



Original Article

Meaning of Life and Psychological Well-Being during Adult, Older Adult and Oldest Old

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ABSTRACT

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Introduction: Adulthood is associated with many challenges which requires adaptability. Differences between adults and the older adults are important to adapt with these challenges and facilitators of adaptation. The present study aimed to determine the difference between the meaning of life and psychological well-being through different age groups of adults, older adults and oldest olds.

Methods: The present study is a causal-comparative study. Samples were 60 adults, 60 older adult and 60 oldest old men and women selected in Tehran through cluster sampling method and responded to Meaning of Life Questionnaire and Well-being Psychological Scale. The data were analyzed by multivariate variance analysis.

Results: In psychological well-being, the mean scores of the adults group were higher than the other two group and the higher age means resulted in decreasing in psychological well-being. No significant difference was observed in the component of purpose in life and variable of meaning of life among the male age groups. The mean scores of the adult women groups were higher than the two other groups based on psychological well-being and meaning of life. Among the women, higher age led to a decrease in the average psychological well-being. Based on the findings, higher age leads to a decrease in psychological well-being and the meaning of life.

Conclusion: The findings indicated that psychological well-being varies among male and female age-groups. Therefore, further studies are needed to identify the resources which can help to adjust to going to ages and should be considered in mental health services to prevent the decline of psychological well-being and meaning of life. In addition, the promotion of psychological well-being and the meaning of life should be considered in parallel with the life time.

Keywords: Meaning of Life, Psychological Well-Being, Adult, Aged, oldest old

Introduction

Like cognitive abilities, experience and emotional complexity, differences in the adaptation between adults, older adults and oldest olds is more relevant to differences in age groups (1). Finding meaning of life and psychological well-being are considered as the most important factors in mental health and happiness.

The meaning of life is associated with psychological well-being and mental health. In recent years, the meaning

of life has evolved and has been considered as an indicator of well-being. Existential meaning and spirituality represent a strong indicator in determining the compatibility with life time (2).

Life satisfaction (the past life), and consequently the meaning of crisis are not only one of the challenges during adult and older adult periods, but also meaning and reasoning is a therapeutic factor for contributing to the

adaptation to difficult situations. So, there is the question that do individuals have a significant amount of meaning and reason for their lives? Are there any significant differences among adults, older adults and oldest olds? The main question is that does going to ages are related with change in the meaning of life and psychological well-being?

The life span psychology has emphasized that growth is exposed to both gaining and losing, which implies the view that the dynamics of the gain and loss in life are related with adaptive processes, the preservation of the transmission and friction of psychological structures and functions (3). In the study of educated Americans whose age ranges from 30 to 70 years old, it became clear that three traits from the early to mid-adult age increased and then stabilized. They were self-sufficient and more self-evident and evaluated as the dominator to the environment (4). Lang (5) studied the evolution of social relationships network during older adult period. Charles and Carstensen (6) compared the issue of social preferences in the approach to the future among the younger and the older people. According to Lang et al. (7), the regulation of social relationships plays an effective role in adult psychological well-being. Reker and Wong (8) presented the importance of studying the meaning for research in older adult period. Trumpty (2) tried to expand the understanding of how we are understood as a human being in our period of end life and our lives are evaluated. He focused on the meaning of life, the relationship between meaning of life and quality of life, and the difference between the quality of life of the older adults and the students. Baltes and Baltes (3) studied the sensory-motor abilities associated with social resources longitudinally. In addition, general health and social support among older adults were investigated in their study. Esgalhado et al. (9) found that 75.3% of people who understood high social support had a higher level of psychological well-being and higher health.

Based on some studies, psychological well-being is related to the components of the socio-economic base, gender, marital status, support, and social relationships (10).

The description of the differences from the age group is a membership in a group based on the year of birth, and its members are socially capable of certain abilities, beliefs, attitudes and special dimensions of the personality which are stable with age and cause differentiation within a group from a group of births before and after. Some studies indicated that younger age groups or those born later can be better in reasoning. However, older age groups (now older) are superior in terms of sensory ability and verbal varieties. In addition, some studies emphasized life satisfaction, personality traits and the like in different age groups (1). Such differences between different age groups are real not evolving. Due to rapid social change and technology, the effects of age differences overcome the benefits of growth (11). Therefore, this factor plays a significant role in adaptation, meaningfulness and psychological well-being.

