

Research Paper

How Interplay of Spirituality, Living Conditions, and Gender Impact the Mental Health among Geriatric Population

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ABSTRACT

Aging is a life process and universally accepted as well as proven as not a disease. But past literature has thrown light on various issues which are more psychological in nature, like; feelings of loneliness, hopelessness, depression, etc., and compromised quality of life due to several factors. In India, geriatric people are moving towards old age homes similar to Western countries and spend the rest of the life to remove feelings of loneliness and hopelessness by carrying a spiritual attitude but still psychological sufferings are uncountable. Hence, the present study was a forwarding step to knowing how the interaction of spiritual quotient, gender, and living conditions affect the feeling of loneliness, hopelessness, and quality of life among geriatric people. The objective of the present study was, • To explore the interaction impact of the spiritual quotient, gender, and living conditions on loneliness among the geriatric population • To explore the interaction impact of the spiritual quotient, gender, and living conditions on hopelessness among the geriatric population • To explore the interaction impact of the spiritual quotient, gender, and living conditions on quality of life among the geriatric population • To achieve these objectives total 320 male and female geriatric people have been selected as a sample. Out of 320 samples, 160 have been collected from different old age homes of Indore, Bhopal districts, and 160 from general population of Indore and Bhopal district of Madhya Pradesh. Sample has been collected through purposive sampling technique by applying the following questionnaires; Socio-demographic datasheet, General health questionnaire, Spiritual Quotient- AGCNVS, UCLA Loneliness Scale version 3, Beck Hopelessness scales, and WHO Quality of Life-Bref Scale. Result shows that interplay of gender and spiritual quotient significantly influence the feeling of loneliness among geriatric population. Similarly, interaction of living conditions and spiritual quotient has significantly influence on loneliness and quality of life among the geriatric population.

Keywords: *Spiritual Quotient, Living Conditions, Loneliness, Hopelessness, and Quality of Life*

Aging is a life process and universally accepted as well as proven as not a disease. But past literature has thrown light on various issues which are more psychological, like; feelings of loneliness, hopelessness, depression, etc., and compromised quality of

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life due to several factors. Socially, the elderly used to feel a sense of being left out, feeling tired and retired, loss of active participation in the financial management of the family, lack of involvement in family decision-making, lack of importance, value in family, lack of power, poor social connectivity and participation, over dependency on others for their basic needs. Death of a life partner and the communication gap with the family members, the elderly lose their normal social life and companionship which creates an emotional vacuum in their later life. Adjustment with the new generation is seen as a challenge in elderly life. As a result, even though their basic needs are fulfilled but psychologically they feel hollow. Because of this emptiness, they used to have psychological issues such as, loneliness, depression, anxiety, hopelessness, fear, poor perception of the environment, poor quality of life, irritability and anger issues, rigidity, stubbornness, loss of interest, poor adjustment and adaptability, negative attitude towards others, society, life, and world leads dissatisfaction with the life. The severity of depression and hopelessness may times generate suicidal ideations among the elderly.

In the present scenario, due to the rapid growth of modernization, globalization, and changes in economic and socio-cultural structures, the role of the family in the life of the elderly has diminished, and as a result, a large number of elderly populations have facing rejection or neglect of the aged and bound to live an institutionalized life. This is the fact that old age people move towards institutions mainly because they have no relatives to care for them. Although old age institutions make every effort to take care of all the needs of the dependent elderly people such as housing facility, food, health, and entertainments facility despite that, they are facing lots of psychosocial issues, such as loneliness, depression, hopelessness, poor quality of life, low social network, poor social connectivity, loss of meaning and goal of life, loss of autonomy and emotional support. They have to live a monotonous and mechanical daily life routine; they have to share rooms with other inmates. Many times, they don't even feel comfortable expressing their psychological pain and distress with the inmates because of trust issues and fear of being judged negatively by them. They often feel rejected and retired from the normal stream of social life which lots of psychological issues among the elderly. Despite these issues elderly who see an alternative accommodation loss of family members due to isolation or loneliness, life in an institution may increase their social contact and have a positive impact on their well-being (Bergeron, 2001).

Past researches has shown that spirituality helps elderly people in stress management through ways of adaptive coping, controlling unhealthy emotions, handling relationship issues, and promote for health-seeking behavior (Koeing 2006). The elderly who were higher in spirituality were usually found with overall good health because spirituality strongly promotes their daily life functioning and level of satisfaction (Saad et. al 2010). The previous study postulated a significant connection between living conditions and spirituality as important factors in maintaining general health conditions among the older population (Philip Sijuwade 2013).

