J Psychology, 7(2): 112-118 (2016)
PRINT: ISSN 0976-4224 ONLINE: ISSN 2456-6292 DOI: 10.31901/24566292.2016/07.02.08

Spirituality and Psychological Wellbeing of Elderly of Uttarakhand: A Comparative Study Across Residential Status

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KEYWORDS Biological Home. Mental Health. Old Age Home. Spiritual Involvement

ABSTRACT The present research has been conducted to assess and compare the level of spirituality and psychological wellbeing of elderly from institutionalized and non-institutionalized settings. The sample of the present study comprised of 200 respondents: institutionalized elderly (n_1=100) drawn from the SRA recognized old age homes of Uttarakhand through census method and equivalent sample of non-institutionalized elderly (n_2=100) drawn through lottery method from the nearby localities adjacent to the old age homes. The level of spirituality and psychological wellbeing of the respondents was assessed through standardized questionnaires. The findings of the study highlighted significant differences between the levels of spirituality and psychological wellbeing of institutionalized and non-institutionalized elderly. Institutionalized elderly had higher levels of spirituality but lower levels of psychological wellbeing as compared to non-institutionalized elderly. Spirituality and psychological wellbeing were found to be positively correlated thus it can be concluded that elderly who have higher levels of spirituality have higher levels of psychological wellbeing.

INTRODUCTION

The term Old Age is universally considered as the age of retirement not only from job but also from social obligations. After spending most productive years of life in fulfilling all social, economic responsibilities towards self, family and society individual enters into this phase. Fundamentally ageing of population is an obvious consequence of the process of demographic transition which brings lots of ups and downs in individual's life. In this phase of transition from independence to dependence elderly becomes fully reliant on their loved ones for their physical and psychological wellbeing.

India has one of the fastest growing elderly populations in the world (Rajan et al. 2000; Moneer and Mukherjee 2005) and it is projected by United Nations (2009) that the number of elderly in India will increase to 159 million by 2025 and to 316 million by 2050. In the traditional Indian society old people were treated with respect and reverence, elderly enjoyed sense of honour or respect and legitimate authority within the family. According to Shirly (2014), the aged in India were considered as sources of wisdom, experience and a symbol of family unity. But modernization and urbanization have brought a decline in the status of elderly in Indian society. Breaking down of traditional joint family system into nuclear and emergence of modern family forms is changing the entire Indian social system. Family was considered as a major plank in the support system of aged but the geographical distancing between generations caused by emergence of modern family forms is responsible for leaving old parents behind at times when elderly needs care and protection. In a collectivist culture like India older people highly prefer to spend last moments of their life with their children, grandchildren, friends and relatives. But concomitant disintegration of traditional family system has created lots of ambiguity because traditional sense of duty and obligation of the younger generation towards their older generation is being eroded.

A family is the primary source of affection for its members. Nowadays due to structural changes in family system, the role of families in case of older person has declined resulting in rejection or neglect of the aged. This scenario gave birth to the emergence of institutions for the elderly which are popularly known as Old Age Homes. In individualistic cultures the trend of old age homes is very common and elderly population is well acquainted with this social

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facility. Contrary to this in India, though the term is not new and unfamiliar but it is quite stigmatized, it gives clear reflection that the elderly is "not-needed" in a family.

Old age homes are mushrooming throughout the country as an attractive alternative institution to check social, economic, and psychological problems as well as to provide protection and care to the elderly destitute. Rani (2001) observed that there are a good number of destitute elderly who need old age homes, for the essential needs of food, shelter and medicine. No doubt that in old age homes, problems of the elderly are taken care of in a very structured manner but it is also true that a lot more has to be done for the welfare of the elderly of our nation. The situation calls for psychological wellness of the elderly, being unwanted in their own families leaves the elderly in the state of major shock and grief which also affect their health and attitude towards life. Fulfilment of basic needs like food, clothes and shelter is enough for survival but not merely enough for living a life. The feeling of emptiness deeply affects the psyche of elderly, and some of them even wish for death. Therefore, there is a great need for focusing on psychological wellness of elderly which can be restored by engaging them in various age appropriate activities.

