

## Ch 5. Discussion-- Qualitative analysis

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**Overview:** This part of the Chapter elucidates beliefs and perceptions of the elderly in relation with the concepts of health and wellbeing and their precursors in life.

The present chapter presents thematic analysis with a reflexive approach, wherein the themes derived are the best possible reflections of the content of the entire data set. By using Braun and Clarke's thematic analysis guide (2006), the researcher noticed certain patterns of meaning pertaining to each question during data collection. From the verbatim transcript, initial coding schemes were generated. It was followed by sorting different data codes into potential sub-themes, which were clubbed together into global themes. The global themes suggest the understanding, perception and lived experiences related to each issue of the non-institutionalised and institutionalised young elderly.

### 5.2 Discussion of Findings from Semi-structured Interviews

The questions asked to the participants in the semi-structured interview are broadly classified into five categories as given below-

**Table 52**

*Categories of Perceptions*

Category	Perceptions
Physical Health	Perception of physical health
Happiness & Life Satisfaction	Perception of Happiness
	Sources of Life Satisfaction
	Perception of others' helping behaviour
	Reasons/ context for the elderly help other people

Category	Perceptions
<b>Prosocial Behaviour &amp; Generativity</b>	<i>Contexts where the elderly help younger generation</i>
	<i>Feelings of elderly after providing help to younger generation</i>
	<i>Forms of elderly's family involvement</i>
<b>Resilience</b>	<i>Means &amp; strategies used to face challenges in life</i>
	<i>Qualities to respond the challenges in life</i>
<b>Present Preparedness</b>	<i>Preference to live</i>
	<i>Qualities help to accept the life</i>

Although the sub-themes emerged from the verbatim overlap, there is a diversity in the perception and interpretation of life experiences among both the groups of elderly.eg. positive mindset is one of the sub-themes of happiness in the elderly's life. The non-institutionalized elderly perceive it as an added asset to get happiness in life. However, the institutionalized elderly believe that without positive mindset, living in an institution in the remaining years of life would be difficult. None the less, both groups believe that happiness is a subjective experience.

Physical independence is a sub-theme of physical health, viewed differently by both the groups of elderly. The non-institutionalized elderly emphasise on independence as one of the trajectories of health. And the institutionalised elderly perceive it as a source of supporting oneself in life and not become burden on others.

The researcher noticed during the interactions with the institutionalised elderly that their perception of life is highly dependent upon few factors, such as-

*i)Is the institutionalization by choice / forced?* In case of few elderly when institutionalisation was their choice, despite the facilities or quality and variety of food available in the *ashram*; they were found happy and well-adjusted. They make efforts to build new relationships and try to develop

an identity by themselves, found to be generative wherever possible and try to contribute to others' lives constructively. By utilizing one's talent, they try to create happiness in other elderly's life.

*ii) Whether the institutionalization is chargeable or free of charge?* The standard / quality of the infrastructure and facilities provided to the residents in the institution. E.g. two of the old age homes from which thirty-two elderly are interviewed is an organisation run by the government. Hence, the residents are not charged, concurrently the facilities available are of average or below average quality. The residents need to compromise completely on their privacy or variety of food. However, despite such experiences, elderly who have joined the old age home willingly adapt without any expectation and disturbing their happiness. None the less, when they realize shortfalls, they feel bad about it.

On the contrary, most of the elderly living in the institutions which charge the residents a substantial amount every month provide luxurious infrastructure and amenities are found to be satisfied. However, elderly who are living there not by their choice are not able to enjoy life.

*iii) Are the old age homes attached with the 'home for children'?* When the institutions do not provide or allow the intergenerational connectivity to the elderly are observed to miss the family life to a large extent affecting wellbeing, in comparison with those who interact with the next generation on a regular basis.

*iv) What are the institutional policies?* The institutional policy is a significant determinant of the comfort and happiness of the institutionalised elderly. Certain institutions not only allow but encourage the society to visit the residents of the institution, celebrate festivals together and promote inclusive approach. The elderly from such institutions are found to be much happier than the rest of the institutions which fail to provide, as a matter of institutional policy.

