

Research Article

Positive Aging: The Experience of Happiness among Pakistani Older Adults

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Abstract

Background: This paper reflects and brings together the interests of positive psychiatry and positive gerontology, which are emerging fields that emphasize the promotion of health and positive mental traits rather than a focus on illness alone.

Objective: To explore the experience of happiness among older individuals and the factors that lead to happiness for them.

Method: The study used a mixed methods research design. Within the framework of Interpretative phenomenological analysis (IPA), semi structured interviews were conducted with 10 community residing older adults (5 men and 5 women) recruited from Lahore. Themes were derived from the interview transcripts. The top themes from the qualitative study were then taken and measured as variables in a survey, taking a purposive sample of 300 older adults.

Results: The qualitative study yielded seven themes dealing with the sources of happiness and unhappiness for the sample. These included children as central, being at the giving end, connection with the Divine, engrossed or up and about, the human connection, negative attitudes of people and health and mobility. The experiential themes were happiness as a surge of energy versus stillness and peace, gratitude as nested within happiness and happiness as an inner versus outward experience. The survey revealed that the top three themes, titled Children Associated Factors, Altruism, and Religion and Spirituality, were significantly positively correlated with happiness.

Conclusion: This study has thrown light on the experience of happiness among older adults and the factors which contribute to their happiness level. The older persons' perspective needs to be taken into account to shape and inform practice and policy geared toward enhancing wellbeing in old age.

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Introduction

Literature on aging has been characterized by two different discourses. Traditionally the dominant discourse has been that of illness, infirmity and decline. Later the discourse came to focus more and more on growth, wellness and possibilities. Positive Gerontology represents this paradigm shift; it is an approach

that explores strengths and positives of age, focusing on successful, productive and optimal aging.¹

Following the tradition of focus on the positive, the present research sought to understand happiness among older adults. Study of well being in late life can be seen as the positive counterpart of research on geriatric depression. With an increasing focus on the

world's rapidly growing older population, the well-being of the elderly has received considerable attention in today's aging societies² and promotion of aging well has become a key concern in public health policy in the developed countries.³

In gerontological literature, a wide spectrum of variables has been investigated in relation to well-being in late life including demographic variables, personality traits, motivation, emotions, coping resources, social support, health status, wisdom and religiosity.⁴ The bulk of research begins with an arbitrary selection of variables guided by theory, previous research or personal interest/preference and a priori assumptions about what will predict greater well being. More recently, "the lay view approach" has increasingly become popular which emphasizes qualitative methods and obtaining the emic perspective of the elderly. It takes into account the complexity of older adults' individual characteristics, circumstances, values, and experience without the imposition of pre-conceived ideas.⁵

Recently in Pakistan, there has been a steadily growing awareness about geriatrics and gerontology as a specialty care area and this is a 'promising sign'⁶ However, to date there is relatively little research on the Pakistani elderly with respect to their subjective well-being and studies specifically studying happiness in old age have not been conducted. One area of investigation in Pakistan has been the study of institutionalized older adults and their comparison with community residing samples. Parshad and Tufail (2014)⁷ compared depression, anxiety, coping and quality of life of older adults living with families and those in old homes. Hayat, Khan and Sadia, (2016)⁸ looked at resilience, wisdom and life satisfaction across the two groups of community residing and institutionalized elderly. Other research within this domain has looked at health related quality of life⁹, loneliness and isolation¹⁰ and education as correlate of psychological wellbeing.¹¹

Our study is unique in being the first interpretative phenomenological analysis (IPA) of geriatric happiness (to the best of our understanding). IPA is a qualitative research design for studying lived human experience in depth.¹² We wanted to understand the experience of happiness for older adults including the following:

- a) What constitutes the experience of happiness for older adults?
- b) What factors lead to a feeling of happiness and enhance it?
- c) Furthermore, it was hypothesized that the top themes yielded from IPA will be positively correlated with happiness in the quantitative survey. In this way we sought to corroborate the qualitative findings through quantitative analysis.

Methods

In the qualitative study, semi structured interviews were conducted with 10 older adults. The sample was purposive and homogenous on the basis of six dimensions: age (65 and older), nationality (Pakistani), city of residence (Lahore), Religion (Islam), socioeconomic status (middle class) and living status (community residing). The sample had equal representation of both genders (5 men and 5 women). Participants were otherwise diverse i.e. in terms of educational backgrounds, marital status, employment history, living arrangements and health.