“Spirituality” is mainly concerned with individualistic inner life experiences and about their spirit mind and how he or she relates them with the world. A spiritual person generally seeks inner peace of mind, harmony, optimism, and mercy for themselves as well as for others. Spirituality gives an attitude to see the world from different but positive perspectives. Spiritual intelligence has also been defined as the highest levels of development of cognitive, moral, emotional, and interpersonal ability, as a separate developmental line, an attitude of openness to love at any stage, and as a peak experience (Wilber, 2000).

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Spirituality also gives deep knowledge and awareness about the meaning and purpose of life and develops the capacity to identify the beareries of self and the ability to connect one's past and future to the present King DeCicco., 2009).

Hence, the present study was conducted to know how the interaction of spiritual quotient, gender and living conditions affect the feeling of loneliness, hopelessness, and quality of life among geriatric people this study may be helpful to understand the status of spiritual intelligence which is one of the significant aspects of the Indian perspective, and may be helpful for people to cope with negative life experiences and improve their quality of life. Based on understanding, they may be given spiritual-oriented psychological therapy for improving their well-being and quality of life.

METHODOLOGY

Aim of the Study:

- To study the interaction impact of the spiritual quotient, gender, and living conditions on loneliness, hopelessness, and quality of life among the geriatric population

Objectives of the Study:

- To explore the interaction impact of the spiritual quotient, gender, and living conditions on loneliness among the geriatric population
- To explore the interaction impact of the spiritual quotient, gender, and living conditions on hopelessness among the geriatric population
- To explore the interaction impact of the spiritual quotient, gender, and living conditions on quality of life among the geriatric population

Sample:

In the present study, total 320 male and female geriatric people have been selected as a sample. Out of 320 samples, 160 have been collected from different old age homes of Indore, Bhopal districts, and 160 from general population of Indore and Bhopal district of Madhya Pradesh. Sample has been collected through purposive sampling. Geriatric people who gave their consent for the study and found with 60 or 60+ age, those who scored less than 3 on General Health Questionair-12, those who were live in old age homes for more than one years, and those who were living with their family has been taken as a participant of the study. While, people below 60 years of age, diagnosed with any psychiatric disorder or those who suffered from any serious physical illness, also who scored more than 3 on the General Health questionnaire-12, and not willing to participate in the study has being exclude from the study.

Design: 3-way factorial design.

Procedure:

The present study was conducted at M.B.G.P.G. College Haldwani, Uttrakhand and following procedures has been used to conduct this study. The sample was collected for both institutionalized and non-institutionalized geriatric people from different old age homes as well as from general population of Indore, and Bhopal district of Madhya Pradesh. At first, the written consent was taken from the old age home's In-charge and from the leader of the family. The person who fulfilled the inclusion criteria and was willing to participate in the

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study was considered as a sample in the study. Thereafter, the selected tools, socio-demographic data sheet, General Health Questionnaire (GHQ-12), Spiritual Quotient-AGCNVS, WHO Quality of Life Brief (WHOQOL-Brief), Revised University of California, Loss Angeles Loneliness Scale (UCLA LS Version3), and Beck Hopelessness Scale (BHS) were administered on elderly in both groups after taking written consent from them. Socio-demographic details were analyzed using frequency, percentage, and Chi square. Descriptive statistics were analyzed in terms of mean and standard deviation for Spiritual Intelligence, Loneliness, Hopelessness, and Quality of Life. Interaction effects were made between Spiritual Quotient, Gender, and living conditions with all combinations by using 3 way ANOVA.

RESULTS

Table-1 Descriptive Statistics for Loneliness, Hopelessness, and Quality of Life among the Geriatric Population

Gender	Living Conditions	Spiritual Quotient	Mean	Std. Deviation	N
Descriptive Statistics for Loneliness					
Male	Institutionalized	Low	40.75	5.032	40
		High	50.35	7.084	40
	Non-Institutionalized	Low	50.20	5.967	40
		High	52.58	8.650	40
Female	Institutionalized	Low	39.90	4.845	40
		High	51.85	6.371	40
	Non-Institutionalized	Low	46.40	6.324	40
		High	52.57	7.246	40
Descriptive Statistics for Hopelessness					
Male	Institutionalized	Low	12.05	3.258	40
		High	10.53	2.900	40
	Non-Institutionalized	Low	8.28	1.987	40
		High	7.05	2.891	40
Female	Institutionalized	Low	12.55	2.970	40
		High	10.93	3.182	40
	Non-Institutionalized	Low	8.80	2.409	40
		High	8.38	3.192	40
Descriptive Statistics for Quality Of Life					
Male	Institutionalized	Low	72.65	4.418	40
		High	72.92	8.477	40
	Non-Institutionalized	Low	73.57	7.250	40
		High	83.75	10.556	40
Female	Institutionalized	Low	71.27	6.816	40
		High	72.00	10.140	40
	Non-Institutionalized	Low	72.07	10.267	40
		High	81.83	11.119	40

