cultural changes are comparable to physiological changes. People attempt to be at ease in their surroundings and to have their psychological needs (such as love or affirmation) satisfied through the social networks they engage in. When a need arises, particularly in new or changing settings, these urge activities geared towards meeting those demands. In this manner, individuals improve their familiarity and comfort with their surroundings, and they start to assume that their needs will be supplied in the future through their social networks. Stress or sadness might accompany ongoing challenges with social and cultural integration (Sharma, 2016).

It may be regarded a product or achievement when it is concerned with the efficacy with which an individual can perform in changing conditions and emphasizes the quality or efficiency of adaptation. Adjusting well to one environment may not be connected to struggle to adjust to another, unrelated one (Hammond & O'Kelly, 1955). A disadvantaged student beginning to study during playtime is an example of this sort of strategy since they do not have a home setting in which to learn efficiently. Beginning to study at another time would be regarded appropriate adjustment to this circumstance, but it does not take into account the various ways it may affect their life (e.g., preventing social contacts with peers) (Dockett et al., 1997; Dockett et al., 2017).

Adjustment as accomplishment refers to how well an individual can fulfill his tasks under varying situations. If we see adjustment as an achievement, we must establish criteria to assess the quality of adjustment. No universal standards can be established for all time since criteria contain value judgments that vary by culture and age within the same society. Psychologists developed four criteria for determining the adequacy of adjustment. They include physical health, psychological comfort, work efficiency, and social acceptability (Sharma, 2016).

1.4.2 Areas of Adjustment

For an individual, adjustment includes both personal and environmental components. These two types of adjustment can be further broken down into smaller categories of personal and environmental influences. Adjustment, while intended to be a universal attribute or quality, may have several facets and dimensions. These components have been recognised via several efforts to measure adjustment using inventories and other methodologies, and various tests have been developed to assess their dimensions. For example, Bell (1958) included five aspects in his adjustment inventory: home, health, social, emotional, and occupational, whereas Arkoff (1968) identified family, school or college, vocation, and marriage as essential areas of adjustment (Kumari and Bansal, 2020). The many aspects of adjustment are listed as follows:

1. Personal: This adjustment is concerned with how a person adjusts to himself or herself. A question may arise: what does the term "self" entail in terms of personal adjustment? The answer is that the whole individuality of a person, including all elements of his or her growth and development, personality traits and features, and satisfaction of fundamental needs, may be essentially contained in the body of the term "self." In this respect, the amount to which a person is pleased with what he or she has in terms of fundamental necessities is referred to as personal adjustment (Singh, 2021).
2. Home: Home adjustment focuses on the individual's connections with his parents, siblings, and relatives. This dimension describes his duties at home, as well as the degrees of happiness and discontent he experiences there. This sphere or element fosters a person's sense of comfort and security. This element provides reasonable insurance for an individual's overall adjustment and well-being if it is conducive; otherwise, if the home environment is poor and the subject is dissatisfied with his/her family environment and prefers to spend his/her time somewhere other than the home, avoiding the company of these family members, the subject is clearly lacking in the ability to adjust in the home environment (Singh, 2021).
3. Health: Health adjustment refers to an individual's coping with health challenges such as illness incidence and prevalence, pains, aches, and other maladies (Lakshmanan, 2020). It has an important impact on the subject's ability to adjust. It assists an

individual in developing the essential qualities of the human ability to adapt. This component consists of physical growth, mental development, and mental wellness. Each area contributes significantly to an individual's capacity to adjust.

4. Social: Social adjustment is concerned with interpersonal interactions, popularity, sociability, and engagement in social meetings and events (Lakshmanan, 2020). This domain of adjustment is concerned with an individual's adjustment to his or her social circumstances. It is necessary for him or her to exist. In all cases, the subject should be relatively content with what they receive in terms of their social environment. If this is the case, he or she may get along well with others and remain a socially balanced person; otherwise, he or she may become socially maladjusted. This sphere includes the house, family, friends, relatives, neighbours, and other community members such as teachers and colleagues (Singh, 2021).
5. Occupational or professional: Occupational adjustment considers whether an individual can get along with his bosses, coworkers, and subordinates. It also addresses the individual's level of job satisfaction (Lakshmanan, 2020). This domain of adjustment is concerned with an individual's capacity to adjust to his or her professional career. In this sphere, a person is scrutinized for the following elements: The amount of self-doubt (whether the choice taken is good or bad), the level of job happiness, the relationship with colleagues, the level of work devotion, and so on. A professionally occupationally adjusted individual will have a feeling of satisfaction in fulfilling his or her obligations in his or her work, as well as being fairly content and able to gel with colleagues and material resources available in his/her field work (Singh, 2021).
6. Emotional – Emotional adjustment is concerned with the individual's capacity to communicate his or her feelings in an appropriate manner, as well as his or her emotional stability (Lakshmanan, 2020). A person is emotionally balanced if she communicates her emotions in the appropriate occasion and manner. An emotionally stable individual may be well adjusted, but emotionally unstable situations result in mental problems and maladjustment. Emotional adjustment is necessary for developing a healthy personality. It is the ceiling of personality adjustment, and emotional adjustment allows for physical, intellectual, mental, and aesthetic modifications (Singh et al., 2017).

1.4.3 Factors Affecting Adjustment

A person's adjustment can be influenced by numerous factors, such as:

1. Personality: Some people have a more adaptable personality, making it easier to adjust to new surroundings. Others may be more inflexible, making it more challenging to adapt.
2. Support system: Having a strong support system, such as family, friends, or community, can help individuals cope with stress and change.
3. Life experiences: Past life experiences, such as trauma or big changes, might affect a person's capacity to adapt to new settings.
4. Cultural background: Values, beliefs, and traditions can impact how individuals adapt to change and new situations.
5. Mental health: Individuals with mental health issues, such as anxiety or depression, may find it more challenging to adjust to new situations.
6. Coping skills: Adaptability to stress and change is crucial for successful adjustment. Problem solving, optimistic thinking, and seeking assistance from others are all examples of effective coping techniques.
7. Resources: Access to resources, including education, healthcare, and financial stability, might affect a person's capacity to adapt to new conditions.

Overall, adjustment is a complicated process driven by a variety of internal and external variables. Individuals who have efficient coping skills and have a strong support system can better adapt and adjust to new conditions (Jain, 2023).

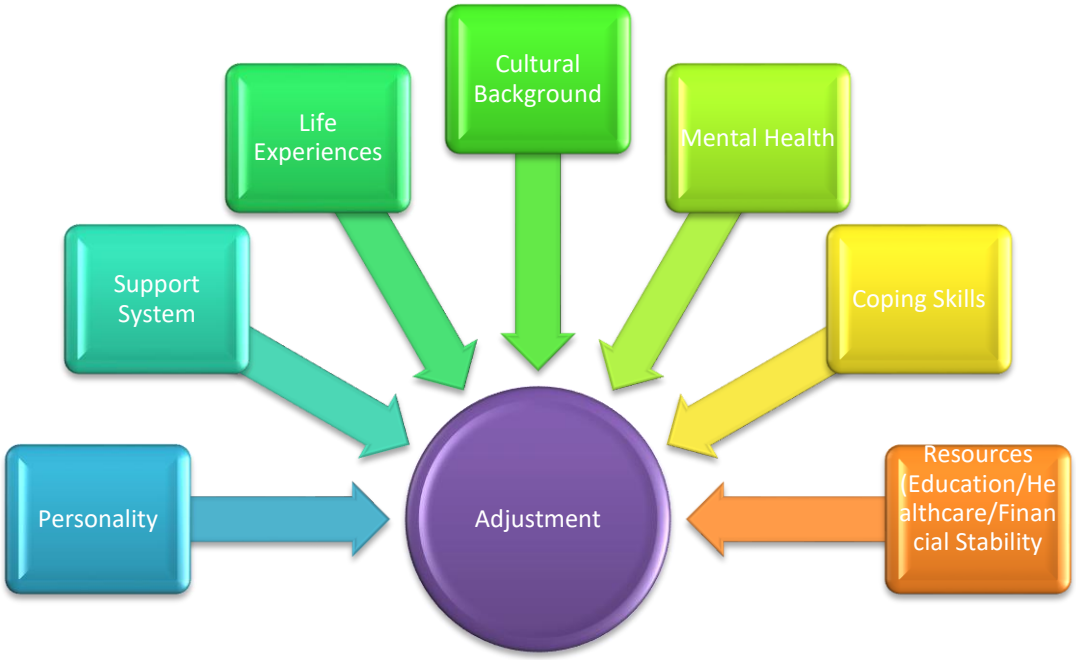

Fig 6: Factors Affecting Adjustment

1.4.4 Adjustment Problems In Old Age

Personal adjustment to ageing or other changes in one's self or environment can be defined as the individual's reconstruction of attitudes and behaviour in response to each new situation in such a way that the expression of his aspirations is integrated with society's expectations and demands. The concept emphasizes that adjustment is a person's integrated reaction to a new circumstance as a member of society (Cavan, 1949). Certain physical and psychological changes are typical of old age, just as they are for other life phases. These alterations have a significant impact on the level of adaptability in elderly people. However, the features of old age are more likely to result in inferior adaptations in senior people (Hurlock, 1981). Different people use various coping mechanisms to deal with their present life problems. Some elderly individuals attempt to stay active by taking on social responsibilities, enjoying interpersonal interactions, and enthusiastically participating in vocational tasks, but others remain socially isolated and reclusive. The elderly's health state, socioeconomic situation, and family status all influence their degree of activity and kind of participation (NIOS, 2020).

Integrity vs. Despair – Erikson defines integrity as a key adjustment work of old age, referring to the integration of attitudes, ideas, and experiences so that they fit together into a cohesive whole, resulting in contentment with life. People who are unable to acquire integrity suffer despair and are unable to find fulfilment in life (Morgan et al., 1993).

- Poor Image Problems faced by Older People - Overall, older individuals dislike themselves more than younger people. Older males tend to have lower self-esteem than older women. This might be because men's self-esteem is linked to their career performance, but women obtain their sense of self-worth from their familial situations. Thus, when men retire in old age or lose their vocational prestige, their self-esteem suffers. Women, on the other hand, continue to find fulfilment in their family involvements (NIOS, 2020).
- Generation Gap– As individuals get older, the reins of power progressively move to their offspring, who now take on decision-making responsibilities, while the elderly rely more on their children for their needs. Differences in thinking, attitudes, and beliefs across generations are unavoidable, resulting in disputes and adjustment challenges between parents and children (Hurlock, 1981).
- Death of Spouse – The loss of a spouse or companion is often viewed as a natural part of the ageing process. Women are more likely than males to become widows because they live longer and typically marry older men (Hurlock, 1981; Morgan et al., 1993).
- Death - The elderly are not terrified of death per se. They do, however, have a strong fear of the dying process, specifically dying in agony or dying alone. Their sentiments about death may be triggered by specific events in their lives, such as being transferred from their house to a nursing facility, declining health, or the death of a spouse. Thus, dread of death must be interpreted in light of the individual's present life circumstances, their own value system, and what death personally means to them (eGyanKosh, 2017).
- Financial Constraints – Self-employed elderly people or those who own a family company continue to work until they die or become handicapped. People who work for others retire at a specific age. Individuals' attitudes about retirement vary depending on a variety of characteristics, including income, education level, and

occupational level (NIOS, 2020). With retirement and job loss, the elderly may lose a portion or all of their income, resulting in financial troubles. They may become financially reliant on their children for their necessities, reducing their autonomy. They may be forced to relocate from their current residence to a smaller one owing to lower costs, or to reduce their hobbies and leisure activities in order to save money (Hurlock, 1981). Individuals frequently struggle with the adjustment to retirement. Retirement necessitates a transition to a new lifestyle marked by lower income, less activities, and greater leisure time. Retirement produces severe stress in men since, in our society, work is an important component of men's identities. As a result of losing a job, people lose their self-esteem and value. Retirement can be tough to adjust to due to financial concerns, sickness, and feelings of loneliness. Retirees must make a number of changes to their responsibilities, personal and social relationships, as well as their sense of achievement and productivity. However, this does not imply that retiring has negative repercussions for everyone. Some individuals may not experience any negative consequences on their self-esteem or life happiness. Some people's health may improve once they retire. Retired people may have more time for social and hobby activities, especially if they have appropriate financial resources and are in good health (eGyanKosh, 2017).

- Social Disengagement – Cultural preconceptions and societal attitudes about old age are often unfavourable. Elderly people are typically perceived as having no active involvement in society, resulting in a minority status in which they are excluded from significant decision-making positions and circumstances. As a result, individuals may feel separated and lonely, which can lead to poor adjustment (Hurlock, 1981).
- Depression - Older people frequently exhibit two key signs of depression: depressed mood (sadness, remorse, despair, and helplessness) and diminished behaviour (giving up, indifference). Many older people express their sadness somatically through problems (such lack of appetite or sleep issues). Depression in the elderly can be caused by both biological (biochemical imbalances) and social/cultural reasons (cultural beliefs on the value of the elderly, isolation, retirement, and institutionalization). Other elements that lead to depression include perceived loss of sexuality, monetary goods, and failures (NIOS, 2020).

Thus, old age is regarded as a transition that demands dealing with a sense of deterioration in a variety of physical and psychological dimensions. The elderly experience a range of elements that influence whether the changes are positive or negative. One of the most critical aspects determining an individual's level of adjustment to old age is how well he or she has prepared psychologically and financially for old life. Furthermore, personal and social attitudes towards ageing, retention of social connections and social support, and health and living conditions all have an impact on an individual's adjustment to old age (Singh &Misra, 2009).

1.5 Quality Of Life

Quality of life (QoL) is a concept that seeks to capture a population's or individual's well-being in terms of both positive and negative factors during the course of their existence at a given period. Personal health (physical, mental, and spiritual), relationships, education status, work environment, social status, wealth, a sense of security and safety, freedom, autonomy in decision-making, social belonging, and physical surroundings are all common aspects of quality of life (Teoli& Bhardwaj, 2023).

The World Health Organization defines quality of life as an individual's view of their place in life in relation to the culture and value systems in which they live, as well as their objectives, expectations, standards, and concerns (World Health Organization, 1995). It is a wide notion influenced in complicated ways by a person's physical health, psychological condition, personal views, social interactions, and relationship to conspicuous characteristics of their surroundings (Saxena& Ommeren, 2005). The Quality of Life Research Unit at the University of Toronto defines QoL as a person's ability to appreciate the valued opportunities in their lives (Teoli& Bhardwaj, 2023).

Quality of life includes characteristics other than economics, such as material living circumstances, health, housing, job environment, family life, and subjective well-being (Drăgoi, 2019). Dimensions such as job and career satisfaction, general well-being, homework interface, workplace stress, workplace control, and working circumstances all contribute to total work life quality (Suwandia&Tentama, 2020;

Sattar et al., 2018).Philosophically, well-being is seen to have objective, subjective, and inter-subjective dimensions, emphasising the relevance of temporal factors in assessing people's lives (Veca, 2015). Furthermore, individuals' subjective views within their cultural and experiential contexts play an important part in determining quality of life, prompting the creation of assessment techniques focused on subjective factors such as personal experiences and perceptions (Arslan, 2024). These aspects help to form the comprehensive idea of quality of life, emphasising the various elements that impact people's overall well-being.

According to the Encyclopedia of Psychology, quality of life is a psychological concept divided into seven axes: Emotional balance is managing both good and negative emotions, such as melancholy, despair, anxiety, and psychological stress (Arnout, 2022). The idea of quality of life is complex and varies from person to person based on how they see aspects of life such as religious, psychological, medical, and social factors. This viewpoint defines a person's quality of life as living in good physical, mental, and emotional health to a degree of acceptance and satisfaction, being strong-willed and steadfast in the face of pressures, having high self- and social efficiency, and being satisfied with his family, career, and community life (van den Brink et al., 2007; Vickery et al., 2003).

1.5.1 Domains of Quality of Life

The World Health Organization (1996) has summarized the four components of QOL as follows: physical, mental, social relations, and environmental.

- Physical domain means perception of the physical condition of the elderly which affects daily life such as the recognition of the condition of physical well-being, perception of being comfortable, no pain, awareness of strength in daily life, the awareness of independence that does not depend on others, awareness of one's ability to move their body, awareness of their ability to carry out their daily activities, recognition of ability to do work, recognizing that one does not have to rely on drugs or other medical treatment.
- Psychological domain means the awareness of one's own mental state such as perception of feelings, thoughts, memory, concentration, decisions and the ability to

learn from various life stories of one's self-awareness, of being able to manage sadness or anxiety, awareness of their various beliefs that affect the lifestyle such as awareness of spiritual beliefs, religion, meaning of life, and other beliefs that has a positive effect on life to overcome obstacles.

- Social relationships domain mean the awareness of one's relationship with other people, awareness of receiving help from others in society, acknowledgment that one is aiding other people in the society, and including the awareness of sexual emotions or sexual intercourse.
- Environment domain means awareness about the environment that affects the way of life, such as the perception that they live independently, not imprisoned, safe and secure in their lives, perception of being in a good physical environment without various pollution, have convenient transportation, with financial resources available, health services, and social welfare center. It is also a perception that they have the opportunity to receive news or practice various skills, perception of having recreational activities, and free time activities (Daengthern et al., 2020).

1.5.2 Factors Affecting Quality of Life in Old Age

QOL is achieved by being able to live happily and peacefully under the context of society, culture, and values that people have including being able to adjust themselves with the society and the environment happily and by making others happy depending on their personal satisfaction in life, their satisfaction of their living conditions, and acceptance of their own hardships (Phiansrivajara&Paramatthakon, 2010).

low economic, cultural, educational, and health-care situations, as well as inadequate social connections, have been linked to low quality of life in the elderly (Khaje-Bishak et al., 2014). This explains why social interactions, environmental, bodily, and mental aspects all had an impact on quality of life. (Daengthern et al. 2020). The elderly who are well adjusted have a higher quality of life (Basuki&Wayhuni, 2016). Elderly who are unable to adjust may continue to experience melancholy, disappointment, or despair, affecting their physiological and psychological processes (Ghufron and Risnawita, 2017). According to Newman and Newman (2012), four elements impact quality of life: reduced health, life experience, adaptation techniques,

and the availability of resources in the home, family, and community to assist reduce limits among the elderly.

Meanwhile, multifaceted aspects such as health and individual values must be addressed when assessing the elderly's quality of life. They are evaluated ecologically, taking into account environmental opportunities resulting from demographic, physical, and psychological characteristics, as well as personality and intellectual capacity. In terms of physical qualities, it has been observed that an aged person's subjective health state has a significant impact on their quality of life (Kim et al., 2020; Yoon et al., 2018). The term subjective health state refers to a person's opinion of their overall health status. According to research, the more positively the elderly view their own levels of health, the greater their quality of life (Choi et al., 2014). The term subjective health state refers to a person's opinion of their overall health status. According to research, the more positively the elderly view their own levels of health, the greater their quality of life. Recent research has demonstrated that an individual's subjective health level is more reliable than objective evaluation in suggesting one's cognitive health level, resulting in a larger emphasis on one's subjective health status (Luchi et al. 2013). According to Choi and Lee's (2019) research, the elderly have a greater quality of life when their subjective health condition is favourable(i.e., when they believe that they are healthy). Jung, Lee, and Sin (2012) found that the elderly's subjective health state is a crucial factor influencing their quality of life. This emphasizes the need of older individuals managing their own health in order to enjoy a healthy life after retirement. Systematic health education programs should be given by a variety of community entities. Being healthy is an important aspect of increasing the quality of life for the elderly. Having the best possible health conditions is a fundamental right for all people, regardless of race, geography, financial status, or political convictions (Green, 1992). In general, the elderly's health, as measured by fewer chronic diseases, subjective health status, and ability to perform daily activities, is associated with a higher quality of life and feelings of happiness (Kim et al., 2020; Kim & Kim, 2021; Lee, 2009; Kim et al., 2010; Chung & Cho, 2014). The healthier the elderly are, the more positive they feel about their lives, the more fulfilled they are, and their quality of life improves (Ju, 2011).

According to Kim and Lim (2020), participating in numerous leisure activities improved one's quality of life. It has also been noted that the longer the elderly participate in active leisure activities, the greater the improvement in quality of life (Lee &Ryu, 2018; Han, 2000). Regular leisure activities have a vital role in enhancing the elderly's health-related quality of life (Cho &Hur, 2020), and they also contribute significantly to increasing quality of life through the creation of social interactions and an active lifestyle.

According to the Activity Theory, individuals seek new roles to replace those they have lost as they age, and active social or leisure activities boost the elderly's life satisfaction (Lee and Choi, 2016; Havighurst, 1961; Kim and Hwang, 2022).

1.5.3 How Quality of Life is impacted by Psychological Well-being and Adjustment

The influence of psychological well-being and adjustment on quality of life (QoL) in older individuals is a diverse study topic that has received a lot of attention. Psychological well-being includes characteristics such as life satisfaction, emotional stability, and a sense of purpose, all of which are important in determining an individual's overall quality of life. Adjustment, particularly in the context of ageing, is the ability to adjust to new situations, retain social relationships, and effectively handle stress.

Higher levels of psychological well-being have repeatedly been linked to improved quality of life in older persons, according to studies. For example, Ryff and Singer (2008) discovered that high psychological functioning, such as autonomy, environmental mastery, and pleasant connections, had a substantial impact on life satisfaction and general well-being in later life. This association shows that people who keep a positive attitude and use adaptive coping mechanisms are more likely to have a better quality of life.

Adjustment is crucial in this dynamic. The process of adjustment includes adjusting to age-related changes such as retirement, death of loved ones, and future health impairments. Maintaining an active lifestyle, participating in social activities, and

having a supportive social network all contribute to successful transition. According to a study conducted by Charles and Carstensen (2010), older persons with greater levels of emotional control and flexibility report improved quality of life. They claim that the capacity to regulate emotions and sustain pleasant social relationships protects against the negative impacts of ageing.

Furthermore, the relationship between psychological well-being and adjustment is clear in the setting of social support. Social support is an important aspect that promotes psychological well-being and aids in adjustment. According to Huxhold, Miche, and Schüz (2014), social support gives both emotional comfort and practical aid, which adds to improved quality of life. Older persons with strong social networks are more likely to have a feeling of belonging and purpose, which are critical components of psychological well-being.

In conclusion, psychological well-being and adaptability have a major influence on the quality of life in older persons. Maintaining psychological well-being,using good mental health practices and effective coping methods, as well as successfully adapting to age-related changes, results in increased life satisfaction and overall well-being.

1.6 Family Relationships

A family connection is one that includes parents, caretakers, guardians, grandparents, siblings, and so on. Family ties can also involve long-term partnerships between people who have an emotional link (Twinkle, n.d.).

1.6.1 Types of Families

The definition of family may change according to someone's life experience; families come in all forms and may look slightly different for each person. Some examples of the different types of family include:

- Nuclear family – a family unit consisting of two adults and any number of children living together. The children might be biological, step or adopted.

- Extended family – any family that extends beyond immediate family, for example, grandparents, aunts, uncles and cousins.
- Reconstituted family – a family unit where one or both adults have children from previous relationships. Also known as a step-family.
- Single-parent family – a family consisting of a parent not living with a partner, who has most or all of the day-to-day responsibilities for raising the children. The children will live with this single parent for the majority or all of the time but may still have contact with their other parent.
- Same-sex family – a family consisting of two parents of the same sex or gender identity.
- Communal family – a group of people who live and bring up children together but may not be related. They may be living together due to shared beliefs, religions or cultures, or due to benefits such as saving money and sharing care responsibilities.
- For young people in particular, caregivers in a family unit are essential to their development, sense of security and ability to create and sustain healthy relationships in the future. They also provide basic needs, such as food, shelter, nurture and affection. (Twinkl, n.d.)

1.6.2 Importance of Family Relationships

According to Ryu (2009), the family is the most basic and vital social organization for humans. For better or worse, family interactions have a significant impact on an individual's well-being throughout their lives (Merz et al. 2009). A life course view emphasises the significance of linked lives, or interdependence within relationships, throughout the lifespan (Elder et al., 2003). Family members are linked in fundamental ways at each stage of life, and these interactions serve as a key source of social connection and influence for people throughout their lives (Umberson et al., 2010). Substantial data continuously suggests that social ties have a significant impact on well-being throughout one's life (Umberson& Montez 2010). Family relationships can give a stronger sense of meaning and purpose, as well as social and material

resources that improve well-being (Hartwell & Benson, 2007; Kawachi& Berkman, 2001).

1.6.3 Factors Influencing Family Relationships

Family connections are impacted by a variety of elements, including parental behaviour, attachment types, intergenerational transfer of partnerships, and family violence. Research emphasises the importance of a stable connection and a safe home environment in developing good relationships (Shmakova, 2023). Furthermore, parental disputes, resolution approaches, and the mother's mental health can all influence a child's capacity to build connections in the future (Shmakova, 2023). The prevalence of violence in partner relationships may have a substantial impact on family dynamics, with aspects such as housing stability, financial concerns, and health all playing important roles in either supporting or hindering the situation (Pavelova et al., 2022). Overall, these characteristics influence the interactions and dynamics within family units, affecting the quality of family connections (Kratcoski et al., 2020; Wiley et al., 2024; Shmakova, 2023; Pavelova et al, 2022).

1.6.4 Family relationships in old age

An ageing population and associated age-related illness have created an urgent need to better understand the variables that contribute to health and well-being among the growing number of older persons. Family relationships may become even more crucial to well-being as people age, their caregiving requirements grow, and social ties in other domains, such as the job, become less significant in their life (Milkie et al. 2008). As a result, loneliness is a problem for many older persons, increasing their risk of acquiring age-related health issues (Millward, 1998). Ageing can have a variety of negative effects on family connections. Longer life expectancies, along with prolonged age-related sickness or disability, might greatly lengthen the care period.This, in turn, creates considerable mental, physical, and financial strains on seniors, carers, and extended family members (Silverstein &Giarrusso, 2010). It also

puts elderly persons in vulnerable situations at higher risk of violence and abuse (Mance, 2019).

However, regular connections with family members can improve the mental, physical, and emotional health of older people, and vice versa (Ratana, 2019). Well-being is tightly related to a variety of key aspects of life, including physical and mental health, social connections, and academic and professional performance. Not only has it been linked to several favourable outcomes in these domains, but it has also been shown to predict positive improvements in these critical areas of functioning (Kansky, 2017).

The quality of family connections, including social support (e.g., offering love, counsel, and care) and strain (e.g., arguing, being critical, making excessive expectations), can have an impact on well-being via psychological, behavioural, and physiological pathways. Stressors and social support are essential components of stress process theory (Pearlin, 1999), which contends that stress can impair mental health while social support can act as a protective factor. Prior research has clearly shown that stress harms health and well-being (Thoits, 2010), with stresses in relationships with family members being a particularly prominent sort of stress. Social support may provide a resource for coping that dulls the adverse influence of stresses on well-being (Thoits, 2010). Support may also enhance well-being through greater self-esteem, which includes more positive perceptions of oneself(Fukukawa et al., 2000). Those who receive support from their family members may have a higher feeling of self-worth, which may be a psychological resource that promotes optimism, good affect, and improved mental health (Symister& Friend, 2003). Family members may also regulate each other's behaviours (i.e., social control) and provide information and encouragement to behave in healthier ways and to use health care services more effectively (Cohen, 2004; Reczek et al., 2014), but stress in relationships can also lead to health-compromising behaviours as coping mechanisms (Ng & Jeffery, 2003). Relationship stress can cause physiological processes that impair immune function, affect the cardiovascular system, and increase the risk of depression (Graham et al., 2006; Kiecolt-Glaser & Newton, 2001), whereas positive relationships are associated with lower allostatic load (i.e., stress-induced "wear and

tear" on the body) (Seeman et al., 2002). Clearly, the quality of family ties may have a significant impact on well-being and vice versa (Thomas et al, 2017).

1.6.5 How Family Relationships are impacted by Psychological Well-being and Adjustment

Psychological well-being and adjustment have a considerable influence on family relationships, affecting both individual and family harmony and satisfaction. Psychological well-being, which includes emotional stability, life satisfaction, and positive affect, can promote healthier relationships and stronger ties within families. Adjustment, or how people deal with stress and change, is critical for preserving familial stability and coherence.

A high degree of psychological well-being frequently results in favourable interactions amongst family members. Individuals with strong psychological well-being are more likely to demonstrate empathy, good communication, and conflict resolution abilities. These characteristics lead to a supportive and loving family environment, which improves connections and mutual understanding (Ryff& Keyes, 1995). Furthermore, well-adjusted people are better able to deal with family pressures like financial challenges or health issues. Their resilience and adaptive coping skills serve to reduce the detrimental impact of such stressors on family relations, sustaining household harmony (Aldwin, 2007).

In contrast, low psychological well-being can impair family ties. Depression, anxiety, and other mental health difficulties can cause disengagement, impatience, and poor communication, resulting in family stress and conflict. Furthermore, maladaptation to life events or stresses can worsen these problems, resulting in dysfunctional family interactions. For example, a lack of adaptive coping methods can lead to greater conflict, diminished emotional support, and damaged family relationships (Patterson, 2002).

It is also worth noting that psychological well-being and adaptability are transmitted throughout generations. Parents' psychological well-being and adjustment levels have

a substantial impact on their children's emotional and psychological development. Positive parental mental health and adaptive coping methods model healthy behaviours for children, so improving their psychological well-being and adjustment abilities (Kotchick& Forehand, 2002). This intergenerational impact emphasizes the need of promoting psychological well-being and adjustment in people for the benefit of subsequent generations.

