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A Cross-sectional Analysis of Spirituality and Mental Health among Elderly in Lucknow City

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Abstract

Background: Spirituality is the recognition of sense or belief or a feeling which grants an individual the meaning of life. It is a state of mind, heart, and soul that is unified and about personal, subjective experiences that are sometimes shared with others. The presence and practice of spirituality has had salient effects on individuals' physical and mental health.

Objective: This study was conducted with the objective to assess the spirituality of the elderly and its relation with mental health status of elderly people.

Method: This research investigated 200 elderlies aged 60 years and above distributed equally over gender living in urban and rural areas. A self-structured socio-demographic profile sheet, Spiritual Experience Index- Revised (SEI-R) scale used to assess spirituality in elderly and Positive Mental Health (PMH) scale for the assessment of mental health was used. The analysis was done using mean, SD, t-test, ANOVA and correlation.

Results: Results demonstrated that spirituality affected the mental health of elderly; it was found that the major proportion (39%) of the elderly were dogmatic which is characterized by a person's establishment of a faith and identification with its principles and teachings. Findings also suggests that spirituality and mental health varied significantly across older persons in different age ranges and had no effect on gender, highlighting the importance of considering age-related factors when examining the mental health and spirituality of the elderly population. The SEI-R total score exhibits a weak positive correlation with mental health scores ($r=.217$, $p<.01$), underscoring the tight connection between an individual's overall spirituality and their mental health status.

Discussion: The study highlights the potential role of spirituality as a coping mechanism and source of strength for older adults, particularly in the face of challenges associated with aging. Higher spirituality correlated with better mental health scores. Spirituality and mental health varied significantly across different age groups of the elderly. No substantial gender differences were found in spirituality or mental health.

Keywords: Ageing, Elderly, Faith, Mental Health, Spirituality.

INTRODUCTION

Spirituality is a significant source of strength and guidance in people's lives. It is a human phenomenon that affects almost everyone. Spirituality is a phrase that is widely used to express beneficial inner attributes and perceptions without ignoring religious observances and dogmatic beliefs (Wulff, 1996). Spirituality is a state of mind, heart, and soul that is unified. It's about personal, subjective experiences that are sometimes shared with others. Spirituality encompasses a wide range of dimensions, each with its own set of meanings and interpretations. Spirituality is typically manifested in the beliefs, behaviours, and languages of individuals, families, and communities as a result of their intrapersonal,

interpersonal, and transpersonal experiences with spirit (Swinton, 2001). Intrapersonal refers to a sense of connectivity within oneself, focusing on one's own potential and inner power. The term "interpersonal" refers to a person's relationship with others and their surroundings. A sense of connecting with God or a 'higher' power beyond the self and ordinary resources is referred to as transpersonal (Reed, 1992; Saleem & Khan, 2015).

As a result of a variety of socioeconomic factors, the aged population is today confronting significant challenges (such as population dynamics, urbanisation, migration, globalisation, changes in social norms and values, and changes in major social structures such as the family, with a greater emphasis on the nuclear family and children, among others). Elderly people usually spent all of their resources on their children's education, prosperity, and well-being, and are now living alone or with their spouses without any substantial institutional assistance from the State welfare system (rather than preparing for retirement) (Sen, 1994). The children may or may not support, depending on their desire and the realities of their everyday existence. The welfare state is frequently unable to pay for organised health and social care, as well as related support services such as personal care for the elderly. In this, spirituality is frequently used by the elderly as coping strategies for stress and loneliness in the face of such a tough situation and for cultural reasons. They take shelter in an easily obtainable primary institution of religion to make sense of eternal reality due to a lack of money, meaningful connections, and social stimulation in their households. They provide a framework for spirituality and use it as a coping method for ageing successfully, calmly, happily, active, creatively, and healthily (Kumari and Sharma, 2018).

"Spirituality is a dynamic and fundamental component of humanity in which people seek ultimate meaning, purpose, and transcendence, as well as experiencing relationships with themselves, family, people, society, community, nature, and meaningful or sacred objects. Beliefs, values, traditions, and rituals are all ways to convey spirituality" (Puchalski, et al., 2014).

Many people assume religion and spirituality to be similar, but this is not always necessary. Religion, on the other hand, is a more distinct concept and hence more simply defined than spirituality, because there is greater clarity on what religion is. Religion is defined as "public and private ideas, practices, and rituals associated to the transcendent as understood by the individual". This might involve religious beliefs and behaviours such as prayer, meditation, reading religious literature, and take part in ritual and sacrificial ceremonies. Religion is often created by a group of individuals who share common practices and beliefs regarding the transcendent, as well as rituals performed as part of a community. Spirituality, on the other hand, is distinguishable from its outcome – human values, morality, meaning, purpose, peace, social ties, and amazement – by its connection to the transcendent. Although the transcendent is supposed to reside outside of the self, however it can also reside alongside or inside it. Spirituality is at the centre of all religions, but it is also a distinct identity that does not have to be linked to religion. Spirituality is defined as a personal effort to clarify the meaning and goals of life. Religion is defined as beliefs, manners, and some rituals that are practiced as a tradition. (Peteet, Zaben & Koenig, 2019).

The popularity of spirituality and ageing has risen in recent years, owing to extensive empirical studies confirming the numerous health benefits of spirituality and religious participation. According to studies, spirituality appears to increase with age. Amazingly, the trend of older individuals engaging in more spiritual and religious activities persists in modern culture, and it moderates favourable correlations with numerous measures of life satisfaction (Saleem and Khan, 2015).Being a member of a religious group implies associating with a community of people who share the same spiritual belief system, establishing a feeling of connection that contributes to the system's integrity. The existential functions of religion contribute to pleasure by reducing anxiety and the risk of depression. Religion, spirituality, and/or belief play a variety of roles in the lives of older people, including providing strength, comfort, and hope at tough times, as well as fostering a feeling of community and belonging (Malone & Dadswell, 2018).