It is generally accepted that as a person ages, the experiences acquired over the life time, socio-economic resources, relationships and support systems may profoundly impact longevity and well-being (5). So this question arises that are there differences between adult age groups in terms of psychological well-being and meaning of life?

Science Alahmed et al. (12), indicated further research is needed to put light on the difference in perception for the causation of mental illness between genders. So this question arises that are there gender differences between adult age groups in terms of psychological well-being and meaning of life?

Therefore, the study of the difference between older age groups seems important in psychological working among these individuals. The main question is whether the psychological well-being of these age groups has changed in the face of the challenges or the necessary adaptation has taken place accordingly. In other words, the present study aims to see whether is there a significant difference between these age groups in terms of psychological well-being and meaning of life?

Method

Setting and sampling

The present study is a causal-comparative study. The statistical population consisted of all adults between the ages of 45 to 60 years; older adults aged 60 to 75 years, and the oldest olds between 75 to 90 years of age. Sample size was determined based on research method and the number of variables. Individuals who were diagnosed with a psychiatric disorder or who were unable to answer the questionnaire in terms of perception and memory were excluded. The sample size included 180 men and women adults, older adults and oldest olds who were selected through cluster sampling from the available population.

Instruments

Instruments used in this research were Psychological Well-being Scale (13) and Meaning of Life Scale (14). In order to standardize the well-being scale in Iran, the coefficient of test-retest reliability for Ryff's Psychological Well-being Scale was obtained to be 82%. The reliability coefficients of its subscales of acceptance, the positive relationship with others, self-determination, objective life, personal growth, and environmental domination were 71%, 77%, 78%, 70%, 77%, and 78%, respectively (13). The validity of this scale for life assessment was 86% for the sub-scale of the existence of meaning and 87% for the subscale of finding meaning of life (14). The reliability of sub-scales of existence of meaning and finding meaning of life were 70% and 73%, respectively (15). Test-retest reliability of this scale in Iran was obtained to be 84% and 74% for subscales of existence of meaning and finding meaning of life, respectively, by Eshtehad with a two weeks interval. Cronbach's alpha for finding meaning of life sub-scale was 75% and for the sub-scale of having meaning was 78% (15). The scale seems to have a good internal consistency.

Ethics Considerations

Participants were assured that their responses would be confidential. They expressed their satisfaction with participating in the research.

'Ethical approval for this study was waived by Research ethics committee of Shahid Beheshti University, Reference number: 1245'. 'We have obtained consent from all subjects before the study. Institutional Review Board/Ethics Committee did not requirement to obtain written consent'.

Data analysis

One-way multivariate analysis of variance analysis was used for data analysis while observing the assumptions.

Results

Table 1 shows the mean and standard deviations of variables in different age groups.

As displayed in table 2, the amount of F in autonomy, environment mastery, personal growth positive relationship

with others self-acceptance and the total score of psychological well-being are significant at 0.05 level. Therefore, the psychological well-being during adult, older adult and oldest old period is different among the male group. Further, the results of Scheffe Test indicate that the mean scores of the adult group were higher than the other two groups in the psychological well-being variable and the higher age leads to a decrease in well-being.

According to table 3, no significant difference was observed in purpose in life and meaning of life among different age groups.