To summarize, psychological well-being and adaptability are critical to the health and stability of family connections. Promoting mental health and establishing adaptive coping techniques can result in more harmonious and resilient families, improving the quality of life for all members.

1.7 Theoretical Perspectives

1.7.1 Subjective Well-Being Theory

This perspective emphasizes the subjective evaluation of one's own life and happiness. Psychological well-being is a central component of subjective well-being, which comprises both cognitive evaluations (life satisfaction) and affective experiences (positive and negative emotions). According to this theory, higher levels of psychological well-being are associated with greater life satisfaction and overall better quality of life. Subjective well-being (SWB) theory posits that individual perceptions of well-being are determined by emotional responses, domain satisfactions, and global life satisfaction. It emphasizes the cognitive and affective evaluations people make about their lives, encompassing both positive and negative experiences (Diener, 2000). In the context of older adults, SWB is crucial in understanding how psychological well-being and adjustment influence quality of life (QoL) and family relationships.

Psychological well-being, involving elements like life satisfaction and emotional stability, is a core component of SWB. Older adults with high SWB are better at adapting to age-related changes, maintaining positive family relationships, and achieving higher QoL. According to Diener and Ryan (2009), individuals who report

higher SWB are more resilient, have stronger social ties, and experience less stress, which positively impacts their family interactions and overall life satisfaction.

Adjustment, which includes coping with retirement, health issues, and social role changes, is essential for maintaining high SWB. Successful adjustment enhances emotional regulation and social support, which are critical for sustaining family bonds and improving QoL (Baltes & Baltes, 1990). Thus, SWB theory provides a comprehensive framework for understanding the interplay between psychological well-being, adjustment, and their impact on the QoL and family relationships of older adults.

1.7.2 Humanistic Psychology

Humanistic psychology, pioneered by figures like Carl Rogers and Abraham Maslow, emphasizes individual potential, self-actualization, and the intrinsic drive toward personal growth and fulfillment. This perspective asserts that people have an inherent need to develop and realize their fullest potential, which significantly influences their psychological well-being and adjustment (Maslow, 1943; Rogers, 1961). In other words, humanistic psychology emphasizes the importance of personal growth, self-actualization, and the pursuit of meaning and fulfillment. Psychological well-being is seen as an essential component of self-actualization, which involves realizing one's potential and living a life aligned with one's values and authentic self. From this perspective, psychological well-being directly contributes to a higher quality of life by enabling individuals to lead purposeful and meaningful lives.

In the context of older adults, humanistic psychology underscores the importance of maintaining a sense of purpose, autonomy, and connection with others. Psychological well-being, according to this theory, is achieved through self-acceptance, positive relationships, and a sense of meaning in life (Ryff, 1989). These elements are crucial for successful adjustment to the changes and challenges of aging.

The principles of humanistic psychology suggest that older adults who engage in self-reflection, cultivate meaningful relationships, and pursue personal growth are likely to

experience higher quality of life (QoL). Such individuals tend to have better family relationships, as their enhanced psychological well-being fosters empathy, understanding, and effective communication (Rogers, 1961).

Moreover, humanistic approaches to aging highlight the role of supportive environments that respect the autonomy and dignity of older individuals, thereby promoting their overall well-being and adjustment (Maslow, 1968). This, in turn, leads to improved QoL and more harmonious family dynamics.

1.7.3 Resilience Theory

Resilience theory focuses on individuals' capacity to adapt and bounce back from adversity or challenging life events. Resilience involves factors such as positive self-beliefs, social support, and effective coping strategies. Resilient individuals demonstrate the ability to adjust and thrive despite difficult circumstances. Higher levels of resilience are associated with better adjustment outcomes and an improved quality of life.

In other words, resilience theory emphasizes the dynamic process of bouncing back from difficulties while maintaining or regaining psychological well-being (Masten, 2001). In the context of older adults, resilience plays a crucial role in how psychological well-being and adjustment influence quality of life (QoL) and family relationships.

Resilience contributes to psychological well-being by fostering emotional stability, optimism, and a sense of purpose. Older adults with higher resilience are better equipped to cope with age-related changes and stressors, which enhances their overall QoL. According to Windle et al., (2011), resilience in older adults is associated with better mental health, reduced depression, and increased life satisfaction.

Adjustment, a key component of resilience, involves adapting to changes such as retirement, health issues, and loss. Successful adjustment supports maintaining strong family relationships, as resilient individuals are more likely to engage in positive

social interactions and seek support when needed. This adaptability strengthens family bonds and contributes to improve QoL (Wagnild, 2003).

Thus, resilience theory provides a valuable framework for understanding the impact of psychological well-being and adjustment on QoL and family relationships in older adults. It highlights the importance of fostering resilience to enhance life satisfaction and interpersonal connections in later life.

1.7.4 Family Systems Perspective

Family systems theorists emphasize the interdependence of family members and the need for healthy communication, clear boundaries, and support. When psychological well-being is nurtured and prioritized within the family, it contributes to positive family relationships and overall family functioning.

Family systems theory views the family as an interconnected system, where the adjustment of one family member can impact the overall family dynamics. When an individual successfully adjusts to changes or challenges, it can contribute to a more harmonious and functional family environment. Conversely, difficulties in adjustment can create strain within the family system, affecting communication, roles, and interactions between family members.

Psychological well-being in older adults, which includes life satisfaction, emotional stability, and resilience, significantly influences family dynamics. According to Bowen (1978), the well-being of an individual family member can affect the entire family system. When older adults maintain high psychological well-being, they contribute positively to family cohesion and stability, enhancing overall family relationships.

Adjustment, particularly in dealing with aging-related changes, also plays a critical role. Successful adjustment by older adults, such as effectively managing health issues or retirement, reduces stress within the family system and promotes a supportive environment (Minuchin, 1974). This, in turn, improves the QoL for the older adult and fosters healthier, more supportive family relationships.

Thus, the family systems perspective highlights the reciprocal nature of psychological well-being and adjustment, showing how these factors not only enhance the QoL for older adults but also positively influence the entire family unit.

1.7.5 Attachment Theory

Attachment theory, initially developed by John Bowlby, posits that early emotional bonds formed with caregivers significantly influence an individual's psychological development and well-being throughout life (Bowlby, 1982). It highlights the importance of secure emotional bonds between family members. A person's psychological well-being, particularly their sense of security and self-esteem, is closely tied to their attachment experiences within the family.

When family members experience changes or challenges, their ability to adjust and adapt can impact attachment dynamics. Securely attached individuals who are able to effectively adjust to new circumstances or challenges are more likely to maintain positive and supportive relationships with family members. Insecurely attached individuals may struggle with adjustment, leading to difficulties in forming and maintaining healthy family relationships.

Securely attached individuals typically exhibit higher self-esteem, better emotional regulation, and stronger social support networks, all of which contribute to positive psychological well-being and successful adjustment in later life. Research by Cicirelli(2010) suggests that older adults with secure attachments maintain healthier and more satisfying family relationships, which are critical for their QoL.

Adjustment in old age, which includes coping with losses and changes, is facilitated by secure attachment, as it provides a stable foundation for resilience and adaptive coping strategies. Secure attachment promotes open communication and emotional support within families, enhancing family relationships and overall life satisfaction (Magai& Cohen, 1998). Thus, attachment theory underscores the importance of early emotional bonds in shaping the psychological well-being and adjustment processes that are crucial for the QoL and family dynamics of older adults.

Collectively, these theoretical viewpoints provide a multifaceted framework for understanding the ageing process. Subjective Well-Being Theory provides a basic lens for understanding how people evaluate their own life satisfaction and emotional experiences, which are closely related to the study's psychological well-being and quality of life aspects. Humanistic psychology, with its emphasis on self-actualization and autonomy, stresses the importance of personal development and fulfilment in later life. Resilience theory discusses how older persons may positively adapt to adversities, which is closely related to adjustment and coping processes. The Family Systems Perspective provides a comprehensive picture of interconnectedness within family units, making it essential for understanding the dynamics of family connections in late adulthood. Finally, Attachment Theory gives insight on emotional attachments and perceived security, which are especially pertinent to interpersonal interactions and support systems. When considered collectively, these ideas provide a comprehensive conceptual framework for investigating how psychological well-being and adjustment affect quality of life and familial closeness in the elderly.

1.8 Summary

Understanding the intricate interplay between psychological well-being, adjustment, quality of life, and family relationships among the elderly is crucial in the context of today's aging population. As individuals age, they encounter various challenges that can significantly impact their mental health, emotional resilience, and social connections. This thesis aims to investigate the profound implications of psychological well-being and adjustment on the quality of life and family relationships among older adults.

The quality of life in old age is a composite measure that reflects the subjective evaluation of various domains, including physical health, mental well-being, social relationships, and environmental factors (World Health Organization, 1997). How an individual perceives and experiences their quality of life can be profoundly influenced by their psychological state and their ability to adapt to aging-related changes.

Furthermore, family relationships play a pivotal role in the lives of older adults. Close ties with family members often contribute significantly to emotional support, caregiving, and overall well-being (Pillemer& Suitor, 2006). However, the dynamics of these relationships can be influenced by the psychological well-being and adjustment of the elderly individuals involved.

This thesis seeks to delve into the correlations and potential causal relationships between psychological well-being, adjustment, quality of life, and family relationships among the elderly. By exploring these dimensions, the current study aims to provide insights that can inform interventions and strategies to enhance the well-being and familial experiences of the aging population.

Through a comprehensive literature review and empirical investigation, this study intends to contribute to the growing body of knowledge in gerontology, psychology, and family studies. These findings, in addition to deepening our theoretical understanding, would also have practical implications for policies and programs aimed at promoting the holistic well-being of older adults and fostering harmonious family relationships.

REVIEW OF LITERATURE

2.1 Overview

The aging process presents numerous physical, psychological, and social challenges that can significantly affect the overall well-being of older adults. Psychological well-being, encompassing factors such as life satisfaction, emotional balance, and a sense of purpose, plays a vital role in helping elderly individuals navigate these challenges. Alongside psychological well-being, the concept of adjustment—referring to how older adults adapt to changing life circumstances such as declining health, retirement, and shifting family roles—emerges as a key determinant of their quality of life.

Given the growing global population of older adults, it is imperative to explore how psychological well-being and adjustment influence the quality of life and family relationships among the elderly. The World Health Organization (WHO) projects that by 2050, the global population aged 60 years and older will more than double, making it increasingly important to understand the factors that contribute to healthy aging. Quality of life and family relationships are essential outcomes in this context, as they directly influence an elderly person's overall well-being and ability to maintain meaningful connections with others.

This chapter offers a comprehensive review of the empirical literature related to quality of life and family relationships among older adults, with a particular focus on how psychological well-being, adjustment, and demographic variables such as urban/rural residence, gender, and socio-economic status affect these outcomes.

The first section of this chapter focuses on **quality of life**, examining how psychological well-being and adjustment processes contribute to the overall life satisfaction and well-being of older adults. Studies in this section explore the role of emotional regulation, a sense of purpose, and social connectedness in promoting life satisfaction, physical health, and psychological resilience. The section also considers how successful adjustment strategies, such as coping mechanisms and adaptability, mitigate the challenges of aging and enhance the overall quality of life for elderly individuals.

The second section shifts its focus to **family relationships** and examines how psychological well-being and adjustment influence the nature and quality of relationships between elderly individuals and their family members. Family relationships often serve as a primary source of emotional and social support for older adults, and maintaining positive relationships can significantly impact their psychological well-being. This section reviews empirical studies on how factors such as life satisfaction, emotional balance, and adaptability within the family environment contribute to healthier, more resilient family dynamics.

The third section draws comparisons based on **demographic variables**, such as urban vs. rural residence, gender, and socio-economic status, to understand how these factors shape both quality of life and family relationships among older adults. Research indicates that older adults living in urban and rural environments experience different social, economic, and healthcare-related challenges, which can influence their well-being and family connections. Similarly, gender and socio-economic status play crucial roles in determining access to resources, social roles, and family dynamics. This section explores how these demographic factors intersect with psychological well-being and adjustment to influence the outcomes of quality of life and family relationships.

The final section of this chapter identifies gaps in the current literature. While significant progress has been made in understanding the individual effects of psychological well-being and adjustment on quality of life and family relationships, there remains a paucity of research that integrates these dimensions with demographic factors such as urban/rural residence, gender, and socio-economic status. This chapter underscores the importance of addressing these gaps by investigating the combined effects of psychological well-being, adjustment, and demographic variables on the quality of life and family dynamics among the elderly.

In summary, this chapter critically synthesizes the empirical literature on the dependent variables of **quality of life** and **family relationships** in older adults, examining the roles played by psychological well-being, adjustment, and demographic factors. The findings from this review provide the foundation for the

present study, offering a clear rationale for the research questions, hypotheses, and methodologies discussed in the following chapters.

2.1.1 Quality of Life

The quality of life that an individual experiences has been found to correlate with his/her subjective sense of well-being, and adjustment patterns. It has been found that factors threatening the levels of adjustment in the elderly also have an impact on their quality of life.

This is demonstrated by **Basuki and Wayhuni's (2016)** research "**Relationship between self-adjustment and quality of life of senior pensioners in Baron Village Magetan"**. The study design was analytic correlational using a cross-sectional approach. The population consisted of 48 retirees, all of whom were selected using complete sampling. The findings revealed that the majority of respondents (62.5%) had ineffective self-adjustment, while 25 respondents (52.1%) had a low quality of life. A cross-tabulation revealed a relationship between self-adjustment and the quality of life of elderly pensioners in Baron Village Magetan, Indonesia. They discovered a link between these two variables, and subjects who were unable to effectively adjust to post-retirement due to feelings of elimination, loss of professional identity, or low self-esteem reported lower life satisfaction and quality of life. They also observed that older people with strong self-adjustment can deal with crises more efficiently, which improves their quality of life. Respondents who struggled to adjust to life after retirement because they thought they had lost their professional identity, had low self-esteem and were unable to get certain necessities of life that were formerly easy to obtain. It leads to reduced life satisfaction, which indicates a worse quality of life.The elderly should acquire numerous efficient adjustment mechanisms in order to enjoy a better retirement and improve their quality of life.

Dewi and Krisnatuti's (2020) study,**"Level of Stress, Self-Adjustment, and Quality of Life among senior Men at the Beginning of the COVID-19 Pandemic",** sought to investigate the influence of stress level and self-adjustment on quality of life among senior men in the early stages of the COVID-19 pandemic. Purposive sampling was used to pick 50 senior males aged 60 and older from the

PabuaranMekar and Pakansari Urban Villages in Cibinong, Indonesia. The research location was chosen on purpose since it has the greatest population of elderly people in Bogor Regency. In March 2020, data were acquired through direct interviews. The data was analysed using descriptive analysis, Kendall's tau-b and Pearson correlation tests, and multiple linear regression.The findings revealed that stress was categorised as low, whereas self-adjustment and quality of life were classified as high. Some older people were agitated and worried as a result of an unexpected event and the rising prevalence of COVID-19. Meanwhile, the regression test findings indicated that senior people with low stress and good self-adjustment would have a better quality of life.

Kumar et al. (2014) conducted another study titled "**Quality of Life (QOL) and Its Associated Factors Using WHOQOL-BREF Among Elderly in Urban Puducherry, India"** to examine the quality of life (QoL) and its associated factors in the elderly population of Puducherry, India. The sample comprised 300 older people who were given the WHOQOL-Bref Scale to measure quality of life and the Katz ADL Scale to assess Activities of Daily Living (ADL). Although the elderly's overall quality of life was average, the social relationship area scored considerably worse than the physical, psychological, and environmental domains. Low QoL ratings were shown to be connected with characteristics such as advanced age, lack of education, the absence of a spouse, living in a nuclear family, musculoskeletal diseases, and hearing and visual impairments.

In their study **"Impact of economic factors, social health, and stressful life events on physical health-related quality of life trajectories in older Australians", Phyo et al. (2022)** identified trajectories of physical Health-related Quality of Life (HRQoL) among older people and explored whether economic factors, social health, or stressful life events impact physical HRQoL trajectories. The ASPREE Longitudinal Study of Older Persons (ALSOP) monitored 12,506 'healthy' community-dwelling Australians aged ≥70 years (54.4% females) for six years. At the start, a questionnaire was used to analyse economic circumstances, social health, and life events from the previous year. At baseline and yearly follow-ups, physical HRQoL was evaluated with a 12-item short form.Growth mixture and structural

equation modelling were used to discover physical HRQoL trajectories and determinants. Four physical HRQoL trajectories were found: stable low (7.1%), falling (9.0%), stable intermediate (17.9%), and stable high (66.0%). Living in more disadvantaged areas, having a lower household income, no paid work, no voluntary work, loneliness, and stressful life events (e.g., spousal illness, friend/family illness, financial problem) were all associated with a 10%-152% higher likelihood of being on the stable low or declining physical HRQoL trajectory than the stable high. Specific stressful life experiences had a stronger influence on poor physical health outcomes in older persons than other variables. Volunteering may reduce physical HRQoL decrease and warrants additional exploration.

In the research **"Quality of life of older persons in Botswana", Mhaka-Mutepfa and Wright (2022)** explored social determinants of health that impact quality of life (QOL) of older people in Botswana and identified relevant treatments. A cross-sectional research stratified by district was utilised to gather information on the elderly (N = 378). Data were gathered from demographics, individual characteristics (e.g., self-esteem), health-related factors (e.g., self-perceived health), clinical variables (e.g., social dysfunction), environmental assets (e.g., leisure), and the World Health Organisation Quality of Life Questionnaire. Income earned, self-efficacy and self-esteem, access to health services, self-perceived health, and chronic illness status were all shown to be connected with quality of life. Social dysfunction and environmental assets (leisure, secure, and healthy physical settings) were also shown to be substantially linked with quality of life.The findings indicate that several crucial variables impair quality of life. Thus, reducing poverty, providing services and a comfortable atmosphere, encouraging positive emotions (e.g., self-efficacy), and modifying attitudes of self-rated health and QOL may improve QOL among older persons.

Turnbull et al. (2023) conducted a cross-sectional study titled "**Socioeconomic and Health Status Affecting Quality of Life among Older Adults in the Rural Areas in Northeastern Thailand during COVID-19 pandemic: A Cross-Sectional Study"** to investigate the relationship between socioeconomic factors, health status, and quality of life (QoL) among older adults in rural areas of Northeastern Thailand.

8,348 older people provided cross-sectional data on their socioeconomic status, health knowledge, psychological stress, and QoL (World Health Organisation Quality of Life, WHOQOL). Data were analysed using chi-square ($\chi 2$) and generalised linear models (GLM). The $\chi 2$ analysis found that more than half of the participants in the early age group (60-79 years) were female. Age difference, married status, living styles, education levels, capacity to read and write, employment conditions, economic position, current disease, health knowledge levels, and psychological stress levels were all significant predictors of quality of life. Further GLM research revealed that education levels, reading ability, employment position, current disease, health literacy, and psychological stress levels may all predict QoL. Healthcare workers must be aware of these population differences in order to enhance quality of life (QoL). Stress reduction in conjunction with psychosocial support intervention is a possible use. Additionally, psychological assistance may aid in their recovery from their present mental illness.

While adjustment levels have been seen as important factors contributing to the quality of life in elderly, psychological well-being and mental health can also have a significant effect on the perceived QoL and life satisfaction experienced in old age.

Banjare et al. (2015) did a research titled "**Factors associated with the level of life satisfaction amongst the rural elderly in Odisha, India**" to better understand the variables that influence the rural senior's level of happiness. A cross-sectional study of the elderly (60 years and older) in Odisha's Bargarh district was done utilising a multi-stage random sample process. The poll has 310 respondents. The adjusted influence of different socioeconomic, demographic, health problems (physical and mental), social support, and multimorbidity on LS was assessed using hierarchical regression analysis. Cognitive health was revealed to be the most influential factor in influencing LS in both men and women ($\beta = 0.327$ and $\beta = 0.329$, respectively). Individuals' social support also has an impact on LS among the rural elderly. Elderly living alone with a handicap and a low score on activities of daily living (ADL) reported considerably lower perceived LS for both genders. They concluded that it is critical to analyse and determine the primary elements that might enhance the level of LS in the aged population. A better knowledge of these elements can assist to remove

the unnecessary dread about old age from people's minds, which is pervasive in society.

Lee and Chung (2022) investigated the relationship between subjective cognitive decline (SCD) and quality of life (QoL) in their paper"**The association between subjective cognitive decline and quality of life: A population-based study**". This nationwide cross-sectional study examined 177,882 persons (78,362 males and 99,520 women) who took part in the 2019 Korean Community Health Survey. Multiple sociodemographic and psychosocial variables were assessed and compared between participants with (n = 37,614) and without SCD (n = 140,518); the Patient Health Questionnaire-9 (PHQ-9) was used to detect depression, and QoL was measured using the EuroQol five-dimension (EQ-5D) questionnaire. Depression, defined as PHQ-9 scores > 10, was reported considerably more frequently in the SCD group (9.2%) than in the non-SCD group (1.7%) ($p< 0.001$). The SCD group had substantially lower mean EQ-5D index scores (0.83) compared to the non-SCD group (0.90; $p < 0.001$). Participants with SCD were more likely to be physically active, show self-control, engage in everyday activities, experience pain, and suffer from anxiety or sadness. They concluded that subjective cognitive impairment is linked to depression and worse quality of life, especially when anxiety/depression is present.

Ghosh and Dinda (2020) aimed to investigate the function of many determinants of quality of life (QoL) in two different demographic and cultural contexts—India and China—in their work"**Determinants of the quality of life among the elderly: comparison between China and India**". Along with suitable model identification, the study explored the function of relevant elements in the quality of life of the demographic giants' senior population. The findings verified the complex character of QoL and revealed that not all variables impact QoL at the same degree. It was discovered that socioeconomic variables had a greater impact on QoL in both nations than physiological markers. Except for gender, lower level of education, observable health measurements, and formal social cohesiveness, perceptions of older people's quality of life did not differ significantly across two cultural settings.

Shou et al. (2018) conducted a study titled"**Quality of life and its contributing factors in an elderly community-dwelling population in Shanghai, China**" to investigate the relationship between quality of life and the factors that may influence it in an elderly community-dwelling population. From August to October 2014, older people were recruited from three randomly selected neighborhoods in Shanghai. Participants provided information using a general questionnaire, the Lubben Social Network Scale-6, the Cumulative Illness Rating Scale for Geriatrics, the Patient Health Questionnaire, and the 12-item Short Form Health Survey. The determinants impacting quality of life were investigated using a multivariate stepwise linear regression model. The elderly in Shanghai had physical and mental component summary scores of 50.1 ± 10.1 and 47.3 ± 7.9. Physical component summary ratings in the rural region were higher than in the urban-rural crossroads area (a location where urban and rural transitions occur) and in the urban area. Furthermore, the rural area had higher mental component summary ratings than the urban-rural crossroads area or the urban area. Depression, self-care abilities, and medical care load severely impact the quality of life of senior people in Shanghai, China. As a result, greater attention should be devoted to the mental health of the senior population.

In their study "**Predictors of quality of life and attitude to ageing in older adults with and without dementia,**"**Kisvetrová et al (2021)** investigated the quality of life (QoL) and attitudes to aging in older adults with and without dementia, and identified the main factors that predict QoL and attitude to ageing. A cross-sectional research was undertaken in three Czech areas, enrolling 563 community-dwelling persons over 60 with and without dementia (PwoD). A battery of instruments was used, which included the Quality of Life-Alzheimer's Disease Scale, Geriatric Depression Scale, Patient Dignity Inventory, Attitude to Ageing Questionnaire (AAQ), Short Physical Performance Battery, and Barthel Index. PwD performed worse on QoL and AAQ tests.Less despair, a stronger feeling of dignity, and less pain in PwoD predicted higher QoL and AAQ scores. Physical ability, living alone, and self-sufficiency in PwoD were all predictors of QoL.Age, gender, and athletic ability in PwoD all had an impact on AAQ. This was the first study to demonstrate that dignity can impact QoL and attitude towards ageing in community-dwelling older individuals. The study

found that sadness and dignity are frequent determinants of QoL and AAQ in older individuals with and without dementia.

Grassi et al. (2020) conducted the study"**Quality of life, level of functioning, and its relationship with mental and physical disorders in the elderly: results from the MentDis_ICF65+ study**" to investigate the relationship between Quality of Life (QoL) and Level of Functioning (LoF) in an elderly population in Europe. As part of the Ment_Dis65+ European Project, 3142 community-dwelling adults aged 65-84 years in six countries were assessed using the adaptation for the elderly of the Composite International Diagnostic Interview (CIDI65+) to provide psychiatric diagnosis according to the International Classification of Diseases (10th edition)(ICD-10 Classification of Mental and Behavioural Disorders). Socio-demographic and clinical interviews, as well as two self-report measures, the World Health Organisation QoL Assessment (WHO QoL BREF) to assess QoL and the WHO Disability Assessment Schedule -II (WHODAS-II) to assess LoF, were used. The majority of participants reported high quality of life (56.6%) and self-rated health (62%), with little or minor impairment (58.8%). There was a linear reduction in QoL and LoF with increasing age. Elderly with ICD-10 mental illnesses (such as somatoform, affective, and anxiety disorders) have reduced QoL and LoF. There were several predictors of lower levels of QoL and disability, including socio-demographic variables (e.g., male gender, increasing age, poor financial situation, retirement, fewer close significant others), ICD-10 psychiatric diagnoses (primarily anxiety and somatoform disorders), and the presence of medical disorders (primarily heart and respiratory diseases). The study found that QoL and LoF were relatively acceptable among European senior individuals. A number of variables, including mental and somatic diseases, as well as socioeconomic factors, had a negative impact on both QoL and LoF. More specific ties between mental health, social, and health services for this sector of the population should be established in order to offer better care for elderly persons with problems that impair their quality of life and functioning.

Madva et al (2023) carried out a study titled "**Positive psychological well-being: A novel concept for improving symptoms, quality of life, and health behaviors in irritable bowel syndrome"**.In a qualitative study, they examined the

relationship between psychological constructs and irritable bowel syndrome (IBS) symptoms, health behaviour engagement (physical activity and dietary modification), and health-related quality of life (HRQoL) to inform the development of a new brain-gut behaviour therapy. Participants with IBS conducted self-report assessments and semi-structured phone interviews to explore the link between positive and negative psychological constructs, IBS symptoms, health behaviourengagement, and HRQoL. Participants (n = 23, 57% female) varied in age from 25 to 79. IBS subtypes were represented similarly (n = 8 for diarrhea, 7 for constipation, and 8 for mixed).Participants reported opposing relationships between positive and negative psychological constructs, IBS symptoms, health behaviour engagement, and HRQoL, with positive constructs largely alleviating IBS symptoms, increasing health behaviour participation, and improving HRQoL, while negative constructs exacerbating symptoms, decreasing health behaviour participation, and worsening HRQoL. IBS patients reported improved psychological well-being, reduced symptoms, and increased engagement in health behaviours. Promoting well-being may alleviate IBS symptoms, increase health behaviour engagement, and enhance HRQoL.

In their study "**Interaction of anxiety and hypertension on quality of life among patients with gynaecological cancer: a cross-sectional study,**" **Gu et al. (2023)** investigated the interaction of anxiety and hypertension on QOL, as well as the moderating effect of perceived social support (PSS) in the impact of anxiety and hypertension on QOL in patients with gynaecological cancer. In 2020, a cross-sectional study was conducted at the Affiliated Hospital of China Medical University, with 566 patients enrolled. The Self-Rating Anxiety Scale (SAS), the Functional Assessment of Cancer Therapy Genera tool (FACT-G), and the Multidimensional Scale of Perceived Social Support Scale (MSPSS) were employed. The interaction was analysed using an additive model, and the moderating impact was determined using regression and simple slope analysis. They discovered that the interplay of anxiety and hypertension caused 68.8% of patients to have poor quality of life. When anxiety and hypertension coexisted, the quality of life was compromised. PSS moderated the influence of anxiety on quality of life. Healthcare practitioners should intervene to increase patients' social

support in order to lessen the impact of anxiety on quality of life.

Gonzalez-Martinez et al. (2022) conducted a study titled "**Perceived quality of life (QOLIE-31-P), depression (NDDI-E), anxiety (GAD-7), and insomnia in patients with epilepsy attended at a refractory epilepsy unit in real-life clinical practice**" which aimed to evaluate the relationship between psychiatric comorbidity (anxiety and depression), somnolence, and quality of life, using validated scales in patients with epilepsy in real-life clinical practice and clinical and A cross-sectional observational study was performed. Self-administered measures of anxiety disorders (GAD-7), depression (NDDI-E), somnolence (Epworth Sleepiness Scale (ESS)), and quality of life (QOLIE-31-P) in patients with epilepsy treated in the refractory epilepsy unit of a tertiary hospital were applied. The study comprised 84 patients (44.3 ± 17.4 years old, 48.2% female), with an epilepsy duration of 21.5 ± 15.9 years and 1.9 ± 1.2 antiepileptic medications. Severe anxiety occurred in 14.3% of patients, sadness in 20.2%, and somnolence in 14.3%. The QOLIE-31-P score was 62.0±19.2. Depression and focal epilepsy ($p = 0.029$), as well as anxiety and temporal lobe epilepsy ($p = 0.044$), were linked. Moreover, relationships between worse quality of life and higher scores from NDDI-E ($\beta = -1.42$, adjusted $p = 0.006$) and GAD-7 ($\beta = -1.21$, adjusted $p = 0.006$), especially in drug-resistant epilepsy ($\beta = -8.08$, adjusted $p = 0.045$) and female sex ($\beta = -7.83$, adjusted $p = 0.034$), were identified. Statistically significant negative relationships were detected between issues falling asleep and overall quality of life score ($\beta = -11.64$, adjusted $p = 0.022$), sleep disturbance, and energy ($\beta = -14.78$, adjusted $p = 0.027$), and mood ($\beta = 12.40$, adjusted $p = 0.027$) scores. The comprehensive evaluation found that greater levels of anxiety and depression are related with poorer quality of life in real clinical practice in epileptic patients, particularly females and those with drug-resistant epilepsy. In addition, sleep disorders are linked to certain areas of quality of life. Further research with longitudinal follow-up will be beneficial in managing these comorbidities in epilepsy patients.