The Table-1 shows the Mean and SD values for the loneliness of institutionalized male respondents. A mean value is 40.75 and SD value is 5.032 for the male respondents who live in old age homes with low spiritual quotient. Mean and SD values are 50.35 & 7.084 respectively for the male respondents who live in an old age home with a high spiritual

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quotient. Table shows the Mean and SD values for the loneliness of non-institutionalized male respondents. It shows the mean value is 50.20 and the SD value is 5.967 for the male respondents who stay with family members with low spiritual quotient. Mean and SD values are 52.58 and 8.650 respectively for the male respondents who stay with family members with high spiritual quotient.

The Table-1 shows the Mean and SD values for the loneliness of institutionalized female respondents. Table 1 shows a mean value is 39.90 and an SD value is 4.845 for the female respondents who live in old age homes with low spiritual quotient. Mean and SD values are 51.85 & 6.371 respectively for the institutionalized female respondents who live in old age home with a high spiritual quotient. Table shows the Mean and SD values for the loneliness of non-institutionalized female respondents. It shows a mean value is 46.40 and an SD value is 6.324 for the female respondents who stay with family members with low spiritual quotient. Mean and SD values are 52.57 and 7.246 respectively for the female respondents who stay with family members with high spiritual quotient.

The above table 1 also shows the Mean and SD values for the hopelessness of institutionalized male respondents. Table 1 shows a mean value is 12.05 and an SD value is 3.258 for the male respondents who live in old age homes with low spiritual quotient. Mean and SD values are 10.53 & 2.90 respectively for the male respondents who live in an old age home with a high spiritual quotient. Table 1 Mean and SD values for the hopelessness of non-institutionalized male respondents. Table shows a mean value is 8.28 and an SD value is 1.987 for the male respondents who stay with family members with low spiritual quotient. Mean and SD values are 7.05 and 2.891 respectively for the male respondents who stay with family members with high spiritual quotient.

The above Table 1 also shows the Mean and SD values for the hopelessness of institutionalized female respondents. Table 1 shows the mean value is 12.55 and the SD value is 2.970 for the female respondents who live in old age homes with low spiritual quotient. Mean and SD values are 10.93 & 3.182 respectively for the female respondents who live in an old age home with a high spiritual quotient. The mean value is 8.80 and an SD value is 2.409 for the female respondents who stay with family members with low spiritual quotient. Mean and SD values are 8.38 and 3.192 respectively for the female respondents who stay with family members with high spiritual quotient.

The above table 1 shows the Mean and SD values for the quality of life of institutionalized male respondents. Table shows a mean value is 72.65 and an SD value is 4.418 for the male respondents who live in old age homes with low spiritual quotient. Mean and SD values are 72.92 & 8.477 respectively for the male respondents who live in an old age home with a high spiritual quotient. The mean value is 73.57 and the SD value is 7.250 for the non-institutionalized male respondents who stay with family members with low spiritual quotient. Mean and SD values are 83.75 and 10.556 respectively for the male respondents who stay with family members with high spiritual quotient.

The above table number 1 also show the Mean and SD values for the quality of life of institutionalized female respondents. Table shows a mean value is 71.27 and an SD value is 6.816 for the female respondents who live in an old age home with a low spiritual quotient. Mean and SD values are 72.00 & 10.140 respectively for the female respondents who live in an old age home with a high spiritual quotient. The mean value is 72.07 and the SD value is

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10.267 for the non-institutionalized female respondents who stay with family members with low spiritual quotient. Mean and SD values are 81.83 and 11.119 respectively for the female respondents who stay with family members with high spiritual quotient.

Table-2 To check the interaction impact of gender, living status, and spiritual quotient on loneliness among the geriatric population, we conducted an ANOVA (2x2x2) study and find the following results.

