

Research Paper

## The Psychology of an Older Person and their Quality of Life

Renu Pandey<sup>1\*</sup>, Kiran Karnatak<sup>2</sup>

### ABSTRACT

Aging is considered a normal developmental process, not a disease but it made a number of bio-psycho-social changes in older people. These changes make the elderly lives more complex, and challenging, and it affects their quality of life. In this paper, the authors have shed light on these bio-psycho-social aspects, quality of life, and spirituality of the elderly. Apart from this, in this paper, the authors have described the spirituality of the elderly as a tool to maintain their good psychological well-being. In the last part of the paper, the authors also suggested some recommendations to improve the quality of life in older-aged society.

*Keywords: Aging, Spirituality, Quality of life*

With the beginning of human civilization, the economy became a major concern of human beings and to transfer the collected capital to their blood relative, the concept of family took place. Before entering modernization and urbanization people's major resource of livelihood was agriculture. In an agriculture-based society, people live in a joint family system and make a joint effort to form businesses with a close emotional bond. Those days due to interdependency, and interconnectivity, society plays a major role in the life of human beings. People have to follow all rules, customs, and norms of society or community to become a part of that. But as mentioned above in the initial days of civilization economy came first to the family, this fact is true even in today's life because, gradually modernization and urbanization started influencing our lives. The youth started moving towards urban areas to get good health, education, and job opportunities they started shifting their life over there and the remaining family members had to look after the forming business as a result, the interdependency of human beings in their society started reducing. Nowadays due to economic independence family ties are diminishing, joint family systems are dissolving, and nuclear family culture has taken its place. People are becoming more self-centered, and self-involved and they all are in a rush to earn money and improve their standard of living. Overall it can be concluded that the economy strongly affected human life thinking and feelings. Although in Indian culture old age had never been a problem for the society. Cultural learning of Indians has a major impact on their attitude toward the elderly. In Indian culture, old age people have not been taken as a burden but they were taken as a capital of rich recourse of knowledge, and experiences, and their service is considered a means of collecting virtue and good deeds. Despite that, due to the rapid growth of the nuclear family culture and the movement of youth towards urban areas,

<sup>1</sup>Assistant Professor Department of Clinical Psychology, Sri Aurobindo University Indore, Madhya Pradesh

<sup>2</sup>Assistant Professor, Department of Psychology, M.B.G.P.G. College, Haldwani, Uttarakhand

\*Corresponding Author

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elderly people nowadays face a lot of psychosocial problems in their community and homes which should be given immediate attention. According to Dubey, Bhasin, Gupta & Sharma, (2011) declining of the joint family culture and the impact of economic change have brought into sharp focus the peculiar problems which the old people now facing in our country. Due to economic change, youth movements towards cities, and the nuclear family system, family ties, love, affection, warmth care attention, bounds, and harmony are reducing, moral values are diminishing and the elderly are hard to live alone in their community where no one is available to take care of them. It has been usually seen that the elderly also did not want to live with their children in cities because they have a strong bond with their community and homes. Another reason has been found as the generation gap. Usually, elderly face problems in adjusting to society with the new generation. The transformation of the value, culture, and living style of youth does not match with the elderly life experiences which create a lot of interpersonal relationship issues between family members.

In India, however, the retirement age is between 58 to 60 years in the private sector. For Central Government employees, it is 60 years. Retirement itself is a very negative experience for the elderly because it sets a narrative of being unproductive in people's minds, and the elderly are treated as out of the center of society and life. While the duration of absolute dependency of the elderly is seen only in the last few years of their life, they have been usually tagged as unproductive and marginalized starting from 60 years of age. While they can, and want to be productive, there is no provision in the Government policies for their empowerment. Our elderly need empowerment and respect not only sympathy or pity. In 2022, nearly 400 studies analyzed saying that those who have a positive attitude towards life live 7 years more than those who have a negative outlook.