Cho and Cho (2022) identified factors related to the quality of life of older adults with coal workers' pneumoconiosis in their study "**Depression and quality of life in older adults with pneumoconiosis: the mediating role of death anxiety**" and

determined the mediating effect of death anxiety on the relationship between depression and quality of life. The study included 161 older persons who were hospitalised to five pneumoconiosis hospitals in South Korea. The findings revealed that greater levels of depression were associated with higher levels of death fear, and that higher levels of both sadness and death anxiety were associated with lower quality of life.After correcting for general characteristics, death anxiety ($\beta = 0.47$, $P < .001$) completely mediated the link between depression ($\beta = 0.13$, $P = .075$) and quality of life ($R2 = 0.70$, Adjusted $R2 = 0.68$, $P < .001$). To improve the quality of life of older persons with pneumoconiosis, therapies that minimise death fear and depression should be examined.

Phillips-Bute et al. (2006) did a research entitled "**Association of neurocognitive function and quality of life 1 year after coronary artery bypass graft (CABG) surgery**". Although coronary artery bypass grafting (CABG) has been proven to enhance many patients' quality of life and functional ability, new studies have found that a large percentage of patients have impaired cognitive performance soon after surgery and for some time afterwards. They wanted to know how postoperative cognitive dysfunction affected quality of life (QOL) in patients who had undergone coronary artery bypass graft (CABG) surgery, as well as characterise the dysfunction from the patient's perspective. At Duke University Hospital, 732 CABG patients were included with Institutional Review Board (IRB) permission and given informed consent. Five hundred fifty-one (75%) participants took baseline, 6-week, and 1-year neurocognitive tests and psychometric assessments to determine QOL. A composite cognitive index score was used to measure neurocognitive status, which represented the mean of the scores in four cognitive areas. The change in QOL was calculated by subtracting the baseline from the 1-year scores for each of the ten QOL measures. The relationship between QOL and cognitive impairment was studied using multivariable linear regression. Cognitive decline hindered QOL progress, with a significant relationship between cognitive change and QOL change. One-year QOL measures are linked to both 6-week and 1-year changes in cognition (Instrumental Activities of Daily Living, Duke Activity Status Index, Cognitive Difficulties, Symptom Limitations, Centre for Epidemiologic Study Depression, and General Health Perception).

Postoperative cognitive deterioration may have a negative impact on quality of life. Strategies to slow cognitive deterioration may help patients to obtain the most improvement in QOL possible after CABG, since even short-term cognitive impairment has consequences for QOL a year later.

Janecek et al. (2023), through their study, "**Cognitive decline and quality of life after resective epilepsy surgery"**, sought to examine the association between cognitive decline and quality of life (QoL) change in a large sample of individuals with drug-resistant epilepsy who underwent resective surgery and to examine whether the association between cognitive decline and QoL is differentially affected by seizure classification outcome (Engel Class 1 vs. 2–4) or side of surgery (left vs. right hemisphere).Between 1991 and 2020, 224 individuals (ages ≥ 18) with drug-resistant focal epilepsy treated with resective surgery had comprehensive pre- and post-operative examinations, including cognitive testing and the Quality of Life in Epilepsy Inventory-31. Linear mixed-effects models were used to investigate subject-specific trajectories and evaluate the impact of time (pre- to post-operative), cognitive decline (number of measures that substantially dropped), and the interaction of time and cognitive decline on pre- to post-operative change in QoL. QoL improved after resection (mean change in QoL rating between time points 1 and 2 = 8.11). Cognitive deterioration has a significant impact on quality of life. Follow-up studies revealed that the number of cognitive measures that decreased was strongly linked with post-surgical QoL, but not pre-surgical QoL, as well as the pre-to-post-surgery raw change in QoL score. There was a cognitive decline by time point interaction, with individuals who had higher cognitive decline experiencing less improvement in total QoL following resection. Similar results were seen in the Engel Class 1 outcome subgroup. However, in the Engel Class 2-4 outcome subgroup, QoL improved after resection, but there was no significant effect of cognitive decline or combination of cognitive decline and time point on QoL improvement. There was no main effect of hemisphere resection on overall quality of life, and there were no interactions with hemisphere by time, hemisphere by cognitive decline, or hemisphere by time by cognitive decline. The quality of life improves after epilepsy surgery. Participants who exhibited cognitive decline across a larger number of measures received less overall improvement in QoL after surgery, but there was no obvious pattern of

domain-specific cognitive decline related with QoL change. Our findings show that cognitive deterioration in a wide range of cognitive domains has a significant impact on post-operative quality of life, particularly for individuals who have favourable seizure outcomes (i.e., seizure freedom), independent of the site or side of resection.

Estebsari et al. (2013) conducted a qualitative study titled "**Determining the factors contributing to the quality of life of patients at the end of life**" in order to identify the factors that contribute to the quality of life of patients at the end of their lives and provide appropriate care for these patients. This qualitative study used the thematic-framework approach of analysis. Twenty-three participants, including patients, their families, nurses, physicians, psychologists, and clergymen, were chosen by sampling. Data were gathered through semi-structured interviews. Theyanalysed qualitative data using the theme framework technique. Stress reduction, involvement, homecare, education, independence, support, resources, and facilities were seven criteria that were to be addressed in the patients' quality of life at the end of their lives.According to the research, the number of these elements may be more than those listed above. Paying attention to the quality of life in the latter stages can benefit patients and their families, and special care can be provided for them.

In another study titled "**Predicting Executive Functions And Quality Of Life Based On Psychological Well-being With Regard To The personality Traits Of The Elderly With Sleep Disorders**",**Farahani et al. (2020)**aimed at investigating the relationship between executive functions and quality of life based on psychological well-being with respect to the role of personality traits of the elderly with sleep disorders referred to neighborhood house of district 5 of Tehran in 1398.This was a descriptive correlational research in which 59 old persons were chosen by purposive sampling and analysed using statistical tests, including the regression technique and the Pearson correlation coefficient. There exists a link between quality of life, executive function, psychological well-being, and personality features. Psychological well-being and personality characteristics Psychological well-being components may explain 44% and 54% of executive function, respectively, whereas personality characteristics and psychological well-being variables can explain 25% and 58% of quality of life. As a result, by

enhancing the components of psychological well-being and personality traits, we can predict executive functions and quality of life in the elderly and offer ways to enhance their sleep quality.

Kishikawa et al. (2023) conducted a study titled "**Determinants of quality of life in elderly rehabilitation users at a day care service centre"** to investigate the relationship between quality of life (QOL) and cognitive function, physical function, and activity ability, with the goal of identifying functions related to QOL improvement among elderly people who use day-care rehabilitation. The participants were 37 senior rehabilitation patients, and their quality of life was measured using the Health Organisation QOL26 (WHOQOL26), a 26-item self-report questionnaire. The Mini-Mental State Examination was used to assess cognitive performance, while physical function was measured using sitting forward bending, knee extension, and grip, 30-second chair stand test, timed up and go test, and walking speed. The Tokyo Metropolitan Institute of Gerontology Index of Competence was used to measure activity abilities. The TMIG index revealed a favourable association between five WHOQOL26 categories (psychological QOL, social QOL, environmental QOL, total QOL, and QOL average) and social role. There was also a positive relationship between four WHOQOL26 categories (psychological QOL, social QOL, environmental QOL, and QOL average) and instrumental activity of daily living in the TMIG index. To find factors impacting the QOL score, the relationship with the TMIG index was examined. The social role in the TMIG index has a beneficial impact on psychological and social quality of life. Improving social roles is vital for improving the quality of life of senior rehabilitation patients.

2.1.2 Family Relationships

Researchers believe that the quality of interpersonal and familial relationships experienced by the elderly bears an association with their subjective well-being as well as their levels of adjustment. This can be seen through the study titled "**Benefits of well-being: Health, social relationships, work, and resilience**"conducted by **Kansky(2017)**to review the empirically-supported beneficial outcomes of

subjective well-being in four primary domains of functioning: health, social relationships, work, and resilience. They found that well-being has a strong association with many important life facets ranging from physical and mental health to social relationships to academic and work performance and that it tends to predict positive changes in these key areas.

Moore and Deiner (2019) conducted another study, "**Types of Subjective Well-Being and Their Associations with Relationship Outcomes**", to investigate the relationships between three facets of subjective well-being (SWB; positive affect, negative affect, and life satisfaction) and relationship outcomes, using multilevel models and data from 90 couples. It was discovered that as participants' self-reported positive affect increased, so did their perceived support from their partners, relationship satisfaction, perceptions of partners as being more helpful and less upsetting in support situations, and rating their partners as more important. As self-reported negative affect grew, individuals reported less perceived support from partners, decreased relationship satisfaction, and perceptions of partners as less helpful and disturbing.As self-reported life happiness grew, individuals reported more perceived support from partners, and better relationship satisfaction, and assessed partners as more helpful and less unpleasant. It was also discovered that participants' higher self-reported SWB was positively related to their partners' reported relationship results, even after adjusting for the partners' own SWB. Thus, not only do people with greater SWB view their relationships to be of higher quality, but their partners also judge them more highly. This research implies that persons with high SWB not only consider their relationships to be better but also produce better relationships for their partners.This research also suggests that happy individuals not only perceive everything as superior, including their relationships but also have better relationships from the perspective of their partners.

Wang et al. (2014) did a study entitled "**Psychological well-being and job stress predict marital support interactions: A naturalistic observational study of dual-earner couples in their homes**". Video recordings of spouses in their daily lives at home were used to investigate how supportive interactions affect psychological well-being and job stress. Over the course of four days, thirty dual-earner, middle-class,

heterosexual couples with school-aged children were recorded in their homes and asked to complete self-report measures of depressive symptoms, trait neuroticism, and work stress. After identifying particular instances of marital support in video recordings, each partner's support function (receiver vs. giver) and mode of support initiation (solicitations vs. offers) in each contact were categorised. Actor-partner interdependence models (APIMs), which account for interdependence within couples, examined relationships between husbands' and wives' scores on psychological well-being and job stress factors, as well as husbands' and wives' supportive behaviour. Analyses revealed gendered disparities in how psychological well-being and occupational stress affect support transactions. Wives' depressed symptoms predicted higher assistance from husbands, owing to increased support solicitation by wives and increased support offerings by husbands. However, for husbands, neuroticism predicted assistance receipt—both more requests and more offerings from spouses. Furthermore, men married to women experiencing greater job stress tended to increase their unprompted offers of assistance to their wives, although wives did not appear to be as receptive to their husbands' job stress. This study offers novel insights into pair support processes as they spontaneously occur in ordinary contexts, emphasising the value of naturalistic observation in better understanding social behaviour in intimate relationships.

Shek (1998) conducted an investigation entitled "**A Longitudinal Study of the Relationship between Family Functioning and Adolescent Psychological Well-Being**". Using children's and parents' accounts of family functioning, this longitudinal study investigated the links between family functioning and teenage psychological well-being in a sample of 378 Chinese adolescents. At both Time 1 and Time 2, family functioning as measured by several sources was shown to be simultaneously associated to hopelessness, life satisfaction, self-esteem, purpose in life, and overall mental illness. Longitudinal and prospective studies (Time 1 predictors predicting Time 2 criterion variables) indicate that the relationship between family functioning and teenage psychological well-being is bidirectional. There was some evidence that the strengths of the link between family functioning and teenage psychological well-being varied by gender. Teenage perceptions of family functioning were regularly

shown to be more strongly associated with measures of teenage psychological well-being than parental perceptions.

Shek (1997) investigated the relationship between family functioning and adolescent adjustment in 429 Chinese adolescents using children's and parents' accounts in another research titled "**The Relation of Family Functioning to Adolescent Psychological Well-Being, School Adjustment, and Problem Behavior**". According to the ratings from the various sources, family functioning was significantly related to measures of (a) adolescent psychological well-being (general psychiatric morbidity, life satisfaction, purpose in life, hopelessness, and self-esteem), (b) school adjustment (perceived academic performance and school conduct), and (c) problem behaviour (smoking and drug abuse). The data imply that there is a close relationship between family functioning and Chinese adolescents' psychosocial adjustment, particularly their good mental health.

2.1.3. Demographic Variables

In order to understand the gender differences in quality of life among elderly, the studies conducted by Kaur et al. (2015), Brajesh Anand et al. (2017), Prasad et al. (2021) and Olsen et al. (2023) may be relied upon.

Kaur et al. (2015), through their research, "**Factors determining family support and quality of life of elderly population**", evaluated the factors determining the QOL and family support of elderly people.An exploratory descriptive design was used to get error-free findings. A total of 213 old persons were recruited sequentially from a randomly chosen environment. The older males reported an improved quality of life. Elderly persons with a formal education also reported a high quality of life. Financial independence was associated with a higher quality of life (QOL). Medically healthy older folks enjoyed a higher quality of life. Those who carried out their everyday tasks autonomously had a higher quality of life. Elderly persons who received help from family members reported a higher quality of life. Those who reported no major concerns in their lives also had a higher QOL. The educated older folks felt better family support. Medically healthier older persons perceived higher familial support. This study discovered that a variety of characteristics, including gender, education,

financial independence, and family support, influence the QOL of the elderly. Similarly, education, money, and family support all predicted senior family support.

BrajeshAnand et al. (2017) did a research named "**Dimensions and Determinants of Quality of Life among Elderly in a Rural Population of Barabanki District, Uttar Pradesh**" to evaluate health-related QOL among the elderly and identify some of the variables. This was a community-based cross-sectional study of 782 old people in the rural area of Barabanki, Uttar Pradesh. The WHO QOL-BREF was used to examine data on the quality of life of the aged. A pre-designed, pre-tested semi-structured questionnaire was used to collect socio-demographic information, and the study patients had a comprehensive clinical examination to identify chronic morbid diseases. In the physical, psychological, social interaction, and environmental dimensions, the elderly aged 70-79 years outperformed other age groups in terms of mean quality of life domain ratings. The elderly who did not have psychosocial or health-related difficulties had better mean quality of life scores. The association between physical health domain and marital status was statistically significant. About 44.4% of the elderly who lived with their family or wife had average psychological health, but 33.5% of the elderly who lived alone had poor psychological health, and the difference was statistically significant. There was a statistically significant association between marital status and psychological health, as well as between SES and social relationships. The study's findings show that the senior population in Satrikh, Barabanki, has a relatively low quality of life, particularly old ladies and those with lower education levels. Indeed, to increase QOL among the elderly, considerably more attention should be devoted to all elements of their lives, including their health and financial situation.

Prasad et al. (2021) used their study "**The relationship between physical performance and quality of life and the level of physical activity among the elderly**" to assess the physical function of community-dwelling older adults and determine its relationship with physical activity levels and quality of life. This was a cross-sectional analysis research. 89 community-dwelling older individuals aged 60 to 80 years were recruited. Physical function was measured using standing balance, walking speed, and grip strength. The WHO QOL BREF questionnaire

was used to measure quality of life, while the International Physical Activity Questionnaire was used to determine physical activity level. Standing balance was lowered in 24%, while walking speed was reduced in 33% of the subjects. Males exhibited greater walking speed and grip strength. Males reported a higher quality of life. Standing balance, walking speed, and grip strength improved considerably with moderate-heavy exercise levels. Physical function correlated positively with quality of life. There was also a beneficial relationship between physical activity levels and quality of life. Physical function, quality of life, and physical activity levels all reduced. Males had higher physical function and quality of life. Physically active people have improved physical function and enjoyment of life. Early identification of decreasing physical function and increased physical activity levels may result in a higher quality of life for the elderly.

Olsen et al. (2023) investigated sex differences in quality of life (QoL) and depression symptoms across age and European regions in their research "**Sex differences in quality of life and depressive symptoms among middle-aged and elderly Europeans: results from the SHARE survey**". They conducted a large cross-sectional study with 64,552 women and 53,647 men aged 50 and older who took part in the Survey of Health, Ageing, and Retirement in Europe (SHARE) between 2004 and 2020. Linear and logistic regression models were used to investigate the relationships between QoL (CASP-12) and depression symptoms (EURO-D). Women reported somewhat worse quality of life and more depressed symptoms than males. Sex disparities in QoL grew with advancing age, whereas sex differences in depressive symptoms remained steady across age groups.There was no general gender difference in QoL in Northern Europe, while women had poorer QoL than males in Western, Southern, and Eastern Europe. However, sex differences differed among the various CASP-12 measures, with women experiencing lower overall control and autonomy but more self-realization than males. In all locations, women reported greater depressed symptoms than men, with Southern Europe having the greatest overall gender disparity. The majority of the EURO-D items showed a female disadvantage, with the highest sex differences for 'tearfulness', 'depression', and'sleep'. Middle-aged and elderly European women report worse quality of life and more depressed symptoms than European men,

supporting the male-female health survival paradox.

Usha and Lalitha (2016) conducted a research named "**Quality of life of senior citizens: A rural-urban comparison**" to compare the variations in family dynamics and quality of life among rural and urban seniors. They wanted to analyse the socio-demographic profile, as well as the quality of life, of older persons living in rural and urban settings. Data were acquired from 830 rural elderly individuals and 120 urban senior citizens using a multistage random sample approach. This study's instruments included a socio-demographic data sheet and the WHO QOL-BREF-26. The majority of senior persons in rural (65.3%) and urban (65%) regions were between the ages of 65 and 75, with the majority being females. In rural regions, the majority of senior persons (44.7%) lived with their spouses and children, whereas in urban areas, 40% lived with their children and 40% with their spouse and children. The majority of research participants in rural (90.6%) and urban regions (97.5%) did not participate in any social activities. Senior persons in cities have a higher quality of life than their counterparts in rural regions. This was statistically significant in the overall assessment of quality of life, health, physical health, psychological health, and environment. According to this study, older persons in rural locations had a lower quality of life.

Mudey et al. (2017) observed similar findings in another study named "**Assessment of quality of life among rural and urban elderly population of Wardha district, Maharashtra, India**". The study had two goals: to examine the difference in quality of life between rural and urban older populations, and to determine the relationship between socio-demographic characteristics and quality of life among the elderly population. The community-based cross-sectional study included 800 senior participants from both urban (n=400) and rural (n=400) areas, chosen using a multistage simple random approach. To obtain data, professional interviewers administered pre-tested questionnaires during interviews. The WHO-QOL BREF was used to measure quality of life. The study found that urban elders reported significantly worse quality of life in physical (51.2±3.6) and psychological (51.3±2.5) areas compared to rural old populations. Rural seniors reported inferior quality of life in social relations (55.9±2.7) and environment (57.1±3.2) compared to urban

populations. The disparity in quality of life between rural and urban older populations stems from differences in socio-demographic characteristics, social resources, lifestyle behaviours, and economic sufficiency.

Liu et al. (2013) investigated "**Social Support and Psychological Well-Being Under Social Change in Urban and Rural China**". Using data from the Chinese General Social Survey (2005), they investigated the links between social changes and people' psychological well-being in both urban and rural locations, as well as the function of social support in Chinese society. They discovered that a rising health-care burden had a considerable impact on individuals' psychological well-being, particularly in rural China. A comparative investigation reveals that urban inhabitants had higher psychological well-being and a lower health-care burden than rural ones. Perceived social status, its evolution over time, and comparison to perceived status of peers are all highly connected with psychological well-being in both rural and urban China.Their findings also demonstrate robust relationships between perceived socioeconomic status, status change, status comparison, and psychological well-being. Not only is lower social status associated with poorer psychological well-being, but downward mobility and disparities in social status produce a sense of deprivation, which affects psychological well-being. It has been claimed that adult Chinese with greater social standing experience more psychological imbalance than socially disadvantaged groups. Social support has a protective function for psychological well-being across different samples, and it also compensates for the negative association between increasing health-care burden and psychological well-being, but it exacerbates the negative impact of relative deprivation during social change on mental health in rural areas.

It is also critical to examine if socioeconomic situations impact the quality of life and family relationships in the elderly. Along these lines, **Karmakar et al. (2018)** conducted a study titled "**Quality of Life among Geriatric Population: A Cross-Sectional Study in a Rural Area of Sepahijala District, Tripura**" to assess the different domains of QoL and their association with sociodemographic factors among the elderly population. A community-based cross-sectional research of 76 people aged 60 and up was conducted in rural Madhupur, Sepahijala district, Tripura, from August

to October 2016. SPSS version 20.0 statistical software was used to analyse data from the World Health Organisation QOL-BREF scale. P-values < 0.05 were deemed statistically significant.The mean QOL score was highest in the social health category (67.32 ± 15.30), followed by environmental health (51.64 ± 10.11), and lowest in the psychological domain (44.29 ± 11.50). Participants under 70 years of age had higher physical health domain scores. Psychological health was better among Hindus, people from nuclear families, and those from higher socioeconomic classes, whereas males, illiterates, and businessmen had stronger social relationships. People with a basic education, a business background, or a higher socioeconomic status had considerably higher environmental domain scores. The current study found that the social connection domain had a higher mean QOL score than the other domains, however the psychological domain was negatively impacted in the "old age group." Further study might be conducted to investigate the elements influencing the psychological domain.

2.2 Research Gap

- Although considerable number of researches have been done to assess the quality of life in elderly, not many researchers have focused on the contributing factors to the quality of life in the Indian scenario.
- There is a paucity of researches assessing the impact of psychological well-being on quality of life, especially among Indian old age population.
- There is a dearth of researches assessing the effects of psychological well-being and adjustment on the quality of interpersonal and familial relationships, particularly in the elderly population. Although researches assess the impact of family relationships on psychological well-being, extremely few researches focus on the reverse impact.
- Factors affecting the quality of family relationships in elderly have been largely unexplored.
- Although researches have studied the association of adjustment and quality of life among elderly, the impact of adjustment patterns exhibited in different life domains on the quality of life in old age have not been studied.

- Studies carried out to study old age have largely focused on either rural or urban areas for conducting the study, even though very few studies have drawn out a comparison of factors between the populations in the two areas.
- Researchers have not drawn out a comparison of factors between the old age population belonging to upper and lower strata of society.
- There is a lack of researches focusing on gender differences while assessing the effects of psychological well-being and adjustment patterns on quality of life and family relationships among the elderly.

While the studied literature gives useful insights into the ageing process, significant discrepancies and methodological limitations are apparent. Some studies find a substantial link between psychological well-being and quality of life, whereas others focus on intermediate variables such social support, coping methods, or economic position, showing a lack of agreement on direct causality. A major amount of current research is cross-sectional in nature, which limits the capacity to infer long-term trends or causal correlations. Many studies depend primarily on quantitative methods, frequently ignoring older persons' subjective perspectives. Furthermore, the majority of the material is from Western contexts, with little representation of senior populations in culturally diverse or collectivist nations like India. Gender dynamics and the effects of rural-urban inequality are similarly understudied. These constraints highlight the need of culturally grounded, demographically inclusive research, such as the current study, which overcomes these gaps by focusing on Indian aged from various origins and circumstances.

From the above research gap, it has been found that there is a dearth of researches in the field of psychological well-being and adjustment patterns affecting the quality of life and family relationships in people belonging to the old age group.

Based on the identified research gap, specific hypotheses were developed to guide the investigation. These are presented in detail in Chapter 3 (Section 3.5).

So, the purpose of the present study is to find out the impact of psychological well-being and adjustment on quality of life and family relationships among old age people.

METHODOLOGY

3.1 Overview

The methodology chapter describes the research design, participants, data collecting instruments, and procedures used to examine how psychological well-being and adjustment affect quality of life and family connections in older persons. This study takes a quantitative approach to systematically investigate how various factors, such as psychological well-being, adjustment mechanisms, and demographic variables (urban/rural residence, gender, and socioeconomic status), influence the outcomes of quality of life and family relationships among the elderly.

This research design was chosen based on the study's aims, which are to measure and compare the impacts of psychological well-being and adjustment on the dependent variables. The approach also allows for the investigation of demographic characteristics, ensuring that the results accurately reflect the diverse experiences of older persons from various backgrounds.

This chapter explains the study's participants, including the sampling technique and demographic features of the group being studied. The data collecting procedures and instruments are then described in depth, with a particular emphasis on the measures' validity and reliability. Next, the study techniques are described, including the recruiting process, schedule, and ethical issues. The chapter finishes with an explanation of the data analysis methodologies and how they relate to the study's research objectives and hypotheses.

This chapter gives a clear roadmap for comprehending the research process while upholding stringent methodological standards, assuring the reliability and validity of the study's findings.

3.2 Scope of the Study

This study investigates the complex links between psychological well-being, adjustment, quality of life, and family relationships among older people aged 65 to 75 living in both urban and rural regions of New Delhi, India. The study tries to understand how numerous psychological and social elements impact the lives of the old, with a particular emphasis on the following areas:

1. **Psychological Well-Being:** The study investigates the emotional and mental health of the elderly, looking at how aspects such as life satisfaction, emotional resilience, and mental health affect their overall well-being.
2. **Adjustment to Ageing**: This study examines how the elderly adapt to changes in physical health, social roles, and family relationships, and how this affects their quality of life.
3. **Quality of Life**: This research examines how physical health, emotional well-being, social involvement, and economic security impact the elderly's experiences.
4. **Family Relationships**: This study examines how family support, intergenerational relationships, and the social position of older adults in their families impact their emotional and social well-being.
5. **Urban vs. Rural Contexts:** The study compares senior people in urban and rural settings to emphasize disparities in social support, access to healthcare, economic situations, and family structures, as well as how these factors influence psychological well-being and adaptability.
6. **Demographic Factors:** Gender and socioeconomic class are important factors in this study. The study investigates how these characteristics interact with psychological well-being and quality of life, providing insights into potential discrepancies across various subgroups of the senior population.

This study's focus extends beyond observation, with the goal of providing practical information for healthcare professionals, politicians, and family carers. This study

aims to inform strategies that improve the quality of life for the elderly by identifying the key factors that promote psychological well-being and positive adjustment to ageing, particularly in the Indian context, where socio-cultural changes are rapidly influencing the lives of older adults.

3.3 Statement of the Problem

Ageing causes major psychological, social, and physical changes that can have a dramatic impact on a person's quality of life. As people get older, their well-being is influenced not just by their physical health, but also by their psychological resilience and capacity to adapt to changing social roles and family dynamics. Loneliness, decreased social participation, and reliance on family members are common issues for the aged population, all of which can lead to a loss in mental health and life satisfaction.

In India, where traditional family structures are changing as a result of urbanization and modernization, elderly persons are more likely to experience decreased family ties and social isolation, particularly in cities. Rural elderly, on the other hand, may have greater family ties but face additional obstacles such as limited healthcare access and economic insecurity. However, the link between psychological well-being, adaptability, and quality of life in the senior population is still poorly understood, particularly in a developing nation like India, where socio-cultural dynamics play an important role.

The project aims to give a better knowledge of the characteristics that contribute to better psychological outcomes and quality of life in old age, which will help shape future interventions and policy choices for senior care in India.

3.4 Objectives of the Study

- To assess the levels of psychological well-being, adjustment patterns, quality of life and quality of family relationships among old age persons.
- To study the impact of psychological well-being on quality of life and family relationships of old age people.
- To assess the impact of nature of adjustment on quality of life and family relationships of old age people.
- To compare the impact of psychological well-being and nature of adjustment on quality of life and family relationships among elderly belonging to the upper and the lower strata of society.
- To make a comparison between the impact of psychological well-being and nature of adjustment on quality of life and family relationships among old age people living in rural and urban areas.
- To evaluate gender differences inthe impact of psychological well-being and nature of adjustment on quality of life and family relationships among elderly.

3.5 Hypotheses of the Study

- There will be a significant impact of psychological well-being on quality of life and family relationships among old age persons.
- There will be a significant impact of the nature of adjustment on quality of life and family relationships among old age people.
- There will be a significant difference in the comparison of elderly people belonging to upper and lower strata of the society on impact of psychological well-being and nature of adjustment on quality of life and family relationships.

- There will be a significant difference in the comparison of elderly people living in urban and rural areas on impact of psychological well-being and nature of adjustment on quality of life and family relationships.
- There will be significant gender differences in impact of psychological well-being and nature of adjustment on quality of life and family relationships

3.6 Research Design

The current study uses a descriptive cross-sectional research approach to look at the link between psychological well-being, adjustment, quality of life, and family relationships among the elderly. A descriptive approach is suited for this study since it provides for a systematic account of the numerous aspects influencing the senior population's well-being. The study's cross-sectional design allows for data gathering from participants at a particular moment in time, giving a picture of their psychological, social, and family situations.

The design is quantitative in nature, using standardized measuring instruments to examine the variables of interest. These characteristics include psychological well-being, age-related adjustments, quality of life, and family ties. A comparative study is frequently used to investigate disparities between urban and rural older populations, as well as variances by gender and socioeconomic status.

The research uses structured questionnaires and psychometric scales to provide accurate, measurable data that can be analyzed to uncover patterns and correlations among the major variables. This methodology is ideal for answering the study questions because it enables for the discovery of factors that contribute to senior people's well-being and ability to adapt to life changes in old age.

3.7 Sample and Sampling

3.7.1 Population

The study's population comprises of older people aged 65 to 75 who live in both urban and rural regions of New Delhi, India. These individuals came from a variety of socioeconomic backgrounds, allowing for a thorough investigation of psychological well-being, adaptability, and quality of life among the elderly.