Different terminologies

Faith: "According to Fowler (1981), faith is "a person's or group's way of moving into the life force field." It is how we give the many forces and relationships that make up our life context and coherence. A person's faith is how they interpret

their own identity and place in the world in light of a common meaning and purpose."

Religion: "Religion is an organized system of practices, rituals, and beliefs that leads people to a shared relationship with a higher force (Corbett, 1990; Kelly, 1995)."

Spirituality: "Spirituality is "a fundamental orientation to one's life and to the ground of all life; it is the source of one's posture toward living, of the nature of one's connection to all things, and of one's perception of an ultimate reality" (Morgan, 2007). It is concerned with the connection or relationship to a higher power, which provides individual meaning and purpose."

Spiritual Maturity: "Spiritual maturity is multi-dimensional and occurs on a continuum. Spiritual maturity is associated with the degree to which a person embodies and accepts the values, commitments, beliefs, and behaviors associated with their faith, and it is demonstrated through life-transforming behavioral indicators (Benson, Donahue, & Ericson, 1993; Salsman & Carlson, 2005). In this study, spirituality will be measured with the Spiritual Experience Index – Revised (Genia,1997)."

Spiritual Support: "Spiritual Support, a subscale of the Spiritual Experience Index-Revised, refers to matters related to intrinsic faith, spiritual wellness, worship attendance, and having a consciousness of God (Genia, 1997; Reinert & Bloomingdale, 2000). Spiritual support assesses the support and sustenance individuals receive from their faith. The spiritual support subscale is not correlated with dogmatism or intolerance of uncertainty (Genia, 1997)."

Spiritual Openness: "Spiritual Openness, a subscale of the Spiritual Experience Index-Revised, refers to an open and receptive attitude to other spiritual dimensions and an inverse relationship to formal religious practices (Genia,1997; Reinert & Bloomingdale, 2000)."

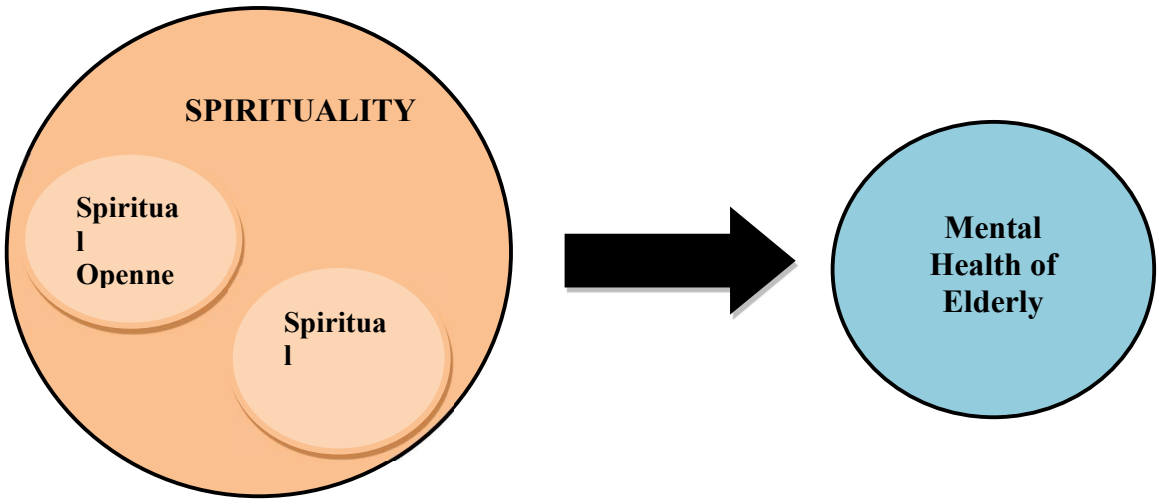

Fig.1. Conceptual model of dependent and independent variable

Spirituality as a mediating factor for mental health of elderly

The presence and practice of spirituality has had salient effects on individuals' physical and mental health with consistent findings across age, sex, nationality, religious affiliation, and ethnicity (Frankl, 1963; Hodge, 2000). However, spirituality affiliation reveals little about what spirituality is and how significant it is in a person's life. As a result, research based solely on a subject's spiritual affiliation has produced a slew of conflicting and contradictory results, with few exceptions (Koenig, 2009). Spirituality should be taken into account in research and therapeutic practice because it is common and has links to mental health. Like any other psychosocial dimension, a doctor who sincerely wants to address the bio-psychosocial aspects of a patient must analyse, comprehend, and respect a person's spiritual beliefs. Increasing our understanding of spirituality will improve our ability to perform our role as mental health practitioners and/or researchers in alleviating suffering and assisting people in living more satisfying lives (Rastogi & Sharmila, 2023).

The use of spiritual techniques to treat the mentally sick is common. Formerly, the saint was the most significant counsellor since he possessed spiritual influence as well as psychological knowledge. Faith and belief systems are fundamental components of psychological well-being, and they can be useful in psychotherapy. Their application must be properly scrutinised. As a result, researchers and psychiatrists should pay more attention to spirituality and mental health since it has the potential to improve the efficacy and acceptance of psychiatry among the general public. Hence, spirituality has a significant impact on phenomenology, psychiatric symptoms, and outcome (Behere, Das, Yadav, & Behere 2013).