Informed consent was obtained from all participants. The interviews were fully transcribed resulting in 326 pages of data. Among the questions asked were, "What makes you happy?", "What do you feel when you are happy", "How would you define happiness?", "What is your concept of ideal happiness?"

We followed Interpretative Phenomenological Analysis for the analysis process. Initial noting was done. Next, emergent themes were constructed which were later merged to arrive at superordinate themes. The process was repeated with each transcript. Finally a master table representing the sample was prepared by bringing together the major themes from each interview. A reflexive journal was kept to be mindful of subjectivity.

Next, rating scales were developed to represent the top three themes. Care was taken that all dimensions of the theme were given representation in the rating scale to ensure content validity. These rating scales were: Children Associated Factors (CAF; Based on the theme "Children as Central"; It had 11 items rated on a 5 point scale), Altruism (Based on the theme "Being at the giving end"; It had 8 items measured on

a 7-point scale) and Religion and Spirituality (Based on the theme “Connection with the Divine; It had 15 items measured on a 7 point scale). Happiness was measured by using the Scale of Positive and Negative Experiences (SPANE; Diener, 2009).¹³ It is a short psychometrically sound 12-item scale with one-word items for assessing happiness/affect balance. SPANE was translated into Urdu by the forward backward translation method. A purposive sample of 300 older adults (M= 69.13, SD= 7.72) was taken to quantitatively measure the correlation of the theme-based variables with happiness.

Results

A narrative account of 10 themes yielded by the qualitative study (found in half or over half the sample) is as follows. These represent the experiential world of happiness for older adults

Three themes reflected the core experience of happiness i.e. what happiness felt like to older adults. The first of these was Happiness as a surge of energy versus stillness and peace.

This polarity was found in all 10 interviews, with the account of happiness falling toward either one side or the other. Interestingly the sample was equally divided on this with half seeing happiness as energy and vigor and half as stillness and satisfaction.

The concept of satisfaction as it appeared in the interviews, represented a kind of satiation and feeling fulfilled. The following extracts will show this side of the happiness experience:

“I feel at peace (when I am happy)” (Participant 10, p.6).

“I won’t call it thrill or jubilation; it’s more like (a) sober...(emotion)” (Participant 6, p. 58).

The other side of the dichotomy was the experience of happiness as inner energy and feeling “stirred up”.

“When I am happy I feel an energy inside” (Participant 3, p. 25).

“In happiness, one’s blood increases (surge of vigor) (Participant 4, p.27).

Thus happiness formed a continuum ranging from

inner stillness on the one hand to a rush of energy on the other.

The second experiential theme was Gratitude as nested within happiness. This is a very potent theme (Incidence: 5). Gratitude was mentioned by the participants as relating to happiness in several ways, i.e. as a cause of happiness, as an outcome of happiness and also as a component of the experience of happiness itself. Moreover, expressed gratitude (EG) emerged as an important theme in its own right outside of the context of happiness.

Here we describe how gratitude was reported as part of the experience of happiness:

“Obviously when I am happy, I feel satisfied and thank Allah” (Participant 9, p.26).

“When I am happy, I feel an energy inside and I just feel light and in addition to that, feelings of gratitude are generated” (Participant 3, p.25)

While our sample reported to be considerably happy (with 4 reporting to be ‘completely happy’, 2 as 80% happy, 3 as very happy and only 1 as 50 % happy), the participants also reported a high level of gratitude.

Another polarization in the experience of happiness was happiness as an inner versus outward experience. For most participants (8 of them), happiness was construed as inward.

“When I am happy, I feel an energy inside” (Participant 3, p.25).

“Happiness is an inner state of the heart and mind” (Participant 7, p. 2).

For two participants, the outward also figured prominently in the happiness experience:

“I feel like jumping around, saying yahoo” (Participant 2, p. 7).

Seven themes dealt with the older adults’ own understanding of what makes them happy.

For all ten of them, factors associated with children were cited as being sources of happiness. This theme has been captured as children as central. Here too, we see great diversity in how this theme unfolded. So for

our sample, children themselves were a source of happiness in addition to the success of children, children's happiness, children's moral state, children's material prosperity, unity among children, relationship with children, children's marital adjustment and grandchildren.

"What makes me happy is my children's success" (Participant 8, p.10).

"Being with my grandson makes me very happy" (Participant 4, p. 11).

