

Spiritual Intelligence, Living Status and Adjustment: A Study on Senior Citizens

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Abstract:

The present study was carried out to examine the role of spiritual intelligence, living status and gender on adjustment and its various domains (health, home, social, marital, emotional and financial). 200 senior citizens of different living status i.e. institutionalized and non institutionalized senior citizens were included in this study. The data was analyzed by 2x2x2 ANOVA to study the impact of spiritual intelligence (high and low), living status (institutionalized and non-institutionalized) and gender (males and females) on adjustment and its domains (i.e. health, home, social, marital, emotional and financial) of senior citizens. Results revealed that independent effect of living status significantly influence over all adjustment. Non-institutionalized senior citizens scored high on over all adjustment than institutionalized senior citizens. Three way interaction of all the three independent variables found significant. Thus, the present pilot study unveils the importance of old age homes for elderly care in developing world in general and it also guides and seeks further exploration of these comparisons in large population samples of elderly people among Indian societies in particular.

Keywords: Ageing, Spiritual Intelligence, Living Status, Adjustment, Institutionalized & non-institutionalized.

I. INTRODUCTION

In developing countries like India, the average life span has increased from 32 years in 1951 to 62 years in 1988 and is estimated to cross 76 years by 2031. It is expected that by 2025 nearly 71% of the world's elderly population will live in the developing countries (Gupta, 1997). According to the expert group on population projection, the likely number of elderly by the end of the year 2016 will be around 113 millions. This is a clear indication that the process of population ageing has already begun in India (Bhawsar, 2001).

Old age is the closing period of life span. It is a period when people 'moves away' from previous more desirable period or time of 'usefulness'. Age 60 is usually considered the dividing line between middle and old age. We call them senior citizens. **Ageing** can bring frailty and suffering, but it can also bring depth and richness of experience, complexity of being, serenity, wisdom on its own kind of power and grace. In India, the elderly have been traditionally assigned a place of honor and respect as exemplified by religion, social values and norm. Indian social structure and value system has also undergone change. It is observed that changes in the social institutions like the joint family, caste and village community, weakening economic pressures, high rising price line, weak physique of the aged are adversely affecting the elderly. The care of the aged traditionally has been the concern and responsibility of the family. In fact, they were considered to be a blessing to the family. But, in the present scenario, new factors have emerged which have weakened the tradition. Unfortunately now old people are regarded as sick, isolated, feeble and senile individuals exhibiting characteristics like dismay, shock, helplessness, resentment, rigidity, frustration, weakness and dependence. Many factors have contributed to the alienation of the elders in India. All these have made the old age homes seem more relevant in the Indian context than

ever before. Senior citizens living in family is considered as **non-institutionalized** & those living in old age homes are called **institutionalized**. As individuals get older they have less control over their social relationships, including the ability to maintain contact with friends. Moreover relocation of the elderly to institutions results a disruption of existing social networks (Chadha et. al. 1993) and new neighbours and friends rarely provide the same feelings of security old ones (Khalish, 1975). People enter special living settings because these arrangements allow them to satisfy basic needs are economically and efficiently than is otherwise possible. Therefore one of the most important and resounding themes of countries with healthy aging initiatives is the viewing of aging as a positive process full of opportunities and needs. The focus is to improve the quality of life rather than curing and preventing diseases (**healthy aging, April 2001**). This quality of life and adjustment can be improved by bringing a change in the mind set of people through spirituality.

Adjustment is the harmonious relationship with the environment in which most individual needs are satisfied in socially acceptable ways, and resulting in forms of behaviour which may range from passive conformity to vigorous action. According to Singh (1983) adjustment is a precarious and ever changing balance between the needs and desires of the individual on the one hand and the demands of the environments or society on the other. Occasionally in the use of the term adjustment we imply that the most desirable state of adjustment is one in which the individual is perfectly happy and satisfied with all aspects of his life (socially, financially, emotionally etc) and one in which he has reached the level in all his contacts with his contacts with his environment that he would be glad to see persist through his life. Undoubtedly each of us has a unique spiritual dimension.