Table 1. Descriptive statistics for research variables by gender

Variable	Age group	Female (N=90)		Male (N=90)	
		M	SD	M	SD
Autonomy	Adults	11.839	.464	12.206	.434
	Older adults	10.323	.464	10.667	.462
	Oldest olds	9.571	.488	10.308	.497
Environment mastery	Adults	11.032	.382	12.412	.433
	Older adults	9.677	.382	10.967	.461
	Oldest olds	8.571	.401	9.731	.495
Personal growth	Adults	11.290	.367	12.500	.362
	Older adults	9.516	.367	11.100	.385
	Oldest olds	9.607	.386	9.346	.414
Positive relations with others	Adults	11.387	.415	12.765	.373
	Older adults	10.645	.415	10.967	.398
	Oldest olds	9.357	.437	9.308	.427
Purpose in life	Adults	10.935	.477	12.382	.399
	Older adults	9.935	.477	10.967	.425
	Oldest olds	10.036	.502	9.462	.457
Self-acceptance	Adults	11.774	.366	12.059	.496
	Older adults	10.774	.366	11.400	.528
	Oldest olds	9.964	.385	9.769	.567
Total score of psychological well-being	Adults	68.258	1.973	74.324	1.978
	Older adults	60.871	1.973	66.067	2.105
	Oldest olds	57.107	2.076	57.923	2.262
Meaning of life	Adults	212.968	4.704	231.059	4.386
	Older adults	204.516	4.704	210.133	4.669
	Oldest olds	218.643	4.949	217.538	5.015

Table 2. MANOVA results for the comparison of the variables based on the male age groups

Source of variation		Sum of squares	df	Mean square	F	p-value.
Group effect	Autonomy	79.564	2	39.782	5.969	.004
	Environment mastery	89.801	2	44.900	9.950	.000
	Personal growth	61.015	2	30.507	7.316	.001
	Positive relationship with others	61.620	2	30.810	5.766	.004
	Purpose in life	18.583	2	9.291	1.315	.274
	Self-acceptance	48.597	2	24.299	5.843	.004
	Total score of psychological well-being	1918.524	2	959.262	7.950	.001
Error	Meaning of life	2998.017	2	1499.009	2.185	.119
	Autonomy	579.825	87	6.665		
	Environment mastery	392.599	87	4.513		
	Personal growth	362.808	87	4.170		
	Positive relationship with others	464.880	87	5.343		
	Purpose in life	614.706	87	7.066		
	Self-acceptance	361.803	87	4.159		
	Total score of psychological well-being	10498.098	87	120.668		
	Meaning of life	59673.138	87	685.898		

Table 3. Results of Scheffe test in comparison of psychological well-being in the triple age group in the form of a matrix

Variable	Group	Mean difference of comparison group		
		Adults	Older adults	Oldest olds
Autonomy	Adults	1		2.2673*
	Older adults		1	
	Oldest olds			1
Environment mastery	Adults	1	1.3548*	2.4608*
	Older adults		1	
	Oldest olds			1
Personal growth	Adults	1	1.7742*	1.6832*
	Older adults		1	
	Oldest olds			1
Positive relationship with others	Adults	1		2.0300*
	Older adults		1	
	Oldest olds			1
Self-acceptance	Adults	1		1.8099*
	Older adults		1	
	Oldest olds			1
Total score of psychological well-being	Adults	1	7.3871*	11.1509*
	Older adults		1	
	Oldest olds			1

* P< 0.05

Table 4. Results of MANOVA for comparing the variables- based on the women age groups

Source of variation		Sum of squares	df	Mean square mean	F	p-value.
Effect of group	Autonomy	63.358	2	31.679	4.941	.009
	Environment mastery	107.505	2	53.752	8.436	.000
	Personal growth	146.571	2	73.285	16.471	.000
	Positive relationship with others	177.877	2	88.939	18.752	.000
	Purpose in life	126.142	2	63.071	11.639	.000
	Self-acceptance	79.458	2	39.729	4.750	.011
	Psychological well-being	3989.346	2	1994.673	15.000	.000
	Meaning of life	7233.345	2	3616.672	5.530	.005
Error	Autonomy	557.764	8	6.411		
			7			
	Environment mastery	554.317	8	6.371		
			7			
	Personal growth	387.085	8	4.449		
			7			
	Positive relationship with others	412.623	8	4.743		
			7			
	Purpose in life	471.458	8	5.419		
			7			
	Self-acceptance	727.698	8	8.364		
			7			
	Total score of psychological well-being	11569.154	8	132.979		
			7			
	Meaning of life	56893.811	8	653.952		
			7			