3.7.2 Sample Size

A total of 418 samples were initially collected, of which 18 were rejected due to incomplete or invalid responses. This left a final sample of 400 participants:

- Urban Participants: 213
  - Males: 104
  - Females: 109
- Rural Participants: 187
  - Males: 86
  - Females: 101

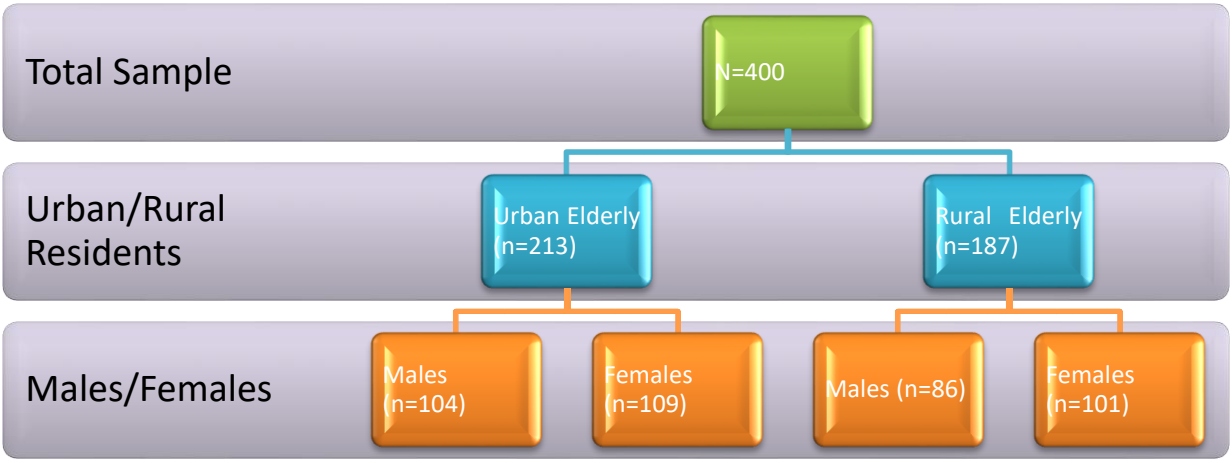

Fig 7: Sample Characteristics

This final sample size ensures sufficient representation of both urban and rural elderly populations and a balanced gender distribution.

3.7.3 Power of the Sample

The sample size of 400 was chosen to achieve enough statistical power for discovering significant connections among the study's variables. Given the study's focus on senior people's psychological well-being, adaptability, and quality of life, the sample size has sufficient power (usually 80% or higher) to detect moderate to large effect sizes at a 95% confidence level. This guarantees that the study can uncover relevant differences or connections between important variables across different subgroups (urban vs. rural, male vs. female), hence increasing the validity of the findings.

3.7.4 Sampling Technique

The purposive sampling strategy was used in this investigation. Participants were chosen based on predetermined inclusion criteria related to the study objectives,

ensuring that only those who could offer useful data on psychological well-being and adjustment were included. The purposive sampling strategy assures that participants have the traits required to investigate the research issues thoroughly.

3.7.5 Inclusion and Exclusion Criteria

- *Inclusion Criteria*:
  - Elderly individuals aged between 65-75 years.
  - Residing in urban or rural areas of New Delhi for at least 5 years.
  - Willing and able to provide informed consent and participate in the study.
  - Able to read, understand and respond to the tools used in the study.
- *Exclusion Criteria*:
  - Elderly individuals with severe cognitive impairments or other health conditions that would limit their ability to meaningfully engage in the study.
  - Individuals residing in institutional care settings, as the study focuses on community-dwelling elderly individuals.

3.7.6 Rationale for Sampling Approach

Purposive sampling was chosen because it allows researchers to focus on specific people who meet the study's inclusion criteria, ensuring that the data collected is extremely relevant to the research questions. The approach also allowed for the inclusion of a varied range of participants from various financial backgrounds, living situations, and gender categories, yielding a representative sample. The study's mix of urban and rural areas, as well as the inclusion of both male and female participants, allows it to capture a diverse variety of experiences and perspectives, which is critical for examining psychological well-being, adjustment, and familial relationships in older people.

This non-probability method enabled the researcher to select individuals who satisfied specified inclusion criteria related to the study's aims, such as the capacity to interpret survey instruments, the lack of acute cognitive impairment, and living in a family environment. However, the purposive nature of the sample restricts the findings' generalizability to the larger older population, particularly those living outside of New Delhi or in institutional care. The study recognizes this issue and proposes that future studies utilize randomized or stratified sampling to increase external validity.

3.8 Data Collection Tools

3.8.1 Psychological Well-Being Scale (PWBS) by Dr. Anjum Ahmed (2021)

The Psychological Well-being Scale (PWBS), developed by Dr. Anjum Ahmed, is designed to assess the overall psychological well-being of individuals across multiple dimensions, making it a comprehensive tool for understanding mental and emotional health. The scale consists of 43 items, which include 24 positive and 19 negative statements. The positive items are scored as 5, 4, 3, 2, and 1, while negative items are reverse-scored as 1, 2, 3, 4, and 5. A higher overall score reflects greater psychological well-being, while a lower score indicates lower well-being.

The PWBS measures eight distinct dimensions:

1. Autonomy – The ability to make independent decisions and regulate one's behavior.
2. Environmental Mastery – Competence in managing one's life circumstances and environment.
3. Personal Growth – Ongoing self-development and the realization of personal potential.
4. Purpose in Life – Having clear goals and a sense of meaning in life.
5. Positive Interpersonal Relationships – The ability to form meaningful and trusting relationships with others.

6. Self-Acceptance – A positive evaluation of oneself, accepting both strengths and weaknesses.

7. Tech Addiction – The level of dependence on technology, especially relevant in contemporary contexts.

8. Health Issues – The impact of physical health on psychological well-being.

The scale was selected for its appropriateness in assessing the mental well-being of elderly participants, as it covers a broad range of life experiences and factors that are pertinent in later stages of life. It has demonstrated adequate psychometric properties, with a Cronbach's alpha reliability coefficient of 0.719, indicating good internal consistency for the scale.

3.8.2 Social Adjustment Scale for the Aged by Dr.Devendra Singh Sisodia &Rachna Khandelwal (2008)

The Social Adjustment Scale for the Aged, developed by Devendra Singh Sisodia and Rachna Khandelwal, is a comprehensive tool designed to assess the social adjustment of elderly individuals aged 60 and above. The scale consists of 50 items, equally divided across five key dimensions:

1. Family– Assesses the individual's relationships and interactions with family members.

2. Spouse– Evaluates the individual's ability to maintain harmony and understanding in their marital relationship.

3. Interpersonal Relations – Measures the ability to establish and sustain social connections outside the family.

4. Health– Reflects the individual's capacity to cope with health-related challenges and physical limitations due to aging.

5. Financial– Assesses how well the individual adapts to financial changes or constraints during old age.

Each dimension contains 10 statements, with 5 positive and 5 negative statements, scored on a Likert scale. Positive items are scored as 5, 4, 3, 2, 1, while negative items are reverse-scored as 1, 2, 3, 4, 5. Higher scores reflect better social adjustment, while lower scores indicate difficulties in adapting to social roles and challenges.

Norms for this scale are based on a sample of individuals aged 60 and above, making it particularly suitable for use with elderly populations. The reliability of the scale was determined by test-retest method and internal consistency method. The test-retest reliability was 0.80 and the internal consistency values for each factor were 0.75, 0.70, 0.64, 0.85 and 0.60 respectively.

3.8.3 WHOQOL BREF Scale

The WHOQOL-BREF is a widely used, standardized tool developed by the World Health Organization to assess quality of life across different populations and contexts. It is a shorter version of the WHOQOL-100 and consists of 26 items that measure four domains of quality of life:

1. Physical Health – Assesses mobility, daily activities, energy levels, and pain/discomfort.
2. Psychological Health – Evaluates self-esteem, bodily image, and emotional well-being.
3. Social Relationships – Measures personal relationships, social support, and sexual activity.
4. Environmental Factors – Reflects financial resources, access to healthcare, and physical safety.

Each item is rated on a 5-point Likert scale, with responses ranging from 1 (very dissatisfied/very poor) to 5 (very satisfied/very good). The scale provides domain scores that reflect an individual's perception of their quality of life in each area.

The WHOQOL-BREF has been widely validated in different cultural settings and is reliable, with internal consistency values (Cronbach's alpha) typically exceeding 0.70 for most domains. The brevity of the scale makes it particularly suitable for use in

elderly populations, minimizing participant fatigue while providing a comprehensive assessment of their quality of life.

3.8.4 Family Environment Scale (FES) by Sanjay Vohra (1998)

The Family Environment Scale (FES), developed by Sanjay Vohra, is designed to assess the social and environmental characteristics of family life. The scale measures various dimensions of family dynamics and interaction patterns, providing insights into how these factors affect individuals' well-being.

The scale consists of 98 items, distributed across seven dimensions:

1. Competitive Framework (Cf) – Assesses the importance shown to achievement oriented or competitive activities (such as school, work, etc.) by the family members.
2. Cohesion (Co) – Measures the degree of commitment, help, support, calm and cohesion displayed by the family members.
3. Expression (Ex) – Reflects the extent to which family members are encouraged to act openly and express their feelings directly.
4. Independence (In) – Evaluates the extent to which family members are independent, self-sufficient, assertive, and make their own decisions.
5. Moral Orientation (Mo) – Assesses the degree of emphasis shown on ethical, moral and religious issues and values by the family members.
6. Organization (Or) – Evaluates the degree of importance given by the family members to clear organization, structure planning, and responsibilities.
7. Recreational Orientation (Ro) – Measures the extent of participation in social, recreational, political, intellectual and cultural activities by the family members.

Each item is scored as 0 or 1, as indicated by the scoring key. These raw scores are the converted to sten scores based on the established norms. The sten of 4-7 indicates average score, sten of 8-10 indicates high and extremely high score and sten of 1-3

indicates low and extremely low scores. There is also a Validity Indicator Score (Vi), used to cross check for response consistency.

The test-retest reliabilities for all dimensions are in an acceptable range, varying from 0.78 to 0.89, and internal consistency values (Cronbach's alpha) typically exceeding 0.70 for most dimensions.

This tool has been widely validated for use with ages of 10 years and above, throughout adulthood, ensuring its applicability for the elderly population in this study. The data obtained from the FES will be analyzed to examine the relationship between family environment and the psychological well-being and quality of life of elderly individuals.

3.8.5 Socio-Economic Status Scale (SESS-BR) by R.L.Bhardwaj (2014)

The Socio-Economic Status Scale (SES), developed by R.L. Bhardwaj, is a standardized tool designed to assess an individual's socio-economic standing. The scale evaluates seven dimensions of socio-economic status, including Social, Family, Education, Profession, Caste, Total Assets and Monthly Income.

The scale consists of 42 items, consisting of five-item probability to the enquiries. Responses are given separately for father, mother and self in the scale. Scoring is done through the scoring keys, in order to calculate the weighted score for each area for father, mother and subject. These areawise total of weighted scores for father, mother and subject are converted into Z scores, which are given at mean 50 and standard deviation 10. Next, the scores are tabulated to calculate the Social Status, Economic Status and Socio-Economic Status under the categories of 'Ascribed', 'Achieved', and 'As A Whole'. Norms for the scale have been provided in the form of T-scores, which can be calculated through the norm tables provided in the test.

The SES scale was administered as part of this study to analyze the impact of socio-economic factors on the variables studied in the current research.

3.9Data Collection Process

3.9.1 Data Collection Timeline

The data collection for this study was conducted over a period of thirteen months, from April 2022 to May 2023.

3.9.2 Method of Data Collection

Data were gathered through face-to-face interviews conducted in both English and Hindi, depending on the languages spoken by the participants. The original scales were translated into Hindi using a forward-backward procedure for ensuring language and cultural validity. This method was chosen to ensure clarity of questions and accommodate elderly participants with literacy limitations.

3.9.3 Data Collection Locations

Data collection occurred in two primary settings: urban areas within New Delhi and rural villages in and surrounding the city. Participants were recruited from their local communities, with the interviews conducted at their homes.

3.9.4 Ethical Considerations

Before data collection began, informed consent was obtained from all participants. They were informed of the purpose of the study, their right to withdraw at any time, and assurances of confidentiality. Given the involvement of elderly participants and the use of multiple questionnaires, the data collection process was conducted in two separate sittings to minimize participant fatigue and reduce the likelihood of rushed or fabricated responses. This approach ensured that participants had adequate time and mental clarity to thoughtfully consider each item, thereby improving the reliability and accuracy of the data collected.The study adhered to the principles outlined in the Declaration of Helsinki and its subsequent revisions, ensuring ethical conduct throughout the research process. Prior to enrolment, all participants provided informed consent in writing, demonstrating their understanding and voluntary participation in the study.

3.9.5 Challenges Encountered

Some participants, especially in rural areas expressed initial hesitation about participating in the study due to concerns about privacy. This was addressed by providing clear explanations of the study's purpose and ensuring participants that their data would remain confidential.

3.10Data Analysis

The data collected from the questionnaires was analyzed using a combination of descriptive and inferential statistical techniques. These analyses aimed to explore the relationships between psychological well-being, adjustment, and quality of life in elderly participants and to test the study's hypotheses.

3.10.1 Descriptive Statistics

Descriptive statistics were employed to summarize the demographic characteristics of the participants, including age, gender, and residential location (urban or rural). Means, standard deviations, frequencies, and percentages were used to provide an overview of participants' responses to each of the five questionnaires.

3.10.2 Inferential Statistics

To examine the relationships between psychological well-being, adjustment, and quality of life, Pearson correlation coefficients were calculated. Independent t-tests and ANOVA were conducted to assess differences between urban and rural participants, as well as gender differences. Differences among different socio-economic groups were also examined. Multiple regression analysis was used to identify predictors of quality of life, with psychological well-being and adjustment entered as independent variables.

3.10.3 Software

All analyses were conducted using **SPSS (version 20)**, a widely used statistical package for social science research. SPSS 20 provides robust tools for managing and

analyzing large datasets, making it suitable for the analysis of psychological well-being, adjustment, and quality of life in this study.

3.10.4 Confounding Variables

To limit the impact of potential confounding variables, demographic characteristics such as gender, residence location (urban/rural), and socioeconomic level were included in the study via independent t-tests and ANOVA. This enabled the researchers to examine how psychological well-being, adjustment, quality of life, and family connections differed among demographic groups.

While education was not included as a separate statistical covariate, the inclusion criteria—specifically, selecting retired adults who could read and write—guaranteed a baseline level of educational achievement. This acted as an implicit control for vast variations in reading and comprehension abilities. Nonetheless, the lack of rigorous statistical controls in education is seen as a limitation. Future study might use educational background as a covariate to investigate its independent impact on senior well-being and family dynamics.

3.11Ethical Considerations

3.11.1 Informed Consent

Informed consent was obtained from all participants before data collection began. Participants were informed of the study's purpose, the voluntary nature of their participation, and their right to withdraw at any point without penalty. Written consent was obtained, ensuring that all participants fully understood the nature of the research.

3.11.2 Confidentiality and Anonymity

To maintain confidentiality, unique identification codes were assigned to each participant, and personal information was kept separate from the research data. The data was stored securely, and access was restricted to the research team. Anonymity was preserved during data reporting and analysis.

3.11.3 Ethical Approval

The study adhered to the principles outlined in the Declaration of Helsinki and its subsequent revisions, ensuring ethical conduct throughout the research process. Prior to enrolment, all participants provided informed consent in writing, demonstrating their understanding and voluntary participation in the study.

3.11.4 Vulnerable Population

Given the vulnerability of the elderly population, special considerations were made to accommodate their needs. Data collection was conducted in a respectful manner, with support offered for participants who needed assistance in understanding or responding to the questionnaires. The researchers also ensured that participants had the option to pause or reschedule the interviews if they felt fatigued.

3.11.5 Minimizing Harm and Discomfort

To minimize potential harm or discomfort, the data collection was spread over two sittings to reduce fatigue. Participants were encouraged to take breaks if needed, and any signs of discomfort were addressed immediately.

3.12Limitations of the Study

While this study provides valuable insights into the relationship between psychological well-being, adjustment, and quality of life in elderly populations, certain limitations must be acknowledged.

3.12.1 Sampling Bias

As purposive sampling was employed, the sample may not be fully representative of the general elderly population. This could affect the generalizability of the findings to other populations.

3.12.2 Geographical Limitations

The study was conducted exclusively in urban and rural areas of New Delhi, which may limit the applicability of the findings to elderly populations in other regions or countries.

3.12.3 Self-Report Data

The use of self-reported questionnaires raises the potential for response bias, particularly among elderly participants, who may be subject to recall difficulties or social desirability bias.

3.12.4 Participant Fatigue

Although data collection was split into two sittings to reduce fatigue, some participants may still have experienced discomfort or tiredness, potentially influencing their responses.

3.12.5 Cross-Sectional Design

The cross-sectional nature of this study limits the ability to draw conclusions about causal relationships between the key variables. A longitudinal design would be needed to explore how these relationships evolve over time.

3.12.6 Cultural Context

The cultural context of New Delhi, India, must be considered when interpreting the results. The findings may not fully apply to elderly populations in different cultural settings, and further cross-cultural research is recommended.

3.13 Summary

In this chapter, the research design, sample selection, tools, and data collection procedures were outlined in detail, providing the methodological foundation for the study. The purposive sampling method allowed for the selection of a targeted

population of elderly individuals from both urban and rural areas. The administration of five questionnaires spread over two sittings ensured data quality by reducing participant fatigue. Data analysis will be conducted using SPSS version 20, applying both descriptive and inferential statistics to test the study's hypotheses.

Ethical considerations were carefully addressed, ensuring informed consent, confidentiality, and the well-being of participants throughout the data collection process. Limitations of the study, including the use of purposive sampling, geographical constraints, and potential biases inherent in self-report measures, were acknowledged.

The methodologies employed in this study are appropriate for addressing the research questions and will enable a comprehensive analysis of the relationships between psychological well-being, adjustment, and quality of life in elderly populations.

RESULTS AND DISCUSSION

4.1 Overview

This chapter demonstrates the findings of the statistical analyses conducted to investigate the influence of psychological well-being and adjustment on the quality of life and family relationships of the elderly. The findings are examined in light of the study's aims and assumptions, with comparisons made across gender, socioeconomic strata, and rural-urban groups. Key statistical tests including descriptive statistics, regression analyses, ANOVA, t-tests and Correlation are used to investigate the relationships among various variables. The findings are discussed in light of past studies and hypotheses about psychological well-being, adjustment, and ageing.

4.2 Baseline Characteristics of the Study Population

Table 1

Sociodemographic Characteristics of Participants at Baseline

Baseline Characteristic	n
Type of Residence	
Urban	213
Rural	187
Gender	
Male	190
Female	210
Socio-Economic Status	
Upper	30
Upper Middle	104
Middle	204
Upper Lower	62
Lower	0

Table 1 provides the baseline characteristics of the sample population. The study sample consisted of a total of 400 participants, aged 65-75 years. The distribution

based on the **type of residence** showed that 213 participants (53.25%) resided in urban areas, while 187 participants (46.75%) were from rural areas.

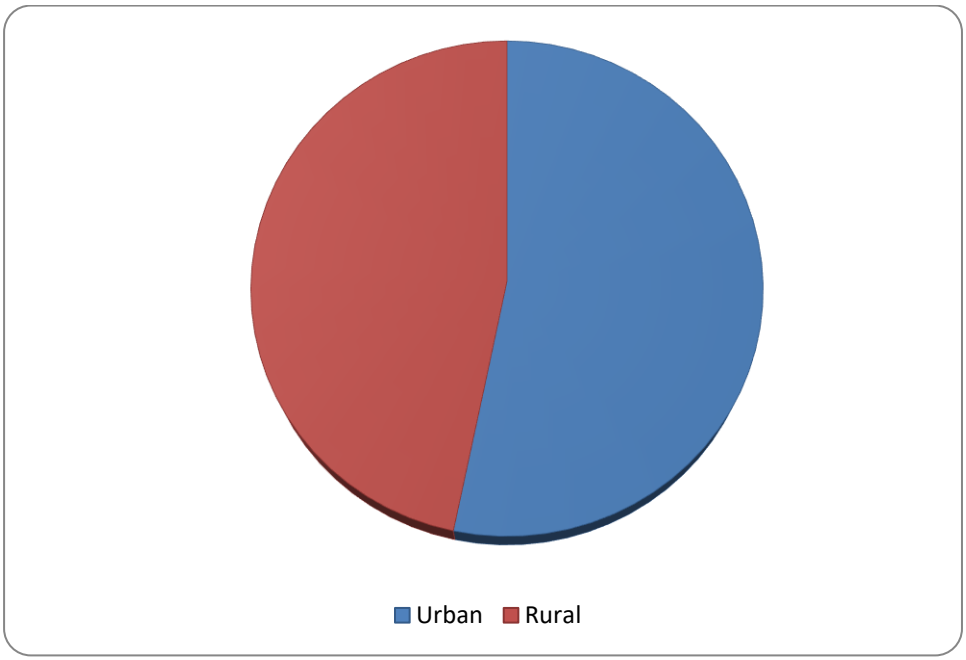

Fig 8: *Number of Participants Based on Type of Residence*

Regarding **gender**, the sample included 190 males (47.5%) and 210 females (52.5%), demonstrating a slightly higher representation of females in the study.

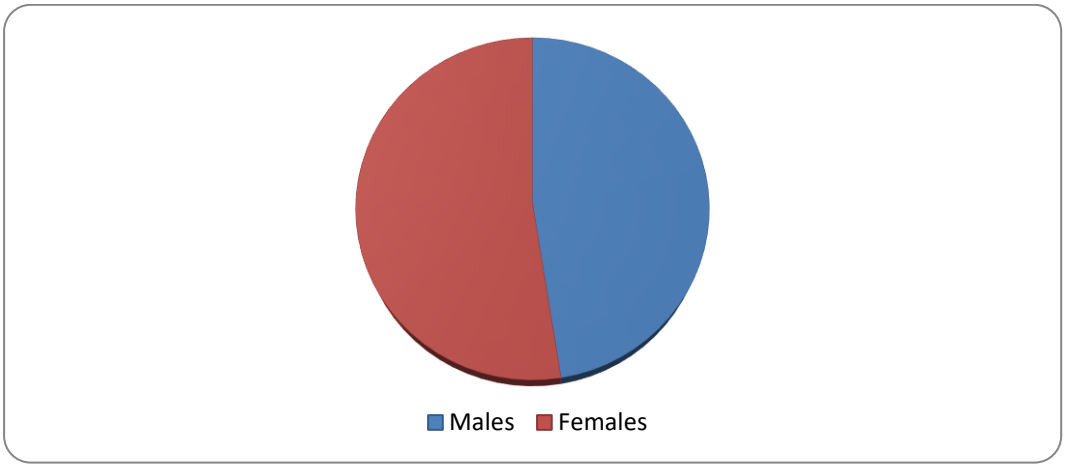

Fig 9: *Number of Participants Based on Gender*

The participants were also categorized according to their **socio-economic status (SES)**. The majority belonged to the middle socio-economic class, with 204

participants (51%). This was followed by the upper middle class with 104 participants (26%), and the upper lower class with 62 participants (15.5%). A small proportion of the sample (30 participants or 7.5%) belonged to the upper class, while none were from the lower socio-economic status.

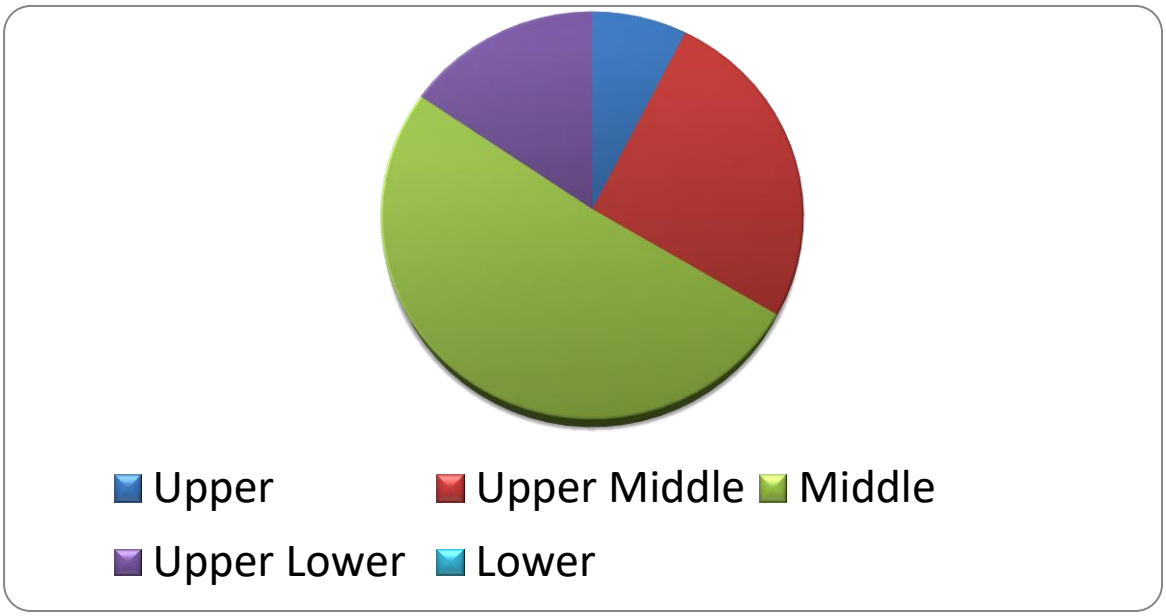

Fig 10: *Number of Participants Based on Socio-Economic Status*

This baseline demographic profile provides an overview of the diversity within the sample, allowing for comparisons based on residence, gender, and socio-economic status in the subsequent analyses.

4.3 Descriptive Analyses

Table 2

Descriptive Analyses for Variables of Study (N=400)

Variable	Mean	SD
	Psychological Well-Being	
Autonomy	14.4875	2.69593
Environmental Mastery	15.1250	2.48995
Personal Growth	25.0825	3.93757
Purpose In Life	27.4450	4.32999
Positive Inter Relations	23.0100	3.00374
Self-Acceptance	11.7000	1.88385
Tech Compulsion/Addiction	12.0475	1.77005
Health Issues	20.9000	1.79808
PWB Total	149.7975	15.32657
	Adjustment	
Family	33.4375	1.99526
Spouse	29.7025	3.04420
Interpersonal Relationship	32.2575	2.42506
Health	30.7725	3.69796
Finance	33.6075	3.05971
Total Adjustment	159.7775	9.11404
	Quality Of Life	
Physical	68.2475	9.26016
Psychological	67.4825	7.00660
Environmental	70.8275	12.92867
Social	72.3275	11.70439
Overall QOL	69.7213	6.82082
	Family Relationships	
Competitive Framework	8.1225	1.19418
Cohesion	8.8400	.97559
Expression	7.2650	2.45864
Independence	5.5750	2.56336
Moral Orientation	7.1150	2.25821
Organisation	8.7800	1.00953
Recreational Orientation	5.5325	2.45745
Overall Family Relationship	7.3185	.73628

The descriptive analysis (Table 2) provides an initial understanding of the older participants' psychological well-being, adjustment, quality of life, and family connections (N=400). Mean ratings reflect the individuals' overall psychological and social health.

In the category of psychological well-being, Purpose in Life had the highest mean score (M = 27.45, SD = 4.33), showing that senior people have a strong sense of purpose. Self-Acceptance, on the other hand, had the lowest mean score (M = 11.70, SD = 1.88), indicating that many participants may be having difficulty embracing their lives and themselves at this point. The total psychological well-being score (M = 149.79, SD = 15.33) indicates above average overall well-being.