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The term spirituality is often associated with spiritual well being and considered increasingly important with aging. It should reflect the human traits of compassion, honesty, love, wisdom and for many the existence of guiding spirit or transcendence (Dossey et al, 1995). **Spiritual intelligence** provides us insight and understanding of ourselves and others (Zohar & Marshall, 2000). Zohar and Ian Marshall introduced a new dimension to human intelligence in the year 2000. However the concept was known for ages, the term spiritual intelligence is first exposed by them. **Spiritual Intelligence** is what we used to develop our longing and capacity for meaning, vision and value. It facilitates a dialogue between reason and emotion, between mind and body. When we have Spiritual well being, we are able to add meaning, purpose and value of life and derive peace, harmony and contentment (Deonges and Moorhouse, 1998). It can make a great contribution to elderly for their better living conditions and feeling of well being & adjustment. Research findings have shown a positive correlation between spirituality and the ability to cope with stress and illness (Gurklis and Menke) 1988; Miller, 1985; Smith et. al, 1993; Kaczorowski, 1989). Intrusive positive thought according to Rowe and Allen (2004), is a significant predictor of spirituality for individuals living with illness.

II. METHODOLOGY

Sample : The subjects for the present research constitutes of 200 senior citizens of 60 years of age and above. Out of 200 subjects 100 senior citizens i.e. institutionalized were taken from the various old age homes i.e. **Anubhav old age home, Jaipur and Shree Ram Vradh Ashram, Chaksu, Jaipur, Shradha old age home, Kota, Vradh Ashram, Jodhpur**, who were residing there for more than one year. All old age homes selected for the study were 'free type', which care for the aged who have no one else to care. They are given shelter, food, clothing and medical care. 100 non-institutionalized senior citizens were selected from general population. 50 males and 50 females from each cell were included in the present study. Inclusive criteria for selection of sample is as follows.

Age Range	60 years and above
Socio-economic status	Lower middle class
Education	Literate
Domicile	Urban
Physical and mental status	Senior citizens only those were included who have no protected illness and they are able to do their work themselves.

III. TOOLS AND MEASURES USED

The **Salahakar spiritual quotient test** was developed by **Daftaur and Daftaur(2003)** was used to study the various dimensions of spiritual intelligence. The test consisted of 99 statements categorized into 15 dimensions namely named; **God and Religiosity, Soul, Self-awareness, Spiritual practices, Life style values, Gender and caste equality, Fate and karma, Interpersonal relations, Divinity in love, Spirituality in leadership, Helping behavior, Flexibility, Ability to use and overcome suffering, Ability to transcend pain and being spiritually intelligent about death.**

The test was tried twice on two different types of samples on a four point likert type scale. The reliability values on the sample of adults normal population ranged from 0.63 to 0.91. In the second tryout on a sample of in the industrial managers the reliability values ranged from 0.346 to 0.91. The reliability value for the total scale was found 0.91 in both attempts. Face validity and content validity was established through the inter-judges evaluation of the items of the scale.

To judge the **Adjustment** of subjects "**ShamshadJasbir old age Adjustment Inventory**"(SJOAI) scale of (Hussain and Kaur, 1995) consisted of 125 items related to six areas i.e. **Health, Home, Social, Marital, Emotional and Financial**, was used. The two modes of reliability co-efficients (odd even and test - retest) were calculated on a sample of 100 cases. In case of test-retest reliability the same test was administered to the same group at the interval of three weeks. The correlation co-efficient was calculated between the two sets of scores. The split half (odd even) and test retest - reliabilities of the test (area wise and overall adjustment scores) were calculated.

Froechlich and Hoyt (1959) recommended that a test is reliable if its reliability -coefficient is around 0.80 or higher. On the basis of the coefficients of correlation the instrument (SJOAI) is reliable.

Validity of test refers to whether the test measures that aspect of the measurement for which it has been constructed. This test was validated on a sample of 100 cases by using the construct validation procedure. The adjustment inventory was validated against the scores on self concept, ego strength and anxiety scale by applying product moment correlation. This step was under the presumption that the higher the adjustment, the better the self concept, the higher the ego strength and the lesser the anxiety on the whole, it is gathered that adjustment inventory has high validity.

IV. RESULT & DISCUSSION

Main effects: Spiritual Intelligence, Living status, Gender and Adjustment.

Table 1 provide data analysis of the scores on six domains of adjustment (health, home, social, emotional, marital and financial) and table 7 is related to analysis of variance and mean score for total adjustment.