Many elderly felt that responding to these questions helped to introspect in their life.

### ***5.2.1 Perception of Physical Health***

Young elderly perceive physical health not only when there is *no major illness or minor ailments* but also when they live *active, engaged, and independent daily life*. An ability to *relish variety of food, sleep well and do exercise* voluntarily refers to physical health. However, positive attitude and tranquility of mind also supplement physical health in later years of life.

Both, non-institutionalised and institutionalised elderly reported *physical independence* as important aspect of physical health, but with a different perspective. The elderly in institution were more careful about not being a burden on others; rather, expressed desire to be independent, so that they can support others in need. However, elderly living in a family perceived independence which gives multiple benefits such as active life, less fatigue, and more important is a joy of being with others and helping each other. When these adults feel fresh, energetic, it is considered to be a sign of sound functioning of the body with no discomfort or pain. Physical fitness attained by regular exercise and good diet helps them to remain independent, was shared by more than half of the non-institutionalised elderly than their counterparts.

An absence of illness was mentioned as an indicator of physical health by both the groups. Even minor physical complaints on a regular basis affect one's health through activity and mobility other than major ailments. Therefore, paying immediate attention is necessary to maintain good physical health which promotes active and independent social life in later years.

Good appetite and sleep with lot of interest and pleasure, which allows the individual to remain physically active, if not do exercise. The elderly in the institution are conscious to do by involving into different activities like storing water for their section, sweeping, gardening, or watering the plants every day to remain physically active and keep oneself healthy.

Both groups of elderly proclaimed the importance of positive attitude and maintain tranquility of mind, which contribute to their physical health. Regularly practicing yoga or meditation helps to nurture the peace of mind. It was reported by the elderly from the institutions that regular yoga and meditation sessions are held for them by the institution, which definitely helps them to maintain physical and mental health.

The perceptions of the elderly about physical health are in the line of perspectives of 'health as a harmonious functioning of the organs (Pindar, 5<sup>th</sup> century), feeling of comfort and absence of pain (Hippocrates) and the definition of health by the World Health Organisation (1948). The objective parameters of successful ageing such as good physical health, independence, and physical fitness (Pruchno et al, 2010) are confirmed by the elderly's perceptions of health in the present research.

In addition, these views largely support the health-belief model. The institutionalised elderly perceive lack of physical health as a 'threat' in life. The non-institutionalised elderly believe that

good physical health will be an outcome of good diet, sleep and exercise and help to avoid illness in life.

### **5.2.2. Perception of Happiness**

The themes generated from the verbatim about happiness are – happiness is a *relative concept* and thus a *subjective perception, confelicity and unconditional acceptance of situations / experiences in life*.

Both the groups, non-institutionalised and institutionalised elderly believe that the source of happiness is ‘within us’ and it is one’s own experience and perception towards life. *When two people look at the life with a different lens, their experience of happiness could be different. Happiness cannot be equated with any objective parameters such as wealth.* Rather, one can be happy without having one’s own family or even a house, is expressed by one third of the institutionalised respondents. A sense of fulfilment with whatever you possess gives you an experience of happiness. More than what you have lost, if the individual looks at the ‘gains’ in the later years of life, it helps to develop a positive attitude to look at the life and feel happy.

The views of elderly confirm the Top-down approach to subjective wellbeing which signifies the role of one’s perception in happiness.

Confelicity, i.e., pleasure in others’ happiness is also expressed as one’s experience of happiness irrespective of their place of stay. Importance of good relationships, mutual help and high level of empathy is mentioned by many respondents, particularly the non-institutionalised elderly. However, sometimes situational constraints or policies of the institution put restrictions on the institutionalised elderly to enjoy such relationships with the family / relatives / friends or any other member of the institution beyond a scale. Few non-institutionalised adults consider others’ wellbeing as a source of happiness, especially in demanding situations. According to the theory of Authentic happiness by Martin Seligman, when an elderly find meaning in life by keeping good relationships and sharing joy with others, it acts as a source of happiness.