Source	Sum of Squares	Df	Mean Square	F	P-value
Corrected Model	7509.350	7	1072.764	25.058	0.000
Gender * Living Status	99.013	1	99.013	2.313	0.129
Gender * Spiritual Quotient	189.113	1	189.113	4.417	0.036
Living Status * Spiritual Quotient	845.000	1	845.000	19.738	0.000
Gender * Living Status * Spiritual Quotient	10.513	1	10.513	0.246	0.621
Error	13356.850	312	42.810		
Total	760452.00	320			

For the interactional impact of gender, living conditions, and spiritual quotient Table 2 shows that the f-value is 0.246 and the p-value is greater than 0.05, indicates that there is no significant impact of the interaction of gender, living conditions, and spiritual quotient on loneliness among the geriatric population. While the interactional impact of gender and spiritual quotient, table 2 shows the f-value is 4.417 and the p-value is less than 0.05, which indicates that there is a significant impact of the interaction of gender and spiritual quotient on loneliness among the geriatric population. Interactional impact of living conditions and spiritual quotient also found significant as the f-value is 19.738 and the p-value is less than 0.05 given in table 2.

Table-3 to check the interaction impact of gender, living status, and spiritual quotient on hopelessness among the geriatric population, we conducted an ANOVA (2x2x2) study and find the following results.

Source	Sum of Squares	Df	Mean Square	F	P-value
Corrected Model	1093.287	7	156.184	18.857	.000
Gender * Living Status	4.513	1	4.513	.545	.461
Gender * Spiritual Quotient	2.450	1	2.450	.296	.587
Living Status * Spiritual Quotient	11.250	1	11.250	1.358	.245
Gender * Living Status * Spiritual Quotient	4.050	1	4.050	.489	.485
Error	2584.20	312	8.283		
Total	34528.00	320			

For the interactional impact of gender, living conditions, and spiritual quotient Table 3 shows that the f-value is 0.489 and the p-value is greater than 0.05, indicates that there is no significant impact of the interaction of gender, living conditions, and spiritual quotient on hopelessness among the geriatric population.

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Table-4 to check the interaction impact of gender, living status, and spiritual quotient on Quality of Life among the geriatric population, we conducted an ANOVA (2x2x2) study and find the following results.

Source	Sum of Squares	Df	Mean Square	F	P-value
Corrected Model	6657.297	7	951.042	12.007	.000
Gender * Living Status	6.328	1	6.328	.080	.778
Gender * Spiritual Quotient	.003	1	.003	.995	.000
Living Status * Spiritual Quotient	1790.778	1	1790.778	22.608	.000
Gender * Living Status * Spiritual Quotient	3.828	1	3.828	.048	.826
Error	24713.675	312	79.210		
Total	1831821.0	320			

For the interactional impact of gender, living conditions, and spiritual quotient, Table 4 shows that the f-value is 0.048 and the p-value is greater than 0.05, which indicates that there is no significant impact of the interaction of gender, living conditions, and spiritual quotient on the quality of life among the geriatric population. While the interaction of living conditions and spiritual quotient on the quality of life among the geriatric population was found significant as table shows the f-value is 22.608 and the p-value is less than 0.05.

DISCUSSION

The present study aimed to investigate the interaction effect of Gender (male and female), living conditions (institutionalized, non-institutionalized), and spiritual quotient (High and Low) on feelings of loneliness, hopelessness, and quality of life among the geriatric population. Institutionalized are those people who live in old age homes and non-institutionalized are those who live with their families.

Loneliness among geriatric population

One of the objectives of the study was to see the interaction impact of gender, living conditions, and spiritual quotient on loneliness among the geriatric population. On the loneliness scale, a higher score suggests a lower level of loneliness while a lower score suggests a higher level of loneliness.

Based on the mean value given in table 1, loneliness was found higher in females with low spirituality than males who were lower in spirituality, while female with higher spiritual intelligence reports lower levels of loneliness, also male with low spiritual quotient have increased level of loneliness but that male who scores higher in spiritual quotient feel less lonely. Table 2 findings suggest that there is a significant interaction effect of gender and spiritual quotient on loneliness among the geriatric population as the f-value is 4.417 and the p-value is less than 0.05.

Table 1 mean value suggests that institutionalized geriatric people who live in old age homes with low spiritual quotient have increased levels of loneliness comparably to those who live with their family and have low spiritual quotient. Table 2 show the f-value is 19.738 and the p-value is less than 0.05 postulating that there is a significant interaction effect of living conditions and spiritual quotient on the feeling of loneliness among the geriatric population.

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It can be concluded that non-institutionalized living condition and spirituality both positively affects the feeling of loneliness among the geriatric population while institutionalized living condition and low spiritual quotient increases the feeling of loneliness among the geriatric people. Some studies support these findings. A study done by Sheikholeslami et. al. (2012) indicated that the elderly with religious beliefs feel less level of loneliness as compared to those who were low in religiosity. Kanwar et. al. (1998) study result indicated that the elderly who live in old age homes reported higher levels of depression and feelings of loneliness compared to those who were living with their family.