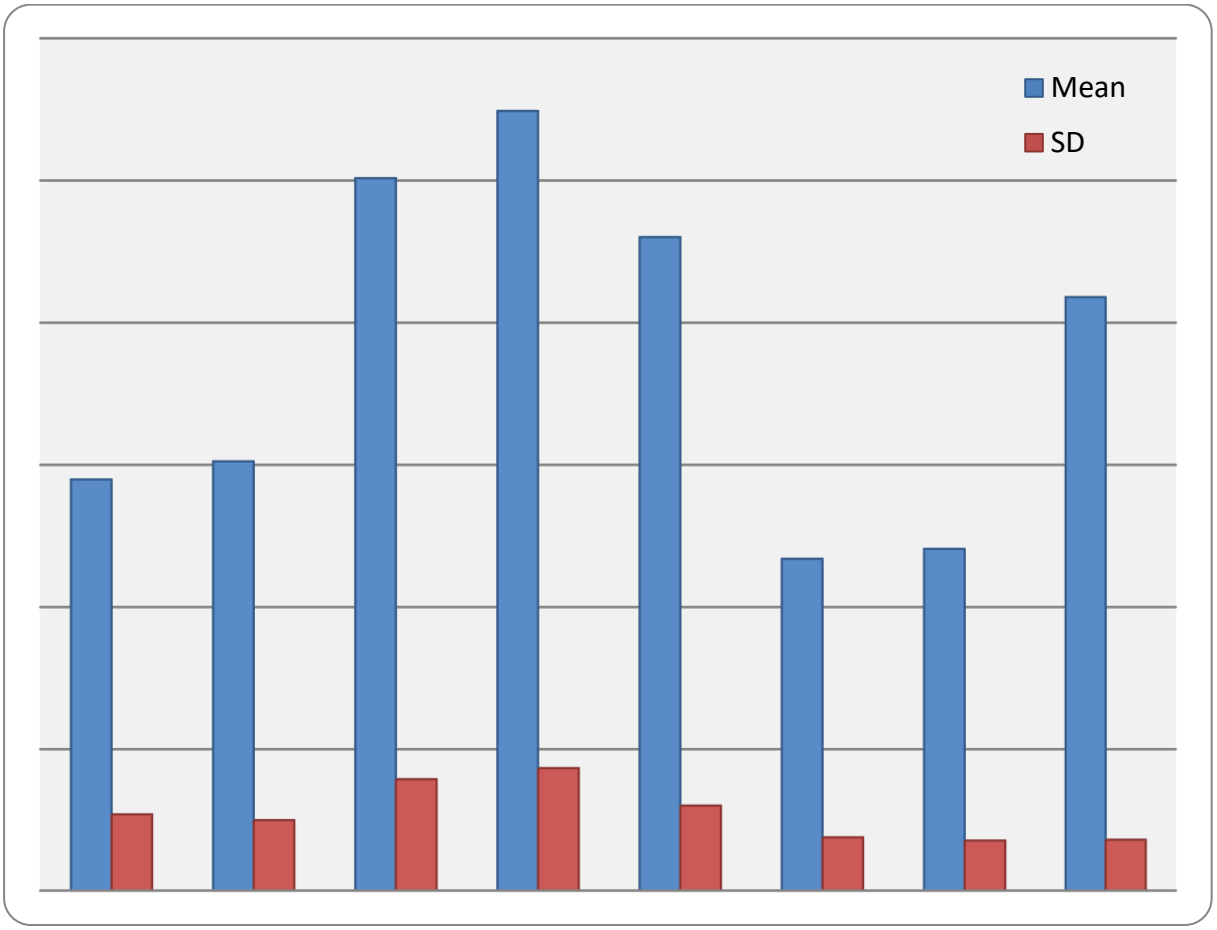

Fig 11: Means and Standard Deviations for Domains of Psychological Well-Being

In terms of adjustment, the Finance component had the highest mean score (M = 33.60, SD = 3.06), indicating that the individuals have some amount of financial stability. Spouse Adjustment, on the other hand, had a much lower mean (M = 29.70, SD = 3.04), indicating possible challenges in marital or partner relationships later in life. The total adjustment score (M = 159.78, SD = 9.11) indicates a moderate amount of adjustment overall.

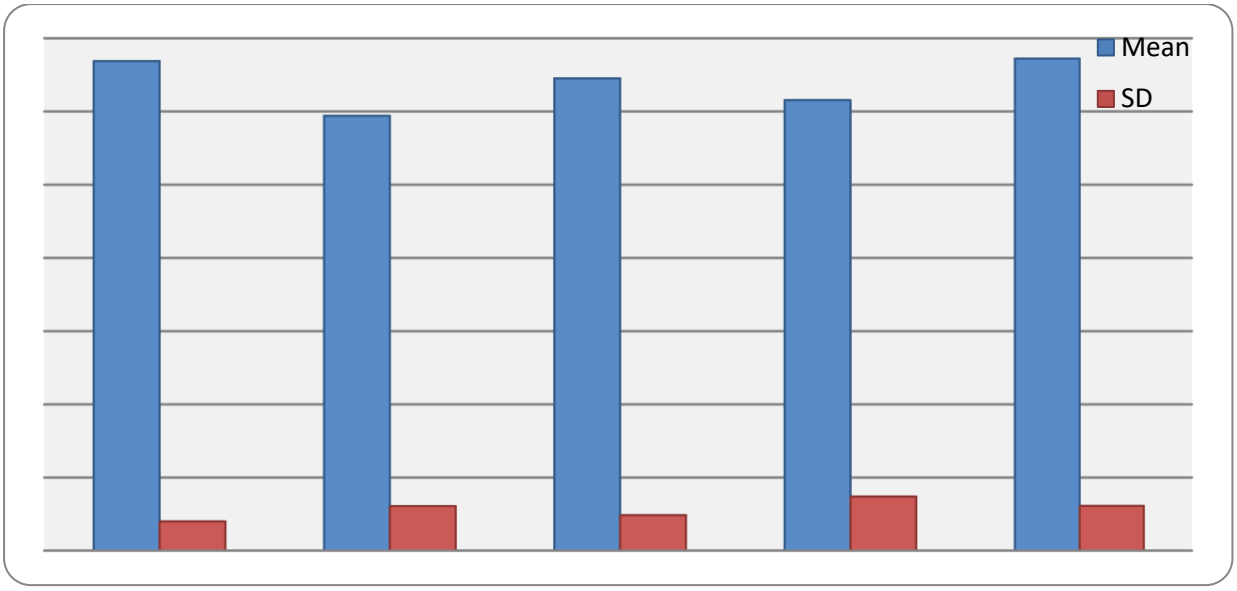

Fig 12: Means and Standard Deviations for Domains of Adjustment

Quality of Life ratings are particularly high in the Social area (M = 72.33, SD = 11.70), indicating the importance of social support and networks in the lives of the elderly. Physical Quality of Life was poorer (M = 68.25, SD = 9.26), indicating frequent health difficulties linked with ageing.

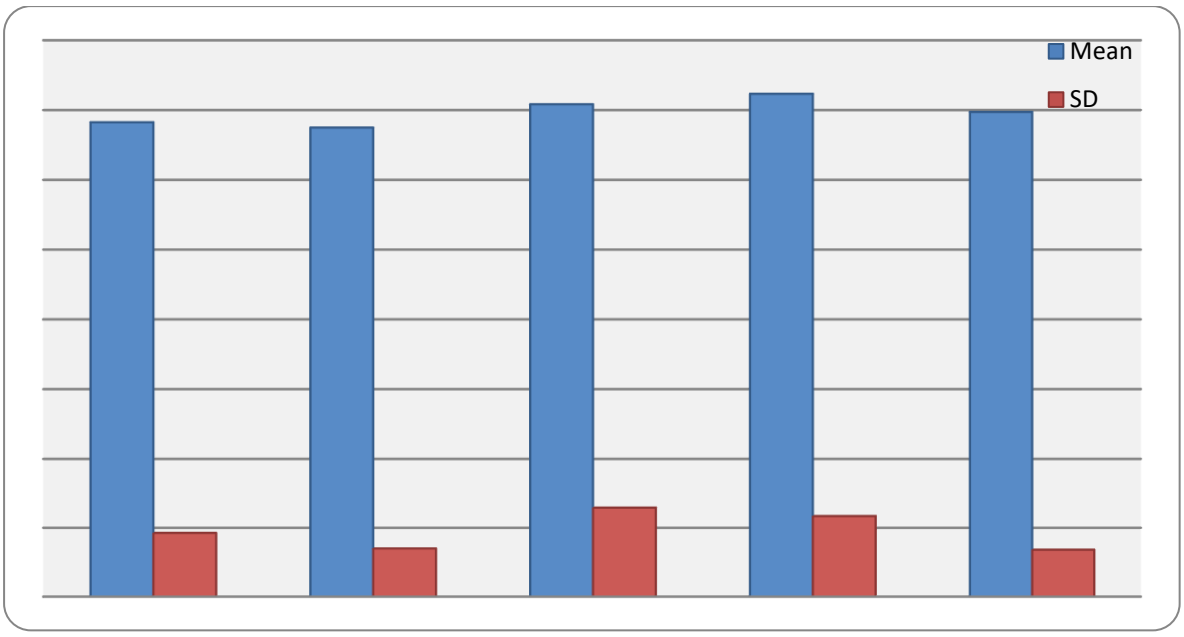

Fig 13: Means and Standard Deviations for Domains of Quality of Life

Family connections had relatively high cohesiveness (M = 8.84, SD = 0.98) but lower scores in Recreational Orientation (M = 5.53, SD = 2.46), indicating that while families may be close, shared activities may be restricted.

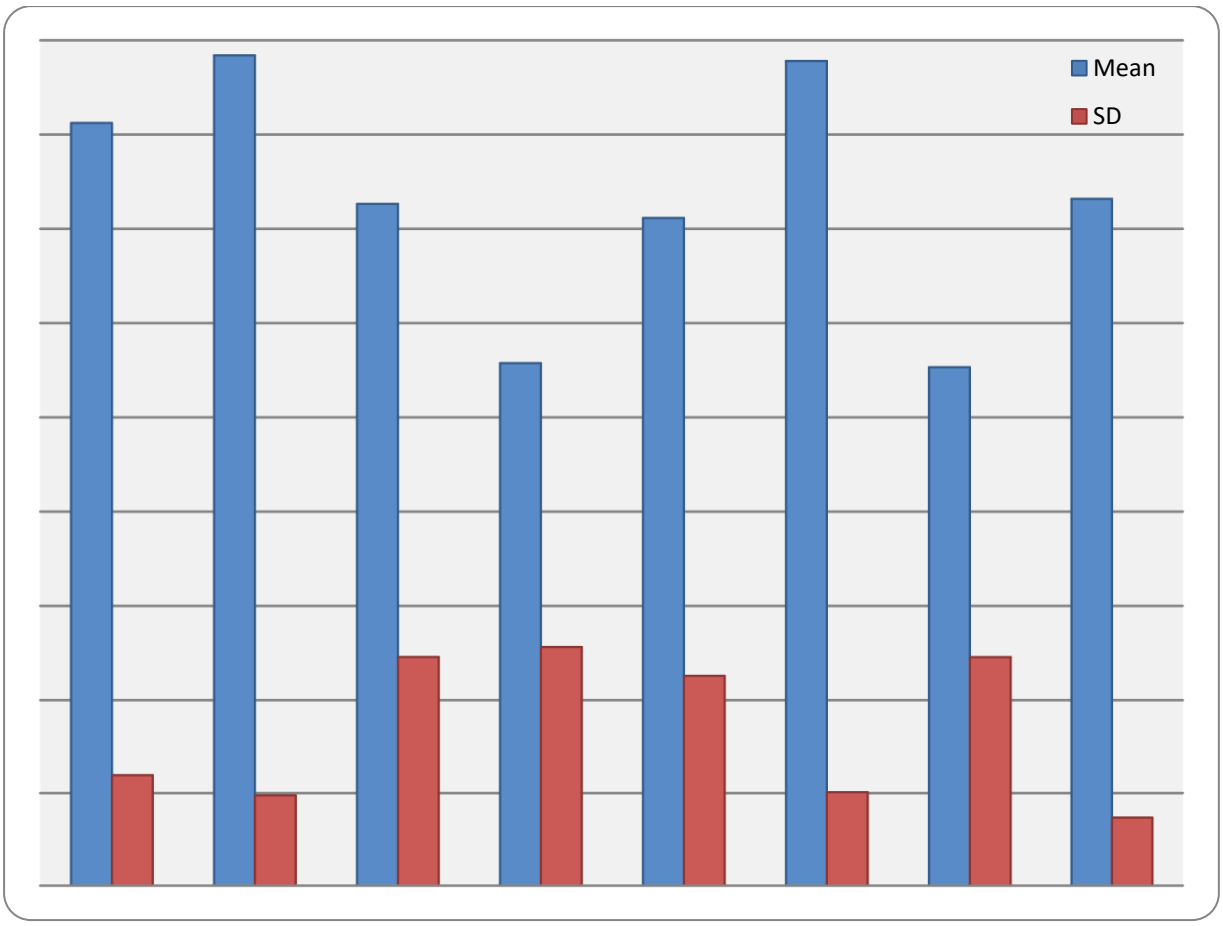

Fig 14: Means and Standard Deviations for Domains of Family Relationships

4.4 Impact of Psychological Well-Being on Quality of Life

Table 3

Regression Analysis highlighting the impact of Psychological Well-Being on Quality of Life

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	45.753	3.134		14.597	.000[a]
	PWB TOTAL	.160	.021	.360	7.687	.000[a]

a. Dependent Variable: OVERALL QOL

Note. Fit for Model R^2=.129; Adjusted R^2=.127, F = 59.085, p<.001

Table 3 highlights the regression analysis exploring the relationship between psychological well-being and the overall quality of life (QOL) among older adults. The results indicate a moderate positive correlation (R = 0.360) between psychological well-being and overall quality of life. Approximately 12.9% of the variance in the overall quality of life can be explained by psychological well-being, as evidenced by the R Square value. The regression model as a whole is statistically significant (F = 59.085, p < 0.001), suggesting that psychological well-being significantly predicts overall quality of life among older adults. The standardized Beta coefficient (**β = 0.360**, **p < 0.001**) indicates a moderate positive relationship, meaning that higher psychological well-being leads to better quality of life.Specifically, for each one-unit increase in psychological well-being, the overall quality of life is expected to increase by 0.160 units. These findings are in line with existing literature, which consistently emphasizes the role of psychological factors in enhancing life satisfaction in older adults. Programs aimed at improving autonomy, self-acceptance, and positive relations could thus significantly contribute to a better quality of life.

4.5 Impact of Adjustment on Quality of Life

Table 4

Regression Analysis highlighting the impact of Adjustment on Quality of Life

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	30.613	5.673		5.396	.000[a]
	TOTAL ADJUSTMENT	.245	.035	.327	6.905	.000[a]

Dependent Variable: OVERALL QOL

Note. Fit for Model R^2=.107; Adjusted R^2=.105, F = 47.674, p<.001

Table 4 represents the regression analysis examining the impact of the nature of adjustment on the overall quality of life (QOL) of older adults. The results indicate a

moderate positive correlation (R = 0.327) between the nature of adjustment and overall quality of life. Approximately 10.7% of the variance in the overall quality of life can be explained by the nature of adjustment, as indicated by the R Square value. The regression model as a whole is statistically significant (F = 47.674, p < 0.001), suggesting that the nature of adjustment significantly predicts overall quality of life among older adults. The standardized Beta coefficient (**β = 0.327**, **p < 0.001**) suggests a moderate positive correlation, implying that better adjustment leads to a higher quality of life. Specifically, for each one-unit increase in the nature of adjustment, the overall quality of life is expected to increase by 0.245 units. These findings underscore the importance of adjustment strategies in influencing the overall quality of life of older adults, emphasizing the potential benefits of effective adjustment techniques for promoting well-being in later life.

4.6 Impact of Psychological Well-Being on Family Relationships

Table 5

Regression Analysis highlighting the impact of Psychological Well-Being on Family Relationships

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.788	.282		9.896	.000
	PWB TOTAL	.030	.002	.630	16.167	.000

Dependent Variable: OVERALL FAMILY RELATIONSHIP

Note. Fit for Model R^2=.396; Adjusted R^2=.395, F = 261.365, p<.001

A simple linear regression was conducted to examine the impact of psychological well-being on family relationships among elderly individuals. The results, as presented in Table 5, indicate that psychological well-being significantly predicts family relationships, F = 261.365, p < .001, with an R^2 value of .396. This suggests

that psychological well-being accounts for approximately 39.6% of the variance in overall family relationships.

The unstandardized regression coefficient (B = .030, p < .001) indicates that for every one-unit increase in psychological well-being, there is a 0.030-unit increase in family relationship scores. Additionally, the standardized beta coefficient (β = .630, p < .001) suggests a strong positive relationship between the two variables. The intercept (B = 2.788, p < .001) represents the predicted value of family relationships when psychological well-being is zero. These findings highlight that psychological well-being plays a crucial role in shaping family relationships, reinforcing the importance of mental and emotional health in maintaining strong familial bonds among older adults.

4.7 Impact of Adjustment on Family Relationships

Table 6

Regression Analysis highlighting the impact of Adjustment on Family Relationships

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.166	.594		3.646	.000
	TOTAL ADJUSTMENT	.032	.004	.399	8.685	.000

Dependent Variable: OVERALL FAMILY RELATIONSHIP

Note. Fit for Model R^2=.159; Adjusted R^2=.157, F = 75.434, p<.001

A simple linear regression was conducted to assess the impact of adjustment on family relationships among elderly individuals. As shown in Table 6, the regression model was statistically significant, F(1, 398) = 75.434, p < .001, indicating that adjustment plays a meaningful role in predicting family relationships. The R^2 value of .159 suggests that 15.9% of the variance in overall family relationships is explained by adjustment.

The unstandardized regression coefficient (B = .032, p < .001) indicates that for every one-unit increase in adjustment, the overall family relationship score increases by 0.032 units. The standardized beta coefficient (β = .399, p < .001) suggests a moderate positive relationship between adjustment and family relationships. The intercept (B = 2.166, p < .001) represents the predicted value of family relationships when adjustment is zero. These findings highlight that while adjustment significantly contributes to family relationships, its impact is comparatively lower than that of psychological well-being, as seen in the previous regression analysis. Nonetheless, the results emphasize the importance of effective adjustment in fostering healthy family dynamics among older adults.

4.8 Combined Impact of Psychological Well-Being and Adjustment on Quality of Life

Table 7

Multiple Regression Analysis highlighting the impact of Psychological Well-Being and Adjustment on Quality of Life

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	31.708	5.550		5.713	.000
	TOTAL ADJUSTMENT	.131	.043	.176	3.052	.002**
	PWB TOTAL	.114	.026	.255	4.440	.000*

Dependent Variable: OVERALL QOL

Note. Fit for Model R .386; R^2=.149; Adjusted R^2=.145, F = 34.817, *p<.001, **p<.005

A multiple regression analysis was conducted to examine the combined impact of psychological well-being and adjustment on the quality of life among elderly individuals. As shown in Table 7, the overall model was statistically significant, F = 34.817, p < .001, indicating that both psychological well-being and adjustment significantly contribute to explaining variations in quality of life.

The R^2 value of .149 suggests that the model explains 14.9% of the variance in overall quality of life, while the Adjusted R^2 of .145 accounts for potential overfitting. Among the predictors, psychological well-being (B = .114, p < .001) exhibited a stronger influence on quality of life, with a standardized beta coefficient (β = .255), indicating a moderate positive effect. Adjustment (B = .131, p = .002) also showed a significant contribution, with a standardized beta coefficient (β = .176), suggesting a weaker but still meaningful positive impact on quality of life.

The intercept (B = 31.708, p < .001) represents the predicted baseline quality of life score when psychological well-being and adjustment are at zero. These findings highlight that both psychological well-being and adjustment are significant predictors of quality of life, with psychological well-being demonstrating a comparatively stronger effect. The results underscore the importance of maintaining psychological well-being and adaptive adjustment strategies to enhance the overall quality of life in older adults.

4.9 Combined Impact of Psychological Well-Being and Adjustment on Family Relationships

Table 8

Multiple Regression Analysis highlighting the impact of Psychological Well-Being and Adjustment on Family Relationships

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.447	.504		4.853	.000
	PWB TOTAL	.029	.002	.606	12.524	.000*
	TOTAL ADJUSTMENT	.003	.004	.039	.815	.415

Dependent Variable: OVERALL FAMILY RELATIONSHIP

Note. Fit for Model R .630a R^2=.397; Adjusted R^2=.394, F = 130.905, *p<.001

Table 8 represents the regression analysis exploring the relationship between psychological well-being (PWB), adjustment, and overall family relationships among older adults. The results indicate a strong positive correlation (R = 0.630) between the combined effects of psychological well-being and adjustment and overall family relationships. Approximately 39.7% of the variance in overall family relationships can be explained by psychological well-being and adjustment, as indicated by the R Square value. The regression model as a whole is statistically significant ($F = 130.905$, $p < 0.001$), suggesting that the combination of psychological well-being and adjustment significantly predicts overall family relationships among older adults.

When examining the individual contributions of the predictor variables, psychological well-being has a highly significant positive effect on overall family relationships ($\beta = 0.606$, $p < 0.001$). However, the effect of adjustment on family relationships is not statistically significant ($\beta = 0.039$, $p = 0.415$).

4.10 Comparative Analysis: Socio-Economic, Rural/Urban, and Gender Differences

Table 9

ANOVA comparing the Quality of Life and Family Relationships Between Elderly Belonging To Upper And Lower Socio-Economic Strata

		Sum of Squares	df	Mean Square	F	Sig.
OVERALL FAMILY RELATIONSHIP	Between Groups	65.074	3	21.691	56.801	.000
	Within Groups	151.227	396	.382		
	Total	216.302	399			
OVERALL QOL	Between Groups	1874.049	3	624.683	14.823	.000
	Within Groups	16688.870	396	42.144		
	Total	18562.919	399			

Note. p<.001

Table 9 reveals insights into the impact of socio-economic strata on family relationships and quality of life among elderly individuals. In terms of family relationships, the analysis indicates a substantial difference between the upper and

lower socio-economic strata (F = 56.801, p < 0.001), with the variability between groups (65.074) suggesting distinct patterns in family dynamics across these strata. Similarly, for quality of life, there are significant differences between socio-economic groups (F = 14.823, p < 0.001), reflecting varying levels of well-being between the upper and lower strata. Upper socio-economic strata exhibit significantly better family relationships (F = 56.801, p < 0.001) and quality of life (F = 14.823, p < 0.001), suggesting the importance of financial stability.

Table 10

Independent Samples t-Test comparing the Quality of Life and Family Relationships Between Elderly Residing in Urban vs Rural Areas

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
OVERALL FAMILY RELATIONSHIP	Equal variances assumed	4.206	.041	22.321	398	.000	1.09889	.04923	1.00211	1.19568
	Equal variances not assumed			22.191	379.709	.000	1.09889	.04952	1.00152	1.19626
OVERALL QOL	Equal variances assumed	28.351	.000	8.223	398	.000	5.20322	.63274	3.95929	6.44715

	Equal variances not assumed	8.406	380.732	.000	5.20322	.61900	3.98612	6.42032

Table 10 provides a comparative overview of the mean scores for overall family relationships and quality of life (QOL) among old age people living in rural and urban areas. In urban areas, the mean score for overall family relationships is 7.8322 (SD = 0.47013), while in rural areas, it is slightly lower at 6.7333 (SD = 0.51431). Similarly, for overall QOL, urban dwellers exhibit a higher mean score of 72.1538 (SD = 7.22116) compared to their rural counterparts, who have a mean score of 66.9505 (SD = 5.08647).

The independent samples t-test reveals significant differences between urban and rural areas in both overall family relationships and QOL. For overall family relationships, assuming equal variances, the t-test yields a significant difference ($t = 22.321$, $df = 398$, $p < 0.001$), with urban dwellers reporting significantly higher scores than rural residents. When equal variances are not assumed, the difference remains significant ($t = 22.191$, $df = 379.709$, $p < 0.001$). Similarly, for overall QOL, assuming equal variances, the t-test shows a significant difference ($t = 8.223$, $df = 398$, $p < 0.001$), with urban residents reporting higher scores. When equal variances are not assumed, the difference remains significant ($t = 8.406$, $df = 380.732$, $p < 0.001$). These findings suggest that factors related to psychological well-being and adjustment may vary significantly between urban and rural environments, impacting the quality of life and family relationships of older adults differently across these settings.

Table 11

Independent Samples t-Test between Quality of life and Family Relationships among Elderly Males and Females

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
OVERALL FAMILY RELATIONSHIP	Equal variances assumed	92.162	.000	3.998	398	.000	.28932	.07237	.14704	.43160
	Equal variances not assumed			4.097	342.888	.000	.28932	.07062	.15042	.42822
OVERALL QOL	Equal variances assumed	10.299	.001	6.829	398	.000	4.41817	.64694	3.14633	5.69001
	Equal variances not assumed			6.785	377.869	.000	4.41817	.65121	3.13771	5.69863

Table 11 offers insights into the mean scores for overall family relationships and quality of life (QOL) among elderly individuals, categorized by gender. Among males, the mean score for overall family relationships is 7.4704 (SD = 0.51016), while females have a slightly lower mean score of 7.1810 (SD = 0.87157). Similarly, for overall QOL, males have a higher mean score of 72.0408 (SD = 6.89567) compared to females, who have a mean score of 67.6226 (SD = 6.04163).

The independent samples t-test reveals significant differences between genders in both overall family relationships and QOL. For overall family relationships, assuming

equal variances, the t-test indicates a significant difference ($t = 3.998$, $df = 398$, $p < 0.001$), with males reporting higher scores than females. The difference remains significant when equal variances are not assumed ($t = 4.097$, $df = 342.888$, $p < 0.001$). Likewise, for overall QOL, assuming equal variances, the t-test shows a significant difference ($t = 6.829$, $df = 398$, $p < 0.001$), with males reporting higher scores. The difference remains significant when equal variances are not assumed ($t = 6.785$, $df = 377.869$, $p < 0.001$). These findings suggest that gender differences significantly influence the impact of psychological well-being and adjustment on the quality of life and family relationships of older adults, highlighting the importance of considering gender-specific factors in interventions aimed at improving well-being in later life.

4.11 Further Analysis

4.11.1 Correlation

Table 12

Correlational Analyses Between Study Variables

		Overall family relationship	Total adjustment	Overall QoL	PWB total
Overall family relationship	Pearson Correlation	1	.399**	.292**	.630**
	Sig. (2-tailed)		<.001	<.001	<.001
	N	400	400	400	400
Total adjustment	Pearson Correlation	.399**	1	.327**	.593**
	Sig. (2-tailed)	<.001		<.001	<.001
	N	400	400	400	400
Overall QoL	Pearson Correlation	.292**	.327**	1	.360**
	Sig. (2-tailed)	<.001	<.001		<.001
	N	400	400	400	400
PWB total	Pearson Correlation	.630**	.593**	.360**	1
	Sig. (2-tailed)	<.001	<.001	<.001	
	N	400	400	400	400

**. Correlation is significant at the 0.01 level (2-tailed).

Table 12 presents the Pearson correlation coefficients between Overall Family Relationship, Total Adjustment, Overall Quality of Life (QOL), and Total Psychological Well-Being (PWB) among the elderly participants. The correlations provide insight into the strength and direction of the relationships between these variables. All correlations reported are significant at the 0.01 level (2-tailed).

Overall Family Relationship is positively correlated with Total Adjustment ($r = .399$, $p < .001$), Overall QOL ($r = .292$, $p < .001$), and Total PWB ($r = .630$, $p < .001$). This indicates that better family relationships are associated with higher adjustment levels, better quality of life, and improved psychological well-being.

Total Adjustment shows a moderate positive correlation with Overall QOL ($r = .327$, $p < .001$) and a strong positive correlation with Total PWB ($r = .593$, $p < .001$). These findings suggest that individuals with higher levels of adjustment also report better overall quality of life and psychological well-being.

Overall QOL is positively correlated with Total PWB ($r = .360$, $p < .001$), indicating that better quality of life is linked to higher psychological well-being.

The strongest correlation observed is between Overall Family Relationship and Total PWB ($r = .630$, $p < .001$), suggesting a significant relationship between family relationships and psychological well-being in old age.

These findings highlight the interconnected nature of family relationships, adjustment, quality of life, and psychological well-being, suggesting that improvements in one domain may positively impact the others.