Table (5). Difference of the groups

Variables	Group	Mean difference of the comparison group		
		Adults	Older adults	Oldest olds
Autonomy	Adults	1		1.8982*
	Older adults		1	
	Oldest olds			1
Environment mastery	Adults	1		2.6810*
	Older adults		1	
	Oldest olds			1
Personal growth	Adults	1	1.4000*	3.1538*
	Older adults		1	
	Oldest olds			1
Positive relationship with others	Adults	1	1.7742*	3.4570*
	Older adults		1	
	Oldest olds			1
Purpose in life	Adults	1		2.9208*
	Older adults		1	
	Oldest olds			1
Self-acceptance	Adults	1		2.2896*
	Older adults		1	
	Oldest olds			1
Total score of psychological well-being	Adults	1	8.2569*	16.4005*
	Older adults		1	
	Oldest olds			1
Meaning of life	Adults	1	20.9255*	
	Older adults		1	
	Oldest olds			1

As displayed in Table 4, the amount of F is significant in terms of Autonomy, environment mastery, personal growth, purpose in life (positive relationship with others, self-acceptance (4.750; p = 0.011), and the total score of psychological well-being and meaning of life. Therefore, psychological well-being is different among the adults, older adults and oldest olds. In addition, the results of Scheffe's follow-up test showed that the mean scores of adult women were more than those of other two groups based on the psychological well-being and meaning of life, and the higher age results in decreasing the welfare index.

Table 5 was shown the results of Schiff's follow-up test in the comparison of psychological well-being in a triple age group in the form of a matrix.

Discussion

Previous research has overlooked the heterogeneity in older adults' personal conceptions of subjective well-being, by not taking into account intra domain differences in the conceptions of social well-being for different groups of older adults (16). The findings of this study indicated that psychological well-being and its components, except purpose in life among men, varies among males and females during adults, older adults and oldest olds. In addition, adults have more psychological well-being than the older adults and oldest olds. The results were consistent with some studies such as the study of Cho et al. (17). In addition, Forsman et al. (18) examined the mental health and its relation with the cognitive social capital of older adults

and showed that social support and trust may be important factors to consider when developing interventions to promote mental health and prevent mental disorders among older adults. Our finding indicates social and emotional support from others can be protective for health. High levels of social support may represent a protective factor in reducing both the vulnerability of older people and risk of elder mistreatment. So we can say that higher age leads to the reduction of social support. Older people with higher levels of social protection have a better mental and social health than other older adults while social support failed to play any effect on the other dimensions of older adults' health. Strauss et al. (19) analyzed the factors affecting health in the health reports of the older adults in Jamaica and found that health issues increase with aging which can interrupt the daily activities due to physical degradation. Thus, the psychological well-being can be reduced by aging. Psychological wellbeing and health are closely linked at older ages. There are association between wellbeing and survival at older ages. The Gallup World Poll, an ongoing survey in more than 160 countries, shows a U-shaped relationship between evaluative wellbeing and age in rich (20). Based on some evidence, developmental changes shape meaning, and well-being and psychological and physical variations are related to age, which is supported by the Ericsson Growth Theory (21).

Further, the finding indicated that aging behavior depends on some biological and social conditions based on social environment theory. The environment in which the older adults are living, as well as the

situation and social support can influence the older adult's health. According to the theory of activity (22), a series of activities and roles are discarded and identity and goals are lost during the passage of life. If new roles are not replaced, the person becomes alien to the current situation and his mental health is disrupted. When sensory functions such as seeing, hearing and other senses lose their efficiency and ability, they lead to a loss of mind among older adults. However, when the older adults with the ability to sense, see and hear can cope with one's own activities, the older adults are subjected to less isolation and their mental health is promoted. Gerstorf et al. (23) showed that social contact is an important source for psychological well-being both at the level of motivation and behavior. Therefore, it is expected that a decrease in psychological well-being results in decreasing the social age, along with aging. Since the objective component in life is largely related to the meaning of life, the lack of objective difference in life is interpreted in different age groups among men, along with the meaning of life.