Need of the Study

With India's growing elderly population and changing family dynamics, understanding the relationship between spirituality and mental health becomes increasingly crucial. While spirituality is deeply embedded in Indian culture, its impact on elderly mental health remains understudied, particularly across different demographic backgrounds. This research addresses this gap by examining these relationships in Lucknow's elderly. The findings can help healthcare providers and policymakers develop holistic interventions that integrate spiritual aspects into elderly care, ultimately promoting better quality of life for the aging population.

Objective

This study was conducted with the objective to assess the spirituality of the elderly and its relation with mental health status of elderly people.

METHODOLOGY

The research was carried out in Lucknow city, Uttar Pradesh, India. The sample for the present study comprised of 200 elderlies aged 60 years and above distributed equally over gender (male and female) living in urban and rural areas. Using a multistage random sample technique, door-to-door surveys were carried out to gather the data.

Inclusion Criteria:

- Elderly aged 60 years and above
- Both genders were included
- Elderly who are willing to participate

Exclusion Criteria:

- The elderly staying in old age homes were excluded from the study.
- Participants who have any medical or psychological conditions that significantly impair their ability to participate in the study.
- Participants having any psychological history of mental illness, past trauma.
- Elderly who are unable to do their day-to-day activities independently.
- Those who cannot understand or provide informed consent due to any reason.

Ethical Consideration

For the present study, ethical approval has been obtained from Institutional Ethics Committee, BBAU, Lucknow, on dated 18-03-2024 **(Ethical approval number: 116/IEC/BBAU/2024).** All procedures performed in study involving human participants were in accordance with the ethical standards of the institutional research committee and its ethical standards. Informed consent was obtained from all individual participants included in the study. Participants were provided with detailed information about the study's purpose, procedures, potential risks and benefits and their right to withdraw at any time without any consequences. Confidentiality was maintained by assigning code numbers to participants and storing data securely.

TOOLS AND TECHNIQUES

Self-structured socio-demographic profile sheet

To examine the socio-demographic profile of the respondents, a Self-structured Socio-Demographic Profile Sheet was administered.

Positive Mental Health Scale

The 9-item **PMH-**scale developed by Lukat et al. (2016), a brief, uni-dimensional and person-centered instrument to assess positive mental health (Lukat et al. 2016). It measures emotional, psychological, and social indicators of positive mental health. Participants responds to statement such as *"I am often carefree and in good spirits, I enjoy my life, I manage well to fulfil my needs, I am in good physical and emotional condition"* on a 4-point Likert scale ranging from 0 (do not agree) to 3 (agree). Item scores are combined into a sum score with higher scores indicating higher positive mental health. The cronbach alpha for the scale calculated for this study is 0.894.

The Spiritual Experience Index-Revised

A 23-item scale developed by Genia (1997) with six point Likert-type scale, responses ranging from 6 (strongly agree) to 1 (strongly disagree) that measures faith and spiritual journey, divided into two subscales:

Subscale I: Spiritual Support (SS) subscale composed of 13 items and characterizes faith as a source of strength and support and,

Subscale II: Spiritual Openness (SO) subscale composed of 10 items measures greater life satisfaction and religious well-being.

Using these subscale scores, Genia (1997) also proposed four typologies of spirituality. The typologies outlined included: **(a) underdeveloped, (b) dogmatic, (c) transitional, and (d) growth-oriented.** "*Underdeveloped*" refers to the lack a spiritual foundation or commitment to a spiritual practice or spiritual identity and represented by scores below the mean on the SS and SO. "*Dogmatic"* establish a belief in a faith and identify with its teachings and values and represented by scores above the mean on SS and below the mean on SO.. Individuals in "*transitional"* stage are represented by scores below the mean on the SS and above the mean on the SO, become more inquisitive about different faiths and begin to question their previously held beliefs. While, "*growth-oriented"* commit to one spiritual teaching after seeking out different ideologies and are open to spiritual diversity and represented by scores above the mean on the SS and SO (Genia, 1997). Contradictory, Reinert and Bloomingdale (2000) found evidence to support Genia's (1997) typologies but determined that Genia underestimated the population mean. The means were recalculated by Reinert and Bloomingdale (2000) by using published results from Genia (1997), Reinert and Smith (1997) which led to a cut score mean of 62 for SS and 44 for SO.

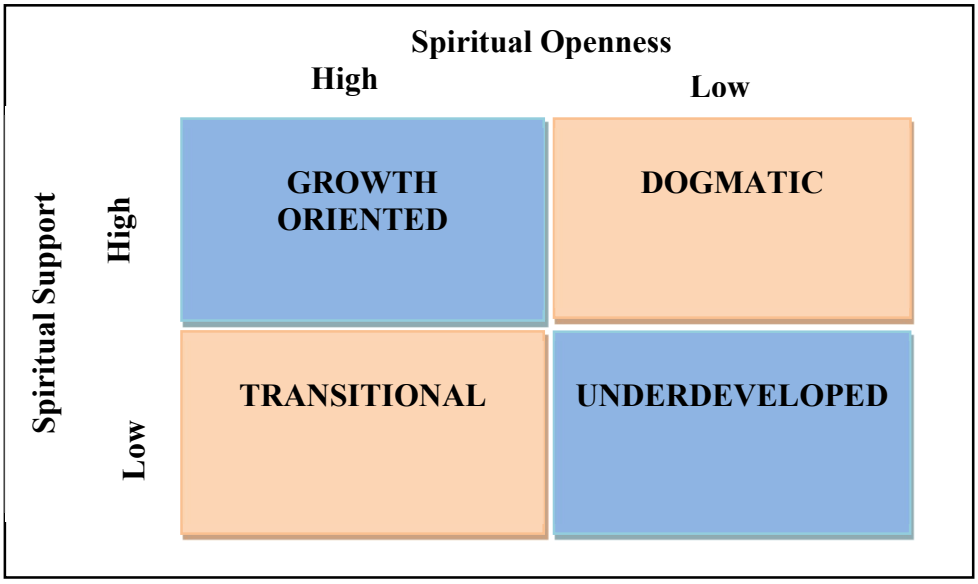

Fig.2. Genia's four typologies of spirituality

Statistical Analysis

The data was analysed using parametric and non-parametric statistics like, Frequency, Percentage, t-test, ANOVA and Correlation using SPSS 20 software.