Table 13

Correlational Matrix for Domains of Study Variables

	Autonomy	Environmental Mastery	Personal Growth	Purpose In Life	Positive Inter Relations	Self-Acceptance	Tech Compulsion/Addiction	Health Issues	Competitive Framework	Cohesion	Expression	Independence	Moral Orientation	Organisation	Recreational Orientation	Family Adjustment	Spouse Adjustment	Interpersonal Relationship	Health Adjustment	Finance Adjustment	Physical QoL	Psychological QoL	Environmental QoL	Social QoL
Autonomy	1	.703**	.700**	.588**	.644**	.644**	.129*	-.176*	-.414**	.287**	.695**	.781**	-.759**	-.312**	.762**	.000	.598**	-.122*	.595**	.276**	-.064	-.160**	.501**	.405**
Environmental Mastery	.703**	1	.743**	.636**	.487**	.655**	.107*	-.015	-.354**	.305**	.662**	.756**	-.752**	-.380**	.734**	.074	.534**	-.067	.563**	.177**	-.067	-.183**	.427**	.291**
Personal Growth	.700**	.743**	1	.635**	.533**	.558**	.038	-.088	-.336**	.220**	.612**	.738**	-.753**	-.340**	.759**	.049	.512**	-.074	.594**	.285**	-.085	-.201**	.485**	.357**
Purpose In Life	.588**	.636**	.635**	1	.660**	.620**	-.047	-.012	-.341**	.132**	.451**	.653**	-.713**	-.309**	.709**	.171**	.461**	.006	.568**	.335**	-.147**	-.127**	.523**	.389**
Positive Inter Relations	.644**	.487**	.533**	.660**	1	.479**	-.149**	-.100**	-.364**	.084	.398**	.569**	-.651**	-.222**	.635**	.119**	.487**	.002	.530**	.430**	-.131**	-.155**	.521**	.421**
Self-Acceptance	.644**	.655**	.558**	.620**	.479**	1	.075	-.077	-.359**	.218**	.615**	.685**	-.691**	-.330**	.698**	.033	.533**	-.147**	.560**	.258**	-.029	-.077	.452**	.364**
Tech Compulsion/Addiction	.129**	.107**	.038	-.047	-.149**	.075	1	.044	.060	.089	.105**	.076	-.048	-.169**	.038	.105**	-.080	.033	.025	-.196**	-.061	-.054	-.148**	-.174**

Health Issues	-.176**	-.015	-.088	-.012	-.100*	-.077	.044	1	.034	-.032	-.155**	-.129**	.092	.033	-.072	-.026	-.130**	.052	-.081	.001	-.065	.065	-.022	-.033
Competitive Framework	-.414**	-.354**	-.336**	-.341**	-.364**	-.359**	.060	.034	1	-.177**	-.429**	-.434**	.507**	.243**	-.439**	.023	-.397**	.209**	-.312**	-.248**	-.040	.094	-.368**	-.297**
Cohesion	.287**	.305**	.220**	.132**	.084	.218**	.089	-.032	-.177**	1	.547**	.402**	-.251**	-.074	.306**	-.030	.300**	-.166**	.185**	-.048	.073	.035	.143**	.054
Expression	.695**	.662**	.612**	.451**	.398**	.615**	.105**	-.155**	-.429**	.547**	1	.837**	-.725**	-.333**	.750**	-.054	.611**	-.281**	.522**	.155**	.083	-.140**	.395**	.274**
Independence	.781**	.756**	.738**	.653**	.569**	.685**	.076	-.129**	-.434**	.402**	.837**	1	-.860**	-.386**	.868**	.041	.669**	-.181**	.658**	.252**	-.007	-.164**	.534**	.397**
Moral Orientation	-.759**	-.752**	-.753**	-.713**	-.651**	-.691**	-.048	.092	.507**	-.251**	-.725**	-.860**	1	.443**	-.871**	-.116**	-.626**	.105**	-.680**	-.330**	.071	.196**	-.575**	-.423**
Organisation	-.312**	-.380**	-.340**	-.309**	-.222**	-.330**	-.169**	.033	.243**	-.074	-.333**	-.386**	.443**	1	-.369**	-.014	-.225**	.118**	-.253**	-.035	-.004	.098**	-.184**	-.099**
Recreational Orientation	.762**	.734**	.759**	.709**	.635**	.698**	.038	-.072	-.439**	.306**	.750**	.868**	-.871**	-.369**	1	.082	.635**	-.101**	.704**	.339**	-.053	-.172**	.586**	.441**
Family Adjustment	.000	.074	.049	.171**	.119**	.033	.105**	-.026	.023	-.030	-.054	.041	-.116**	-.014	.082	1	.151**	.407**	.168**	.026	-.139**	.034	.059	.017
Spouse Adjustment	.598**	.534**	.512**	.461**	.487**	.533**	-.080	-.130**	-.397**	.300**	.611**	.669**	-.626**	-.225**	.635**	.151**	1	.061	.624**	.312**	.034	-.068	.441**	.378**

Interpersonal Relationship	-.122*	-.067	-.074	.006	.002	-.147*	.033	.052	.209*	-.166*	-.281*	-.181*	.105*	.118*	-.101*	.407*	.061	1	.124*	-.027	-.069	.015	-.053	-.068
Health Adjustment	.595*	.563*	.594*	.568**	.530*	.560*	.025	-.081	-.312*	.185*	.522*	.658*	-.680*	-.253*	.704*	.168*	.624*	.124*	1	.431*	-.078	-.128**	.478*	.356**
Finance Adjustment	.276*	.177*	.285*	.335**	.430*	.258*	-.196*	.001	-.248*	-.048	.155*	.252*	-.330*	-.035	.339*	.026	.312*	-.027	.431*	1	-.067	-.053	.387*	.321**
Physical QoL	-.064	-.067	-.085	-.147**	-.131*	-.029	-.061	-.065	-.040	.073	.083	-.007	.071	-.004	-.053	-.139*	.034	-.069	-.078	-.067	1	.559*	-.059	-.034
Psychological QoL	-.160*	-.183*	-.201*	-.127*	-.155*	-.077	-.054	.065	.094	.035	-.140*	-.164*	.196*	.098*	-.172*	.034	-.068	.015	-.128*	-.053	.559*	1	.057	.141**
Environmental QoL	.501*	.427*	.485*	.523**	.521*	.452*	-.148*	-.022	-.368*	.143*	.395*	.534*	-.575*	-.184*	.586*	.059	.441*	-.053	.478*	.387*	-.059	.057	1	.730**
Social QoL	.405*	.291*	.357*	.389**	.421*	.364*	-.174*	-.033	-.297*	.054	.274*	.397*	-.423*	-.099*	.441*	.017	.378*	-.068	.356*	.321*	-.034	.141**	.730**	1

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 13 offers a thorough examination of the relationships between older people's quality of life and family relationships (dependent variables) and psychological well-being and adjustment (independent variables), revealing significant associations at both the 0.01 and 0.05 significance levels.

The first eight factors, which indicate psychological well-being, are autonomy, environmental mastery, personal growth, purpose in life, positive interpersonal relations, self-acceptance, technological compulsion/addiction, and health issues. These dimensions have strong inter-correlations ($p < 0.01$), indicating that improved

well-being in one domain often impacts others. Their considerable positive relationships with Quality of Life (QoL) domains (Physical, Psychological, Social, and Environmental) indicate that better psychological well-being leads to a higher quality of life. Purpose in life has a positive correlation with psychological quality of life ($r = 0.52$, $p < 0.01$), indicating its importance in preserving mental health. Autonomy has a substantial correlation with Environmental Quality of Life ($r = 0.50$, $p < 0.01$), indicating that a sense of control and independence leads to better pleasure with one's surroundings.

The next seven variables—Competitive Framework, Cohesion, Expression, Independence, Moral Orientation, Organization, and Recreational Orientation—represent family ties, which are an important part of the study's dependent variables. Strong positive associations between family relationship aspects and psychological well-being imply that improved well-being promotes greater family bonds. Independence has a substantial correlation with autonomy ($r = 0.78$, $p < 0.01$) and self-acceptance ($r = 0.69$, $p < 0.01$), suggesting that those who feel self-sufficient have stronger psychological resilience. The Competitive Framework correlates negatively with major psychological well-being components like Autonomy ($r = -0.41$, $p < 0.01$) and Environmental Mastery ($r = -0.35$, $p < 0.01$), indicating that a competitive attitude may harm personal and social well-being.

The following five variables—family, spouse, interpersonal relationships, health, and finance—represent adjustment, another independent variable in the study. These characteristics have substantial relationships with both psychological well-being and QoL, supporting the notion that better adjustment leads to greater life satisfaction. Spouse relationships are positively correlated with self-acceptance ($r = 0.53$, $p < 0.01$) and purpose in life ($r = 0.46$, $p < 0.01$), indicating that those with higher self-acceptance and a sense of purpose have healthier marital relationships. Health has a substantial positive connection with Personal Growth ($r = 0.59$, $p < 0.01$) and Self-Acceptance ($r = 0.56$, $p < 0.01$), suggesting that continuous personal development and a good self-view lead to greater health.

Finally, the final four variables—physical, psychological, social, and environmental—represent the study's primary dependent variable, Quality of Life (QoL). Strong positive relationships between QoL and psychological well-being measures support the notion that increased well-being leads to better life quality. Psychological QoL has a substantial correlation with Purpose in Life ($r = 0.52$, $p < 0.01$) and Self-Acceptance ($r = 0.45$, $p < 0.01$), highlighting the significance of mental health for overall life satisfaction. Similarly, Environmental QoL is associated to Autonomy ($r = 0.50$, $p < 0.01$), highlighting the importance of independence in improving life situations.

Overall, the matrix demonstrates that psychological well-being and adjustment have a considerable impact on quality of life and family connections. Significant correlations ($p < 0.01$ and $p < 0.05$) support the study's hypothesis that improved psychological well-being and adjustment lead to increased life satisfaction, stronger family relationships, and overall well-being across physical, social, psychological, and environmental domains. These findings underscore the need of interventions that promote autonomy, self-acceptance, financial stability, and interpersonal interactions in order to improve life outcomes for the elderly.

4.12 Discussion

The results of this study shed light on the critical role of psychological well-being and adjustment in shaping the quality of life and family relationships among elderly populations. These findings align with and extend previous research while offering new insights into socio-economic, gender, and geographical differences within the elderly population.

4.12.1 Psychological Well-Being and Quality of Life

The strong influence of psychological well-being on quality of life confirms previous research findings that emphasise mental health as an important predictor of life satisfaction in old age (Ryff& Keyes, 1995). More recent research has confirmed this relationship, demonstrating that older persons who have high levels of self-

acceptance, autonomy, and purpose in life report higher levels of general well-being and life satisfaction (Steptoe et al., 2015).

Self-acceptance, in particular, remains a difficult component for many senior people, as seen by the lower mean score in this research. Self-acceptance is frequently impacted by cultural views on ageing and the perception of physical and cognitive decline. Interventions that promote self-acceptance through positive ageing narratives and therapeutic procedures such as cognitive-behavioral therapy (CBT) have been proven to increase well-being in this population (Bai et al., 2022). A meta-analysis conducted by Diener et al. (2022) discovered that psychological well-being, particularly components such as life purpose and self-esteem, had a significant influence on health outcomes in older persons, including mental health, cognitive function, and physical health. The authors propose that strengthening psychological resilience can lessen the adverse impacts of ageingand improve life satisfaction.

4.12.2 Adjustment and Quality of Life

The results regarding adjustment indicate that adjustment significantly affects quality of life, The positive relationship suggests that higher levels of adjustment, which encompass various life domains such as family, health, and financial stability, lead to an enhanced quality of life. These findings underscore the role of comprehensive adjustment strategies in maintaining well-being among older adults. Given the importance of financial stability in later life, it is likely a key contributor to overall adjustment, supporting findings from Carmel et al. (2020) that financial literacy and security are crucial for elderly well-being. Financial well-being is increasingly recognized as a key predictor of life satisfaction among the elderly, as it affects access to healthcare, social participation, and a sense of security (Lusardi & Mitchell, 2017). This is especially relevant in developing countries like India, where a significant portion of the elderly population may lack comprehensive pension systems or financial planning support (Rathore et al., 2022).

Interestingly, spouse adjustment showed lower mean scores, suggesting that marital relationships may deteriorate due to stressors related to caregiving, health issues, or emotional detachment (Antonucci et al., 2014). Strengthening spousal relationships through counseling and social support interventions could help alleviate these issues,

thereby enhancing both marital satisfaction and overall quality of life (Brown & Lin, 2012).

4.12.3 Psychological Well-Being and Family Relationships

The strong relationship between psychological well-being and family relationships highlights how mental health can foster better familial bonds. Recent research by Mancini (2019) emphasizes the resilience of older adults in maintaining family connections despite health challenges. Older individuals with high psychological well-being are more likely to report cohesive and supportive family dynamics (Fingerman& Charles, 2010). They suggested that positive psychological well-being directly influences the quality of family relationships, particularly in promoting emotional closeness and conflict resolution. In contrast, those struggling with mental health issues may experience relational distance or tension within families.

4.12.4 Adjustment and Family Relationships

The results indicate that adjustment did not emerge as a significant predictor of family relationships in the regression analysis. This is somewhat surprising, as previous research has often suggested that well-adjusted individuals—particularly those who are able to adapt effectively to changing circumstances in health, finances, and social roles—tend to have better family relationships (Antonucci& Akiyama, 1987). However, the findings of this study suggest that while overall adjustment is important for individual well-being, it may not directly translate into improved family cohesion or communication.

The lack of a significant relationship between adjustment and family relationships could be explained by the complex dynamics within family structures in old age. While practical aspects of adjustment, such as managing finances or health, are crucial for an individual's quality of life, maintaining positive family relationships may be more closely tied to psychological factors such as emotional resilience, self-esteem, and interpersonal skills (Fingerman& Charles, 2010).

These results indicate that family relationships in old age may be more influenced by psychological well-being than by practical adjustment strategies. This underscores the importance of fostering emotional well-being and interpersonal communication skills

in elderly individuals to help them maintain stronger family ties.Recent studies by Mancini (2019) and Fingerman& Charles (2010) support the notion that psychological well-being, rather than practical adjustment, plays a key role in family relationships. These studies emphasize the role of emotional support, resilience, and conflict resolution in maintaining close family connections in later life.

4.12.5 Comparative Analysis: Socio-Economic, Rural/Urban, and Gender Differences

The significant differences between socio-economic strata, urban and rural populations, and gender underscore the importance of context-specific interventions.

- **Socio-Economic Differences**: Elderly individuals from the upper socio-economic strata reported significantly higher quality of life and family relationships. This is in line with previous research showing that financial stability and access to resources play a critical role in life satisfaction (Carmel & Bernstein, 2003). This highlights the need for social and financial support systems for lower-income elderly populations to reduce disparities (Marmot, 2005).
- **Rural vs. Urban Differences**: The lower scores in rural populations align with research by Zeng et al. (2021), which found that rural elderly individuals have less access to healthcare and social services, leading to poorer life satisfaction.
- **Gender Differences**: Gender differences observed in the study reflect long-standing inequalities faced by older women, who often have less access to resources and face greater caregiving burdens (Ginn, 1991). Hence, the gender-sensitive policies must address the caregiving responsibilities disproportionately shouldered by elderly women.

4.12.6 Correlational Analysis

The results of the present study indicate significant correlations between Psychological Well-Being (PWB), Overall Quality of Life (QOL), Total Adjustment, and Overall Family Relationships in elderly individuals. These findings align with previous research suggesting that well-being, both psychological and social, plays a critical role in enhancing life quality during old age (Ryff& Keyes, 1995; Diener et al., 1999).

The strongest correlation was observed between PWB and Overall Family Relationships ($r = .630$, $p < .001$), suggesting that individuals with better psychological well-being tend to experience more positive family interactions. This result is consistent with studies that demonstrate how psychological well-being—encompassing emotional regulation, resilience, and life satisfaction—can improve interpersonal relationships (Ryff& Singer, 2008). The positive impact of well-being on family dynamics may also reflect the elderly's role within the family structure, where they often provide emotional support and stability. This highlights the potential for interventions that enhance psychological well-being as a means to foster better family cohesion and reduce relational conflicts in old age.

Furthermore, in the context of Indian families, where multigenerational living is common, the quality of family relationships is particularly significant for older adults' mental health (Singh &Misra, 2009). Promoting psychological well-being in this population could not only improve their individual life satisfaction but also strengthen familial bonds, contributing to a more supportive environment that mitigates the challenges of aging.

A moderate positive correlation was found between PWB and Overall Quality of Life ($r = .360$, $p < .001$), reinforcing the understanding that psychological well-being is a critical determinant of life satisfaction (Diener, 2000). Psychological well-being fosters a sense of purpose and contentment, even amidst the health and social challenges that accompany aging (Ryff, 2013). This relationship underscores the importance of mental health initiatives and programs designed to promote well-being in the elderly, which could lead to a substantial improvement in their perceived quality of life.

As noted in research by Bowling (2007), quality of life in older adults is often linked to their ability to maintain autonomy, emotional stability, and social connections—all of which are key aspects of psychological well-being. Enhancing PWB through interventions like mindfulness, counseling, or community engagement could therefore have a broader, positive impact on life satisfaction in older adults.

The correlation between Total Adjustment and Overall Quality of Life ($r = .327$, $p < .001$) further highlights the role of adjustment in promoting life satisfaction. Adjustment in old age refers to how individuals cope with physical decline, role

changes, and the loss of social ties, all of which are common experiences during this life stage (Ward, 2010). Those who adjust more effectively tend to report higher levels of life satisfaction, as they are better able to navigate the challenges associated with aging.

This finding is consistent with studies suggesting that better adjustment—whether to health-related changes, retirement, or shifts in family roles—can improve subjective well-being (Baltes&Baltes, 1990). The moderate strength of this correlation also suggests that while adjustment is important, other factors, such as financial stability, health, and social support, likely contribute to quality of life in significant ways.

The correlation between Total Adjustment and Overall Family Relationships ($r = .399$, $p < .001$) reflects the interconnectedness between how well older adults adjust to life changes and the quality of their family relationships. Previous research highlights that family plays a pivotal role in the well-being of older adults, especially in societies with strong familial bonds like India (Ganguly& Gupta, 2018). Older adults who are able to adjust to their changing circumstances—whether related to health, social roles, or economic status—tend to experience fewer conflicts and more positive interactions within their family.

Effective adjustment is often linked to emotional regulation and problem-solving skills, which in turn improve communication and reduce the likelihood of misunderstandings or conflicts in family settings (Carstensen et al., 1999). This finding suggests that supporting the elderly in developing better coping and adjustment strategies may also enhance family relationships, thus fostering a more supportive home environment.

The significant correlations between PWB, Total Adjustment, Quality of Life, and Family Relationships suggest an interconnected framework in which psychological well-being serves as a central factor influencing both life satisfaction and social relations in old age. These findings align with the biopsychosocial model of aging, which posits that psychological factors (like well-being and adjustment) interact with social dynamics (such as family relationships) to influence overall health and life satisfaction (Engel, 1977).

Notably, the strongest relationships in this study were those involving Psychological Well-Being, suggesting that promoting mental health and resilience in the elderly may

have far-reaching benefits, improving not only individual outcomes like life satisfaction but also social and familial dynamics. As older adults face the unique challenges of aging, interventions that address psychological well-being could enhance their overall quality of life and strengthen the social systems that support them.

Further, analyzing the correlations between various domains of study variables, our results are consistent with the work of Ryff and Keyes (1995), who identified autonomy, environmental mastery, and self-acceptance as central dimensions of psychological well-being that contribute significantly to life satisfaction. In our study, greater autonomy and a clear sense of purpose were strongly associated with enhanced physical and psychological quality of life, echoing findings by Steptoe at al. (2015), who reported that higher subjective well-being is linked to better health outcomes in aging populations.

Moreover, the positive associations between psychological well-being and family relationships align with Antonucci et al. (2010) findings that robust social support networks and cohesive family interactions play a critical role in promoting mental health among older adults. Our data further indicate that effective adjustment—reflected in domains such as health and financial stability—is significantly correlated with both quality of life and positive family dynamics. This is consistent with Pinquartand Sörensen's (2001) meta-analysis, which highlighted that social integration and a supportive environment reduce loneliness and foster overall well-being.

Finally, the negative correlations found between competitive frameworks and well-being support the notion put forward by Wrosch et al. (2006) that a highly competitive orientation can impede adaptive functioning and diminish life satisfaction. Overall, these findings reinforce the importance of promoting psychological well-being and adjustment through targeted interventions to enhance quality of life and strengthen family relationships in older adults.

While the current study's findings are consistent with earlier research, a critical evaluation finds several anomalies in the literature. For example, whereas other international research have revealed no significant gender differences in

psychological well-being or adjustment in old age, the current study identified substantial gender variances, implying probable cultural or environmental factors. Similarly, whereas Western research usually highlights autonomy as a significant driver of life happiness in older persons, this study identified larger connections with interpersonal and family characteristics, possibly reflecting India's collectivist social structure. These variations underscore the need of interpreting findings within unique culture contexts, as well as the need for greater cross-cultural validation of aging-related concepts. Furthermore, differences in sample procedures, scale adjustments, and definitions of well-being between studies may lead to different outcomes, emphasizing the importance of standardized methodology in future gerontological research.

Even though the study was quantitative in nature, informal contacts during data collection provided valuable background. Several individuals said that emotional connection and being "valued" by their children or grandchildren had a substantial impact on their sense of well-being and general life satisfaction. A few rural individuals also stated that financial reliance on family members occasionally created stress or interpersonal conflict, contributing to the statistical tendencies seen. These anecdotal observations reinforce the quantitative findings on family ties and adjustment, emphasizing the need of emotional support and autonomy in later life.

SUMMARY, CONCLUSION, RECOMMENDATIONS, SUGGESTIONS AND LIMITATIONS

5.1 Summary of the Study

The purpose of this study was to look at the complex interactions that exist between psychological well-being, adjustment, quality of life, and family relationships among older persons in both urban and rural New Delhi. The study comprised 400 people aged 65 to 75: 213 from urban regions (104 males, 109 females) and 187 from rural areas (86 men, 101 females). This stratification enabled comparisons based on gender, socioeconomic position, and urban/rural disparities. The researchers used a descriptive cross-sectional approach to investigate the links between psychological well-being, adjustment, quality of life, and family dynamics.

The following key objectives were addressed:

- To assess the levels of psychological well-being, adjustment patterns, quality of life and quality of family relationships among old age persons.
- To study the impact of psychological well-being on quality of life and family relationships of old age people.
- To assess the impact of nature of adjustment on quality of life and family relationships of old age people.
- To compare the impact of psychological well-being and nature of adjustment on quality of life and family relationships among elderly belonging to the upper and the lower strata of society.
- To make a comparison between the impact of psychological well-being and nature of adjustment on quality of life and family relationships among old age people living in rural and urban areas.
- To evaluate gender differences inthe impact of psychological well-being and nature of adjustment on quality of life and family relationships among elderly.

Data were collected using standardised tools, such as Dr. Anjum Ahmed's Psychological Well-Being Scale (PWBS), Devendra Singh Sisodia and Rachna Khandelwal's Social Adjustment Scale for the Aged, the WHOQOL-BREF for assessing quality of life, Sanjay Vohra's Family Environment Scale (FES), and Rajeev Bhardwaj's Socioeconomic Status Scale. The data was analyzed using SPSS version 20 and included descriptive statistics, multiple regression analysis, ANOVA, t-tests and Correlation to assess the study hypotheses.

The study indicated that:

- Psychological well-being significantly predicted both quality of life and family connections.
- Adjustment improved quality of life but had less influence on family ties.
- Significant differences were found between urban and rural participants, with urban residents generally reporting better quality of life and family dynamics.
- Males and higher socio-economic groups reported higher levels of life satisfaction and family cohesion compared to females and lower socio-economic groups.
- Psychological well-being and adjustment are positively correlated with quality of life and family relationships among older adults.

The findings emphasized the importance of psychological well-being in old age, particularly in developing a sense of purpose, autonomy, and emotional resilience, all of which lead to a higher quality of life.Programs and interventions aimed at promoting mental health and improving adjustment could have a cascading positive effect on life satisfaction and social relationships, highlighting the importance of a holistic approach to elderly care.

5.2 Conceptual Framework of the Study

The following conceptual framework visually depicts the relationships investigated in this study. It shows how psychological well-being and adjustment act as independent factors in determining the outcomes of quality of life and family connections in older persons. The approach also takes into account crucial demographic variables such as gender, socioeconomic position, and residential environment (urban/rural), which

may influence or interact with these correlations. This paradigm combines the theoretical approach and empirical framework of the research.

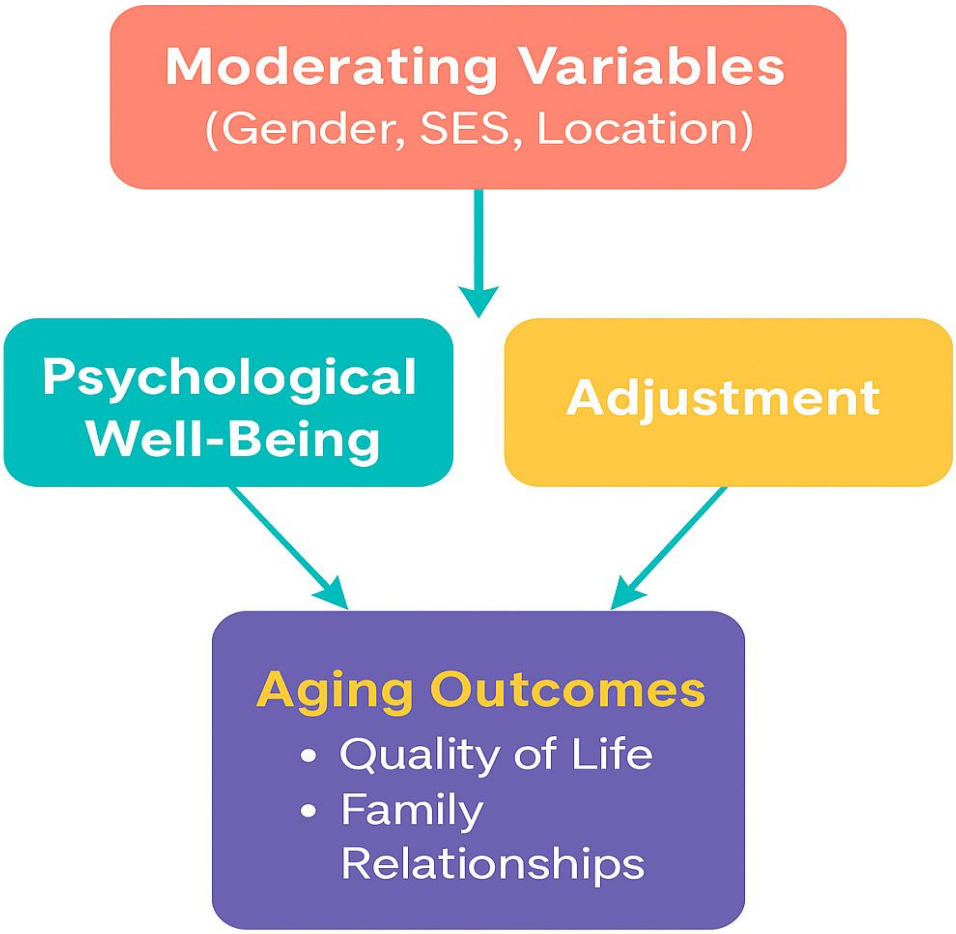

Fig 15: Conceptual framework depicting the influence of psychological well-being and adjustment on quality of life and family relationships, with demographic variables (gender, SES, and location) acting as moderators.

5.3 Conclusion

This study provides valuable insights into how psychological well-being and adjustment influence the quality of life and family relationships among elderly populations in New Delhi. The findings confirm several key hypotheses:

- **Psychological well-being** emerged as the most significant predictor of both quality of life and family relationships. Elderly individuals with higher levels of autonomy, self-acceptance, and purpose in life consistently reported greater life satisfaction and stronger family ties.

- **Adjustment** played a crucial role in determining quality of life, particularly in relation to health and financial security. However, its direct impact on family relationships was not as strong, suggesting that other factors, such as emotional resilience and psychological health, may play a larger role in maintaining family cohesion in old age.

- **Socio-economic status** and **gender** were significant moderating factors. Urban residents, males, and individuals from higher socio-economic strata generally reported better outcomes across all variables, indicating the need for targeted interventions to support vulnerable populations, such as rural residents, females, and those from lower socio-economic backgrounds.

- The **correlational analysis** demonstrates the pivotal role of psychological well-being and adjustment in determining the quality of life and family relationships among older adults.

  The present study's findings can be properly understood using the previously mentioned theoretical frameworks. The Subjective Well-being Theory describes how self-evaluation of life conditions, influenced by emotional and relational aspects, corresponds with overall quality of life in late adulthood. The impact of adjustment on well-being and interpersonal functioning is consistent with humanistic psychology ideals that value autonomy, personal growth, and self-acceptance. Resilience theory explains the adaptive skills exhibited in participants who reported improved psychological well-being despite adversity. The importance of family systems in moulding older people's social support, emotional regulation, and adjustment, as well as vice versa, emphasises the interdependence of familial ties. Furthermore, the data on emotional security revealed features of attachment theory, notably in marital and intergenerational ties. These integrated frameworks contribute to a comprehensive

knowledge of how psychological and social systems interact to affect ageing outcomes.

As illustrated in the conceptual model (Figure 15), the study highlights how psychological well-being and adjustment significantly influence quality of life and family relationships among older adults, with demographic variables playing a contextual role. This integrated framework reflects both the empirical findings and theoretical underpinnings of the research.

In conclusion, the study underscores the importance of addressing both psychological well-being and practical adjustment strategies in enhancing the quality of life and family relationships for elderly individuals. It also highlights the necessity of developing targeted interventions that address the specific needs of different demographic groups.

5.4 Recommendations

Based on the findings of this study, several key recommendations are made for practitioners, policymakers, and caregivers working with elderly populations:

- **Developing Mental Health Programs Focused on Autonomy and Self-Acceptance**-The study found that psychological well-being, particularly autonomy and self-acceptance, has a significant impact on both quality of life and family relationships. Mental health programs for the elderly should focus on building these psychological strengths. Cognitive-behavioral therapy (CBT), life review therapy, and mindfulness training could be effective interventions to help elderly individuals cope with feelings of loss, dependency, and diminished self-worth.
- **Enhancing Financial Planning and Security for the Elderly-**Financial adjustment was one of the strongest predictors of quality of life in the study. Policymakers should introduce or expand financial literacy programs and provide access to pension planning and savings schemes for elderly individuals, particularly those in rural areas and lower socio-economic groups. Ensuring financial security in old age is critical for enhancing life satisfaction and reducing anxiety about future uncertainties.

- **Implementing Gender-Sensitive Support Programs**- The study highlighted significant gender disparities, with females reporting lower quality of life and weaker family relationships compared to males. Gender-sensitive policies are needed to address the unique challenges faced by elderly women, including caregiving burdens, health inequalities, and reduced access to financial resources. Community-based programs that provide healthcare, psychological support, and financial assistance tailored to elderly women are crucial.
- **Increasing Access to Healthcare and Social Services in Rural Areas**- Rural participants reported lower scores on both quality of life and family relationships. This suggests a need for greater access to healthcare and social services in rural areas. Mobile healthcare units, telemedicine, and community outreach programs could help bridge the gap in services between rural and urban elderly populations.
- **Strengthening Family Counseling and Intergenerational Programs**- The study found that psychological well-being plays a key role in maintaining strong family relationships. Family counseling services, focusing on intergenerational communication and conflict resolution, should be made available through community centers and senior care facilities. Programs that encourage intergenerational activities can help foster emotional closeness and improve family dynamics.

While the recommendations included in this study provide a broad framework for improving psychological well-being, adaptability, and quality of life in the aged, it is critical to acknowledge India's tremendous variety in terms of culture, language, customs, and socioeconomic situations. As a result, future policy and intervention initiatives should seek to contextualise these tactics, taking into consideration regional, linguistic, cultural, and demographic differences. Customised initiatives that include community stakeholders, local health systems, and culturally relevant materials are more likely to succeed in fostering holistic ageing experiences throughout India.