Based on the results of the present study, the meaning of life is different during adult, the older adult and the oldest old period, and adults have more meaning of life than the older adults and oldest olds. In addition, Brendan et al. (24) emphasized life satisfaction can increase in adult period although it decreases steadily over the age of 70. No meaningful difference was observed between age groups among men in terms of meaning of life, which is consistent with the previous studies like the study of Gohil and Charak (25), in which they investigated the effect of gender in meaning. The results of their study supported gender differences in life satisfaction so that women were more satisfied because they maintain their social relationships.

Anxiety can play an important role in various aspects of life such as adaptation to life changes and stressful events. Adjustment of emotion is also considered as a basic principle in the commencement, evaluation, and organization of adaptive behavior, as well as in preventing negative emotions and maladaptive behaviors (26). As people become older, adjusting the emotions can improve their quality of life. During the life time, women compared to men, try to maintain social relationships and social solidarity as social capital which plays a role in emotional regulation. Each stage of life such as childhood, adolescence, youth, middle age and old age is heavily relies on the social and cultural structures of the community in which a person is living. Sense of coherence model (e.g., Ryland & Greenfeld, 1991) has been mainly investigated in the field of medical sociology, which examines health and disease as they pertain to socio-cultural factors (27). It seems in Iranian cultural, women are more likely influenced by family structure so that it may reflect a part of a goal and meaning of life in eastern societies, while meaning and purpose in life among men are more influenced by their physical condition and their daily activities. If we accept that some characteristics are feminine and some

are masculine, women will establish more sincere relationships such as emotional support (for example, parent-child relationship), which is more stable with life expectancy, compared to the men, and is protected against meaninglessness and inappropriate life. In another study, Townsend (28) indicated that emotional support, as a type of social support, played the greatest impact on physical and mental health among older women.

The mental health is higher among the people who are working and have entertainment. Therefore, it can be more beneficial to create limited employment or daily activities as well as recreational programs which can increase their autonomy and self-reliance. It is recommended to reduce or eliminate the dimensions of psychological distress such as fatigue, anger, despair, depression, restlessness and worthlessness, along with the elapsed life in adulthood, older adulthood and oldest old periods by improving the socioeconomic status through increasing incomes, promoting the economic class and housing situation. Therefore, paying attention to social capital in older adulthood and oldest old period, as well as using the emotional regulation in their behavior, can lead to an increase in their quality of life at the end of their lives. Since the older adults and oldest olds ability have been depreciated in comparison to the past, considering how to use the emotions, trust, cohesion and social communication in improving their quality of social life is a matter which needs to be addressed.

Conclusion

The findings indicated that psychological well-being varies between men during adults, older adults and oldest olds. Psychological well-being and meaning of life are different among the women during adult, older adult and oldest old. Further studies are needed to identify the resources which can help to adjust to life expectancy and should be considered in mental health services to prevent the decline of psychological well-being and the meaning of life. In addition, the promotion of psychological well-being and the meaning of life should be considered in parallel with the life time. It is suggested that a trend analysis be conducted on other variables related to psychological well-being along with life time compatibility. Since one of the constraints of this study is the small size of the sample, further studies implies longitudinal in greater population.

Study limitations

However, observed factors that might limit the generalizability results in this research include the minimum matching of samples and the sampling method.

Conflict of interest

The authors declare no conflict of interest in preparing this article.