"I am very thankful, it makes me very happy that they (my children) are so caring" (Participant 3, p. 45-46).

Nine of the ten older persons mentioned being at the giving end: altruism, the greater good and giving to others as making them happy. This presents a picture to us where rather than being on the receiving end, the old are not only keen to give and actively engaged in giving but also posited giving as the main source of their well being. These verbatim will elucidate this clearly:

"I have limited money but spending in charity, giving to someone, helping someone, that makes me happy." (Participant 3, p.19).

"Helping someone in need gives satisfaction and that is happiness, that is true happiness" (Participant 7, p. 5).

"What makes me happy? Loving people, making people happy, tending to the sick" (Participant 2, p. 1)

Connection with the Divine (Religion and spirituality) was a major source of happiness for them (incidence: 8). Here it was formal forms of worship and also a personal connection/ relationship with Allah that caused happiness.

"Greater sources of happiness are purity, being in a state of wudhu (ablution), praying obligatory and optional salah (prayer)" (Participant 6, p. 59).

"The greatest spiritual happiness is felt in the Ka'abah and Madinah Munawwara, no greater happiness is felt anywhere else" (Participant 4, p. 17).

"Now for me happiness is getting up for the night prayer; that causes a lot of happiness that I have

woken up early and I have recited my azkaar (expressions of remembrance of Allah)" (Participant 1, p. 1-2)

"This too is a matter of happiness that we have Allah who listens to everything, it is a matter of happiness that we are not helpless, we can ask from Allah and He is the giver" (Participant 1, p. 47).

Leisure activities were cited by 7 persons as causing happiness. The theme was titled engrossed or up and about. These activities included a wide variety of activities including sports, dramatics, exercise, art, aesthetics, entertainment, household activities, nature, traveling and other hobbies and activities like reading.

The theme of human connection denotes meeting people (outside the family), interacting with them and socializing. In terms of numeration, this was as important as leisure, being included in 7 interviews.

Six participants reported that the negative attitudes of people affected their happiness level negatively. These negative attitudes included hypocrisy, deception, cruelty, irresponsibility and disrespect among others.

The last important factor associated with happiness was found to be health and mobility. (n=6). The nuances of this theme have an interesting balance. Three of the participants cited health issues and problems as causing unhappiness and distress while three said that health and mobility were sources of happiness. So both in a positive and a negative way, the importance of health was affirmed. The older adults valued their physical independence and active lifestyle.

In order to see if the most potent themes from the qualitative study will be correlated with happiness, happiness and the three theme based variables were measured in a sample of 300 older adults. The results are as follows:

All reliability coefficients are considerably high. The mean scores on all emergent factors yielded by the qualitative study are also quite high.

The correlation matrix shows that happiness is significantly positively correlated with all theme

Table 1: Descriptive Characteristics of the Sample (N = 300)

	Variables	f	%Age
Age	Below 69	171	57.0
	Above 69	129	43.0
Gender	Men	176	58.7
	Women	124	41.3
Education	Under Matric	109	36.3
	Above Matric	191	63.7
Marital Status	With Spouse	216	72.0
	Without Spouse	84	28.0
Financial Status	Independent	179	59.7
	Dependent	121	40.3
General Health	Below Average / Average	103	34.3
	Above Average / Good	197	65.7

Table 2: Psychometric Properties and Descriptive Statistics for Emergent Predictors (N = 300)

Variables	k	Range					Skew
		M	SD	.	Potential	Actual	
Happiness	6	11.04	7.55	.88	-24-24	-17--24	-.78
Children Associated Factors	11	36.63	6.11	.89	0-44	14-44	-.733
Altruism	8	44.99	8.76	.94	8-56	8-56	-1.27
Religion and Spirituality	15	88.44	14.21	.95	15-105	15-105	-1.69

Table 3: Inter-correlation and Descriptive Statistics between Happiness, Life Satisfaction and Emergent Variables (N = 300)

Variables	1	2	3	4	M	SD
Happiness	-	.34**	.31**	.28**	11.04	7.55
Children Associated Factors		-	.34**	.37**	36.63	6.11
Altruism			-	.50**	44.99	8.76
Religion and Spirituality				-	88.44	14.21

based factors. The highest correlation of happiness is with children associated factors. (.34). The highest correlation overall is between altruism and religion and spirituality (.50).