Happiness is something which is ‘unconditional acceptance of the situation.’ The expectations from the situation / others can impair one’s happiness. Acceptance of other people / situation, not having any unwanted desires of something difficult to achieve, is a pathway to happiness reported by both the groups of elderly. Perceptions of happiness of the elderly confirm Ryan and Deci’s

view of subjective wellbeing, which consists of efficient adjustment to changing situations and a successful transition from oneself to others.

There is a realisation of importance of happiness in life. However, few of the elderly were able to connect happiness with physical health. The researcher finds this gap for intervention to create awareness about health-happiness relationship.

### ***5.2.3 Perception of life Satisfying Moments Among Young Elderly***

There is a wide range of spectrum of the experiences of life satisfaction among the non-institutionalized elderly. *One's achievements and balance in personal and work life* make them feel satisfied, particularly when the *achievements are in later years* or despite any odds in life. Recalling *happy moments in married life* is also found to be a satisfying experience for them. On the contrary, maximum number of institutionalised elderly recollect those events as the moments of satisfaction, where they could *overcome the personal / familial / financial challenges successfully*.

The past life, hardships faced during early years by those elderly feel highly satisfied to remember the moments which made them economically independent in early years or even in the current times. The life span theory of socio-emotional selectivity explains how in later years of life, despite adverse objective factors, individual learns to experience many things positively which ultimately make them feel satisfied.

In case of some of the institutionalised elderly, decision of permanently shifting to the institution despite having one's family is a moment of satisfaction in life. In spite of being institutionalised elderly, academic / career success of children, any recognition received by the family members are the life satisfying moments which indicate salience of values of the collectivist culture.

Despite economic background and affordability issues, the times when elderly are engaged in pursuing their hobbies are the life satisfying moments. Feeling positive, getting some strength and courage from hobbies is exemplified by both the groups, delineating the effect of place of stay and augmenting one's perception towards life. Such perceptions of the elderly are supporting the Broaden and build theory by Fredrickson, which illustrates how positive emotions lead to optimum utilisation of one's resources.

Effective building of social and psychological potentials not only enable the individual to get altruistic pleasure by involving oneself in prosocial behaviour more than from solitary activities. Engaged in any helpful behaviour, they experience makes them feel highly satisfied. The excerpt confirms Triandis's concept of culture and subjective wellbeing.

Receiving some unseen support from the God / Supreme in difficult times and following the same path for enhancing the wellbeing of oneself and others are the life satisfying moments for few elderly. These perceptions are in the line of Cowlshaw et al. (2013), which reveals positive role of spirituality in later years of life.

As a part of the collectivist culture, where individual considers oneself always as a part of the group, respects interdependence and in-group norms are prioritised than ones' personal needs; the elderly are not an exception. They derive satisfaction in life not only based on their personal life but the life of kin relations, particularly success of the family members. It is observed in the institutionalised elderly apart from the elderly living with a family, which indeed throws a light on the impact of cultural norms on happiness and satisfaction.

#### ***5.2.4 Perceptions of Young Elderly About Prosocial Behaviour in Others***

The themes regarding helping behaviour of people in general were- *selfish motive, symbolic social influence, situational demand, competence to help and contingent to recognition*. The analysis shows very few elderly perceive that people tend to help others in life. None the less, 50% of them have observed that whenever people help each other, it is always out of a selfish motive of 'return of help' from the help-seeker in future. They consider their help as an 'investment for their future;' wherein they expect help in return from others whenever required. In addition, such efforts make a good impression on others and allow the individual benefit in many ways.

Due to high emotional quotient, the concern for others or the cultural norms where people believe in the philosophy of '*Sarve bhavantu sukhinaha,*' trigger helping behaviour amongst people in general. It could be a symbolic social influence where people help others are strongly influenced by someone psychologically present in their world (Baron & Branscombe, 2016). Sometimes, it may be an internalisation of goals and behaviour of those significant people in our life, as proposed in the social discrimination theory by Higgins.

