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Influence of Physical Health on Spirituality and Psychological Well-Being Among Elderly

Ritu Singh* and Manisha Mehra

ABSTRACT

Unpredictable and unmanageable health issues challenge the threshold of tolerance and limitations of capabilities in old age. This may in turn upset the psychological equilibrium of the elderly. In such times, spirituality acts as a strong support base for providing psychological strength enabling them to transcend their current feelings and circumstances. Contemplating this traditional notion, present study was taken up to assess the level of psychological well-being and spirituality among institutionalized and non-institutionalized elderly across their health status. The sample includes two categories of elderly individuals i.e., institutionalized (100) and non-institutionalized (100) selected from Uttarakhand's SRA-recognized old-age homes by census technique and by lottery technique from neighboring areas of old-age homes respectively. Standard Spiritual Belief Scale and Psychological Well Being Scale were employed to assess spirituality and psychological wellbeing. Analysis across health status revealed that irrespective of the residential status, composite spirituality and psychological well-being was reported to be significantly higher in elderly with controllable health problems as compared to elderly with serious health problems.

Keywords: Health, Illness, Social interaction, Spiritual engagement, Well-being

INTRODUCTION

In most developing nations, the age of 60 or 65 years marks the onset of advanced age, roughly comparable to retirement age. Chronological time has little, or no, relevance in defining old age in many parts of the developing world. Certain socially defined interpretations of age, such as the roles assigned to elderly individuals, are more important. In some cases it is the loss of roles accompanying physical decline which is significant in defining old age. Old age supposedly begins at a stage where active contribution isn't any longer feasible (Gorman, 2000).

The factors that affect the health status of elderly are gender, socio-economic status, age, residential status, and so on. Half of the Indian elderly are dependents, often due to widowhood, divorce, or separation, and a majority of the elderly are women (Rajan, 2001). Also, disengagement theory originally formulated by Elaine Cumming and Warren Earl Henry (1961) suggests that older people and society mutually withdraw from one another as older people approach death. With increasing age, men and women suffer from similar types of illnesses but men tend to suffer from acute illnesses for relatively short periods before they die (Dennerstein *et al.,* 1977). Health condition is positively correlated with socio-economic status (Cohen *et al.*, 2010). General health status of a person directly or indirectly affects the overall psychological well-being. In India, nearly a quarter of the elderly are depressed. In such difficult circumstances, spiritual connect can aid in healing and giving a sense of purpose in life. Spirituality has been

Department of HDFS, College of Home Science, GBPUA&T, Pantnagar, Uttarakhand
*Corresponding author email id: ritu.singh07@gmail.com

implicated in positive health changes such as better communication, healthy diet, reversal of tobacco use, alcohol consumption, and improvement in emotional/ psychological health (Iwamasa and Iwasaki, 2011). Spirituality might act to potentiate a common belief of older adults that they are exceptions to the aging process and that their health is superior to their age peers.

With increasing life expectancy and success in treatments of life-threatening diseases, there is a growing concern of establishing and maintaining psychological well-being at advanced age. Chronic illnesses are associated with lower hedonic and eudemonic wellbeing (aspects of psychological well-being) (Wikman *et al.*, 2011). Some factors other than health including financial standing, relationships between friends and family, social ties, expected roles and behaviors, factors that often change with age influence the psychological wellbeing. A growing literature of research indicates that psychological wellbeing can also be a protective factor in health, reducing the risk of chronic physical illness and encouraging longevity. Socio-emotional theory of selectivity postulates that as people grow older they amass emotional intellect which leads to selecting more emotionally satisfying experiences, social connections and interactions. However, these patterns would not be universal depending different cultural, political and other constructs. Most research around the world to date has focused on the link between religion and health as opposed to spirituality and health (Lucchetti *et al.*, 2011). Spirituality has not been discussed as an inclusive part of elderly health care despite being considered as an important part of life by elderly population (Isaac *et al.*, 2016). Also, so far research has verified that patients with life-threatening and/or chronic diseases regard their spirituality as a beneficial resource to cope. The present research aims to analyze as to how far it is possible to engage spiritually and maintain psychological well-being with ailing health in old age.