Table1: Summary of ANOVA for Health Adjustment

Source of Variance	Sum of Squares	Df	Mean Square	F-ratio	Level of significance
Main effects	774.339	3	258.113	21.032	0.000
Spiritual Intelligence (between A)	6.179	1	6.179	.504	NS
Living status (between B)	639.825	1	639.825	52.135	0.01**
Gender (between C)	103.652	1	103.652	8.446	0.01**
Between <u>AxB</u>	19.431	1	19.431	1.583	NS
Between <u>AxC</u>	3.319	1	3.319	.270	NS
Between <u>BxC</u>	34.007	1	34.007	2.771	NS
Interaction <u>AxBxC</u>	858.306	7	122.615	9.991	0.01**
Within the groups	2356.314	192	12.272		

* P<.05

** P<.01

NS = Not significant

Table 2: Summary of ANOVA for Home Adjustment

Source of Variance	Sum of Squares	Df	Mean Square	F-ratio	Level of significance
Main effects	359.320	3	119.773	13.719	0.000
Spiritual Intelligence (between A)	28.830	1	28.830	3.302	NS
Living status (between B)	306.404	1	306.404	35.096	0.01**
Gender (between C)	4.820	1	4.820	.552	NS
Between <u>AxB</u>	7.836	1	7.836	.898	NS
Between <u>AxC</u>	3.891	1	3.891	.446	NS
Between <u>BxC</u>	8.193	1	8.193	.938	NS
Interaction <u>AxBxC</u>	374.709	7	53.530	6.131	0.01**
Within the groups	1676.246	192	8.730		

* P<.05

** P<.01

NS = Not significant

Table 3: Summary of ANOVA for Social Adjustment

Source of Variance	Sum of Squares	Df	Mean Square	F-ratio	Level of significance
Main effects	199.576	3	66.525	12.839	0.000
Spiritual Intelligence (between A)	3.326	1	3.326	.642	NS
Living status (between B)	107.916	1	107.916	20.827	0.01**
Gender (between C)	71.440	1	71.440	13.787	0.01**
Between <u>AxB</u>	.631	1	.631	.122	NS
Between <u>AxC</u>	.479	1	.479	.092	NS
Between <u>BxC</u>	51.907	1	51.907	10.018	0.01**
Interaction <u>AxBxC</u>	261.291	7	37.327	7.204	0.01**
Within the groups	994.864	192	5.182		

* P<.05

** P<.01

NS = Not significant

Table 4: Summary of ANOVA for Marital Adjustment

Source of Variance	Sum of Squares	df	Mean Square	F-ratio	Level of significance
Main effects	184.633	3	61.544	6.824	0.000
Spiritual Intelligence (between A)	.943	1	.943	.105	NS
Living status (between B)	162.952	1	162.952	18.068	0.01**
Gender (between C)	17.046	1	17.046	1.890	NS
Between <u>AxB</u>	11.495	1	11.495	1.275	NS
Between <u>AxC</u>	.203	1	.203	.023	NS
Between <u>BxC</u>	25.755	1	25.755	2.856	NS
Interaction <u>AxBxC</u>	218.227	7	31.175	3.457	0.01**
Within the groups	1731.648	192	9.019		

* P<.05

** P<.01

NS = Not significant

Table 5: Summary of ANOVA for Emotional Adjustment

Source of Variance	Sum of Squares	Df	Mean Square	F-ratio	Level of significance
Main effects	284.633	3	94.878	13.457	0.000
Spiritual Intelligence (between A)	15.633	1	15.633	2.217	NS
Living status (between B)	213.777	1	213.777	30.320	0.01**
Gender (between C)	79.288	1	79.288	11.246	0.01**
Between <u>AxB</u>	.002	1	.002	.000	NS
Between <u>AxC</u>	28.828	1	28.828	4.089	0.01**
Between <u>BxC</u>	37.807	1	37.807	5.362	0.01**
Interaction <u>AxBxC</u>	381.785	7	54.541	7.736	0.01**
Within the groups	1353.715	192	7.051		

* P<.05

** P<.01

NS = Not significant

Table 6: Summary of ANOVA for Financial Adjustment

Source of Variance	Sum of Squares	df	Mean Square	F-ratio	Level of significance
Main effects	221.510	3	73.847	11.373	0.000
Spiritual Intelligence (between A)	.130	1	.130	.020	NS
Living status (between B)	76.688	1	76.688	11.813	0.01**
Gender (between C)	132.205	1	132.205	20.364	0.01**
Between <u>AxB</u>	.448	1	.448	.069	NS
Between <u>AxC</u>	1.270	1	1.270	.196	NS
Between <u>BxC</u>	18.900	1	18.900	2.911	NS
Interaction <u>AxBxC</u>	263.023	7	37.575	5.788	0.01**
Within the groups	1246.477	192	6.492		

* P<.05

** P<.01

NS = Not significant

Table 7: Summary of ANOVA for Total Adjustment

Source of Variance	Sum of Squares	Df	Mean Square	F-ratio	Level of significance
Main effects	2772.557	3	924.186	17.062	0.000
Spiritual Intelligence (between A)	4.347	1	4.347	.080	NS
Living status (between B)	2605.088	1	2605.088	48.095	0.01**
Gender (between C)	113.352	1	113.352	2.093	NS
Between <u>AxB</u>	15.214	1	15.214	.281	NS
Between <u>AxC</u>	8.693	1	8.693	.160	NS
Between <u>BxC</u>	159.387	1	159.387	2.943	NS
Interaction <u>AxBxC</u>	2953.131	7	421.876	7.789	0.01**
Within the groups	10399.744	192	54.165		

* P<.05

** P<.01

NS = Not significant

Cluster of table gives a clear picture of adjustment and its various domain regarding spiritual intelligence, living status and gender independently, jointly and interactively.