The institutionalised elderly intensely believe that despite the possibility of diffusion of responsibility, when there is a situational demand such as calamity or crisis, people prefer to help each other. Usually, they prefer to help selected segments of society like children, older adults or economically marginalised, without any expectation of return. None the less, familiarity influences helping behaviour to a significant extent.

Most of the times, when people feel that their help will fulfil the need of another, they are likely to help. As against, when their help is acknowledged or when their help is exclusively demanded, there is a greater possibility of prosocial behaviour. Such experiences increase the self-efficacy of the help-provider, which acts as a reinforcement for them are the perceptions and experiences of even the institutionalised adults. When the helping behaviour is an outcome of autonomous motivation, rather than controlled motivation, the helper also experiences enhanced positive feelings.

The themes indeed indicate the presence of the concern towards others but may not be reflected in helping behaviour due to various reasons, as mentioned above.

### ***5.2.5 Contexts in Which Young Elderly Help***

The themes emerged for helping behaviour of the elderly are- *empathic joy, emotional accuracy, empathy, relational schemas, emotional empathy, and selfish motive.*

The researcher could see the difference in the perceived prosocial behaviour in other people by the respondents and their own. However, there are some similarities as well, such as selfish motive and situational demand.

Recognition of the help provided by the elderly reinforces him/her to be more prosocial is mentioned only by the non-institutionalised elderly. However, helping others indeed gives a satisfying experience is expressed by their counterparts. The behaviour is oriented towards producing positive impact on others. When gratitude is shown towards the helper, it facilitates prosocial helping behaviour, still further. It supports the empathic joy hypothesis given by Smith et al. (1989), which highlights the importance of feedback in promoting the helper's behaviour.

In case of fifty percent of the elderly from both groups, acknowledgement for the help is immaterial and high empathy is found to result into helping behaviour. The non-institutionalised elderly



happen to help family and friends more than strangers, which is supporting Kin selection theory, given by Cialdini et al (1998).

Despite the place of stay and constraints, even the institutionalised older adults help each other on humanitarian basis or out of social responsibility. Empathetic people can not only 'sense' other's needs, but their sufferings too is observed amongst the elderly in the present research. An empathy-altruism hypothesis proposed by Batson et al. (1991) suggest that at least few prosocial acts are the outcomes of strong desire to help others.

Helping someone in need is considered as a social responsibility, which also makes them feel happy, particularly institutionalised elderly. Empathic accuracy, a cognitive component of empathic behaviour which allows accurate perception of others' thoughts and needs promotes social adjustment. This must be benefitting the institutionalised elderly to a large extent. Some elderly recollect their childhood memories and believe that their upbringing to be helpful for others compels them to extend a helping hand towards others. The extent to which when some people are present in our thoughts triggers our relational schemas and the goal of helping behaviour is activated (Baron & Branscombe, 2016).

In case of any genuine reason such as health issue or any familiar person going through a difficult period in life, both the groups offer a helping hand, no matter the nature of help might differ. The institutionalised older adults generously help financially, while the non-institutionalised offer even a physical help in their capacity.

Taking care of a 'sick partner' in a room and saving him from hospitalisation expenses, other than giving emotional care is observed in quite a few institutionalised elderly, illustrating empathy-altruistic behaviour.

The reasons to be prosocial are prioritised differently by both groups of elderly. Institutionalised elderly are found to be significantly high on emotional accuracy, relational schemas and in case of noticing any health issue in others. However, others' acknowledgement, and familiarity with the needy matters more to the non-institutionalised elderly. Humanitarian basis also triggers helping behaviour in them. None the less, it is valued by the institutionalised elderly as well, but limited opportunities and the situational constraints put restrictions on their helping behaviour.

### ***5.2.6 Context in Which Young Elderly Become Generative***

*Customised need-based help, on demand help and social concern* are the themes generated from the analysis of the verbatim of both the groups of elderly regarding helping younger generation. Catering to the diverse needs of a young person is seen in majority of the non- institutionalised elderly in the form of providing *physical help* by baby-sitting the grandchildren, providing academic help, taking responsibility of a grandchild in the absence of a parent or budgeting for the family. These perceptions support Erikson's concept of generativity. Such actions allow continuity from one generation to the next, which benefits the social system as a whole.