METHODOLOGY

The total sample of institutionalized elderly (n_1=100) and corresponding samples of non-institutionalized elderly people (n_2=100) were selected from Uttarakhand's SRA-recognized old-age homes by census technique and by lottery technique from neighboring areas of old-age homes respectively. Spirituality of the population under study was assessed by employing Spiritual Belief Scale by Deshmukh and Deshmukh (2012) consisting of dimensions: Spiritual belief and Spiritual involvement. Psychological well-being of the respondents was measured by administering Psychological Well Being Scale by Sisodia and Choudhary (2012). It consisted of five dimensions namely Life Satisfaction, Efficiency, Sociability, Mental Health and Interpersonal Relations. Respondents were given questionnaires individually and were asked to fill them under the supervision of the investigator within the time frame provided. They were asked to choose the most suitable response from five alternative options. For scoring, five point Likert scale was used. The data were analyzed using statistical techniques like mean and independent sample z-test.

RESULTS AND DISCUSSION

Table 1 depicts mean differences in spirituality of elderly across their health status. Composite spirituality was reported to be significantly higher in elderly with controllable health problems than the ones with serious health problems. Spirituality in itself may not be able to cure any illness but it provides tools for survival in stressful situations, enabling elderly to be resilient in difficult times and providing skills to enable them to cope during crisis. Well defined beliefs and some degree of spiritual awareness enable elderly to cope, providing a value base that (on the whole) supports their functional behavior and reinforces them with a sense of purpose in life.

Good physical health is a prerequisite for psychological well-being among elderly (Singh *et al.*, 2018). Elderly with serious health problems may remain consistently stressed about their ailments that directly hamper functionality on the whole. They would be less likely to go to holy places and spiritual gatherings that would not only help embrace the spiritual vibe of the places but also extend their social circle and provide a sense of belonging and security. Various respondents reported that they had lost their faith because of the strokes of fate. They felt that god had presented to them consistently a

Table 1: Mean differences in spirituality of institutionalized and non-institutionalized elderly across their health status

Components of spirituality	Institutionalized Elderly (n_1=100)				Non- institutionalized Elderly (n_2=100)				Total Elderly (n=200)			
	Elderly with serious health problems (n_{1a}=30)		Elderly with controllable health problems (n_{1b}=70)		Elderly with serious health problems (n_{2a}=16)		Elderly with controllable health problems (n_{2b}=84)		Elderly with serious health problems (n=46)		Elderly with controllable health problems (n=154)	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Spiritual Belief	79.11	5.70	75.81	6.81	**2.36***	78.21	6.86	74.37	8.11	**1.99***	78.15	6.06	75.34	8.41	**2.50***
Spiritual Involvement	49.77	7.48	56.00	3.68	**4.34***	45.38	11.21	59.51	6.71	**4.88***	44.61	9.99	53.99	6.21	**6.03***
Composite Spirituality	125.10	11.84	129.81	7.11	**2.03***	123.59	18.07	133.88	14.85	**2.14***	122.76	16.15	128.51	14.62	**2.16***

1.* stands for significant at 0.05 level; **2.** Higher the mean score, higher the level of spirituality

series of unprecedented crisis events along with exceptionally ill health. Such individuals are more prone to mental health issues such as recurring phases of anxiety and depression triggered by even the slightest of adversity.

Elderly with controllable health problems would be better able to take good care of them, not necessarily requiring assistance with their personal or general health care. They would manage to participate and contribute to the family in some way or the other. Having the required strength and functional fitness naturally helps them to keep their spirits high most of the time. They develop virtues of appreciation and gratitude for what they have. Perception and attitude towards retirement also poses negative effect on the health of the elderly. A gendered effect on attitude towards retirement age was seen when female teachers favored the increased retirement age of college teachers and scientists (Bagdi and Shah, 2012). Elderly with positive attitude look at it as an opportunity to help them generate positivity enough to not usually sweat over small stuff and focus more on the bigger picture reinforcing their engagement in recreational activities. Engagement in recreational clubs or spiritual gatherings can offer an opportunity to extend social circle at advanced age. Aged are better adjusted when they are more active and involved in physical activities and social interactions (Schulz, 2006). But, as one ages, the contacts become restricted to a few individuals who are of major importance. It is because elderly want to avoid involvement in painful social interactions. Spirituality is viewed as being cheerful, happily involved in day-to-day activities of life, enjoying the art, music, and beautiful nature, and an urge to contribute to make the living on earth better (Chaves *et al.*, 2015). There is a positive correlation between spirituality and psychological wellbeing of elderly (Tiwari *et al.*, 2016).