Non-institutionalized senior citizens, in comparison to institutionalized senior citizens expressed more adjustment in their lives. Non-institutionalized senior citizens expressed more adjustment on all the domains (health, home, marital, emotional and financial) except one i.e. social adjustment ($P<0.01$) than institutionalized. Male senior citizens tend to have better adjustment than females on health adjustment, home adjustment, marital adjustment and financial adjustment. Contrary to it, females tend to have better adjustment than males on social and emotional adjustment.

Spiritual wellbeing helps us respond to stressful life events, promote health and adapt to chronic diseases (Landis, 1996). Lee, Ramonia (1992) explained the positive relationship between religion and physical health. Most older person report that religion helps them cope or adapt with losses and difficulties. In a study Srivastava & Agarwal (2002) documented that old females have more stress, depression, guilt and extraversion feelings. It is due to urbanization, migration and changing family structure, women are increasingly neglected in their old age.

The commutative effect of life time nutritional deprivation, hazardous occupations, heavy work, continuous child bearing and low self-esteem levels leaves them physically and mentally trail. **Strauss (1992)** also had the similar findings.

As serves not only to rank persons hierarchically, but also as the basis of prescribing or permitting social sales. **Ramamurti (1987)** has shown that "as an individual ages one becomes more rigid behaviourally" similar opinion were expressed by **Riley (1968)** and **Schaie & Strother (1968)**. One does not show flexibility & adaptability. This results in maladjustment as one is unable to adopt one self to the changed demands in old age. Along with this attitude lead to poor home adjustment.

A no of studies of western societies (e.g., Donahue et al 1960), Eastern Society (**Lee and Ishii-Kurtz, 1987**) (**Mishra, 1987**) have demonstrated that the aged people want to remain socially integrated, not segregated. It suggests that in India probably no one would like to stay willingly in 'old age homes' and this is one of the reason, that the programme of 'old age homes' has not been very successful. The fulfillment of socio-psychological needs such as love care, emotional security, new experiences, sense of belonging, identity and status, interaction and activeness, being useful and significant person in own world of near and dear ones etc. cannot be fulfilled while living in old age homes. These needs become quite important in later years of life (**Chadha, 1993**). All of these factors influence remarkably to emotional & social adjustment of senior citizens. Males scored less than females on emotional adjustment.

On the basis of findings of the study it can be concluded that the elderly couples staying at homes serve as a role model to the younger generation and therefore they try to maintain harmony in the family which at times also requires overlooking some major differences between the spouses. It is generally seen that with passage of time the couple become very close each other. Compared to other family members the mutual understanding between husband and wife is maximum.

Income seems to be an important factor for adjustment (**Bengston & Dowd, 1980**) majority of female respondents are economically dependent on their family members facing a lot of problems to adjust in family environment due to role conflict, similar observation are also mentioned by **Jamuna (1984)**. It can be said that due to feeling of economically dependence females feel financially maladjusted than males because in our Indian Society the earning members is usually male. In comparison to institutionalized elderly non-institutionalized elderly feel financially secure because our social values and norms do not permit the children to leave their old parents to struggle themselves in later life.

After years of living as an integral part of the family, the old person faces on wrenching separation. Therefore institutionalized elderly are found maladjusted than non-institutionalized elderly. Loss of economic independence and physical vigour and the emergence of various types of degenerative disease change an aged from an independent self supporting individual to one who needs help from his children, member of his family society in general. Absence of common interests and lack of extensive and regular

interaction with the younger members in the family may result in social isolation and loneliness (Fookien, 2002) and maladjustive behaviour. All of these are the determining factors of adjustment in old age.

V. SUGGESTIONS & IMPLICATIONS

1. There is an urgent need to follow up the research. A cross sectional, cross institutional and cross cultural study may help in deriving certain more meaningful conclusions. It is therefore suggested that future researches start from where the present work ends.
2. The findings of the present study imply that instead of relocating the subjects in institutions efforts should be made to design family or community based settings where they can live happily in their own community and with their known people.
3. Counseling session should have been done to help themselves.
4. This study can be used to make the youth realize that how living in institutions adversely effects the old age people. These institution can provide them food, clothing and shelter but cannot save them from sense of loneliness & emotional problems & insecurities.