However, the institutionalised elderly limit themselves by providing financial help or help in choosing a career and helping the young generation members. Motivating and supervising academic performance and helping whenever needed is also found to be their choice. However, being in the institution itself puts limitations on their interactions with the young generation. But financial help in the form of adopting some child for his/her education or helping to meet daily needs, is found equally in both the groups of elderly.

Sometimes young staff in the ashram need some shoulder to cry; few institutionalised older adults do it frequently. Mc Adam's model of generativity which includes psychosocial factors such as inner desire, generative concern and generative belief are being reflected in the actions of the institutionalised elderly. The remaining factors such as commitment and generative action fail to occur as they may not be encouraged by the institutions.

There is also a consensus amongst the non- institutionalised and institutionalised elderly to offer any possible help, when it is demanded by the next generation, if not rewarded. This is specifically mentioned by the elderly who had experienced adverse feedback for the help offered in the past. However, when the help is asked by the younger generation, among the elderly staying in a family, even male elderly help in any household work, baby-sitting or outdoor work. And the institutionalised female elderly offer to help in the kitchen and do any house-keeping job for the *ashram*.

None the less, being empathetic towards the younger generation, both the groups are sensitive to volunteer and try to add some value in their life.

### ***5.2.7 Feelings of Young Elderly When They Become Generative***

*Sense of satisfaction, social responsibility, confelicity and social connect* are the feelings expressed by both the groups of elderly while helping the younger generation.

By helping the younger generation, immense long-term satisfaction is an important benefit shared by majority of institutionalised and non- institutionalised elderly respondents. It gives them a feeling of contentment as they are adding some value to others' life or useful to them in some or the other manner. According to Kotre's theory of generativity, technical and cultural types of generativity are executed by the elderly while contributing to the lives of young generation. Communal mode of generativity, in the form of helping young generation to take decisions or solving problems in personal / career life is reflected in the institutionalised elderly as well.

Both the groups extend help to young generation for a genuine reason, irrespective of whether it is acknowledged. Elderly believe that being a part of the society, they owe to the members of a society and thus, helping the next generation in the form of advice, guidance, any concrete measures such as spending time to look after the sick child or adult in the family, neighbourhood; they can 'pay back to the society' to some extent.

Based on one's professional background, few non-institutionalised adults interact with younger generation in different ways, such as inspiring them to pursue a specific career or do value addition. Teaching the next generation members, a set of life skills such as managerial skills, leadership skills and more importantly communication skills is passionately done by both the groups of elderly.

Helping the young people is perceived by the elderly as an opportunity to spend more time with them and remain socially connected. It allows them to identify with young people more and make them feel energetic to lead a life. Such interactions of making / modifying generative commitments and generative action on the part of elderly eventually benefit the younger generation.

Considering the two themes emerged from the thematic analysis i.e., enhancement in self-esteem, where the elderly feel that they are capable and competent and have added value to the next generation. It also adds to a sense of self-worth and a belief that they are valued by the next generation (Grant &Gino,2010).

A sense of social connect and enhanced self-esteem is agentic where the elderly benefits himself by a generative action and avoid a sense of stagnation, proposed by Kotre's theory of generativity. It further contributes to the wellbeing of the elderly to a large extent.

Increased self-esteem is another advantage shared by the elderly as a result of helping the next generation. Generalising the same into other arenas of life adds a different texture of happiness and satisfaction. This confirms the fact that generativity on the part of elderly benefits the young generation, and the elderly themselves.

#### ***5.2.8 Contribution of Young Elderly in the Lives of Family Members***

The help provided by the elderly to the family members is in two categories- *sharing the household responsibilities*, which is largely found among the non-institutionalised female elderly. It is more often need-based. Considering physical limitations, if any, these adults help in taking care of the entire house, particularly in the long-term absence of a family member due to health issues or career prospects. Otherwise, it could be on a daily basis in the form of providing help in cooking or looking after grandchildren etc.