Genuinely there is a common belief that in old age, people tend to become more and more inclined towards religion and spirituality, in other words the life of olds people revolve around spirituality. The physical limitations like inability of movement and impairment of motor skills, diminishing sharpness of senses leaves them with no choice other than spending whole day in thinking and remembering old times. In the modern world, family members could not spend much time in listening to the elderly.Previous findings have revealed that institutionalized elderly had higher levels of spirituality but lower levels of psychological wellbeing as compared to non-institutionalized elderly.It may be due to the fact thatfeelings of despair, sadness, grief and loneliness prevail among the elderly residing in old age homes and in order to pacify themselves in the times of pain, they believe that there exists a cosmic power, the holy God, who will take them out from all the pains and sufferings. Modern sources of entertainment like television are giving easy access to spirituality which helps in overcoming the feeling of emptiness and gives positive energy to the elderly. Involvement in spirituality related activities becomes routine for elderly in both home and institutionalized settings. Though researches had been on psychological wellbeing and spirituality of elderly but there is a great lack of researches on relationship of spirituality and psychological wellbeing of elderly. Likewise, researchers did not come across any research in which comparison was made between institutionalized and non-institutionalized elderly on spirituality and psychological wellbeing, therefore present research was taken up out with following objectives:

Objectives

1. To examine and compare the level of spirituality and psychological wellbeing of institutionalized and non-institutionalized elderly.
2. To investigate the relationship between spirituality and psychological wellbeing of institutionalized and non-institutionalized elderly.

METHODOLOGY

Locale

Though old age home is not the latest concept in Indian society, it is not very popular. At this juncture of time, old age homes are mushrooming throughout the nation but maximum numbers of elderly are institutionalised in metro cities or the most developed areas of states. Since it was impossible to cover all the states of our country thus to unveil the psychological wellbeing and spirituality levels of the elderly in India, Uttarakhand was purposively selected as a locale for the present study due to easy access and acquaintance.

Sample

The sample for the present study comprised of two groups of elderly population viz. institutionalized elderly and non-institutionalized elderly. Sample comprising of the institutionalized elderly (n_1=100) was drawn from the SRA recognized old age homes of Uttarakhand through census method and equivalent sample of non-institutionalized elderly (n_2=100) was drawn through lottery method from the nearby localities adjacent to the old age homes, thus, making a total of 200 respondents for the present study.

Tools

Self-designed questionnaire was used to gather information on personal characteristics of respondents. Residential settings were classified into two broad categories namely: institutionalized and non- institutionalized. Spirituality and psychological wellbeing of the population under study was assessed by employing two tools viz. Spiritual Belief Scale by Deshmukh and Deshmukh (2012) and Psychological Well Being Scale by Sisodia and Choudhary (2012), respectively.

Procedure and Data Analysis

The respondents were randomly approached in the old age home and localities and the purpose of the study was made clear to them. Then, they were requested to give honest responses and were assured that their identity would be kept confidential and information provided by them would be used exclusively for the purpose of research work. Questionnaires were used as the tool for data collection. Each sampled elderly was given questionnaires individually and was asked to fill the questionnaires there and under the supervision of the investigator within the time frame. Statistical analysis was done by using Arithmetic mean, Standard deviation, Analysis of variance, z-test, (ANOVA) and Correlation coefficient.

RESULTS

Table 1 represents frequency and percentage distribution of institutionalized and non-institutionalized elderly on the level of spirituality. It is quite evident from the table that exactly half (50%) of the institutionalized elderly were found to have average level of spirituality followed by above average, below average, low, high and extremely low (18%, 12%, 9%, 8% and 3%) level of spirituality respectively. Contrary to above exactly equal (27%) number of non-institutionalized reported average and above average level of spirituality followed by below average and low (21% and 12%) levels of spirituality. Equal numbers of non-institutionalized elderly (1%) were found to have extremely high and extremely low levels of spirituality.