RESULTS AND DISCUSSION

Table no.1 Socio-demographic data of elderly with a total mean score of Mental Health and its association with different independent variables

Socio-demographic variables	f (%) (n=200)	Mean ± S.D.	t/F	p-value
Age				
60-65yrs	109 (54.5)	21.45±4.89	11.182	0.000*
65-70 Yrs	39 (19.5)	20.00±3.81		
70-75 Yrs	39 (19.5)	17.66±4.65		
Above 75 Yrs	13 (6.5)	15.30±4.97		
Religion				
Hindu	184 (92)	19.53±4.90	12.709	0.000*
Muslim	12 (6)	26.00±1.59		
Sikh	4 (2)	25.00±0.00		
Marital Status				
Married	161 (80.5)	20.33±4.89	4.962	0.002*
Unmarried	2 (1)	21.50±3.53		
Divorcee	2 (1)	7.50±0.70		
Widow	35 (17.5)	19.28±4.82		
Type Of Family				
Joint	116 (58)	21.85±3.85	40.508	0.000*
Nuclear	51 (25.5)	19.56±4.79		
Extended	33 (16.5)	14.36±4.60		
Socio-economic Status				
Upper class	24 (12)	20.00±5.64	9.958	0.000*
Upper Middle	105 (52.5)	21.59±3.65		
Middle	16 (8)	14.38±3.68		
Lower middle	39 (19.5)	17.97±5.43		
Lower class	16 (8)	19.87±6.59		
Living Arrangement				
Own Home	189 (94.5)	20.05±5.12	0.444	0.083
Rent	8 (4)	18.87±1.95		
Others	3 (1.5)	22.00±0.00		
No. of children				
Childless	4 (2.0)	19.25±3.40	2.798	0.009*
1-3	90 (45.0)	19.58±4.16		
4-6	70 (35.0)	19.54±5.89		
More than 6	36 (18.0)	22.19±4.83		

*NOTE: **p value*** of <0.05 considered as statistically significant*

Socio-demographic profile of the respondents presented in table no. 1 reveals that majority (54.5%) of the elderly belonged to 60-65 years of age group. Rural and urban participants constituted equal in the study. Majority (92%) of the

respondents followed Hindu religion and they were mostly married (80.5%). Around half of the study population (58%) belonged to joint family and 94.5 percent of them were living in their own home while, 1.5 percent elderlies were living with their daughter's in-laws or at relatives place. Around half (52.5%) of the respondents belonged to Upper Middle class group followed by 19.5% from lower middle. Major proportion (45%) of the respondents had 1-3 children followed by 35 percent elderly who had 4-6 children, 18 percent had more than 6 children while only 2 percent of the respondents were childless.

A significant difference in mental health of elderly was found between gender, religion, marital status, type of family, socio-economic status and number of children of the participants ($p<0.05$) in table 1. No significant difference was found between living arrangements of the respondents.

Table no.2 Gender-wise distribution of Elderly as per their Mental Heath

Mental Health Status	Male f (%)	Female f (%)	Total f (%)
Poor	7 (3.5)	6 (3)	13 (6.5)
Below average	17 (8.5)	28 (14)	45 (22.5)
Average	37 (18.5)	46 (23)	83 (41.5)
Above average	39 (19.5)	20 (10)	59 (29.5)

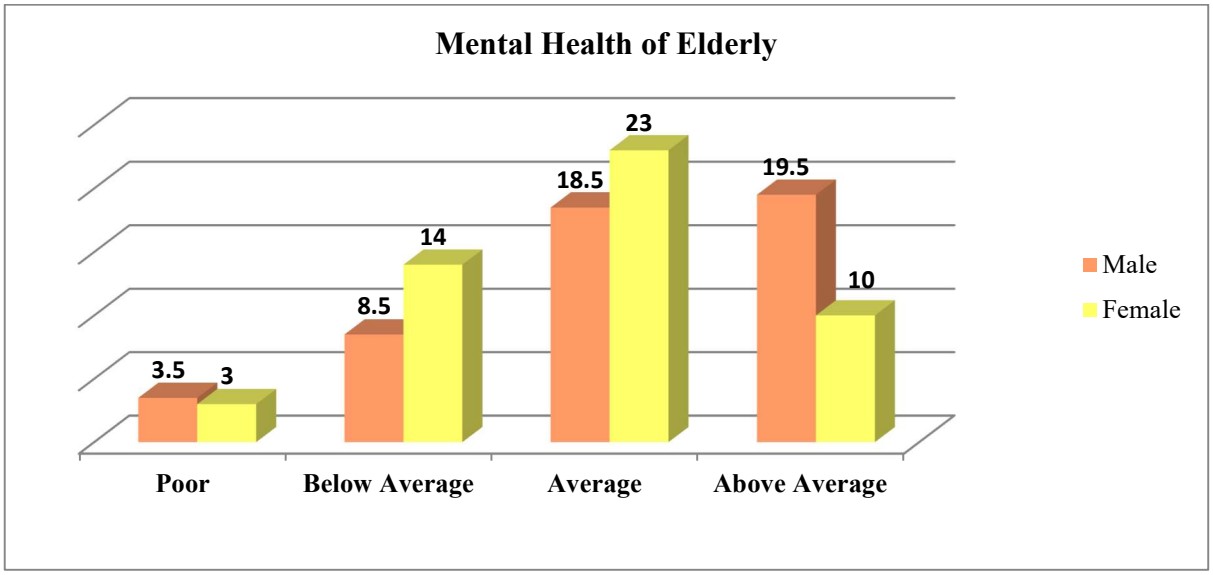

Fig.3. Mental Health scores of elderly across gender

From table 2, data revealed that major proportion (41.5%) of the elderly have average mental health followed by 29.5 percent had above average, 22.5 percent had below average. Poor mental health is the least common (6.5%) among elderly respondents. On the basis of gender, data showed that major proportion of males (19.5%) had above average while female elderly (23%) had average level of mental health.