VI. REFERENCES

- Bengston, V.L. and Dowd, J.J. (1980). Sociological functionalism, exchange theory and life cycle analysis: A call for more explicit theoretical bridges. *International Journal of Aging and human development*, 12,55-73
- Bhawsar, R.D. (2001). Population Aging in India : Demographic and Health Dimensions. *Indian Journal of Gerontology*, 15, 256-277.
- Chaddha, N.K., Easwaramorthy, M., and Kanwara, P. (1993), Quality of life among aged. *Indian Journal of psychology*, 58, 15-21.
- Doengens, M.E., and Moorhouse, M.F. (1998). *Nurse's pocket guide Diagnosis, interventions and rationales* (6th edition), Philadelphia: F.A. Davis.
- Dossey, B.M. et.al. (1995). *Holistic Nursing :A Handbook for practice*. Gaithersburg; M.D. Aspen Publishers, Inc.
- Fookien (2002).Lonliness and adjustment of old age. *International Journal of Aging and Human Development*. 24, 41-53.
- Gurklis, J.A., and Menke, E.M. (1988). Identification of stressorss and use of coping methods in chronic hemodialysis patients. *Nursing Research*, 37 (4), 236-239.
- Gupta, K. (1997). Population, aging and some related issues in the context of urbanization in India. *Indian Association of Social Science Institutions Quarterly*, 16, 258-274.
- Healthy Aging (2001).In Report on Healthy Aging (April, 2001), Ad HOC committee on Healthy Aging. Retrieved November 25,2002 from http://www.healthy ageing.gov.hk/healthy aging/harc_e/Ex-sum-e.htm.

- Jamuna, D. (1984). *A study of some factors related to adjustment of middle aged and older women*. Ph.D. dissertation (unpublished) S.V. University, Tirupati.
- Kaczorowski, J.M. (1989). Spiritual well being and anxiety in adults diagnosed with cancer. *Hospice Journal*, 5(4), 105-116.
- Khalish, R. (1975). *Late Adulthood: Perspectives on human development*. Monterey California: Brooks and Cark.
- Landis, B.J. (1996). Uncertainly, spiritual well being and psychosocial adjustment to chronic illness. *Issues on mental Health Nursing*, 17 (3), 217–223
- Lee, G.R. and Ishii- Kuntz, M. (1987). Social Interaction, Loneliness and emotional well-being among elderly. *Research an aging*, 9 (4), 459-482.
- Miller, J.F. (1985). Assessment of loneliness and spiritual well-being in chronologically ill and healthy adults. *Journal of Professional Nursing*, 1(2), 79-85.
- Mishra, R.C. (1987). Powerless ness stressors as a moderate variable of the job involvement and job satisfaction relationship. *Psychological studies*, 36(1), 47-51.
- Ramamurti, P.V. (1987). Empirically derived constituents for a happy old age. In *Aging : A Multifactorial Discussion* Ed. By Kallurisubha Rao and V. Prabhkan. Varansi : Association of Geroha. 113-118.
- Reker, G.T., and Peacock, E.J. (1981). The Life Attitude Profile (LAP) : A multidimensional instrument for assessing attitudes toward life. *Canadian Journal of Behavioural Sciences*, 13, 264-273.
- Riley, M.V., Johnson, M., and Foner, A. (1968). *Aging and society : A sociological age stratification*. New York : Russel sage foundation.
- Row, MM, and Allen, R.G. (2004). Spirituality as a means of coping with Chronic illness. *American Journal of Health Studies*, winter, 2001.
- Scheies, M.F., and Caver, C.S. (1987). Optimism, coping and Health : Assessment and implications of generalized Outcome expectancies. *Health Psychology*, 4, 219-247.
- Singh, A. (1983). Personality adjustment. *School Education*, 9 (4), 15-17
- Smith, E.D., Stefanek, M.E., Jaseph. M.V., Verdieck, M.J. Zabora, J.K. Fetting, J.H. (1993). Spiritual awareness, personal perspective on death, and psycho social distress among cancer patients an initial investigation. *Journal of psychosocial oncology*, 11(3), 89-103.
- Srivastava, S.K., and Agrawal, S. (2002). Effect of living arrangement and gender difference on emotional states and self esteem of old aged perim. *Indian Journal of Gerontology*. 16 (324). 312-320.
- Zohar, D. & Marshall, I. (2000). *SQ: The spiritual intelligence, the Ultimate intelligence*. New York: Bloomsbury, 324.