Although aging is considered a normal developmental process, not a disease, it made a lot of bio-psycho-social changes in older people. Biologically elderly started sensory-motor losses in terms of, difficulty in hearing, and vision, and their teeth buds declined. Degeneration of neurons usually develops problems in motor coordination and cognitive decline in terms of memory problems, poor concentration, slow information processing and understanding, problems in new learning, difficulty in speech production, etc. Teeth loss, hair falls, and wrinkling skin lead to poor physical appearance among the elderly. Aging reduces the physical strength of the elderly which leads to easy fatigability or loss of energy. A lot of physical diseases such as high blood pressure, debility, coronary heart disease, gastrointestinal disease, arthritis, stroke, dementia, Parkinson's disease, etc, or more common among the elderly and affect their normal socio-occupational functioning significantly (Varma et. al. 2015).

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 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 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.

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The severity of depression and hopelessness may sometimes generate suicidal ideations among the elderly.

### *Quality of Life in the Elderly*

The concept of Quality of life is a pervasive and dynamic term. There are so many ways by which quality of life has been defined in the literature. But all have considered the facts related to socio-cultural and environmental aspects of life. According to the World Health Organization, it is the perception of the individual's position in life, expectations, standards, and concerns (WHOQOL Group, 1998). Quality of life has multidimensional parameters which consider the individualistic perception of their physical, psychological, social as well as environmental aspects taken into account while commenting on people's quality of life. It has four major domains, physical, psychological, social relationships, and environment (Dykstra., 2009). Several study findings suggest that the quality of life of the elderly is diminishing in India. The elderly who live in private households are more severely ill physically and mentally than those who live in institutional homes Boyle (2005). A study done by Herlitz et. Al. (1998) on patients with coronary artery bypass grafting (CABG). The objective of the study was to explore the impact of all domains of quality of life on mortality rate during the patient's short-term and long-term follow-up after CABG. To assess the quality of life Nottingham Health Profile (NHP) part 1 had been administered. There were 38 items in NHP to judge the quality of life before CABG, one of the items, "I Feel Lonely" was independently and significantly related to survival both at 30 days and after 5 years of CABG.

Jakobsson and Hallberg (2005) researched loneliness, fear, and quality of life among the elderly in Sweden. The objective was to study the feelings of loneliness and fear among the elderly (75+) in aspects of gender and to find out their causes. Results showed significant gender differences in feelings of loneliness as loneliness and fear both were more frequently reported by females than males. Loneliness was significantly associated with gender, marital status, living in special accommodations, fear, and need for help with activities of daily living. Fear was significantly associated with gender, the number of children, having someone to trust, loneliness, and needing help. Those who reported loneliness and/or fear had significantly lower health-related quality of life than those who did not. Many of the elderly feared violence/crime, but only a few had been exposed to violence/crime. It was also found that loneliness leads to distressing feelings which leads to impaired quality of life in the elderly.

Srivastav S.K. (2014) conducted a study to explore the relationship between loneliness and quality of life in 50 elderly people, of which 25 were males and 25 were females. Results indicated a significant correlation between loneliness and quality of life among the elderly. It has also found that women scored higher on loneliness and lower quality of life than men.

Celine M. (1998) investigated the effect of age and gender on subjective quality of life. To know the fact 95 males and 70 females were taken as a sample and quality of life was assessed by using the Satisfaction with Life Domains Scale. Results showed no gender difference in quality of life and older patient were found more satisfied with their life than their younger counterparts.

Bisegger C. (2005) conducted a study to see the effect of age and gender on different aspects of health-related quality of life among children and adolescents. The result suggests a good quality of life largely independent of gender among children but after 12 years it decreases

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in the dimensions of physical and psychological health. Results indicated that females reported poor physical and psychological health more frequently than males.

Mathew et al. (2009) conducted a study on institutionalized and non-institutionalized elderly. The result concluded that institutionalized elderly people frequently experience stress and live with a poor quality of life as compared to non-institutionalized elderly.

Kumar and Majumdar (2014) evaluate the quality of life and its related factors among the elderly. It was a community-based cross-sectional study that was conducted on 300 urban elderly in Puducherry, India. Demographic data of the study suggests that (64% of 192) elderly were 60-69 years age group. Quality of life in the elderly was found significantly low and its significant connection was found with many demographic variables. Low quality of life is frequently reported by those elderly who have no schooling. Belong to the nuclear family, do not get a pension, are not with their life partner, suffer from musculoskeletal disorders low vision, and poor functioning of daily life activities. The study concluded that health education related to daily life activity, environmental manipulation, and enhancing social relationships and quality of life can improve among the elderly population.

