What is Old Age? Elderly's Perception and Understanding: A Qualitative Study

Taru Parnika Srinete ✉ iD

Department of Psychology, University of Allahabad, Prayagraj, UP (211001), India

Neena Kohli iD

Department of Psychology, University of Allahabad, Prayagraj, UP (211001), India

Abstract:

The current study focuses on the lives of the elderly people and tries to understand how they conceptualise old age and how they believe their lives to be as they get older. The study was conducted among two groups of old people—one living in their homes and the other in religious ashrams—to accomplish this goal. Participants were surveyed individually in 16 separate interviews for the data, which were then analysed using thematic analysis to provide themes. The findings indicate that, for the most part, both participant groups viewed old age as a time of physical and mental deterioration as well as changes in appearance brought on by ageing. Second, both participant groups saw this age as a time of eroding social ties. Participants also varied in how they felt about getting older. The elderly who resided in ashrams were positive and demonstrated their ability to have spiritual experiences; in contrast, the elderly who lived alone had a pessimistic outlook and believed that old age was the result of previous bad acts.

Keywords: *Gerontology, Elderly, Interview, Perception of old age, Religious ashrams, Household.*

Introduction

Gerontology has been effective in establishing a position for itself in the current research environment. The term "ageing" has gained a great lot of significance and attention throughout time as the number of seniors keeps growing. A person ageing is a developmental process in which they get older and older throughout the course of their lives. In this study, the term "ageing" will be used to describe the physical, cognitive, and socioemotional changes that older people go through.

What is old age? It is a decline in mental and physical strength, a withdrawal from social interactions, a plunge into the economic crisis, and a loss of authority, status, and responsibility. A person transitions from being active, independent, and earning money to needing care and financial assistance from either their children or another carer. During this phase of life, a person's physical system and its functionality start to decrease. Aging is not easy because as individuals become older, their attitudes towards the elderly change and they start to be considered as liabilities and burdens to their comfortable existence.

Through a qualitative method, the current study seeks to understand how older persons perceive their age, regular activities, difficulties, and issues, as well as how they change as they age. It also compares how differently elderly people

who live at home and those who live in ashrams view their later years. The approach that will be utilised to view the responses to these queries is an existential phenomenological one. Numerous phenomenological methodologies are included in the EPA subset of the phenomenological paradigm. A full explanation and accurate analysis of the experiences that the person has had are obtained using the process known as phenomenology, which examines the formation of meaning through multiple perceptions (Sokolowski, 2000; Stewart and Mickunas, 1974).

In the middle of the nineteenth century, Edmund Husserl (1859–1938) proposed EPA and claimed that in phenomenology, the world is shown as it appears to the individual. Four steps make up the EPA: (i) selecting the phenomenon of interest to the researcher; (ii) obtaining particular participant information on the phenomenon; (iii) identifying underlying commonalities and patterns; and (iv) communicating the findings to the participant and to other researchers. Based on its objectives, this inquiry used two existential phenomenological assumptions. The first, referred to as "being-in-the-world," underlines the individual's absolute oneness and interconnectedness with his universe (Valle, King and Halling, 1989).

The person has significant interactions and experiences since they are part of a culture and are therefore part of the world (Caelli, 2000). Finding significance in one's experiences is made easier by the notion that humans and their environment are interdependent. The EPA focuses on how a person's context of living influences how they interpret their sense of reality. Another assumption "Lebenswelt" (lifeworld), which relates to aspects of daily life that people prefer to ignore, is used in this study. The lifeworld is the experience that takes place before reflection (Merleau-Ponty, 1962). These are established between the person and his surroundings and are daily experienced and lived by in a direct and immediate manner (Valle, King, and Halling, 1989). EPA further assumes that the participants are "co-researchers" in the study because the generalizability of the outcomes depends on them.

Methods

Sample

For the present qualitative study, an elderly sample of 16 older adults consisting of 7 females and 9 males were recruited. The mean age of these participants is 67.5 years old. These participants belonged to different cities of Uttar Pradesh like Azamgarh, Jaunpur, Noida, Kanpur and Sultanpur. Data was collected from elderly living in religious ashrams or in their homes. Eight interview participants chose to live in religious ashrams; however, they only visited their families for one month every year. Five participants resided in the Satlok Ashram Namdiksha, Azamgarh, while the other three lived in the Yamdagni Ashram in Jaunpur. Their levels of education ranged from matriculation through graduation. These participants no longer receive a salary and rely on their job at the ashrams for support. 8 elderly living at their homes were contacted. Their educational backgrounds spanned from high school to postgraduate. They belonged to the socioeconomic middle class. Of these eight individuals, four lived alone in their home, three shared their residence with their spouses, and one had their children living with them.