It needs to be mentioned here that, many institutionalised elderly consider the old age home as a family and thus contribute to its functioning in the best possible manner. Again, indoor work is opted by the female elderly and male elderly prefer to do outdoor work. Looking after a room partner, who is not keeping well is willingly considered to be one's responsibility, which also helps in developing bonding between the two. Such behaviour on the part of elderly indeed helps to improve one's self concept. A feeling of reliable source of help makes them experience empathic joy and have positive impact on others.

Among the non- institutionalised males, doing outdoor work allows them to be socially connected and follow a set of routine in daily life.

#### ***5.2.9 Strategies Used by Young Elderly to Face Challenges and Difficulties in Life***

A large number of the elderly living with family or in institution prefer to take support from the family or friends, when they come across any challenges, no matter common or uncommon, in their life. More importantly, they take this support with complete trust that they will receive a genuine help. Such findings confirm the interdependence which is a feature of collectivist culture like ours.

Apart from the external support, elderly strongly believe in accepting the challenge and facing it with courage. Various dispositional factors such as keeping oneself composed with the help of certain techniques like meditation which bring clarity in thoughts and enable to perceive the challenging situation more positively.

Majority of the elderly in both the groups consider the past experiences as a learning experience and focus on the strengths within themselves which make them confident about their capabilities with which they try to face the challenging situation successfully

With a strong perseverant attitude, elderly do not succumb to the difficulties and continue with their efforts to the level best.

As spiritual support is looked up to in our culture, many older adults show faith in God/ Supreme. In their opinion, this transcendental power gives them energy to face the challenges with more positivity. The experiences of the elderly in the present study are supporting the past research (Manning,2013; Moberg,2005).

Social and spiritual support act as a protective factor in the life of elderly, despite their place of residence, which confirms our cultural value of interdependence.

#### ***5.2.10 Qualities of Young Elderly While Responding to Challenges and Difficulties in Life***

*Self-efficacy, internal locus of control, intrinsic strengths such as perseverance and strong determination, faith in the Supreme and social support are the themes emerged from the analysis of the qualities of elderly in the odd situations.*

All the elderly did introspect to identify the internal and external support system which qualify them to face the difficult situations in life. The most important quality identified by elderly from both the groups is the trust in one's own capacity and self-efficacy. Few elderly did mention that it is one of the difficult tasks, particularly when one grows older. They remember only their strengths and not the weakness, was reported by more than eighty percent elderly from both the groups. Such attitude helps to gain and maintain self-confidence. These beliefs and experiences of the elderly support the compensatory model of resilience, which focuses on maintaining positive view towards one's life, despite the difficult situations.

More number of institutionalised elderly have complete faith in God / Supreme, believing that even in the difficult times such as 'they are institutionalised,' they could survive well because of

His support. One quality that faith in the Supreme imbibes in them is *shraddha and saburi* (Faith and patience) which makes them determined in the efforts and gives a hope of success in the difficult times. Learning from one's own mistakes and ensuring of not repeating the same also helps to make successful attempt in difficult situations.

Usually thinking with clarity promotes constructive way of problem solving. And it is possible only when the stress accompanied by the problem is under control. Pursuing a hobby and practicing yoga and meditation are two such strategies with which clarity can be obtained effectively and think about the solution.

Faith in the Supreme /God or conscious engagement in the acts like pursuance of hobby works as a protective factor for the elderly which reduces the possibility of negative outcome in adverse situations.

The way to look at and think about the difficult situation determines the strategy. e.g., in case of multiple difficulties arising in life, few non-institutionalised elderly mentioned a strategy, 'think with a peaceful mind and review the situation, plan and do not react immediately.' A usual strategy of trying an option as a solution does not work.

In contrast, majority of the institutionalised elderly said '*Not to think about the consequences of the action but do it boldly*' is our strategy in most of the difficult situations. '*We are left with nothing to lose anymore,*' as mentioned by few of them. Strengthening of one's assets or resources allow the individual to maintain normative level in adverse situations, as proposed by the Variable-oriented model of resilience.