The results are in line with the study done by Panda et al. (2023) where he reported that there is a higher incidence of depression among females (5.1%) than among males (3.6%). Depression is a critical and persistent public health problem among—older females in India (Paul et al., 2023). Results by Kumar et al. (2023) found that higher proportion of female elderly reported depression than male elderly. On comparing the mean scores of male and female respondents significant differences were observed in life satisfaction, mental health, interpersonal relations and overall psychological well-being and concluded from the results that male senior citizens had better psychological well-being as compared to their female

counterparts (Beniwal and Singh, 2020).

Table no.3 Gender-wise distribution of Elderly as per their Spirituality scores

Spirituality Scores	Male f (%)	Female f (%)	Total f (%)
GROWTH ORIENTED	14 (7)	35 (17.5)	49 (24.5)
DOGMATIC	45 (22.5)	34 (17)	79 (39.5)
TRANSITIONAL	10 (5)	4 (2)	14 (7)
UNDER DEVELOPED	31 (15.5)	27 (13.5)	58 (29)

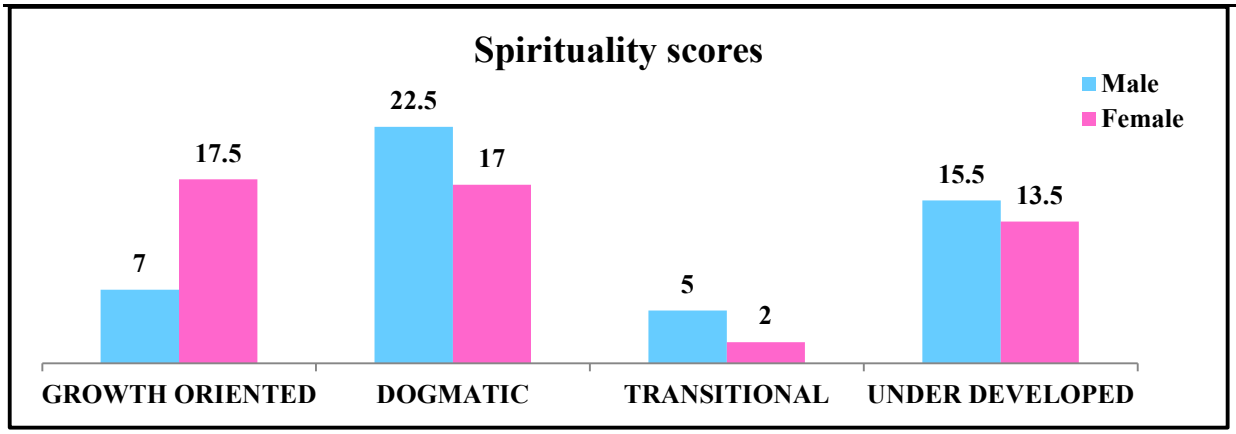

Fig.4. Spirituality scores of elderly across gender

Data in table 3 depicts the spirituality of elderly according to gender which reveals that major proportion (39.5%) of the elderly were dogmatic followed by underdeveloped (29%), growth-oriented and transitional. Data further reveals that major proportion of the male (22.5%) elderly was dogmatic whereas major proportions of female (17.5%) were growth-oriented or dogmatic women. Study done by **Kaur et al. (2020)** found that majority of the elderly were highly spiritual while none of them were non-spiritual. **Hafeez et al. (2023)** revealed 98.9% elderly had belief in God. This belief was more prevelant among females (58.6%) compared to males (40.34%). A proportion of 87.46% of older adults reported daily spiritual experiences in the study. Women had higher odds of spiritual experiences than men as reported by **Muhammad et al., 2023. Gaur et al. (2015)** found that only 11.31% were having good spiritual health otherwise majority (68.89%) were in poor status of spiritual health. Higher the levels of spirituality (spiritual openness) lower the level of fear of death **(Radhakrishnan, 2019). Varun & Dutt (2024)** found that more than half (33%) of the elderly show extreme high level of spiritual belief.

Variables	Mean±S.D.		t	p
	Male	Female		
Spiritual Support	65.33±7.56	64.31±8.39	0.903	.368
Spiritual Openness	39.99±4.88	41.31±6.15	-1.68	.095
Spiritual Experience Index (SEI) total score	105.32±9.85	105.62±12.63	-0.187	.852
PMH scores	20.65±5.33	19.42±4.60	1.745	.083

Table no.4 Gender differences in Spirituality and Mental Health scores of elderly

Note: *Spiritual support and spiritual openness scores were derived from the spiritual support subscales and spiritual openness subscales on the SEI-R.*

Gender differences in spirituality and mental health of the elderly people as depicted in table 4. The results are not statistically significant for any of the variables examined. For Spiritual Support, the mean score for males was 65.33 ± 7.56, while for females it was 64.31 ± 8.39 (t=0.903, p=0.368). Similarly, the differences in Spiritual Openness (t=-1.68, p=0.095), Spiritual experience total score (t=-0.187, p=0.852), and mental health scores (t=1.745, p=0.083) were all found to be non-significant. These findings suggest that the male and female participants in this study exhibited comparable levels of spiritual experience and mental health scores, indicating a lack of significance gender-based disparities in the examined variables. A study by **Gupta & Chadha** (2013) found that middle aged females experienced more spiritual experiences as compared to males.