5.5 Suggestions for Future Research

While this study provides valuable insights, several areas for future research are suggested:

- **Longitudinal Studies on Psychological Well-Being and Adjustment**- A key limitation of this study is its cross-sectional design, which limits the ability to draw causal inferences. Future studies should employ longitudinal research designs to track changes in psychological well-being, adjustment, and quality of life over time, providing a clearer understanding of how these factors evolve as individual'sage.

- **Broader Regional and Cultural Comparisons -** This study focused on elderly individuals in New Delhi, which may limit the generalizability of the findings to other regions. Future research should include elderly populations from diverse geographical areas and cultural backgrounds to explore how cultural norms, social structures, and regional differences affect psychological well-being and quality of life in old age.

- **Intervention Studies Focused on Psychological and Financial Well-Being -** Future studies could examine the effectiveness of specific interventions aimed at improving psychological resilience and financial security in the elderly. Experimental studies that test the impact of interventions such as resilience training, pension planning workshops, or social engagement programs could provide practical solutions for enhancing the well-being of elderly populations.

- **Exploration of Coping Mechanisms and Social Support -** The study could be expanded to explore how coping mechanisms and social support networks influence the relationship between psychological well-being and quality of life. Understanding how elderly individuals cope with physical, emotional, and social changes in old age could provide insights into effective support systems and interventions.

- **Detailed Analysis of Gender-Specific Needs**- Given the significant gender differences observed in the study, future research should focus on exploring the specific challenges faced by elderly women, including access to healthcare, caregiving roles, and financial independence. In-depth qualitative studies could help identify gender-specific needs and inform the development of tailored interventions.

5.6 Limitations of the Study

While this study has made important contributions to understanding psychological well-being, adjustment, and quality of life in elderly populations, there are several limitations that should be acknowledged:

- **Cross-Sectional Design** - The study employed a cross-sectional design, which limits the ability to establish causal relationships between variables. Future research should use longitudinal designs to explore how psychological well-being and adjustment influence quality of life and family relationships over time.

- **Geographical Scope -** The study was conducted exclusively in New Delhi, and the findings may not be fully applicable to elderly populations in other regions with different cultural and socio-economic conditions. Future studies should include a more diverse sample to improve the generalizability of the findings.

- **Self-Reported Data** - The study relied on self-reported questionnaires, which may be subject to social desirability bias and recall issues, particularly among older participants. While standardized tools were used, the accuracy of self-reported data can vary. Future studies could incorporate qualitative methods or objective measures to complement the quantitative data.

- **Limited Focus on Specific Adjustment Domains** - While the study examined overall adjustment, it did not analyze the effects of specific domains (e.g., health, family, or financial adjustment) in detail. Future research could explore the distinct roles of these adjustment domains to provide a more nuanced understanding of how elderly individuals manage the challenges of aging.

- **No Interventional Component**- The study did not assess the effectiveness of any specific interventions, limiting its ability to inform practical strategies for improving psychological well-being or adjustment. Future research could include interventional studies to evaluate the impact of targeted programs on the well-being of elderly individuals.

REFERENCES

Aboderin I. (2004). Modernisation and ageing theory revisited: current explanations of recent developing world and historical Western shifts in material family support for older people. *Ageing & Society*, 24(1), 29–50. Doi: 10.1017/S0144686X03001521

Aldwin, C. M. (2007). *Stress, Coping, and Development: An Integrative Perspective* (2nd ed.). Guilford Press.

Al-Windi, A. (2005). The relations between symptoms, somatic and psychiatric conditions, life satisfaction and perceived health. A primary care based study. *Health and quality of life outcomes*, *3*, 1-9.doi:10.1186/1477-7525-3-28.

Amarya, S., Singh, K., & Sabharwal, M. (2018). Ageing process and physiological changes. In *InTech eBooks*. Doi: 10.5772/intechopen.76249

Antonucci, T. C., & Akiyama, H. (1987). Social networks in adult life and a preliminary examination of the convoy model. *Journal of gerontology*, *42*(5), 519-527. Doi: 10.1093/geronj/42.5.519

Antonucci, T. C., Ajrouch, K. J., &Birditt, K. S. (2014). The convoy model: Explaining social relations from a multidisciplinary perspective. *The Gerontologist*, *54*(1), 82-92. Doi: 10.1093/geront/gnt118

Arkoff, A. (1968). *Adjustment and mental health*. McGraw-Hill.

Arnout, B. A. (2023). Quality of Life: The Concept and Interventions. In *IntechOpen eBooks*. doi: 10.5772/intechopen.108610

Arslan, S. (2024). TürkYetişkinlerİçinÖznelYaşamKalitesiÖlçeğiGeçerlikveGüvenirlikÇalışması. *International Journal of Social Sciences*, *8*(34), 328–348. https://doi.org/10.52096/usbd.8.34.20

Bai, X., Lai, D. W. L., &Guo, A. (2022). Psychological well-being and life satisfaction in Chinese older adults: A meta-analysis. *Journal of Aging and Health*, 34(1), 82-101. Doi: 10.1177/08982643211043718

Baltes, P. B., &Baltes, M. M. (1990). *Successful aging: Perspectives from the behavioral sciences*. Cambridge University Press.

Banjare, P., Dwivedi, R., & Pradhan, J. (2015). Factors associated with the life satisfaction amongst the rural elderly in Odisha, India. *Health and quality of life outcomes*, *13*(1), 1-13. Doi: 10.1186/s12955-015-0398-y

Banoo, J., Vaida, N.,& Nadeem, Na. (2017). Comparative Study of Differently Abled Adolescents on VisualImpairment and Physical Deformity on the basis of their Home, Social,School and Emotional Adjustment. *Arts and social sciences journal, 8*(2):1-4. doi: 10.4172/2151-6200.1000256

Basuki, D., &Wahyuni, I. (2016). Relationship between self adjustment with quality of life ofelderlypensionersin Baron Village Magetan. *JurnalKeperawatan*, *5*(1), 1-5.

Beard, J. R., & Bloom, D. E. (2015). Towards a comprehensive public health response to population ageing. *The Lancet*, *385*(9968), 658-661.doi: 10.1016/S0140-6736(14)61461-6

Beattie, J. W. (1963). Elderly Life: Its Characteristics, Needs and Philosophy. *The Journal of the College of General Practitioners*, *6*(1), 20.

Beğer, T., &Yavuzer, H. (2012). Yaşlılıkveyaşlılıkepidemiyolojisi. *Klinikgelişim*, *25*(3), 1-3.

Bell, H. M. (1938). *The adjustment inventory* (adult form).

Bowen, M. (1978). *Family Therapy in Clinical Practice*. Jason Aronson.

Bowlby, J. (1982). *Attachment and Loss: Vol. 1. Attachment* (2nd ed.). Basic Books.

Bowling, A. (2007). Quality of life in older age: what older people say. In *Quality of life in old age: International and multi-disciplinary perspectives* (pp. 15-30). Dordrecht: Springer Netherlands. Doi:

BrajeshAnand, P. D., Mukesh Shukla, Siraj Ahmad, and SnehaSoni. (2017). Dimensions and determinants of Quality of Life among elderly in a rural population of Barabanki District, Uttar Pradesh. *Indian Journal of Forensic and Community*

Medicine 4 (1), 1-6. Doi: 10.18231/2394-6776.2017.0001

Britannica. (2024). *Old Age*. Retrieved from https://www.britannica.com/science/old-age.

Brown, S. L., & Lin, I. F. (2012). The gray divorce revolution: Rising divorce among middle-aged and older adults, 1990–2010. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *67*(6), 731-741. Doi: 10.1093/geronb/gbs089

Buvneshkumar, M., John, K. R., &Logaraj, M. (2018). A study on prevalence of depression and associated risk factors among elderly in a rural block of Tamil Nadu. *Indian journal of public health*, *62*(2), 89. doi: https://doi.org/10.4103/ijph.IJPH_33_17

Carmel, S., & Bernstein, J. H. (2003). Gender differences in physical health and psychosocial well being among four age-groups of elderly people in Israel. *The International Journal of Aging and Human Development*, *56*(2), 113-131. Doi: 10.2190/87YH-45QN-48TY-9HN8

Carmel, S., Tovel, H., Raveis, V. H., & O'Rourke, N. (2020). Financial well-being and its impact on subjective well-being in older adults. *Journal of Gerontology: Series B*, 75(2), 369-380. Doi: 10.1093/geronb/gbz061

Carstensen, L. L., Isaacowitz, D. M., & Charles, S. T. (1999). *Taking time seriously: A theory of socioemotional selectivity*. American Psychologist, 54(3), 165-181.

Carstensen, L. L., Hartel, C. R. (2006). *When I'm 64*. United States: National Academies Press.

Cavan, R. S. (1949). Personal adjustment in old age. *Science research associates*.

Central Statistics Office, Ministry of Statistics & Programme Implementation, Government of India. (2011). *Situation Analysis Of The Elderly in India*. Retrieved from http://mospi.nic.in/sites/default/files/publication_reports/elderly_in_india.pdf.

Chandola, T., Britton, A., Brunner, E., Hemingway, H., Malik, M., Kumari, M. ... & Marmot, M. (2008). Work stress and coronary heart disease: what are the mechanisms?. *European heart journal*, *29*(5), 640-648. Doi: 10.1093/eurheartj/ehm584

Charles, S. T., &Carstensen, L. L. (2010). Social and emotional aging. *Annual review of psychology*, *61*(1), 383-409.Doi: 10.1146/annurev.psych.093008.100448

Chauhan, P., Kokiwar, P. R., Shridevi, K., &Katkuri, S. (2016). A study on prevalence and correlates of depression among elderly population of rural South India. *Int J Community Med Public Health*, *3*(1), 236-239. doi: https://doi.org/10.18203/2394-6040.ijcmph20151569

Chida, Y., & Steptoe, A. (2008). Positive psychological well-being and mortality: a quantitative review of prospective observational studies. *Psychosomatic medicine*, *70*(7), 741-756.doi:10.1097/PSY.0b013e31818105ba.

Cho, J., Martin, P., Margrett, J., MacDonald, M., & Poon, L. W. (2011). The relationship between physical health and psychological well-being among oldest-old adults. *Journal of aging research*, *2011*(1), 605041. Doi: 10.4061/2011/605041

Cho, M. H., &Hur, J. S. (2020). A study on effect of regular leisure activities on health-related quality of life (SF-36) in the elderly: Physical leisure activities. *J. Lei. Rec. Stud*, *44*, 77-91.

Cho, S., & Cho, O. H. (2022). Depression and quality of life in older adults with pneumoconiosis: the mediating role of death anxiety. *Geriatric Nursing*, *44*, 215-220.Doi: 10.1016/j.gerinurse.2022.02.018

Choi, H. J., & Lee, H. J. (2019). A study on factors affecting quality of life for the elderly: focusing on socio-demographic, environmental, and institutional characteristics. *J. Korean Soc. Wellness*, *14*, 103-112.

Choi, M. Y., Kwak, H. K., & Park, H. S. (2014). The effect of community social capital on the elderly's subjective quality of life: Focusing on the mediating effect of the elderly depression. *J. Welf. Aged*, *2014*, 66, 307–328

Chung, Y. H., & Cho, Y. H. (2014). Health behaviors, health status and quality of life among the young-old and the old-old in Korea. *Korean Public Health Res*, *40*(1), 55-64.

Cicirelli, V. G. (2010). Attachment relationships in old age. *Journal of Social and Personal Relationships*, 27(2), 191-199. Doi: 10.1177/0265407509360984

Cohen S. (2004). Social relationships and health. *American Psychologist*, 59, 676–684. doi:10.1037/0003-066X.59.8.676

Cummins, R. A. (1996). The domains of life satisfaction: An attempt to order chaos. *Social indicators research*, *38*, 303-328.

Daengthern, L., Thojampa, S., Kumpeera, K., Wannapornsiri, C., &Boonpracom, R. (2020). Factors affecting quality of life and longevity in the elderly people in Phrae city, Thailand. *Asian/Pacific Island Nursing Journal*, *5*(2), 48.Doi: 10.31372/20200502.1081

Desk, I. (2024). *India Ageing Report 2023: Key Insights And Recommendations For Elderly Care - IMPRI Impact And Policy*. IMPRI Impact and Policy Research Institute. Retrieved from https://www.impriindia.com/insights/policy-update/india-ageing-report-2023-key-insights-and-recommendations-for-elderly-care/

Dewi, M. A., &Krisnatuti, D. (2020). Level of Stress, Self-Adjustment, and Quality of Life among Elderly Men in the Beginning of COVID-19 Pandemic. *Department of Family and Consumer Sciences, Faculty of Human Ecology, IPB University*, 41.

Dey, S., Nambiar, D., Lakshmi, J. K., Sheikh, K., & Reddy, K. S. (2012). Health of the elderly in India: challenges of access and affordability. In *Aging in Asia: Findings from new and emerging data initiatives*. National Academies Press (US).

Dhanabhakyam, M., &Sarath, M. (2023). Psychological wellbeing: Asystematic literature review. *International journal of advanced research in science, communication and technology*, *3*(1), 603-607.Doi: 10.48175/IJARSCT-8345.

Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist*, 55(1), 34-43.

Diener, E. (2000). *Subjective well-being: The science of happiness and a proposal for a national index*. American Psychologist, 55(1), 34-43.

Diener, E., & Chan, M. Y. (2011). Happy people live longer: Subjective well-being contributes to health and longevity. *Applied Psychology: Health and Well-Being*, *3*(1), 1-43. Doi: 10.1111/j.1758-0854.2010.01045.x

Diener, E., & Ryan, K. (2009). Subjective well-being: A general overview. *South African Journal of Psychology*, 39(4), 391-406. Doi: 10.1177/008124630903900402

Diener, E., Lucas, R. E., &Oishi, S. (2022). Advances and open questions in the science of subjective well-being. *Psychological Science in the Public Interest*, 23(1), 55-91. Doi: 10.1177/15291006221082355

Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). *Subjective well-being: Three decades of progress*. Psychological Bulletin, 125(2), 276-302.

Dockett, S., Griebel, W., & Perry, B. (2017). *Families and Transition to School.*

Dockett, S., Perry, B., & Tracey, D. (1997). *Getting Ready for School.*

Drăgoi, D. (2019). DIMENSIONS OF QUALITY OF LIFE AND LIVING STANDARDS. *Annals of the University of Craiova, Economic Sciences Series*, *2*(48).

eGyanKosh. (2017). *Havighurst's Developmental Tasks for Adulthood, Middle Age and Old Age*. IGNOU. Retrieved from http://egyankosh.ac.in//handle/123456789/23374

Elder, G. H. (2003). The emergence and development of life course theory. *Handbook of the life course/Springer*.doi:10.1007/978-0-306-48247-2_1

Engel, G. L. (1977). *The need for a new medical model: A challenge for biomedicine*. Science, 196(4286), 129-136.

Estebsari, F., Taghdisi, M. H., Mostafaei, D., Jamshidi, E., &Latifi, M. (2013). Determining the factors contributing to quality of life of patients at the last stage of life: a qualitative study. *Iranian Red Crescent Medical Journal*, *15*(12). Doi: 10.5812/ircmj.13594

Farahani, M. A., Oraki, M., &Rahmanyan, M. (2020). Predicting Executive Functions And Quality Of Life Based On Psychological Well-being With Regard To The personality Traits Of The Elderly With Sleep Disorders. *International Journal of Medical Investigation*, *9*(2), 130-152.

Fingerman, K. L., & Charles, S. T. (2010). It takes two to tango: Why older people have the best relationships. *Current Directions in Psychological Science*, *19*(3), 172-176. Doi: 10.1177/0963721410370297

Fr Varghese K. P. (2021). A Study on Emotional Adjustment of Members From Cordant and Discordant Families. *International Journal of Creative Research Thoughts*, 9(7), 639-642. doi: 10.1729/JOURNAL.27660

Fukukawa Y., Tsuboi S., Niino N., Ando F., Kosugi S., &Shimokata H (2000). Effects of social support and self-esteem on depressive symptoms in Japanese middle-aged and elderly people. *Journal of Epidemiology*, 10, 63–69. doi:10.2188/jea.10.1sup_63

Gana, K., Saada, Y., Broc, G., Quintard, B., Amieva, H., &Dartigues, J. F. (2016). As long as you've got your health: longitudinal relationships between positive affect and functional health in old age. *Social Science & Medicine*, *150*, 231-238. Doi: 10.1016/j.socscimed.2015.11.038

Ganesh Kumar, S., Majumdar, A., &Pavithra, G. (2014). Quality of life (QOL) and its associated factors using WHOQOL-BREF among elderly in urban Puducherry, India. *Journal of clinical and diagnostic research: JCDR*, *8*(1), 54. doi: 10.7860/JCDR/2014/6996.3917

Ganguly, D., & Gupta, R. (2018). *Psychosocial well-being and quality of life among elderly living in family and old age homes: A comparative study*. *Indian Journal of Psychological Medicine*, 40(1), 23-28.

Ghosh, D., &Dinda, S. (2020). Determinants of the quality of life among elderly: Comparison between China and India. *The International Journal of Community and Social Development*, *2*(1), 71-98.Doi: 10.1177/2516602620911835

Ghufron, M. N., &Risnawita, R. (2010). Teori-teoripsikologi (Psychological theories). *Book in Indonesian] Yogyakarta: Ar-Ruzz Media*.

Ginn, J. (1991). *Gender and later life: a sociological analysis of resources and constraints*. Sage.

Gladstone, G. L., Parker, G. B., Mitchell, P. B., Malhi, G. S., Wilhelm, K., & Austin, M. P. (2004). Implications of childhood trauma for depressed women: An analysis of pathways from childhood sexual abuse to deliberate self-harm and

revictimization. *American Journal of Psychiatry*, *161*(8), 1417-1425. Doi: 10.1176/appi.ajp.161.8.1417

Gonzalez-Martinez, A., Planchuelo-Gómez, Á., Vieira Campos, A., Martínez-Dubarbie, F., Vivancos, J., & Toledo-Heras, D. (2022). Perceived quality of life (QOLIE-31-P), depression (NDDI-E), anxiety (GAD-7), and insomnia in patients with epilepsy attended at a refractory epilepsy unit in real-life clinical practice. *Neurological Sciences*, *43*(3), 1955-1964.Doi: 10.1007/s10072-021-05595-3

Government of India. (2011). *The Maintenance and Welfare of Parents and Senior Citizens Act, 2007*. Universal Law Publishing.

Graham J. E., Christian L. M., &Kiecolt-Glaser J. K (2006). Marriage, health, and immune function: A review of key findings and the role of depression. In Beach S. &Wamboldt M. (Eds.), *Relational processes in mental health, Vol. 11*. Arlington, VA: American Psychiatric Publishing, Inc.

Grassi, L., Caruso, R., Da Ronch, C., Härter, M., Schulz, H., Volkert, J., ...&Nanni, M. G. (2020). Quality of life, level of functioning, and its relationship with mental and physical disorders in the elderly: results from the MentDis_ICF65+ study. *Health and quality of life outcomes*, *18*(1), 1-12.Doi: 10.1186/s12955-020-01310-6

Green, E. C. (1992). Sexually transmitted disease, ethnomedicine and health policy in Africa. *Social Science & Medicine*, *35*(2), 121-130.Doi: 10.1016/0277-9536(92)90159-N

Gu, Z., Yang, C., Tang, L., & Wu, H. (2023). Interaction of anxiety and hypertension on quality of life among patients with gynecological cancer: a cross-sectional study. *BMC psychiatry*, *23*(1), 1-8.Doi: 10.1186/s12888-023-04521-5

Gururaj, G., Varghese, M., Benegal, V. N. R. K. P., Rao, G. N., Pathak, K., Singh, L. K., ... &Kokane, A. (2016). National Mental Health Survey of India, 2015-16: prevalence, patterns and outcomes. *Bengaluru: National Institute of Mental Health and Neuro Sciences, NIMHANS Publication*, *129*.

Hamashima, C. (1994). The quality of life in aged people. *Nippon EiseigakuZasshi (Japanese Journal of Hygiene)*, *49*(2), 533-542. Doi: 10.1265/jjh.49.533

Hammond, K. R., & O'Kelly, L. I. (1955). A note on adjustment as achievement. *The Journal of Abnormal and Social Psychology*, *51*(2), 171.doi:10.1037/h0048667

Han, H. W. (2000). The relationships between participation in sport for all program and leisure satisfaction for the elderly. *Journal of Adapted Physical Activity and Exercise, 8*(2), 155–167.

Hartwell, S. W., & Benson, P. R. (2007). Social integration: A conceptual overview and two case studies. In *Mental health, social mirror* (pp. 329-353). Boston, MA: Springer US.doi:10.1007/978-0-387-36320-2_14

Havighurst, R.J. (1961). Successful aging. *Gerontologist*, *1*, 8–13.

Hoca, M., &Türker, P. F. (2017). KıbrısGazimağusa'dayaşayanyaşlıbireylerinbeslenmealışkanlıkları, beslenmedurumlarıveyaşamkalitesinindeğerlendirilmesi. *BeslenmeveDiyetDergisi*, *45*(1), 44-52.

Hudson R. B. (2012). Old age in the welfare state. *The Gerontologist*, *52*(3), 428–433. Doi: 10.1093/geront/gns056

Hurlock, E.B. (1981). *Developmental Psychology: A Life-Span Approach*. India: McGraw Hill Education (India) Private Limited.

Huxhold, O., Miche, M., &Schüz, B. (2014). Benefits of having friends in older ages: Differential effects of informal social activities on well-being in middle-aged and older adults. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *69*(3), 366-375.Doi: 10.1093/geronb/gbt029

Iversen T. N., Larsen L., Solem P. E. (2009). A conceptual analysis of ageism. *Nordic Psychology*, *61*(3), 4–22. Doi: 10.1027/1901-2276.61.3.4

Iwasa, H., Kawaai, C., Gondo, Y., Inagaki, H., & Suzuki, T. (2006). Subjective well-being as a predictor of all-cause mortality among middle-aged and elderly people living in an urban Japanese community: A seven-year prospective cohort study. *Geriatrics & Gerontology International*, *6*(4), 216-222. Doi: 10.1111/j.1447-0594.2006.00351.x

Jain, H. (2023). *Factors Affecting Adjustment*. Prep WithHarshita. Retrieved from https://prepwithharshita.com/factors-affecting-adjustment/

Jain, H. (2023, March 23). *Adjustment in Psychology*. Prep WithHarshita. Retrieved from https://prepwithharshita.com/adjustment-in-psychology/

Janecek, J. K., Brett, B. L., Pillay, S., Murphy, H., Binder, J. R., & Swanson, S. J. (2023). Cognitive decline and quality of life after resective epilepsy surgery. *Epilepsy & Behavior*, *138*, 109005.Doi: 10.1016/j.yebeh.2022.109005

Ju, K. H. (2011). Social participation activity level and quality of life for the participating elderly in Korea. *Korea J. Soc. Welf. Stud*, *42*, 5-39.

Jung, J. P., Lee, E. R., & Sin, M. S. (2012). The health of the elderly impact on quality of life. *Journal of the Korean Academy of Health and Welfare for Elderly*, *4*(1), 51-61.

Kahneman, D., Diener, E., & Schwarz, N. (Eds.). (1999). *Well-being: Foundations of hedonic psychology*. Russell Sage Foundation.

Kang, H. (2021). *Ageism and productive engagement: The roles of self efficacy and intergenerational contact* (Doctoral dissertation, University of Kansas).

Kang, H., & Kim, H. (2022). Ageism and psychological well-being among older adults: a systematic review. *Gerontology and Geriatric Medicine*, *8*, 23337214221087023. Doi: 10.1177/23337214221087023

Kansky, J. (2017). Benefits of well-being: Health, social relationships, work, and resilience. *Journal of Positive Psychology and Wellbeing*, *1*(2), 129-169.

Kapteyn, A., Lee, J., Tassot, C., Vonkova, H., &Zamarro, G. (2015). Dimensions of subjective well-being. *Social indicators research*, *123*, 625-660. doi:10.1007/s11205-014-0753-0.

Karagülle, M. Z., &Karagülle, M. (2000). Yaşlılıktabalneoterapivekaplıcatedavisi. *Turkish Journal of Geriatrics*, *3*(3), 119-124.

Karmakar, N., Datta, A., Nag, K., & Tripura, K. (2018). Quality of life among geriatric population: A cross-sectional study in a rural area of Sepahijala District, Tripura. *Indian journal of public health*, *62*(2), 95. Doi: 10.4103/ijph.IJPH_121_17

Kaur, H., Kaur, H., &Venkateashan, M. (2015). Factors determining family support and quality of life of elderly population. *International journal of medical science and public health*, *4*(8), 1049-1053. Doi:10.5455/ijmsph.2015.21012015220

Kawachi I., & Berkman L. F (2001). Social ties and mental health. *Journal of Urban Health-Bulletin of the New York Academy of Medicine*, 78, 458–467. doi:10.1093/jurban/78.3.458

Khaje-Bishak, Y., Payahoo, L., Pourghasem, B., &Jafarabadi, M. A. (2014). Assessing the quality of life in elderly people and related factors in tabriz, iran. *Journal of caring sciences*, *3*(4), 257.Doi: 10.5681/jcs.2014.028

Khoshaba, D. M., & Maddi, S. R. (1999). Early experiences in hardiness development. *Consulting psychology Journal: practice and research*, *51*(2), 106. Doi: 10.1037/1061-4087.51.2.106

Kiecolt-Glaser J. K., & Newton T. L (2001). Marriage and health: His and hers. *Psychological Bulletin*, 127, 472–503. doi:10.1037//0033-2909.127.4.472

Kim, B. R., & Hwang, H. H. (2022). Analysis of major factors affecting the quality of life of the Elderly in Korea in Preparation for a Super-aged Society. *International Journal of Environmental Research and Public Health*, *19*(15), 9618.Doi: 10.3390/ijerph19159618

Kim, B. R., & Kim, M. (2021). Determinants of baby boomers' leisure satisfaction and happiness. *J. Lei. Stud*, *19*, 71-91.

Kim, B. R., Kim, M., & Yoon, S. Y. (2020). Research on gender difference in seniors' happiness using 2018 national survey on participation sports. *The Korean Journal of Physical Education*, *59*(1), 253-66.

Kim, J. W., & Lim, K. W. (2020). Longitudinal Analysis of the Effects of Various Leisure Activities of the Elderly on Quality of Life. *J. Lei Rec. Stud*, *44*, 11-24.

Kim, J. Y., Lee, S. G., & Lee, S. K. (2010). The relationship between health behaviors, health status, activities of daily living and health-related quality of life in the elderly. *Journal of the Korean Gerontological Society*, *30*(2), 471-484.

Kishikawa, Y., Miyabara, H., Uchinoura, M., Yamaguchi, Y., Nishimura, S., Shibata, S., ...&Owada, H. (2023). Determinants of quality of life in elderly rehabilitation users at a day care service center. *Journal of Physical Therapy Science*, *35*(1), 12-17. Doi:

10.1589/jpts.35.12

Kisvetrová, H., Herzig, R., Bretšnajdrová, M., Tomanová, J., Langová, K., &Školoudík, D. (2021). Predictors of quality of life and attitude to ageing in older adults with and without dementia. *Aging & mental health*, *25*(3), 535-542.Doi: 10.1080/13607863.2019.1705758

Kotchick, B. A., & Forehand, R. (2002). Putting parenting in perspective: A discussion of the contextual factors that shape parenting practices. *Journal of Child and Family Studies, 11*(3), 255-269.Doi: 10.1023/A:1016863921662

Kovalenko, O. H., &Spivak, L. M. (2018). Psychological well-being of elderly people: The social factors. *Social Welfare: Interdisciplinary Approach*, *8*(1), 163-176. Doi: 10.21277/sw.v1i8.323

Kratcoski, P. C., Dunn Kratcoski, L., Kratcoski, P. C., Kratcoski, P. C., Dunn Kratcoski, L., &Kratcoski, P. C. (2020). Perspectives on interpersonal relationships in the family. *Juvenile Delinquency: Theory, Research, and the Juvenile Justice Process*, 99-118.99-118. doi: 10.1007/978-3-030-31452-1_5

Krueger, A. B., & Stone, A. A. (2008). Assessment of pain: a community-based diary survey in the USA. *The Lancet*, *371*(9623), 1519-1525.doi:10.1016/S0140-6736(08)60656-X.

Kumari, M., & Bansal, S. K. (2020). A study of mental health and adjustment. *International Journal of Economics and Management*, *8*(3).

Lakshman, A. (2023, September 29). *India ageing, elderly to make up 20% of population by 2050: UNFPA report*. The Hindu. Retrieved from https://www.thehindu.com/sci-tech/health/share-of-elderly-projected-to-double-to-20-by-2050-india-ageing-report/article67353547.ece

Lakshmanan, S. (2020). *Adjustment by S.Lakshmanan*[Slide show]. SlideShare. Retrieved from https://www.slideshare.net/slideshow/adjustment-by-slakshmanan-psychologist/235295915#13

Larson, R. (1978). Thirty years of research on the subjective well-being of older Americans. *Journal of gerontology*, *33*(1), 109-125. Doi: doi.org/10.1093/geronj/33.1.109

Lee, D. H. (2009). Factor analysis an influence for health-related quality of life for the elderly in Korea [doctor's thesis]. *Daegu: Daegu Haany University*.

Lee, K. P., &Ryu, M. K. (2018). The structural relationship among vitality, social support and quality of life of older adults participating in physical activity. *J. Sport Lei. Stud*, *73*, 377-387.

Lee, S., & Chung, J. H. (2022). The association between subjective cognitive decline and quality of life: A population-based study. *Journal of Clinical Neuroscience*, *98*, 60-65.Doi: 10.1016/j.jocn.2022.01.037

Lee, Y. G., & Choi, S. I. (2016). The relationship between social capital and quality of life to the elderly people participating in the elderly social activities. *Korean Policy Sci. Rev*, *20*, 151-180.