Rathaur, and Mishra (2016) a study conducted on institutionalized and non-institutionalized elderly to assess their quality of life, and the result reported significant differences between living conditions and quality of life among male and female elderly in all domains of quality of life. The study concluded that institutionalized elderly frequently reported better quality of life in comparison to non-institutionalized elderly. It was found that no one of the non-institutionalized elderly reported that they were happy and satisfied in their day-to-day life.

Perveen and Rani (2016) conducted a study on the elderly who belong to rural areas. This was a community-based cross-sectional study which has been conducted among 50 elderly found in the primary health care center at Nemam, Thiruvallur District, Tamil Nadu. The objective of the study was to assess the quality of life of the elderly and finding of the study concluded that overall, the quality of life was found average in rural elderly but on the third domain of the quality of life scale which is a social relationship. Found poor in both male and female elderly.

Those people who have religious attitudes believe or spiritual intelligence have to cope and survive in worse life situations. Spirituality of an individual is generally related to their positive psychological health, although some forms of religiosity may be dysfunctional or pathogenic (Vaughan, 2008).

### ***Spiritual Quotient among Elderly***

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. The term spirituality has come from the Latin word 'spiritus' which means 'the breath' and breath is a most vital aspect of life. The major connection of spirituality was found with the person's inner world, mind, soul, and its connection with the world. Spirituality provides a deep inner sense to solve existential questions and awareness of multiple levels of consciousness. It also develops insight into the spirit and soul as the creative life force of evolution.

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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).

There is a difference in an individual's spiritual, emotional, and intellectual intelligence. Intellectual ability generally answers 'what', emotional ability answers 'how' but spiritual intelligence answers 'why' related questions of an individual's phenomenological world. Spiritual intelligence converts the personal to the transpersonal and the self to the spirit (Vaughan, 2002). There are several studies have been done that postulate the role of spirituality as a mental health management tool.

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). According to King, spiritual intelligence makes an individual able to understand existential and nonexistential metaphysical issues and the reality of the universe. Spirituality also gives deep knowledge and awareness about the meaning and purpose of life and develops the capacity to identify the beaneries of self and the ability to connect one's past and future to the present. Spiritual intelligence makes an individual able to enter and exit in the higher states of conscious awareness at one's direction (King., DeCicco., 2009). Spiritual intelligence is an outcome of an individual's highest growth in terms of higher mental function, knowledge of the meaning and purpose of life, and awareness about the boundaries of the self. Therefore, spiritual intelligence can be a significant tool in the individual's adjustment and adaptability to the surroundings and improvement of quality of life (Amram Y. 2009). Spirituality helps elderly people in stress management through ways of adaptive coping, controlling unhealthy emotions, handling relationship issues, and promoting 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 plays an important and positive role in various aspects related to physical, psychological, self, and environmental deals, such as helping to deal with stressful situations, developing self-resilience and improving self-esteem, creating a positive perception of one's environment, mental health, quality of life, well-being, promotes good adjustments and adaptability to the adverse situations, helps in maintain meaningful and healthy interpersonal relationships. Higher spiritual intelligence and good mental health influence the individual's flexibility of actions positively.

### **CONCLUSION**

It has been found in this study that a lower level of spirituality among elderly people, increases their suffering from psychological distress significantly. It has a significant negative impact on every domain of quality of life, such as physical and psychological health, social relationships, and perception of the environment. These findings can be useful in the development and practice of spiritual healing techniques. Psychotherapies based on spiritual therapeutic management would be a rich resource to overcome these issues.

It has been found that many of the elderly want to be employed and independent. Therefore, there is a need to empower our elderly by providing a platform to be productive or employed as per their capacity to facilitate their independence and participation. We have to raise our

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vices for the same and the Government should consider this fact in their policy-making making, retirement planning so that the elderly can live their later life with full of respect and autonomy.

Finally, there is a need for the development of sensitization programs in society towards these issues, especially among children and youth, hope it could be a way to reduce these issues in the future. Adjustment issues due to the generation gap are also a major reason behind the suffering of the elderly.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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