Perusal to Table 2 reveals that elderly having serious health problems reported significantly lower levels of composite psychological well-being as compared to elderly having controllable health problems. Probable reasons behind it could be that elderly with serious health problems are often left to all time dependency on the caregiver. Their vulnerability is in itself a stress inducing factor leading to feeling of despair and negative attitude

Table 2. Mean differences in psychological well being of institutionalized and non institutionalized elderly across their health status

Components of Psychological Well being	Institutionalized Elderly (n_1=100)					Non- institutionalized Elderly (n_2=100)					Total Elderly (n=200)				
	Elderly with controllable health problems (n_{1a}=70)		Elderly with serious health problems (n_{1b}=30)		Z calculated	Elderly with controllable health problems (n_{2a}=84)		Elderly with serious health problems (n_{2b}=16)		Z calculated	Elderly with controllable health problems (n=154)		Elderly with serious health problems (n=46)		Z calculated
	Mean	S.D.	Mean	S.D.		Mean	S.D.	Mean	S.D.		Mean	S.D.	Mean	S.D.	
Satisfaction	36.9	9.32	33.09	9.77	**2.34***	74.68	5.76	71.31	9.19	**2.13***	78.15	6.06	74.34	8.41	**3.97***
Efficiency	33.77	6.60	29.63	8.58	**2.72***	53.43	7.2	49.09	9.34	**2.02***	44.61	9.99	53.99	6.21	**6.03***
Sociability	32.15	5.04	28.73	7.56	**3.42***	35.77	6.61	29.63	8.58	**2.72***	36.9	9.32	33.09	9.77	**2.34***
Mental Health	37.67	9.07	30.22	7.00	**4.57***	77.99	6.50	73.12	9.78	**2.99***	33.77	6.60	29.63	8.58	**2.72***
Interpersonal relations	41.61	9.99	52.99	6.20	**6.13***	55.88	6.75	51.97	7.69	**2.70***	33.15	5.04	28.73	7.66	**3.43***
Composite Psychological Well being	128.78	11.60	121.40	14.37	**2.87***	132.87	13.25	125.09	17.47	**2.53***	180.67	33.47	158.78	37.95	**3.05***

Note: 1. * stands for significant at 0.05 level; **2.** Higher the score, higher the level of psychological wellbeing

towards oneself and others. They may with time become more distant and uninviting. They may develop feelings of self-criticism, self-loathing which may negatively affect their psychological well-being. Chronic stress and illness disturbs our hormonal balance depleting the chemicals essential for happiness. They find it difficult to be reasonable and solution-oriented. Such individuals can be characterized by catastrophizing (anticipating the worst) and polarizing (to be in extreme of good or bad). Material abuse, financial deprivation, property grabbing, abandonment, verbal humiliation and emotional and psychological torture in India, all destabilize the mental and physical health of elderly people (Shankardass, 2009). Along with it, manifestations of declining health can range from controllable illness to severe health issues that may lead to cognitive, physical, sensory impairments. The National Sample Survey (NSS) suggest a general increase in the reports of ailments and utilization of healthcare services among the elderly (Alam and Karan, 2010). On the contrary, elderly with controllable health problems don't perceive health as an inhibiting factor for enlarging their social circle. They are relatively better at expressing positive emotions to keep themselves good company. They don't feel any restrictions in discharging their duties or adapting to their changing roles in the family and society as a whole. Being physically and mentally better stable than their counterparts allows them to engage in activities that infuse positivity, creativity and agility in them. If they get stuck, they think rationally and use the resources at hand to deal with the situation rather than personalizing and magnifying only the negative aspects of the situation. Emotional disposition towards the considerable physiological and social changes that come with ageing play a central role in determining well-being and physical health in old age (Thomsen *et al.*, 2017). High levels of psychological well-being can counterbalance the negative consequences of chronic disease and disabilities (Bassi *et al.*, 2014).

CONCLUSION

Analysis across health status revealed that irrespective of the residential status, composite spirituality and psychological well-being was reported to be significantly higher in elderly with controllable health

problems as compared to elderly with serious health problems. This brings to light the strong need for organizing programs focusing on promoting overall well-being in old age. There is need to introduce active leisure, physical activities and involvement in spiritual gatherings as preventive measures to ensure both better health and better functionality status in elderly at all physical, mental and emotional levels. These kinds of interventions have the potential to trigger the idea of effective and successful ageing. Engaging in such activities would help them embrace adversities by looking for in them opportunities to grow further.

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