Measure

Individual interview schedules were the method used to collect the qualitative data. There was a total of 16 individual interviews. Through the collection of qualitative data, the researcher was able to learn more about the life of the older population in a more diversified way. The researcher used open-ended questions to engage the participants and elicit a variety of creative and insightful responses.

Individual interviews were conducted using a semi-structured interview schedule in order to collect in-depth and individualised information about older people's experiences at home and in ashrams. Punch (1998) states that interviews aid the researcher in gathering "detailed, richly textured, person-centered information from one or more individuals." With semi-structured interviews, the researcher has the freedom to change the order of the questions, jump from

one to the next, and employ prompt questioning as needed to fit the needs of the ongoing interview. Two interviews were taken for piloting before the actual data collection started, and a final interview schedule was created based on those interviews. These open-ended questions were designed to allow elderly individuals to freely express their ideas and experiences with life at this age in a private context. In the current study, 16 elderly people who lived in ashrams and private homes were contacted for interviewing.

Procedure

Before beginning the data collection, an ethical approval from IERB and authorization letter from the ashrams were obtained. Once a time was chosen, the researcher went to the ashram or individual's home, explained the research, built rapport, and conducted one-on-one interviews. With the promise of confidentiality, prior approval was obtained for the audio recording. Compiling the interviews took 50 minutes. The interview process was aided by the semi-structured interview schedule. Prior to starting the questions, the session started by capturing the participants' demographic information. To keep the sessions on topic and elicit more detailed experiences and information from the participants, prompts and probing questions were employed. At the conclusion of the session, the participants received a debriefing and were thanked for their participation.

Data analysis

Reflexive thematic analysis, a term coined by Braun and Clarke (2006), is employed in the current study because it offers an interpretive approach, is adaptable and gives the researcher theoretical freedom (Braun & Clarke, 2006). According to Boyatzis (1998), thematic analysis is a technique for finding, examining, and summarising patterns of common themes within a set of data. Thematic analysis helps the researcher generate significant themes through a process of many steps including familiarizing with data, generating initial code and themes, defining and naming themes and producing report.

Results

This section presents the table containing the theme, subtheme and responses of elderly derived from the interview transcripts of 16 participants.

Table 1. Themes, Subthemes and Responses from Interviews of Elderly living in Religious Ashrams (n=8)

Theme	Subtheme	Responses
1. Age of Health Deterioration	1.1 Lack of energy	"Ab shakti kam ho gayi hai, kamzor ho gaye hai, pehle ki tarah kaam nahi kar pate."
	1.2 Change in appearance	"Jab sheeshe me dekhti hu to lagta hai budhi ho gayi hu, jhhuriya aa gayi hai chehre par. Ye sab budhape ki nishani hai bura lagta hai."
2. Societal Rejections	--	"Budhhapa bahut buri chiz hoti hai. Isme samaj me koi izzat nahi milti jisse achha nahi lagta."
3. Age of Positive Mindset	3.1 Positive outlook	"budhape me thoda aachar vichar badal jata hai, insan shanti ki taraf jata hai. Budhapa sirf dimag ki upaj hai aur kuch bhi nahi hai"
	3.2 Development of Spirituality	"is samay insan me adhyatmikta ka vikas hota hai. Is umar me mujhe adhyatmik gyan mila hai jo bahut bhagyashali logo ko hi milta hai. Ye dhan anmol hai jo mujhe yaha aakar mila hai."

Table 2. Themes, Subthemes and Responses from Interviews of Elderly living in their home (n=8)

Theme	Subtheme	Responses
1. Age of Health Deterioration	1.1 Lack of physical strength	"Aankho ki Roshni kam hone lagti hai aur yehi chinta rehti hai ki dikhna band ho jayega toh jeeyenge kaise."

	1.2 Mental unrest	*"Humko sharirik kasht rehta hai, iski wajah se hamesha mansik roop se pareshan rehte hai, chinta rehti hai, neend bhi nahi aati."*
	1.3 Change in appearance	*"60- 70 ki age me sharirik badlav aata hai, sharer bekar ho jata hai, yehi budhapa hai."*
2. Varied Family Relations	2.1 Disrespect in family	*"mujhe yehi lagta hai ki koi ek gilas pani de de aur meri dekh rekh kare par mere pariwar me esa koi nahi karta."*
	2.2 Healthy family terms	*"mujhe pariwar me achha lagta hai kyuki yaha meri izzat hoti hai"*
3. Despair	3.1 Loss of purpose	*"Retirement ke bad se bura lagta hai ki ab kya karenge"*
	3.2 Result of past deeds	*"Me to is umar me aane wali har mushkil ko purane karmo ka phal samajhkar seh leti hu"*

Discussion

The objective of the present study was to explore the perception of old age from the perspective of elderly living either in their homes or in religious ashrams; and to understand how their views differs. For the present purpose, 16 individual interviews were taken (eight from each living setup) and their transcript data was put to thematic analysis. Codes and themes were generated and findings were tabulated in the results section.