Discussion

The study has thrown light on the experience of happiness among older adults and the factors which contribute to their happiness level. The group studied reported a high level of happiness and gratitude. They experienced happiness both as inner energy and a state of peace, as involving gratitude and as an inwardly felt experience. Moreover, for them the major sources of happiness included their children,

altruistic activities, religion and spirituality, leisure, connection with people and health.

An important finding of our study is what we have termed as the gratitude paradox (akin to the wellbeing paradox). While the wellbeing paradox states that older individuals tend to experience high levels of SWB despite the losses and limitations of old age, we discovered that older individuals also are uniquely grateful despite problems, detriments and difficulties.

Children emerged as the most important factor determining the happiness of older people. Literature supports the role of children as a factor affecting well-being of old parents.¹⁴

The theme Being at the giving end: Altruism is a very significant theme in the context of the overall milieu and narrative that characterizes aging globally. So while there is a discourse that sees the older population as a liability and representing the 'burden of care, we see here that the older people in our sample talked of altruistic activities and aspirations as a major source of happiness for them. Literature supports the beneficial effect of altruism on geriatric well-being.¹⁵

The theme Connection with the Divine: Religion and spirituality is in concordance with the prevalent literature. A recent review asserts that an association between religiosity/ spirituality and health has been known for decades if not centuries.¹⁶ In recent years there has been an explosion of research in this area that has linked religion and spirituality with a broad range of health outcomes and benefits including longevity, better physical health, sounder mental health, better coping with stressful life events and so on.

In the present study, leisure was shown to be an important determinant of happiness for the older individuals. Previous studies have shown leisure to be associated with different dimensions of well-being such as lower depressive symptoms¹⁷, and higher flourishing scores¹⁸ in the older population.

Numerous studies¹⁹⁻²⁰ have identified the importance of the role of social connections, relationships and social support in well-being of the elderly. This is consistent with our study that found Human Connection to be an important source of happiness.

Our theme health and mobility is consistent with previous research as health has been shown to be strongly associated with wellbeing in late life.²¹⁻²³

Qualitative research is contextualized and makes claims within context. An attempt was made to achieve triangulation and assess the applicability of our qualitative findings to a bigger sample. It is hoped that as studies are repeated in similar and different settings and contexts, we will accumulate a greater and more nuanced understanding of how this most basic of human emotions is experienced in the late years of life. This will be pivotal in meeting the emotional needs of the older adults and enhancing their wellbeing in diverse settings (homes, workplace, clinical and medical settings and care institutions). Studies like these will inform theory in gerontology and geriatrics in turn informing practice and policy.

Conclusion

These findings are an important addition in the area of gerontology. They have provided a direct insight into the experience of happiness among older adults, giving the phenomenological picture and the factors that determine happiness in the old. The study has painted a very positive picture of older individuals as affectionate, altruistic, spiritually attuned, inwardly directed yet active and dynamic. The overarching pattern seems to be the importance of connectedness for older individuals as the major themes were about their connection with God, their children, friends and the larger humanity. The study implies that older individuals will benefit from greater altruistic engagement with the community, more leisure opportunities, and strategies/interventions to enhance religiosity, relationships and thankfulness. It is hoped that the corpus on happiness of the elderly will grow so that we can come to a better understanding of the ways in which happy and successful aging can be promoted.