Lena, A., Ashok, K., Padma, M., Kamath, V., & Kamath, A. (2009). Health and social problems of the elderly: A cross-sectional study in Udupi Taluk, Karnataka. *Indian Journal of Community Medicine*, *34*(2), 131-134.doi: 10.4103/0970-0218.51236

Little, W. & McGivern, R. (2014). *Introduction to Sociology* (1st Canadian Edition). BC Campus Open Publishing. Retrieved from https://opentextbc.ca/introductiontosociology/chapter/chapter13-aging-and-the-elderly/#section13.2.

Liu, H., Li, S., Xiao, Q., & Feldman, M. W. (2013). *Social Support and Psychological Well-Being Under Social Change in Urban and Rural China. Social Indicators Research, 119(2), 979–996.* doi:10.1007/s11205-013-0534-1

Luchi, C. A., Peres, K. G., Bastos, J. L., & Peres, M. A. (2013). Inequalities in self-rated oral health in adults. *Revista de saudepublica*, *47*, 740-751.Doi: 10.1590/S0034-8910.2013047004364

Lusardi, A., & Mitchell, O. S. (2017). Financial literacy and planning: Implications for retirement wellbeing. In O. S. Mitchell, P. B. Hammond, & A. Lusardi (Eds.), *Financial*

literacy and planning for retirement (pp. 17-39). Oxford University Press. Doi: 10.1093/acprof:oso/9780198787372.003.0002

MacKerron, G., &Mourato, S. (2013). Happiness is greater in natural environments. *Global environmental change*, *23*(5), 992-1000. Doi: 10.1016/j.gloenvcha.2013.03.010

Madva, E. N., Harnedy, L. E., Longley, R. M., Rojas Amaris, A., Castillo, C., Bomm, M. D., ... &Celano, C. M. (2023). Positive psychological well-being: A novel concept for improving symptoms, quality of life, and health behaviors in irritable bowel syndrome. *Neurogastroenterology& Motility*, e14531.Doi: 10.1111/nmo.14531

Magai, C., & Cohen, C. I. (1998). *Attachment theory and aging: A developmental perspective*. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 432-449). Guilford Press.

Mance, P. (2019). *Assisting families with ageing-related relationship issues*. Child Family Community Australia. Retrieved from https://aifs.gov.au/cfca/2019/05/02/assisting-families-ageing-related-relationship-issues

Mancini, A. D. (2019). When acute adversity improves psychological health: A social–contextual framework. *Psychological Review*, *126*(4), 486. Doi: 10.1037/rev0000144

Marmot, M. (2005). Social determinants of health inequalities. *The lancet*, *365*(9464), 1099-1104.

MaRS Monitoring and Research Systems Private Limited. (2015). A YOUTH PERSPECTIVE ON ELDER ABUSE. In *A HelpAge India Research Report*. Retrieved from https://www.helpageindia.org/wp-content/themes/helpageindia/pdf/Elder-Abuse-The%20Indian-Youth-Speaks-Out.pdf

Martín-María, N., Caballero, F. F., Olaya, B., Rodríguez-Artalejo, F., Haro, J. M., Miret, M., &Ayuso-Mateos, J. L. (2016). Positive affect is inversely associated with mortality in individuals without depression. *Frontiers in Psychology*, *7*, 1040.doi:10.3389/fpsyg.2016.01040.

Martín-María, N., Miret, M., Caballero, F. F., Rico-Uribe, L. A., Steptoe, A., Chatterji, S., &Ayuso-Mateos, J. L. (2017). The impact of subjective well-being on mortality: a meta-analysis of longitudinal studies in the general population. *Psychosomatic medicine*, *79*(5), 565-575.doi:10.1097/PSY.0000000000000444.

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-396.

Maslow, A. H. (1968). *Toward a psychology of being* (2nd ed.). Van Nostrand Reinhold.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238.

Merz, E. M., Consedine, N. S., Schulze, H. J., &Schuengel, C. (2009). Wellbeing of adult children and ageing parents: Associations with intergenerational support and relationship quality. *Ageing & Society*, *29*(5), 783-802.Doi: 10.1017/S0144686X09008514

Mhaka-Mutepfa, M., & Wright, T. C. (2022). Quality of Life of Older People in Botswana. *The International Journal of Community and Social Development*, *4*(1), 104-126. Doi: 10.1177/25166026211064693

Milkie M. A., Bierman A., &Schieman S (2008). How adult children influence older parents' mental health: Integrating stress-process and life-course perspectives. *Social Psychology Quarterly*, 71, 86. doi:10.1177/019027250807100109

Millward, C. (1998). Family support and exchange [Findings of three studies by the Australian Institute of Family Studies]. *Family Matters*, (50), 19-23.

Minuchin, S. (1974). *Families and Family Therapy*. Harvard University Press.

Miret, M., Caballero, F. F., Chatterji, S., Olaya, B., Tobiasz-Adamczyk, B., Koskinen, S., ...&Ayuso-Mateos, J. L. (2014). Health and happiness: cross-sectional household surveys in Finland, Poland and Spain. *Bulletin of the World Health Organization*, *92*, 716-725. doi:10.2471/BLT.13.129254.

Moore, S., &Diener, E. (2019). Types of subjective well-being and their associations with relationship outcomes. *Journal of Positive School Psychology*, *3*(2), 112-118.

Morgan, C. T., King, R. A., Weisz, J. R., &Schopler, J. (1993). *Introduction to Psychology* (7thed). New Delhi, India: Tata McGraw-Hill Publishing Company Limited.

Morin, A. (2024). *How to Improve Your Psychological Well-Being*. Verywell Mind. Retrieved from https://www.verywellmind.com/improve-psychological-well-being-4177330

Mudey, A., Ambekar, S., Goyal, R. C., Agarekar, S., &Wagh, V. V. (2011). Assessment of quality of life among rural and urban elderly population of Wardha District, Maharashtra, India. *Studies on ethno-medicine, 5*(2), 89-93. Doi: 10.1080/09735070.2011.11886394

Nabi, H., Kivimaki, M., De Vogli, R., Marmot, M. G., & Singh-Manoux, A. (2008). Positive and negative affect and risk of coronary heart disease: Whitehall II prospective cohort study. *Bmj*, *337*.doi:10.1136/bmj.a118.

National Institute of Open Schooling (NIOS). (2020). Adulthood and aging. In *Psychology* (pp. 4–8). Retrieved from https://nios.ac.in/media/documents/srsec328newE/328EL14.pdf

NCRB. (2021). *Crime in India 2020*. Volume 1. National Crime Records Bureau, Ministry of Home Affairs, Government of India, New Delhi.

Nelson T. D. (2005). Ageism: Prejudice against our feared future self. *Journal of Social Issues*, *61*(2), 207–221. Doi: 10.1111/j.1540-4560.2005.00402.x

Newman, B. M., & Newman, P. R. (2012). *Lifespan Development: A Psychosocial Approach* (11thed.). Canada: Cangage Learning.

Ng D. M., & Jeffery R. W (2003). Relationships between perceived stress and health behaviors in a sample of working adults. *Health Psychology*, 22, 638–642. doi:10.1037/0278-6133.22.6.638

North M. S., Fiske S. T. (2012). An inconvenienced youth? Ageism and its potential intergenerational roots. *Psychological Bulletin*, *138*(5), 982–997. Doi: 10.1037/a0027843

OECD (2018), Subjective well-being valuation, in *Cost-Benefit Analysis and the Environment: Further Developments and Policy Use*, OECD Publishing, Paris. Doi: 10.1787/9789264085169-10-en.

OECD. Publishing, & Organisation for Economic Co-operation and Development. (2013). *OECD guidelines on measuring subjective well-being*. OECD publishing. Doi:10.1787/9789264191655-en.

Olsen, C. D. H., Möller, S., &Ahrenfeldt, L. J. (2023). Sex differences in quality of life and depressive symptoms among middle-aged and elderly Europeans: results from the SHARE survey. *Aging & Mental Health*, *27*(1), 35-42. Doi: 10.1080/13607863.2021.2013434

Ozel, F., Yildirim, Y., &Fadiloglu, C. (2014). Pain management of elderly in nursing homes/Huzurevindeyasayanyaslilardaagriyonetimi. *Agri: The Journal of The Turkish Society of Algology*, *26*(2), 57-65.

Patterson, J. M. (2002). Understanding family resilience. *Journal of Clinical Psychology, 58*(3), 233-246.Doi: 10.1002/jclp.10019

Pavelova, L., Tomka, M., &Balaziova, P. (2022). Supporting and hindering factors for family situations when addressing violence in couple relationships. *SWS International Scientific Conferences on SOCIAL SCIENCES - ISCSS*, *9*, 625-632. https://doi.org/10.35603/sws.iscss.2022/s07.073

Pearlin L. I. (1999). Stress and mental health: A conceptual overview. In Horwitz A. V. &Scheid T. (Eds.), *A Handbook for the study of mental health: Social contexts, theories, and systems* (pp. 161–175). Cambridge: Cambridge University Press.

Phiansrivajara, E., &Paramatthakon, A. (2010). Walking for health: A model for promoting physical activity in the community for Thai Elderly. *Journal of Health Promotion and Environmental Health*, *33*(4), 82-89.

Phillips-Bute, B., Mathew, J. P., Blumenthal, J. A., Grocott, H. P., Laskowitz, D. T., Jones, R. H., ... & Newman, M. F. (2006). Association of neurocognitive function and quality of life 1 year after coronary artery bypass graft (CABG) surgery. *Psychosomatic medicine*, *68*(3), 369-375. Doi: 10.1097/01.psy.0000221272.779

Phyo, A. Z. Z., Gonzalez-Chica, D. A., Stocks, N. P., Woods, R. L., Fisher, J., Tran, T., ... & Freak-Poli, R. (2022). Impact of economic factors, social health and stressful life events on physical health-related quality of life trajectories in older Australians. *Quality of Life Research*, *31*(5), 1321-1333. Doi: 10.1007/s11136-021-03021-x

Pillemer, K., & Suitor, J. J. (2006). Making choices: A within-family study of caregiver selection. The Gerontologist, 46(4), 439-448. Doi: 10.1093/geront/46.4.439

Pinquart, M., &Sörensen, S. (2001). Influences on loneliness in older adults: A meta-analysis. *Basic and Applied Social Psychology*, *23*(4), 245–266. Doi: doi.org/10.1207/S15324834BASP2304_1

Prasad, L., Fredrick, J., &Aruna, R. (2021). The relationship between physical performance and quality of life and the level of physical activity among the elderly. *Journal of Education and Health Promotion*, 10. Doi: 10.4103/jehp.jehp_421_20

Press Information Bureau Delhi. (2022). *Schemes for The Welfare of Senior Citizens*.Ministry of Social Justice & Empowerment. Retrieved from https://pib.gov.in/PressReleasePage.aspx?PRID=1806506

Race, S. &Radburn, D.(2020).*Six Key Elements of Psychological Wellbeing*. Student Wellbeing Service. Retrieved fromhttps://www.studentwellbeingblog.com/post/six-key-elements-of-psychological-wellbeing

Rajan, S. I. (2001). Social assistance for poor elderly: How effective?. *Economic and Political Weekly*, 613-617.

Rajan, S. I. (2014). *Social security for the elderly: Experiences from South Asia*. Routledge.

Rajan, S. I., & Kumar, S. (2003). Living arrangements among Indian elderly: New evidence from national family health survey. *Economic and Political Weekly*, 75-80.

Raju, S. S. (2006). Ageing in India in the 21st Century: a research agenda. *Mumbai: The Harmony Initiative*.

Ratana, A. (2019). *Why Family Is Important in an Older Adult's Life*. Home Care Assistance Denver. Retrieved from https://www.homecareassistancedenver.com/how-is-family-essential-in-the-lives-of-elderly-people/

Rathore, P., Tripathi, V., & Kumar, V. (2022). Challenges of financial security and pension provision in the elderly: A developing country perspective. *Asian Journal of Social Science Research*, 3(1), 45-60.

Reczek C., Thomeer M. B., Lodge A. C., Umberson D., & Underhill M (2014). Diet and exercise in parenthood: A social control perspective. *Journal of Marriage and Family*, 76, 1047–1062. doi:10.1111/jomf.12135

Robertson, I. (2024). *What is Psychological Wellbeing?*. Retrieved from https://www.robertsoncooper.com/blog/what-is-psychological-wellbeing/

Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Houghton Mifflin.

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual review of psychology*, *52*(1), 141-166.doi: 10.1146/annurev.psych.52.1.141

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069-1081.

Ryff, C. D. (2013). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and Psychosomatics, 83*(1), 10-28. Doi: doi.org/10.1159/000353263

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of personality and social psychology*, *69*(4), 719.

Ryff, C. D., & Singer, B. H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of happiness studies*, *9*, 13-39.Doi: 10.1007/s10902-006-9019-0

Ryu, S. Y. (2009). Special education and social services in Korea: Past, present, and future. In *International Review of Research in Mental Retardation* (Vol. 38, pp. 125-146). Academic Press.doi:10.1016/s0074-7750(08)38005-7

Sanjay, T. V., Jahnavi, R., Gangaboraiah, B., Lakshmi, P., &Jayanthi, S. (2014). Prevalence and factors influencing depression among elderly living in the urban poor locality of Bengaluru city. *Int J Health Allied Sci*, *3*(2), 105-9. doi:https://doi.org/10.4103/2278-344X.132695

Sattar, S., Laila, K., Zakir, M., Khan, H., & Khan, G. M. A. M. (2018). Relation of job related factors with different dimensions of quality of work life. *World Journal of Public Health*, *3*(1), 16-22. Doi: 10.11648/j.wjph.20180301.13

Saxena, S., & van Ommeren, M. (2005). World Health Organization instruments for quality of life measurement in health settings. Doi: 10.1016/B0-12-369398-5/00508-9

Schafer, M. H., &Shippee, T. P. (2010). Age identity, gender, and perceptions of decline: does feeling older lead to pessimistic dispositions about cognitive aging?. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *65*(1), 91-96. Doi:10.1093/geronb/gbp046

Scharlach A., Damron-Rodriguez J., Robinson B., Feldman R. (2000). Educating social workers for an aging society. *Journal of Social Work Education*, 36(3), 521–538. Doi: 10.1080/10437797.2000.10779026

Seby, K., Chaudhury, S., & Chakraborty, R. (2011). Prevalence of psychiatric and physical morbidity in an urban geriatric population. *Indian journal of psychiatry*, *53*(2), 121-127.Doi: 10.4103/0019-5545.82535

Seeman T. E., Singer B. H., Ryff C. D., Love G. D., & Levy-Storms L (2002). Social relationships, gender, and allostatic load across two age cohorts. *Psychosomatic Medicine*, 64, 395–406. doi:10.1097/00006842-200205000-00004

Seifert, T. A. (2005). The Ryff scales of psychological well-being. *Assessment notes*.

Seligman, M. E. P. (2011). *Flourish: A Visionary New Understanding of Happiness and Well-being*. Free Press.

Sharma, P. &Mathil, D. (2017). A Study of Adjustment of Guest Faculty Teachers in Government Schools of Sirsa District. International Journal on Future Revolution in Computer Science & Communication Engineering, 3(10), 280-283.

Sharma, S. (2016). Adjustment: process, achievement, characteristics, measurement and dimensions. *International Journal of Academic Research*, *3*(1), 42-45.

Shashipanghalvmlg. (2017). *Adjustment* [Slide show]. SlideShare. Retrieved from https://www.slideshare.net/slideshow/adjustment-75811195/75811195

Shek, D. T. (1997). The relation of family functioning to adolescent psychological well-being, school adjustment, and problem behavior. *The Journal of Genetic Psychology*, *158*(4), 467-479. Doi: 10.1080/00221329709596683

Shek, D. T. (1998). A longitudinal study of the relationship between family functioning and adolescent psychological well-being. *Journal of Youth Studies*, *1*(2), 195-209. Doi: 10.1080/13676261.1998.10593006

Shmakova, A. I. (2023). Parenting and family relationships factors in the intergenerational transmission of partnerships: a research review. *Perspectives of Science and Education*, *62*(2), 536-548.Doi: 10.32744/pse.2023.20.31

Shou, J., Du, Z., Wang, H., Ren, L., Liu, Y., & Zhu, S. (2018). Quality of life and its contributing factors in an elderly community-dwelling population in Shanghai, China. *Psychogeriatrics*, *18*(2), 89-97.Doi: 10.1111/psyg.12288

Silverstein, M., &Giarrusso, R. (2010). Aging and family life: A decade review. *Journal of Marriage and the Family*, *72*(5), 1039-1058. Doi: 10.1111/j.1741-3737.2010.00749.x

Singh, A., &Misra, N. (2009). Loneliness, depression and sociability in old age. *Industrial psychiatry journal*, *18*(1), 51-55. Doi: 10.4103/0972-6748.57861

Singh, P., Edbor, A., &Dhingra, J. S. (2017). Home, Health, Social, And Emotional Adjustment Among First Year College Going Students. *Global Journal for Research Analyses,6*(3), 100-103.

Singh, S. K. (2021). A study on Home, Health, Social, Emotional and Occupational adjustment among the subjects of Hospitality and tourism industry. *PUSA Journal of Hospitality and Applied Sciences, 7*(2), 27-42.

Skirbekk V. (2004). Age and individual productivity: A literature survey. *Vienna Yearbook of Population Research*, *2*(1), 133–153.

Smith, J., Fleeson, W., Geiselmann, B., Settersten Jr, R. A., &Kunzmann, U. (1999). Sources of well-being in very old age.

Social Statistics Division, National Statistical Office, Ministry of Statistics & Programme Implementation, Government of India. (2021). *Elderly in India 2021*. Retrieved from http://mospi.nic.in/sites/default/files/publication_reports/Elderly%20in%20India%202021.pdf

Solem P. E. (2005). Ageism, ageing and social participation. *Nordisk Psykologi*, *57*(1), 47–63. Doi: 10.1080/00291463.2005.10637360

Solomon, Z., Berger, R., &Ginzburg, K. (2007). Resilience of Israeli body handlers: Implications of repressive coping style. *Traumatology*, *13*(4), 64-74. Doi: 10.1177/153476560731268

Soni, S., Shukla, M., & Kumar, M. (2016). Prevalence of depression and associated risk factors among the elderly in rural field practice areas of a tertiary care institution in Katihar, Bihar. *International Journal of Advances in Medicine*, *3*(4), 1016-1019. doi: http://dx.doi.org/10.18203/2349-3933.ijam20163740

Steptoe, A., & Wardle, J. (2011). Positive affect measured using ecological momentary assessment and survival in older men and women. *Proceedings of the National Academy of Sciences, 108*(45), 18244-18248.doi:10.1073/pnas.1110892108.

Steptoe, A., de Oliveira, C., Demakakos, P., &Zaninotto, P. (2014). Enjoyment of life and declining physical function at older ages: a longitudinal cohort study. *Cmaj*, *186*(4), E150-E156.doi:10.1503/cmaj.131155.

Steptoe, A., Deaton, A., & Stone, A. A. (2015). Psychological well-being, health, and aging. *The Lancet*, 385(9968), 640-648. Doi: 10.1016/S0140-6736(13)61489-0

Steptoe, A., Demakakos, P., & de Oliveira, C. (2012). The psychological well-being, health and functioning of older people in England. *The dynamics of ageing*, 98-183.

Student Wellbeing Service. (2020). *Six Key Elements of Psychological Wellbeing*. Student Wellbeing Service. Retrieved fromhttps://www.studentwellbeingblog.com/post/six-key-elements-of-psychological-wellbeing.

Suwandia, G. F., &Tentama, F. (2020). The Quality of Work Life Scale: A Psychometric Study and its Application for the Employee. *International Journal of Sciences: Basic and Applied Research (IJSBAR)*, *50*(1), 68-81.

Swarnalatha, N. (2013). The prevalence of depression among the rural elderly in Chittoor District, Andhra Pradesh. *Journal of clinical and diagnostic research: JCDR*, *7*(7), 1356.doi: https://doi.org/10.7860/JCDR/2013/5956.3141

Symister P., & Friend R (2003). The influence of social support and problematic support on optimism and depression in chronic illness: A prospective study evaluating self-esteem as a mediator. *Health Psychology*, 22, 123–129. doi:10.1037/0278-6133.22.2.123

Tandon, M. (2017). A study on psychological well-being among elderly. *International Journal of Home Science*, *3*(1), 387-389.

Tekin, Ç. S., & Kara, F. (2016). Dünyadavetürkiye'deyaşlilik. *UluslararasıBilimselAraştırmalarDergisi (IBAD)*, *3*(1), 219-229.Doi: doi.org/10.21733/ibad.370584

Teoli, D., & Bhardwaj, A. (2023). Quality of life. In *StatPearls* [Internet]. StatPearls Publishing.

The Editors of Encyclopaedia Britannica. (2018). *Adjustment*. Encyclopedia Britannica. Retrieved from https://www.britannica.com/science/adjustment-psychology

Thoits P. A. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior*, 51, S41–S53. doi:10.1177/0022146510383499

Thomas, P. A., Liu, H., &Umberson, D. (2017). Family relationships and well-being. *Innovation in aging*, *1*(3), igx025.Doi: 10.1093/geroni/igx025

Tinkler, L. (2015). The Office for National Statistics experience of collecting and measuring subjective well-being. *Statistics in Transition. New Series*, *16*(3), 373-396.

Tiwari, S. C., & Pandey, N. M. (2013). Mental health problems among rural elderly women in India: A cross-sectional study. *International Journal of Geriatric Psychiatry, 28*(5), 514-521.

Tuomi K., Ilmarinen J., Seitsamo J., Huuhtanen P., Martikainen R., Nygård C-H., Klockars M. 1997. Summary of the Finnish research project (1981-1992) to promote the health and work ability of aging workers. *Scandinavian Journal of Work, Environment & Health, 23*(1), 66–71.

Turnbull, N., Chada, W., Chuppawa, W., Chimphoklang, S., &Tudpor, K. (2023). Socioeconomic and Health Status Affecting Quality of Life among Older Adults in the Rural Areas in Northeastern Thailand during COVID-19 pandemic: A Cross-Sectional Study. resmilitaris, 13(2), 1281-1291.

Twinkl. (n.d.). *What is a Familial Relationship.* Retrieved from https://www.twinkl.co.in/teaching-wiki/familial-relationship

Umberson, D., &Karas Montez, J. (2010). Social relationships and health: A flashpoint for health policy. *Journal of health and social behavior*, *51*(1_suppl), S54-S66.doi:10.1177/0022146510383501

Umberson, D., Crosnoe, R., &Reczek, C. (2010). Social relationships and health behavior across the life course. *Annual review of sociology*, *36*(1), 139-157.doi:10.1146/annurev-soc-070308-120011

Ünal, E., &Özdemir, A. (2019). Old Age and Aging. *Recent Studies in Health Sciences*, *414*.

UNFPA India. (2023). *India AgeingReport 202*3.United Nations Population Fund (UNFPA) India

United Nations Department of Economic and Social Affairs, Population Division. 2008. *World Population Prospects* (2008 Revision). United Nations

Usha, V. K., &Lalitha, K. (2016). Quality of life of senior citizens: A rural-urban comparison. *Indian Journal of Social Psychiatry*, *32*(2), 158. Doi: 10.4103/0971-9962.181104

Van Den Brink, J. L., Moorman, P. W., De Boer, M. F., Hop, W. C., Pruyn, J. F., Verwoerd, C. D., & Van Bemmel, J. H. (2007). Impact on quality of life of a telemedicine system supporting head and neck cancer patients: a controlled trial during the postoperative period at home. *Journal of the American Medical Informatics Association*, *14*(2), 198-205.Doi: 10.1197/jamia.M2199

Veca, S. (2015). The dimensions of the quality of life. *RivIntSciSoc*, *123*(1), 123-134.

Vickery, L. E., Latchford, G., Hewison, J., Bellew, M., &Feber, T. (2003). The impact of head and neck cancer and facial disfigurement on the quality of life of patients and their partners. *Head & Neck: Journal for the Sciences and Specialties of the Head and Neck*, *25*(4), 289-296.Doi: 10.1002/hed.10206

Wagnild, G. M. (2003). Resilience and successful aging: Comparison among low and high income older adults. *Journal of Gerontological Nursing*, 29(12), 42-49.Doi: 10.3928/0098-9134-20031201-09

Wang, S. W., &Repetti, R. L. (2014). Psychological well-being and job stress predict marital support interactions: A naturalistic observational study of dual-earner couples in their homes. *Journal of Personality and Social Psychology*, *107*(5), 864.

Ward, R. A. (2010). *How old people think and feel about adjustment to aging: A longitudinal study*. Research on Aging, 32(2), 187-215.

Waterman, A. S. (1993). Two conceptions of happiness: Contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment. *Journal of personality and social psychology*, *64*(4), 678.

Watson, D., Clark, L. A., &Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: the PANAS scales. *Journal of personality and social psychology*, *54*(6), 1063.

Wiley, K. C., Revell, S. A., &Coard, S. I. (2024). Family relationships. *Encyclopedia of Adolescence*, 98-111. https://doi.org/10.1016/b978-0-323-96023-6.00130-5

Windle, G., Bennett, K. M., & Noyes, J. (2011). A methodological review of resilience measurement scales. *Health and Quality of Life Outcomes*, 9(1), 8. Doi: 10.1186/1477-7525-9-8

World Health Organization. (1997). WHOQOL: Measuring quality of life. World Health Organization.

World Health Organization. (2017). *Mental health of older adults*. Retrieved from https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults

World Health Organization. (2024). *Ageing and health*. Retrieved from https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

World Health Organization. (2024). *Ageing*. Retrieved from https://www.who.int/health-topics/ageing#tab=tab_1

World Health Organization. (n.d.). *WHOQOL: Measuring Quality of Life*. Retrieved from https://www.who.int/tools/whoqol

Wrosch, C., Heckhausen, J., & Lachman, M. E. (2006). Primary and secondary control strategies for managing health and financial challenges: Age differences and associations with physical, psychological, and social well-being. *Psychology and Aging, 21*(2), 253–268. Doi: doi.org/10.1037/0882-7974.21.2.253

Yeung D.Y. (2017). Aging and Psychological Well-Being. *Encyclopedia of Geropsychology*. Springer. doi: https://doi.org/10.1007/978-981-287-082-7_139

Yıldız, R., Ömeroğlu, G., &Terim, N. (2017). Yaşlıpenceresindenyaşlıayrımcılığı: Bursa veYalovaörneği. *Ahi EvranÜniversitesiSosyalBilimlerEnstitüsüDergisi*, *3*(2), 313-329.

Yoon, H., Park, C., & Chun, J. (2018). Local Residents' Levels of Perception of Health and Happiness according to Whether or Not They Have Experienced Public Health Education (Smoking, Drinking, Nutrition). *Journal of The Korean Society of Integrative Medicine*, *6*(4), 101-110.Doi: 10.15268/ksim.2018.6.4.101

Zalavadiya, D. D., Banerjee, A., Sheth, A. M., Rangoonwala, M., Mitra, A., &Kadri, A. M. (2017). A comparative study of depression and associated risk factors among elderly inmates of old age homes and community of Rajkot: A Gujarati version of the geriatric depression scale-short form (GDS-G). *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*, *42*(4), 204. doi:https://doi.org/10.4103/ijcm.IJCM_181_16

Zeng, Y., Wan, Y., Yuan, Z., & Fang, Y. (2021). Healthcare-seeking behavior among Chinese older adults: patterns and predictive factors. *International Journal of Environmental Research and Public Health*, *18*(6), 2969. Doi: 10.3390/ijerph18062969

LIST OF PUBLICATIONS

S. No	Name of the Journal/Conference/Book	Jounal indexing (Scopus/UGC/Web of Science)	Title of the Paper	Published Date (Date/Month/Year)	Volume & Issue Number	ISSN/ISBN Number
1	Archives of Mental Health	SCOPUS	Psychological Well-Being And Its Influence On Elderly Life	11-11-2024	25(2)	2589-9171
2	Journal for Reattach Therapy and Developmental Diversities	SCOPUS	Assessing The Levels Of Resilience And Life Satisfaction Among Young Old Age Group	22-08-2023	6 (10s2)	2589-7799
3	Neuroquantology	SCOPUS	Death Anxiety And Resilience In Elderly	Nov-22	20 (17)	1303-5150
4	Journal of Positive School Psychology	SCOPUS	Impact of fear of personal death on life satisfaction among old	28-05-2022	6 (5)	2717-7564

			age people			
5	International Journal of Indian Psychology	UGC	Impact of Ego Virtues in Middle and Old Ages: A Comparative Study	31-03-2022	10 (1)	ISSN 2348-5396 (e), ISSN 2349-3429 (P)

LIST OF CONFERENCES

S.No	Conference	Title of Paper Presented	Date	Institution
1.	International Conference on Holistic Health and Wellbeing: Issues, Challenges & Management	Ego Virtues and Life Satisfaction in Old Age	02-03 June, 2023	Lovely Professional University
2.	7th International Conference of Indian Academy of Health Psychology	Resilience And Life Satisfaction Among Old Age People	22-24 December 2022	Gautam Buddha University, Greater Noida, UP
3.	International Symposium on "World Order Under Strain: Emerging Political and Economic Challenges	Impact of fear of personal death on life satisfaction among old age people	10 June 2022	Lovely Professional University
4.	EDIIC 2021	Impact of Ego Virtues in Middle and Old Ages: A Comparative Study	25 September, 2021	Lovely Professional University