The findings have revealed mixed perspectives on understanding old age by the participants. However, it has been found that both group of participants see old age as an *age of physical health deterioration* (Theme 1) where all of the participants believed old age as a time of physical and cognitive decline, deteriorating health day by day and making it harder to live. *Lack of energy* (subtheme 1.1, Table 1) and *Lack of physical strength* (subtheme 1.1, Table 2) was experienced by the participants as a decline in physical strength, muscle power, and ability to operate as before, as well as diminished hearing, vision, and speech, as well as loss of memory, bad reasoning, and poor decision-making skills. They became frustrated and angry because of their bodily and mental decline, shaky hands, and inability to live freely.

Few of the participants living at home also experienced *mental unrest* (subtheme 1.2, Table 2) as a result of both these bodily declines and their families' disregard for their needs, which prevents them from leading peaceful lives. In their investigations, Reker (1997) and Jain and Purohit (2007) discovered that elderly people had worse physical health. All the individuals also perceived this time in their lives as an age of *change in appearance* (subtheme 1.2, Table 1 and subtheme 1.3, Table 2). The aged are disturbed by the failing skin tissue that causes wrinkles, black patches, loss of bulk producing a skeletal appearance, disordered walking and postures.

Apart from seeing ageing through the lens of physical decline, participants also showed their understanding to this age through social relations. The second theme that characterises old age for the elderly is focused on how family and society treat them; this is referred to as *social rejections* in Table 1. Elderly living in ashrams stated that after moving into an ashrams their former friends had less touch with them. They also complain to the government, social workers, administration, and general public about the lack of development of adequate infrastructure, policies, and aids for their survival. Kohli and Kunemund (2003) discovered evidence of this as well, finding that as the elderly lose the ability to offer, they not only become passive recipients but also lose the social position they once enjoyed.

Contrasting to this, participants living in homes showed a mixed approach from family towards them (*Varied Family Relations,* Theme 2, Table 2). Few of them experienced *disrespect in family* (subtheme 2.1) stating how older individuals in some households feel sad, dejected, and devalued because they are not treated with respect, care, and affection by their family members. Children have taken over the role that they once held as the head member. Although this replacement is a recognised and accepted transition by the elderly, it becomes difficult when their offspring start to treat them with disdain, make them feel unproductive and worthless, make choices without consulting them, and otherwise treat them as an unwanted

burden. Other elderly reported sharing a healthy environment with their family members (*Healthy Family Terms,* subtheme 2.2). They received attention and love from their younger children, had a respectable role in the family, had quality time with their family, and maintained good mental health. The participants stated that assisting their grandchildren with meals and schoolwork, dropping and picking them up, watching films and sharing challenges with them has given them the social support necessary to lead fulfilling lives.

The findings in third theme show a very contradictory conceptualization of ageing by both the group of participants. Where first group (elderly in ashram) see ageing through a positive lens, another view it in terms of negative experience. People in ashram find old age as an *age of positive mindset* (Theme 3, Table 1) and found them to be showing a *positive outlook* (subtheme 3.1) in viewing it. Ageing is, in their opinion, "just a way of thinking or calling oneself old." According to them, everyone must experience old age when they reach this stage of life, therefore there is no need to be afraid of it and everyone should accept it. They contend that older people should reject all financial and worldly perks in this day and age and instead strive to live a quiet life free from any troubles. Only such a life will provide the inspiration needed to successfully complete the remaining distance. These people have also showed *development of spirituality* (subtheme 3.2) as another attachment. According to the ashram inmates, they left their families in order to spend the rest of their lives serving God, and as their stay and worship became longer, they started to feel a kind of selflessness that eventually led them to transcendence. They discussed how their spiritual experiences had deepened their understanding of themselves and improved their worldview. They realised how fortunate they were to have experienced spirituality and attained such a state of mind.