Being physically and mentally fit helps to develop balanced thinking and become courageous to face the adversity. Mental fitness makes oneself mentally strong, which is quite useful in the difficult times, was mentioned mainly by the institutionalised older adults. However, non-institutionalised adults mentioned that financial security makes the person strong and prepares to face any adverse situation.

Taking social support is always considered to be the priority of the elderly. According to the resiliency model by Richardson, self-efficacy and social support are the two qualities of a resilient person.

In the institution, everyone is familiar with each other for a short duration and hence, '*maintaining good relations even in normal circumstances is essential*' shared as a usual strategy by the institutionalised older adults than their counterparts. However, in case of the non- institutionalised adults as familiarity exists for a long time, taking support particularly in difficult times was suggested. Overall, social support acts as an effective strategy to combat challenges in the elderly's life.

The objective of the question below is to find out the state of 'present-preparedness' amongst the elderly, as it would promote mindfulness. Those elderly who tend to live in the Past / Future, believe that the Past lays foundation for the Present and living in the Future gives strength to the individual in the Present, as he looks forward to something. Overall, indicates Present-Preparedness

#### ***5.2.11 Present-Preparedness Among Young Elderly***

Between forty-seven and seventy one percent of the non-institutionalised elderly prefer to *remain in the Present* because of several reasons, such as it gives a sense of control over one's life, gives an opportunity to plan of action for the future. Living in the Present has few more benefits such as it allows oneself to 'live every moment, consciously,' accept it and get satisfaction from the same. Easy acceptance of reality allows elderly to take decision which gives them a feeling of satisfaction is reported by the institutionalised elderly. Such preferred present-orientation would probably help them to re-perceive the experiences and bring required change in thoughts and move towards positive action. It confirms the model of mindfulness by Shapiro which refer intention, attention, and attitude as building blocks in the process of mindfulness.

On the other hand, many institutionalised elderly also reported their preference for the Past, justifying that there is an emptiness in their present or future. Living in the Past allows an elderly to relive happy memories of life. Most of the institutionalised elderly mentioned happy memories from the childhood than the adulthood years of life.

One non-institutionalised elderly showed preference to live in the Future as it will be an opportunity to improve on his mistakes. One institutionalised elderly is experiencing multiple benefits of the institution in later years of life that he is inspired to provide such facilities to many other elderly in future.

Overall, both the groups are found to prefer to live in the Present realizing multiple benefits to make one's life happy.

#### ***5.2.12 Qualities Among Young Elderly to Accept Every Moment in Life***

All the respondents mentioned importance of *acceptance of the reality*. Both the groups attributed to their *personal quality* with which accepting every moment as it comes in life is easy. In addition, *perceiving oneself to be potentially positive* which allows to take even a failure / unpleasant experience as a learning experience. So, rather than getting disheartened, they prefer to perceive the moment from a different perspective. This quality not only promotes acceptance but enhances wellbeing. The development of certain qualities such as *flexibility / adaptability, skill to feel composed and satisfied even in difficult situations* also help the elderly to face the reality in life.

Existing faith in God / Supreme is enhanced by engagement in spiritual practices, which promotes compassion, kindness towards oneself and others and a sense of hope for a better future.

In case of unpleasant times, acceptance of a situation becomes a difficult task. Elderly from the institution consider *others' presence or recognition as a support*, which helps in acceptance of every moment and cope with it successfully. *Social support by the family and friends and kin relationships* assist the non-institutionalised elderly to accept even difficult moments in life.

Specifically institutionalised elderly are found to emphasize the environment at the institution as a contributory factor in the acceptance of reality. Happy environment is defined by these elderly, when there is an absence of conflicts, daily hassles, transparency in close relationships which gives them strength to accept and face every moment as it comes in their life on a happy note.

To summarize the perceptions of elderly towards health, happiness, prosocial behaviour, generativity, resilience, and present preparedness reveal the importance of both intrinsic and extrinsic factors in the life of elderly.