Table no.5 Age differences in Spirituality and Mental Health scores of elderly

Variables	Mean±S.D.				F	p
	60-65 years	65-70 years	70-75 years	Above 75 years		
Spiritual Support	65.97±8.94	65.05±6.48	61.74±6.99	63.69±2.35	2.860	**.038***
Spiritual Openness	39.59±5.94	43.72±5.88	39.92±2.96	42.54±3.90	6.449	**.000****
Spiritual Experience Index (SEI) total score	105.56±13.12	108.77±9.15	101.67±7.68	106.23±5.77	2.665	**.049***
PMH scores	21.46±4.90	20.00±3.81	17.67±4.66	15.31±4.97	11.182	**.000****

NOTE: *** Significant at 0.01 level, *Significant at 0.05 level, Spiritual support and spiritual openness scores were derived from the spiritual support subscales and spiritual openness subscales on the SEI-R.*

The differences in spirituality and mental health across various age groups of older adults are displayed in table no. 5. The results show statistically significant relationship in Spiritual Support (F=2.860, p=0.038*), Spiritual Openness (F=6.449, p<0.001**), SEI total score (F=2.665, p=0.049*), and PMH scores (F=11.182, p<0.001**) across the age groups of 60-65 years, 65-70 years, 70-75 years, and above 75 years. Notably, the 60-65 years age group exhibited the highest mean scores for Spiritual Support and Mental Health scores, while the 65-70 years group had the highest Spiritual Openness and total scores for spiritual experience. These findings suggest that spirituality and mental health vary considerably among older adults of different age ranges, highlighting the importance of considering age-related factors when examining the mental health and spirituality of the elderly population. **Gupta & Chadha** (2013) reported that spirituality increased consistently with increasing age.

Table no.6 Assessing the relationship between Spirituality and Mental Health of elderly

Variables	Spiritual Support	Spiritual Openness	SEI-R total score	PMH scores
Spiritual Support	1			
Spiritual Openness	.368**	1		
Spiritual Experience Index	.888**	.754**	1	

(SEI-R) total score				
PMH scores	.330**	-.032	.217**	1

Note: ***p<.01 (2-tailed).n=200. Spiritual support and spiritual openness scores were derived from the spiritual support subscales and spiritual openness subscales on the SEI-R. The Spiritual Experience Index-Revised (SEI-R) total score was derived by adding the total scores on the spiritual support subscale to the total score on the spiritual openness subscale. The Positive Mental Health (PMH) scores were derived from the Positive Mental Health Scale.*

A Pearson correlation was computed to determine the relationship between the spiritual support subscale, the spiritual openness subscale, the total score for the SEI-R, and the PMH scores. As shown in table 6, results from the Pearson correlation analysis identified that spiritual support shows a weak positive correlation with both spiritual openness ($r = .368$, $p < .01$) and total PMH scores ($r = .330$, $p < .01$), and showing very strong positive correlation with SEI-R total scores ($r=.888$, $p<.01$). Additionally, spiritual openness is strongly correlated with SEI-R total scores ($r=.754$, $p<.01$) and indentifying weak negative correlation with mental health scores ($r= -.032$), implying that a more open spiritual openness is associated with greater spirituality. Lastly, the SEI-R total score exhibits a weak positive correlation with mental health scores ($r=.217$, $p<.01$), underscoring the tight connection between an individual's overall spirituality and their mental health status. These findings highlight the multifaceted and interrelated nature of spirituality and mental health. The spiritual support subscale is more strongly related to an intrinsic faith, spiritual well-being, and religious fundamentalism whereas the spiritual openness subscale is more strongly related to an open and inclusive faith and less correlated with religious fundamentalism. **Coelho-Júnior et al. (2022)** reported that people with high religiosity/spirituality levels had a lower prevalence of anxiety and depressive symptoms, as well as reported greater life satisfaction and psychological well-being, better social relations, and more definite meaning in life. Results in the study done by **Varun & Dutt (2024)** shows that higher level of spirituality are associated with better health among elderly who participated in spiritual practices. Results releaved by **Hajihasani & Naderi (2021)** that spiritual health can predict negatively the death anxiety in the 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 **(Tiwari et al., 2016). Mahwati (2017)** also reported that spirituality has a significant relationship with rates of depression. The government needs to develop a program that strengthens spirituality to improve mental health in the elderly. Spirituality may play a crucial role in guiding older adults' lives and can help them clarify the meaning of their lives and cope with negative circumstances. Supporting older adults spiritually could also assist them to have positive emotions and help them to cope with stress **(Oz et al., 2021).** Participation in spiritual exercises such as prayer, chanting, self-reflection, and text reading help older adults develop personal resources such as a sense of peace, patience, acceptance, and forgiveness. These experiences strengthen older persons' emotional bonds with their families and help them develop larger social networks and better mental health **(Jothikaran et al., 2023).** Contrary, **Papathanasiou et al. (2020)** found a negative correlation between spirituality and mental health in their study.

CONCLUSION

The present study explored the relationship between spirituality and mental health of elderly participants. The findings revealed that the majority of the participants exhibited either dogmatic or growth-oriented spirituality, highlighting the significance of spiritual beliefs and practices in the lives of older adults. Higher spirituality correlated with better mental health scores. Spirituality and mental health varied significantly across different age groups of the elderly. No substantial gender differences were found in spirituality or mental health. The study highlights the potential role of spirituality as a coping mechanism and source of strength for older adults, particularly in the face of challenges associated with aging.