On the other hand, participants living at home showed *despair* (Theme 3, Table 2). The participants stated that they don't have a lot to accomplish right now in their lives. They thought back to a time when they were involved in their careers, families, and social networks. They made good use of their time at work and at home while also making time for pleasurable activities with their loved ones. Life is meaningless and purposeless for some living alone or with spouse only and they have no obligations or family members to spend the day. As a result of losing their jobs due to retirement or handover to the next generation, they have a lot of free time that they perceive as being unproductive (*loss of purpose*, subtheme 3.1). According to Kanwar and Chadha (1998), an increase in despair and loneliness as well as anxiety, depression, and guilt (Agarwal and Srivastava, 2002), this loss of meaning and purpose in life leads to a variety of diseases.

Participants mentioned in subtheme 3.2, that old age is a *result of past deeds*. It has provided a really intriguing depiction of old age. Retirement, which is a gift of relaxation for some people, is a curse for others. Participants who also experience familial disruption in their lives perceive this period to be even more stressful. They believe that this stage is a result of their prior wrongdoings since they lack respect, authority in their family, and a sense of purpose in life. They have negatively accepted this period as it is, thinking that it is fate's retribution for the crime they committed or that they are destined to have such a horrible life. They are suffering from old age as a result of karma, which has brought them punishment in the shape of "life," forcing them to pay, atone, and regret. According to Prakash (2004), the idea of karma has its origins in Indian texts and holds that a person's past activities determine whether or not their life will be joyful or unhappy and pleasant or unpleasant.

Conclusion

The objective of the present study was to gain an understanding of the perception of old age among elderly. This study of perception was done among two groups of elderly, one living in their homes and others in religious ashrams. The data was collected using interviews and thematic analysis was applied to grasp the significant themes. The result shows that both the group of

participants define old age as an age of physical decline where their health, physically and cognitively is diminishing day by day along with bringing changes in appearance. On a similar note, both group of participants showed this age as an age of decline in social relations both with society and family. However, few elderly living with their family reported otherwise. Lastly, participants differentiated in their outlook towards the old age. the ones living in ashrams were positive and showed the birth of spirituality among them, whereas, the others had negative ideology and found old age to be the results of past wrong deeds.

This study presents a comprehensive view of elderly's perception of old age which can be used by researchers to base their future researches and interventions on these findings. They can also act as a ground for policy makers to design policies and other benefits according to the concepts held by elderly on their age. however, this study had a very small sample size, therefore it is recommended to future researchers to study on a larger sample size.

References

Agarwal, S. & Srivastava, S.K. (2002). Effect of living arrangement and gender differences on emotional states and self-esteem of old aged persons. *Indian Journal of Gerontology*, *16*(3&4), 312-320.

Boyatzis, R.E. (1998). *Transforming qualitative information: thematic analysis and code development.* SAGE Publications.

Braun, V. & Clarke, V (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology,* *3*, 77-101. https://doi.org/10.1191/1478088706qp063oa

Caelli, K. (2000). The changing face of phenomenological research: Traditional and American phenomenology in nursing. *Qualitative Health Research, 10(3),* 366-377. https://doi.org/10.1177/104973200129118507

Jain, M. & Purohit, P. (2007). Spiritual Intelligence, living status and general health of senior citizens. *Indian Journal of Gerontology, 21*(3), 314-323.

Kohli, M. & Kunemund, H. (2003). Intergenerational transfers in the family: What motivates giving? In V.L. Bengtson, & A. Lowenstein (Eds.), *Global Aging and Challenges to Families* (pp. 123-142). New York: Aldine de Gruyter.

Kanwar, P., & Chadha, N.K. (1998). Psychosocial determinants of institutionalized elderly: An empirical study. *Indian Journal of Gerontology*, *12(1&2)*, 27-39.

Merleau-Ponty, M. (1962). *Phenomenology of Perception.* Colin Smith (trans.). New York: Humanities Press.

Prakash, I.J. (2004). Indigenous concepts of aging in India. In I.J. Prakash (Eds.), *Aging: Search for New Paradigms.* Bangalore: Bangalore University, India.

Punch, K. F., 1998. Introduction to social research: quantitative and qualitative approaches. London, *Thousand Oaks.* California: SAGE Publications.

Reker, G.T. (1997). Personal meaning, optimism, and choice: Existential predictors of depression in community and institutional elderly. *The Gerontologist, 37*(6), 709-716. https://doi.org/10.1093/geront/37.6.709

Sokolowski, R. (2000). *Introduction to phenomenology.* Cambridge: Cambridge University Press

Stewart, D. and Mickunas, A. (1974). *Exploring phenomenology.* Chicago: American Library Association

Valle, R.S., King, M. & Halling, S. (1989). An introduction to existential –phenomenological thought in psychology. In Valle, R.S. and Halling, S. (Eds). *Existential perspectives in psychology.* New York: Plenum Press.