Table 2 also suggests that there is no significant interaction effect of gender and living conditions on loneliness as well as no significant interaction effect of gender, living conditions, and spiritual quotient on loneliness among the geriatric population.

Hopelessness among geriatric Population

One of the objectives of the study was to explore how the combined effect of gender, living conditions, and spirituality influence overall feelings of hopelessness among the geriatric population. In hopelessness score higher score indicates an increased level of feeling of hopelessness while a low score suggests a low level of hopelessness.

The mean and SD value which is given in table number one suggests that hopelessness of female respondents were high in both living conditions than males, suggesting that female's geriatric persons have more feelings of hopelessness than males. Table 1 also shows the mean value of hopelessness in the institutionalized group was higher than in the non-institutionalized group; indicating that such elders who live in old age homes have more feelings of hopelessness than those who live with their families. For spiritual quotient, in table 1 the mean value of hopelessness was found higher among the geriatric people with lower spiritual quotient while the elderly with high spiritual quotient reported less feeling of hopelessness.

The main objective of the study was to explore the interaction effect of gender, living conditions, and spiritual quotient on feelings of hopelessness among the geriatric population. For the interaction effect of gender and living conditions, table 3 indicate the f-value is 0.545 and the p-value is greater than 0.05 suggesting that there is no interaction effect of gender and living conditions on hopelessness among geriatric. For the interaction effect of gender and spirituality in table 3 the f-value was found 0.296 and the p-value is greater than 0.05 indicating that there is no interaction impact of these two variables on hopelessness among the geriatric population. For the interaction effect of living conditions and spiritual quotient table 4.3.2 suggests the f-value is 1.358 and the p-value is greater than 0.05 postulating that there is no interaction effect of living conditions and spirituality on hopelessness among the geriatric population. The overall result suggests that gender, living conditions, and spirituality affects feeling of hopelessness significantly but the interaction of these variables in any combination does not influence positively or negatively, feeling of hopelessness among the geriatric population.

The Quality of Life among Geriatric Population

One more objective of the study was to explore the interaction impact of gender, living conditions, and spiritual quotient on the overall quality of life among the geriatric population. In quality of life, a higher score indicates good quality of life while a low score suggests poor quality of life. For living conditions, table 1 the mean and SD values on

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quality of life found lower among those geriatric people who live in old age homes in comparison to those who were live with their family. It means that institutionalized geriatric people's quality of life is dissatisfactory than non-institutionalized geriatric person. For spiritual quotient table 1 show the mean and SD value of overall quality of life higher among geriatric people with higher spirituality than with low spiritual quotient.

The major objective of this study was to see the interaction effect of gender, living conditions, and spiritual quotient on quality of life among the geriatric population. Table 1 show the mean and SD value of quality of life low among those who live in old age homes with low spiritual quotient than those who live in old age homes with high spiritual quotient. Similarly, old age people who live with their family with lower spirituality also have a lower mean and SD value compared to those elderly who live with their family with a high spiritual quotient. For the interaction effect in table 4, the f-value has been found 22.608 and the p-value is less than 0.05 suggesting that there has been a significant interaction effect of spiritual quotient and living conditions on quality of life among the geriatric population. One study also has similar findings; Sijuwade P. (2013) that an individual's spirituality and living conditions play an important role in maintaining general health conditions among the older population. General health is also associated with an individual's positive quality of life. So it can be concluded that living in old age homes with low spiritual quotient worsens the poor quality of life of the elderly while living with a family with a high spiritual quotient enhanced the quality of life positively among the geriatric population. But apart from this, no interaction effect in any other possible combinations was found significant.

CONCLUSION

It has been found in this study that geriatric people who live in old age homes have significant feelings of loneliness, hopelessness, and compromised quality of life. These findings will be helpful to understand the needs for appointing mental health professionals in old age homes and community health service centers under the central and state policies and planning for the benefit of our elderly people. In this research spirituality has been found as a mental health managing tool so this research generates a need to develop spirituality-based psychotherapy for the treatment of mental health suffering.

Result shows that interplay of gender and spiritual quotient significantly influence the feeling of loneliness among geriatric population. Similarly, interaction of living conditions and spiritual quotient has significantly influence on loneliness and quality of life among the geriatric population. But the combined interaction of spirituality, gender, and living conditions has no significant impact on loneliness, hopelessness, and quality of life among geriatric people. Since this question is over now so this result will save time and effort to other researcher.

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Conflict of Interest

The author(s) declared no conflict of interest.

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