Overall, the research provides valuable insights into the spiritual and mental health dynamics of the elderly population, emphasizing the need for a holistic approach that acknowledges and integrates these dimensions in promoting positive aging and well-being. Future research could further explore the nuances of spiritual beliefs, practices, and their implications for mental health interventions and support services tailored to the diverse needs of the aging population.

REFERENCES

1. Behere, P. B., Das, A., Yadav, R., & Behere, A. P. (2013).Religion and mental health. *Indian Journal of psychiatry*, *55*(Suppl 2), S187–S194. https://doi.org/10.4103/0019-5545.105526 (Retraction published Indian J Psychiatry. 2019 Jan;61(Suppl 3):S632)
2. Beniwal, P., 1, & Singh, C., 2. (2020). A Comparative Study on Psychological Well-Being of Senior Citizens across Gender. In Society of Education, India, *Int. Arch. App. Sci. Technol* (pp. 43–48) [Journal-article]. Society of Education, India. https://doi.org/10.15515/iaast.0976-4828.11.4.4348
3. Benson, P. L., Donahue, M. J., & Erickson, J. A. (1993). The Faith Maturity Scale: Conceptualization, measurement, and empirical validation. *Research in the Social Scientific Study of Religion*, 5, 1-26.
4. Coelho-Júnior, H. J., Calvani, R., Panza, F., Allegri, R. F., Picca, A., Marzetti, E., & Alves, V. P. (2022). Religiosity/Spirituality and Mental Health in Older Adults: A Systematic Review and Meta-Analysis of Observational Studies. *Frontiers in Medicine*, *9*. https://doi.org/10.3389/fmed.2022.877213
5. Corbett, J. M. (1990). Religion in America. Englewood Cliffs, NJ: Prentice-Hall.
6. Fowler, J. W. (1981). Stages of faith: The psychology of human development and the quest for meaning. San Francisco, CA: Harper & Row.
7. Frankl, V. E. (1963). Man's search for meaning. New York, NY: Washington Square.
8. Gaur, K. L., Zafer, A., Bilonia, S., & Jyotika. (2015). Spiritual Health Assessment of Geriatric Population of Jaipur City (Rajasthan) India. *International Multispecialty Journal of Health,* 1(3), 25-28.
9. Genia, V. (1991). The spiritual experience index: A measure of spiritual maturity. *Journal of Religion & Health,* 30, 337-347.
10. Genia, V. (1997). The Spiritual Experience Index: Revision and reformulation. Review of Religious Research, 344-361
11. Gupta, V., & Chadha, N. (2013). Spirituality: Investigating the effects of age and gender. *Indian Journal of Positive Psychology*, *4*(4), 478–485. https://doi.org/10.15614/ijpp/2013/v4i4/49958
12. Hafeez, N., Sanjay, T. V., Puthussery, Y. P., Madhusudan, M., Kariyappa, P. M., Kulkarni, S., & Raj, L. (2023). Spiritual practices among elderly, prevalence, pattern and associated factors: a community-based study from rural Bengaluru, India. *Journal of the College of Community Physicians*, *29*(4), 235–242. https://doi.org/10.4038/jccpsl.v29i4.8610
13. Hajihasani, M., & Naderi, N. (2021). Death anxiety in the elderly: The role of spiritual health and perceived social support. Aging Psychology, 6(4), 309–319.
14. Hodge, D. R. (2000). Spirituality: Towards a theoretical framework. Social Thought, 19, 1-20.
15. Jothikaran, T. a. J., Meershoek, A., Ashok, L., & Krumeich, A. (2023). Role of spiritual experiences in shaping the quality of intergenerational relationships - exploring views of older adults in South India. *Journal of Religion, Spirituality & Aging*, 1–18. https://doi.org/10.1080/15528030.2023.2259824
16. Kaur, A., Mathew B., Sathyan S.K.. K.A. & Kaur, J. (2020). A study to assess the level of spirituality among elderly male and female in Bhucho Mandi, Bhatinda, Punjab. *Journal of Emerging Technologies and Innovative Research*, 7(3), 1278-1297.
17. Kelly, E. W. (1995). Spirituality and religion in counseling and psychotherapy: Diversity in theory and practice. Alexandria, VA: American Counseling Association.
18. Koenig H. G. (2009). Research on religion, spirituality, and mental health: a review. *Canadian Journal of psychiatry. Revue canadienne de psychiatrie*, *54*(5), 283–291.https://doi.org/10.1177/070674370905400502
19. Kumar, S., Srivastava, S., Patel, R., Kumar, M., & Simon, D. (2023). Urban-rural and gender differential in depressive symptoms among elderly in India. *Dialogues in Health*, *2*, 100114.