Mean differences in spirituality among institutionalized and non-institutionalized elderly are presented in Table 2. A cursory look at table

Table 1: Frequency and percentage distribution of institutionalized and non-institutionalized elderly on the level of spirituality

Dimension of study	*Range of z- scores*	*Level of spirituality*	*Institutionalized elderly (n_1=100)*		*Non-institutionalized elderly (n_2= 100)*	
			n	*%*	*n*	*%*
Spirituality	+2.01 & above	Extremely high	00	0.00	01	1.00
	+1.26 to 2.00	High	08	8.00	11	11.00
	+0.51 to +1.25	Above average	18	18.00	27	27.00
	-0.50 to +0.50	Average	50	50.00	27	27.00
	-0.51 to -1.25	Below average	12	12.00	21	21.00
	-1.26 to -2.00	Low	09	9.00	12	12.00
	-2.01 & below	Extremely low	03	3.00	01	1.00

Table 2: Mean differences in spirituality of institutionalized and non-institutionalized elderly

Components of spirituality	*Institutionalized elderly (n_1=100)*		*Non- institutionalized elderly (n_2=100)*		*z calculated*
	Mean	*S.D.*	*Mean*	*S.D.*	
Spiritual belief	74.37	7.04	70.93	10.77	**2.67***
Spiritual involvement	56.20	8.30	51.41	8.46	**4.04***
Composite spirituality	130.60	13.54	122.42	16.23	**3.87***

Note: 1. *Significant at p<0.01 level
2. Higher the mean score, higher the level of spirituality

shows significant differences in the levels of spiritual beliefs, spiritual involvements as well composite spirituality among institutionalized and non-institutionalized elderly. It is evident from the table that institutionalized elderly had higher levels of spiritual belief, spiritual involvement as well as composite spirituality as compared to non-institutionalized elderly.

Frequency and percentage distribution of institutionalized and non-institutionalized elderly on the level of psychological wellbeing are presented in Table 3. A close perusal of the table clearly depicts that majority of institutionalized elderly (77%) were found to have moderate satisfaction level. Few but equal number (8%) of elderly reported low and high level of satisfaction, followed by elderly having very high (6%) and very low (1%) levels of satisfaction. On the other hand, non-institutionalized elderly showed different trend in their level of satisfaction. Although majority of non-institutionalized elderly were found to have moderate level of satisfaction with their lives but none among the non-institutionalized elderly reported low or very low level of satisfaction. Only few of the elderly staying with families were found to have high (14%) and very high (7%) levels of satisfaction. A different picture emerged under the efficiency domain. Majority (70%) of institutionalized elderly were found to have moderate level of efficiency. Only 16 percent of the elderly reported to have high level of efficiency, whereas only 6 percent and 3 percent elderly were found to have low and very low efficiency level respectively. More than half (58%) non-institutionalized elderly reported moderate efficiency level followed by high (37%) efficiency level. None of non-institutionalized elderly were found to have low and very low level of efficiency. An equal number (5%) of institutionalized as well as non-institutionalized elderly were found to have very high level of efficiency.

Table 3: Frequency and percentage distribution of institutionalized and non-institutionalized elderly on the level of psychological well being

Dimensions of psychological well being	*Score range*	*Levels of psychological well being*	*Institutionalized elderly (n_1=100)*		*Non- institutionalized elderly (n_1= 100)*	
			n	*%*	*n*	*%*
Satisfaction	10-12	Very low	01	1.00	00	0.00
	12-16	Low	08	8.00	00	0.00
	16-43	Moderate	77	77.00	79	79.00
	43-48	High	08	8.00	14	14.00
	48-50	Very high	06	6.00	07	7.00
Efficiency	10-12	Very low	03	3.00	00	0.00
	12-16	Low	06	6.00	00	0.00
	16-43	Moderate	70	70.00	58	58.00
	43-48	High	16	16.00	37	37.00
	48-50	Very high	05	5.00	05	5.00
Sociability	10-12	Very low	01	1.00	00	0.00
	12-16	Low	06	6.00	00	0.00
	16-43	Moderate	87	87.00	95	95.00
	43-48	High	04	4.00	04	4.00
	48-50	Very high	02	2.00	01	1.00
Mental Health	10-12	Very low	03	3.00	00	0.00
	12-16	Low	02	2.00	00	0.00
	16-43	Moderate	91	91.00	94	94.00
	43-48	High	02	2.00	05	5.00
	48-50	Very high	02	2.00	01	1.00
Interpersonal Relations	10-12	Very low	03	3.00	00	0.00
	12-16	Low	01	1.00	00	0.00
	16-43	Moderate	76	76.00	64	64.00
	43-48	High	14	14.00	28	28.00
	48-50	Very high	6	6.00	08	8.00
Composite Psychological Well Being	50-58	Very low	01	1.00	00	0.00
	58-83	Low	04	4.00	00	0.00
	83-217	Moderate	90	90.00	94	94.00
	217-242	High	03	3.00	06	6.00
	242-250	Very high	02	2.00	00	0.00

Majority of institutionalized (87%) and non-institutionalized (95%) elderly were found to have moderately sociable, though equal number (4%) of institutionalized and non-institutionalized elderly reported high sociability. Only 2 percent of institutionalized and 1 percent of non-institutionalized elderly had very high level of sociability. Though none of non-institutionalized elderly reported low and very low sociability, contrary to that 6 percent and 1 percent institutionalized elderly reported low and very low sociability respectively.