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Conflict of Interest: None

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References

1. Barney K, Perkinson M. Occupational Therapy with Aging Adults: Promoting Quality of Life through Collaborative Practice [book on the internet]. Missouri: Elsevier Health Sciences; 2016. Available from: <https://www.amazon.com/Occupational-Therapy-Aging-Adults-Collaborative/dp/032306776X>
2. Douma L, Steverink N, Hutter I, Meijering L. Exploring Subjective Well-Being in Older Age by Using Participant-Generated Word Clouds. *The Gerontologist*. 2015;57(2):229-39.
3. Jivraj S, Nazroo J, Vanhoutte B, Chandola T. Aging and subjective well-being in later life. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 2014;69(6):930-941.
4. Schulz R. *The Encyclopedia of Aging* [book on the internet]. New York: Springer Publishing Company; 2006. Available from: <https://books.google.com.pk/books?id=tgS29D0Mr4gC&printsec=frontcover&dq=schulz+2006+aging&hl=en&sa=X&ved=0ahUKEwj1k9uIwpXiAhUkzoUKHZGuCUUQ6AEIJzAA#v=onepage&q=schulz%202006%20aging&f=false>
5. Jopp DS, Wozniak D, Damarin AK, De Feo M, Jung S, Jeswani S. How Could Lay Perspectives on Successful Aging Complement Scientific Theory? Findings from a US and German Life-span Sample. *Gerontologist*. 2015; 55(1): 91-106.
6. Vertejee SS, Karamali NN. Active ageing in Pakistan: challenges and opportunities. *The Journal of Pakistan Medical Association*. 2014; 64(1): 76-78.
7. Parshad N, Tufail A. Depression, Anxiety, Coping and Quality of Life among Elderly Living in Old Age Homes and in Family Setup. *Pakistan Journal of Professional Psychologists*. 2014; 5(1): 17-27.
8. Hayat SZ, Khan S, Sadia R. Resilience, Wisdom, and Life Satisfaction In Elderly Living with Families and In Old-Age Homes. *Pakistan Journal of Psychological Research*. 2016; 31(2): 475-494.
9. Tahreen SF, Shahed S. Relationship between Ego Integrity, Despair, Social Support and Health Related Quality of Life. *Pakistan Journal of Social and Clinical Psychology*. 2014; 12(1): 26-33.
10. Gul SN, Chishti R, Bano M. Impact of Educational Qualification on Social Support, Social Isolation and Social and Emotional Loneliness: A Study of Senior Citizens. *Peshawar Journal of Psychology and Behavioral Sciences*. 2018; 4(2): 153-170.
11. Gul S, Dawood S. Coping Strategies and Psychological Wellbeing of older Adults in Relation to Education. *Journal of Arts and Social Sciences*. 2015; 2(2): 44-54.
12. Noon EJ. Interpretive Phenomenological Analysis: An Appropriate Methodology for Educational Research. *Perspectives in Applied Academic Practice*. 2018;6(1):75-83.
13. Diener E, Wirtz D, Tov W, Kim-Prieto C, Choi D,

- Oishi S, et al. New Measures of Well-being: Flourishing and Positive and Negative Feelings. *Social Indicators Research Series*. 2009; 39: 247-266.
14. Almira L, Hanum L, Menaldi A. Relationship with Children and the Psychological Well-Being of the Elderly in Indonesia. *SAGE Open Medicine*. 2019;7: 1-6.
 15. Kumar A, Dixit V. Altruism, Happiness and Health among Elderly People. *Indian Journal of Gerontology*. 2017;31(4): 367–393.
 16. Zimmer Z, Jagger C, Chiu CT, Ofstedal MB, Rojo F, Saito Y. Spirituality, Religiosity, Aging and Health in Global Perspective: A Review. *SSM-Population Health*. 2016;2:373-81.
 17. Michèle J, Guillaume M, Alain T, Nathalie B, Claude F, Kamel G. Social and Leisure Activity Profiles and Well-Being among the Older Adults: A Longitudinal Study. *Aging & Mental Health*. 2019;23(1):77-83
 18. Lipovcan LK, Brkljacic T, Larsen ZP, Franc R. Leisure Activities and the Subjective Well-Being of Older Adults in Croatia. *GeroPsych*. 2018;31(1):31-39
 19. Shankar A, Rafnsson SB, Steptoe A. Longitudinal Associations between Social Connections and Subjective Wellbeing in the English Longitudinal Study of Ageing. *Psychology & Health*. 2015; 30(6): 686-98.
 20. Gouveia OM, Matos AD, Schouten MJ. Social Networks and Quality of Life of Elderly Persons: A Review and Critical Analysis of Literature. *Revista Brasileira de Geriatria e Gerontologia*. 2016; 19(6): 1030-40.
 21. Minahan J. The Relationship between Physical Health and Subjective Well-Being in Middle-Aged and Older German Adults: A Nationally Representative Longitudinal Study (Doctoral dissertation, Fordham University). 2013.
 22. Lukaschek K, Vanajan A, Johar H, Weiland N, Ladwig KH. In the Mood for Ageing: Determinants of Subjective Well-Being in Older Men and Women of the Population-Based KORA-Age Study. *BMC geriatrics*. 2017;17(1):126.
 23. Roman XA, Toffoletto MC, Sepulveda JC, Salfate SV, Grandon KL. Factors Associated to Subjective Wellbeing in Older Adults. *Texto e Contexto Enfermagem*. 2017;26(2).