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Authors' contribution

Conceptualization: Taghi Pourebrahim

Data collecting: Taghi Pourebrahim

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Methodology: Roya Rasouli

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References

1. Pourebrahim, T. Psychotherapy with elderly, current concepts and therapeutic aspects. *Psychotherapical Novelties*. 2008; 45&46: 13-39. [Persian]
2. Pourebrahim T, Rasouli R. Effects of Group logotherapy on decreasing depression and increasing meaning in life on older adults resident in Sanatorium. *Journal of Applied Psychology*. 2008; 4(8): 673-85. [Persian]
3. Baltes, MM, Balt PB. The psychology of control and aging (psychology revivals). London: Psychology press; 2014.
4. Berk LE. Development through the lifespan. Boston: Pearson; 2014.
5. Humboldt S, Leal I. the old and the oldest-old: do they have different perspectives on adjustment to aging?. *International Journal of Gerontology*. 2015; 9(3): 156-60.
6. Charles S, Carstensen LL. Social and emotional aging. *Annual Review of Psychology*. 2010; 61(3): 383-409.
7. Lang RF. Regulation of social relationships in later adulthood. *The Journal of Gerontology*. 2001; 56(6): 321-6.
8. Reker GT, Wong PTP, editor. Personal meaning of life and Psycho-social adaptation in the later years. The human quest for meaning: Theories, research, and applications. New York: Routledge; 2012.
9. Esgalhado MG, Reis M, Pereira H, Afonso RM. Influence of social support on the psychological well-being and mental health of older adults living in assisted-living residences. *International Journal of Developmental and Educational Psychology*. 2010; 1(1): 267-78.
10. Read S, Grundy E, Foverskov E. Socio-economic position and subjective health and well-being among older people in Europe: a Systematic Narrative Review. *Aging and Mental Health*. 2016; 20(5): 529-42.
11. Knight BJ. Psychotherapy with Older Adults. London: Sage; 2018.
12. Alahmed S, Anjom I, Masuadi E. Perceptions of mental illness etiology and treatment in Saudi Arabian healthcare students: A cross-sectional study. *SAGE Open Medicine*. 2018; 6: 1-10.
13. Ryff, CD. The contours of positive human health. *Psychological Inquiry*. 1998; 9(1): 1-28.
14. Steger MF, Frazier P, Oishi S, Kaler M. The meaning of life questionnaire: assessing the presence of and search for Meaning of life. *Journal of Counseling Psychology*. 2006; 53(1): 80 -93.
15. Eshtehad A. Investigation of group therapy on well-being student in university [MSc. Thesis]. Tehran: Psychology Institution University; 2009.
16. Douma L, Steverink N, Hutter I, Meijering L. Exploring subjective well-being in older age by using participant-generated word clouds. *The Gerontologist*. 2017; 57(2): 229-39.
17. Cho J, Martin P, Poon LW. Successful aging and subjective well-being among oldest-old adults. *The Gerontologist*. 2015; 55 (1): 132-43.
18. Forsman AK, Nyqvist F, Wahlbeck K. Cognitive components of social capital and mental health status among older adults: A population-based cross-sectional study. *Scandinavian Journal of Public Health* 2011; 39(7): 757-65.
19. Strauss R, Hanesch U, Kinkelin M, Wolf R, Heisenberg M. No-bridge of drosophila melanogaster: portrait of a structural brain mutant of the central complex. *Journal of Neurogenetics*. 1992; 8(3): 125-55.
20. Steptoe A, Deaton A, Stone AA. Psychological wellbeing, health and ageing. *Lancet*. 2015; 385(9968): 640-48.
21. McLeod, S, A. Erik Erikson's stages of psychosocial development. Retrieved from <https://www.simplypsychology.org/Erik-Erikson.html> 2018
22. Holzman, L. What Kind of Theory is Activity Theory?: introduction. *Theory & Psychology*. 2006; 16(1): 5-11.
23. Gerstorf D, Hoppmann CA, Löckenhoff CE, Infurna FJ, Schupp J, Wagner G, et al. Terminal decline in well-being: the role of social orientation. *Psychology and Aging*. 2016; 31(2): 149-65.
24. Brendan MB, Lucas RE, Donnellan MB. Life satisfaction across the lifespan: findings from two nationally representative panel studies. *Social Indicators Research*. 2010; 99(2): 183-203.
25. Gohil E, Charak R. Meaning of life, life satisfaction and positive and negative affect in older adults: effect of gender and type of residence. *Indian Journal of Positive Psychology*. 2013; 4(1): 55-9.
26. Garnefski N, Kraaij V, Spinhoven P. Negative life events, cognitive emotion regulation and emotional problems. *Personality and Individual Differences*. 2001; 30(8): 1311-27.
27. Roth G, Ekblad S, A longitudinal perspective on depression and sense of coherence in a sample of mass-evacuated adults from Kosovo. *The Journal of Nervous and Mental Disease* 2006; 194(5): 378-381.
28. Townsend M. *Psychiatric Nursing: Assessment, Care Plans, and Medications*. Philadelphia: Davis Company; 2014.