Assessment of the mental health domain revealed that majority of institutionalized (91%) as well as non-institutionalized (94%) elderly were found moderate mental health. Equal number of institutionalized elderly (2%) were had high and very high level of mental health and only a few, that is, 2 percent and 3 percent institutionalized elderly reported low and very low levels of mental health. None of non- institutionalized elderly reported low and very low level of mental health though some (5% and 1%) of non-institutionalized elderly were found to have high and very high level of mental health.

The picture under the domain of interpersonal relations unveils that 76 percent of the institutionalized elderly had moderate levels of interpersonal relations followed by 14 percent and 6 percent of the elderly having high and very high levels of interpersonal relations. It was also found that only 3 percent and 1 percent of the institutionalized elderly had very low and low levels of interpersonal relations. However, differences were observed among non-institutionalized elderly where 64 percent of the elderly had moderate levels of interpersonal relations followed by 28 percent and 8 percent of the non-institutionalized elderly having high and very high levels of interpersonal relations and none reported very low and low levels of interpersonal relations.

Overall comparison of psychological wellbeing reveals that majority of the institutionalized elderly (90%) had moderate levels of psychological wellbeing followed by few elderly (3% and 2%) having high and very high levels of psychological wellbeing. Among non-institutionalized elderly, maximum proportions of elderly (94%) had moderate levels of psychological wellbeing and only 6 percent had high levels of psychological wellbeing. There were no reports of elderly having very low, low or very high levels of psychological wellbeing.

Mean differences in psychological wellbeing among institutionalized and non-institutionalized elderly are presented in Table 4. It is quite apparent from the table that significant difference exists among all the five components of psychological wellbeing viz. satisfaction, efficiency, sociability, mental health and interpersonal relations of institutionalized and non-institutionalized elderly. It was found that non-institutionalized elderly were significantly more satisfied as compared to institutionalized elderly.

Relationship between spirituality and psychological wellbeing of institutionalized and non-institutionalized elderly is presented in Table 5.It clearly displays that in case of institutionalized elderly increase in spiritual belief (.286*) and spiritual involvement (.233*) and composite spirituality (.243*) of institutionalized elderly led to significant increase in the levels of satisfaction. The table also elucidates that increase in efficiency is positively correlated to spiritual belief (.212*), spiritual involvement (.197*) and composite spir-

Table 4: Mean differences in psychological wellbeing of institutionalized and non-institutionalized elderly

Components of psychological well being	*Institutionalized elderly(n_1=100)*		*Non-institutinalized elderly (n_2=100)*		*z calculated*
	Mean	*S.D.*	*Mean*	*S.D.*	
Satisfaction	34.44	9.60	39.39	5.25	**4.52***
Efficiency	34.92	9.70	40.00	5.81	**4.49***
Sociability	31.62	7.93	35.70	4.67	**4.43***
Mental health	29.89	7.74	33.48	6.66	**3.52***
Interpersonal relations	37.10	8.04	41.08	4.48	**4.32***
Composite psychological well being	167.97	37.56	189.65	20.98	**5.04***

Note: 1 *Significant at p<0.01 level
2. Higher the mean score, higher the level of psychological well being

Table 5: Relationship between spirituality and psychological well being among institutionalized and non-institutionalized elderly

Components of psychological well being	*Institutionalized elderly*		*Composite spirituality*	*Non-institutionalized elderly*		*Composite spirituality*
	Components of spirituality			*Components of Spirituality*		
	Spiritual belief	*Spiritual involvement*		*Spiritual belief*	*Spiritual involvement*	
Satisfaction	.286*	.233*	.243*	.158*	.246*	.276*
Efficiency	.212*	.197**	.273**	.295*	.138*	.219*
Sociability	.211*	.224*	.252*	.231*	.234*	.127*
Mental health	.164*	.189*	.191*	.107*	.225*	.213*
Interpersonal relations	.152*	.179*	.137*	.159*	.131*	.250*
Composite psychological well being	.171*	.140*	.126*	.182*	.171*	.188*