https://doi.org/10.1016/j.dialog.2023.100114
20. Kumari, S., & Sharma, A. (2018). Spirituality: a tool for learning, change and adaptation of elderly in changing Indian family. *International Journal of Learning and Change*, *10*(1), 33. https://doi.org/10.1504/ijlc.2018.089539
21. Lukat, J., Margraf, J., Lutz, R., Van Der Veld, W., & Becker, E. S. (2016). Psychometric properties of the Positive Mental Health Scale (PMH-scale). *BMC Psychology*, *4*(1). https://doi.org/10.1186/s40359-016-0111-x
22. Mahwati, Y. (2017). The Relationship between Spirituality and Depression Among the Elderly in Indonesia. *Makara Journal of Health Research*, *21*(1). https://doi.org/10.7454/msk.v21i1.6206
23. Malone, J., & Dadswell, A. (2018).The Role of Religion, Spirituality and/or Belief in Positive Ageing for Older Adults.*Geriatrics (Basel, Switzerland),* 3(2), 28.https://doi.org/10.3390/geriatrics3020028
24. Morgan, O. (2007). Counseling's fifth force. In O. Morgan (Ed.), Counseling and spirituality views from the profession (1-24). Boston, MA: Lahaska Press.
25. Muhammad, T., Pai, M., Afsal, K., Saravanakumar, P., & Irshad, C. V. (2023). The association between loneliness and life satisfaction: examining spirituality, religiosity, and religious participation as moderators. *BMC Geriatrics*, *23*(1). https://doi.org/10.1186/s12877-023-04017-7
26. Oz, Y. C., Duran, S., & Dogan, K. (2021). The Meaning and Role of Spirituality for Older Adults: A Qualitative study. *Journal of Religion and Health*, *61*(2), 1490–1504. https://doi.org/10.1007/s10943-021-01258-x
27. Panda, P., Dash, P., Behera, M., & Mishra, T. (2023). Prevalence of depression among elderly women in India-An intersectional analysis of the Longitudinal Ageing Study in India (LASI), 2017-2018. *Research square*, rs.3.rs-2664462. https://doi.org/10.21203/rs.3.rs-2664462/v1
28. Papathanasiou, I., Papathanasiou, C., Malli, F., Tsaras, K., Papagiannis, D., Kontopoulou, L., Tsalogliodou, L., Tzavella, F., & Fradelos, E. (2020). The effect of spirituality on mental health among hypertensive elderly people: a cross-sectional community-based study. *Materia Socio-medica/Materia Socio Medica*, *32*(3), 218. https://doi.org/10.5455/msm.2020.32.218-223
29. Paul, R., Muhammad, T., Rashmi, R., Sharma, P., Srivastava, S., & Zanwar, P. P. (2023). Depression by gender and associated factors among older adults in India: implications for age-friendly policies. *Scientific reports*, *13*(1), 17651. https://doi.org/10.1038/s41598-023-44762-8
30. Peteet, J. R., Zaben, F. A., & Koenig, H. G. (2018).Integrating spirituality into the care of older adults. *International Psychogeriatrics*, 31(1), 31–38. https://doi.org/10.1017/s1041610218000716
31. Polagani Varun, Rekha Dutt, Kalakonda Meghana, Shanti Ulavarthi, & Grahita Janapareddy. (2024). Impact of spirituality on mental health and wellbeing among geriatric population. *International Journal of Dental and Medical Sciences Research*, 6(1), 383-387. https://doi.org/10.35629/5252-0601383387
32. Puchalski, C. M., Vitillo, R., Hull, S. K., &Reller, N. (2014). Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus. *Journal of Palliative Medicine*, 17(6), 642–656. https://doi.org/10.1089/jpm.2014.9427
33. Radhakrishnan, R. (2019). Spirituality and Attitude Towards Death Among Senior Citizens With Special Reference to Bengaluru, India. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.3563449
34. Rastogi P. & Sharmila K. (2023). Spirituality as a mediating factor of mental health of elderly: A review. *Indian Journal of Gerontology*, 37(3), 406-420.
35. Reed, P.G. (1992) 'An emerging paradigm for the investigation of spirituality in nursing', *Research in Nursing and Health*, Vol. 15, pp.349–347.
36. Reinert, D. F., & Bloomingdale, J. R. (2000). Spiritual experience, religious orientation and self-reported behavior. *International Journal for the Psychology of Religion*, 10, 173- 180. doi:10.1207/S15327582IJPR1003_03

37. Reinert, D. F., & Smith, C. E. (1997). Childhood sexual abuse and female spiritual development. Counseling and Values, 41, 235-245. doi: 10.1002/j.2161- 007X.1997.tb00405.x
38. Saleem, R., & Khan, K. S. A. (2015). Impact of Spirituality on Well-Being among Old Age People. *International Journal of Indian Psychology*, *2*(3). https://doi.org/10.25215/0203.039
39. Salsman, J. M., & Carlson, C. R. (2005). Religious orientation, mature faith, and psychological distress: Elements of positive and negative associations. *Journal for the Scientific Study of Religion*, 44, 201-209.
40. Salsman, J. M., & Carlson, C. R. (2005). Religious orientation, mature faith, and psychological distress: Elements of positive and negative associations. *Journal for the Scientific Study of Religion,* 44, 201-209.
41. Sen, K. (1994) Ageing Debates on Demographic Transition and Social Policy, *Zed BooksLtd*., London
42. Swinton, J. (2001, February 15). *Spirituality in Mental Health Care: Rediscovering a "Forgotten Dimension*. The University of Aberdeen Research Portal. https://abdn.pure.elsevier.com/en/publications/spirituality-in-mental-health-care-rediscovering-a-forgotten-dime
43. Tiwari, S., Singh, R., & Chand, H. (2016). Spirituality and Psychological Wellbeing of Elderly of Uttarakhand: A Comparative Study across residential status. *Journal of Psychology*, *7*(2), 112–118. https://doi.org/10.1080/09764224.2016.11907851
44. Varun, P., Dutt, R., Meghana, K., Ulavarthi, S., & Janapareddy, G. (2024). Impact of Spirituality on Mental Health and Wellbeing Among Geriatric Population. *International Journal Dental and Medical Sciences Research*, 6(1), 383-387. https://doi.org/10.35629/5252-0601383387
45. Wulff, D.M. (1996) 'The psychology of religion: an overview', in Shapraspe, E.P. (Ed.): *Religion and Clinical Practice of Psychology*, American Psychological Association, Washington DC, pp.43–70.