Note: 1. *Significant at p<0.05 level
2. ** Significant at p<0.01 level

ituality (.273*). Sociability is also found to be positively correlated to spiritual belief (.211*), spiritual involvement (.224*) and composite spirituality (.252*). The domain of the mental health had significant relations with spiritual belief (.164*), spiritual involvement (.189*) and composite spirituality (.189*).Interpersonal relations were also positively influenced by spiritual belief (.152*),and spiritual involvement (.179*) as well as composite spirituality. (.137*) in case of non-composite psychological wellbeing also had significant correlation with spiritual belief (.171*), spiritual involvement (.140*) as well as composite spirituality (.126*).

Mental health was predicted by spiritual belief (.107*), spiritual involvement (.225*) In case of non-institutionalized elderly, increase in spiritual belief (.158*), spiritual involvement (.246*) and composite spirituality (.276*) of led to significant increase in the levels of satisfaction. Efficiency is also influenced by spiritual belief (.295*), spiritual involvement (.138*) and composite spirituality. Spiritual belief (0231*), spiritual involvement (.234*) as well as composite spirituality (.127*) also influenced sociability. Spiritual belief was related positively to interpersonal relations (.159*).Table also elucidated that mental health was predicted by spiritual belief (.107*), spiritual involvement (.225*) as well as composite spirituality (.213*). It can also be seen from the table that there is a positive correlation between interpersonal relations, spiritual belief (.159*), spiritual involvement (131*) as well as composite spirituality (.250*).

DISCUSSION

Findings of present study revealed that institutionalized elderly had higher levels of spiritual involvement as compared to non-institutionalized elderly. The most probable reasons behind it could be various approaches used by institutions like spiritual and religious practices and induced positive emotion therapies to pacify elderly. It was also found in the present study that non-institutionalized elderly were significantly more satisfied with their life as compared to institutionalized elderly. Joseph and George (2011) also elucidated that aged persons living in old age homes lag behind from aged living with their children in adjustment and mental health**.** In India social system family is considered as a cornerstone of civilization, though new generation is inclined towards institutionalization but deep down, family is regarded as the best support for elderly and institutional support is availed only in such cases where no alternative is left. Institutionalized elderly faces many losses of important relationships leading to feelings of emptiness and depression therefore were not satisfied with their life. Patil et al. (2009) also revealed that family solidarity and life satisfaction of the elderly are positively related, that is good family solidarity improved the life satisfaction and poor family solidarity reduced the life satisfaction of the elderly. As far as relationship between spirituality and psychological wellbeing is concerned, findings of present study revealed that elderly who inclined

towards spirituality also scored high in terms of psychological wellbeing. Similar finding is also reported by Hafeez and Rafique (2013) that is elderly who are more inclined towards religiosity had good psychological wellbeing. Cohen and Koeing (2004) also found that spirituality appears to be prevention of mental disorders.

CONCLUSION

Old age had never been a problem for India where a value- based joint family system prevails since the dawn of civilization. Indian culture is automatically respectful and supportive of elders. In this era of globalization, the drastic change in Indian family system is gradually vanishing all the trails of traditional joint family system and new family types like nuclear family, single parent family etc. are becoming more popular day by day. Provision for the aged in the society has become one of the constitutive themes of our modern welfare state because of the incompetence of modern family to take care of elderly. Though supportive services like old age home are taking responsibility of care and safety of elderly they are also marked incapable of improving psychological wellbeing of the elderly. Though the government and institutes are offering their best services but being apart from families in old age is lot more to handle. Spirituality is one way to improve psychological wellbeing but family therapy, occasional visits of family members and counselling can be helpful to improve the psychological wellbeing of the elderly.

RECOMMENDATIONS

- Comparison across Government and NGO run old age homes can be done.
- Impact of education and economic status on psychological wellbeing of elderly can be studied.
- Spirituality as a therapy can be introduced to institutionalized as well as non-institutionalized elderly.

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Paper received for publication on January 2016
Paper accepted for publication on September 2016