Generativity, Resilience and Mindfulness: Psychological Correlates of Physical Health andSubjective Wellbeing Among Young Elderly

A thesis submitted to The Maharaja Sayajirao University of Baroda, Vadodara In fulfilment of the requirements of the degree of Doctor of Philosophy in Psychology



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Sr No.	Abbreviation	Term
1.	APA	American Psychological Association
2.	BMI	Body Mass Index
3.	CD-RISC	Connor Davidson Resilience Scale
4.	СМС	Chronic Medical Condition
5.	FFMQ	Five Facet Mindfulness Questionnaire
6.	FMI	Freiburg Mindfulness Inventory
7.	GBC	Generativity Behaviour Checklist
8.	GOI	Government of India
9.	IBS	Irritable Bowel Syndrome
10.	KIMS	Kentucky Inventory of Mindfulness Skills
11.	MAAS	Mindful Attention Awareness Scale
12.	MMR	Mumbai Metropolitan Region
13.	MOSPI	Ministry of Statistics and Programme Implementation
14.	NHP	National Health Portal
15.	NPOP	National Policy on Older Persons
16.	ONR Biomarkers	Out of Normal Range Biomarkers
17.	PF	Physical Fitness
18.	PMR	Pune Metropolitan Region
19.	QOL	Quality of Life
20.	SES	Socio Economic Status
21.	SUBI	Subjective Wellbeing Inventory
22.	UN, DESA	United Nations Population Division, Department of
		Economic and Social Affairs
23.	WHO	World Health Organization
24.	WNR Biomarkers	Within Normal Range Biomarkers

Abbreviations Used in the Research

Introduction:

Globally, population ageing is a major concern with profound economic, political, and social implications. India is projected to climb up to the first rank in the population statistics, with an estimated 16.64% share of the total world population by 2050. Within the country, the population of the '60 and above' demographics is estimated to increase from 7.6% of the total population in 2000 to 20.6% in 2050. The growth in elderly population is a result of economic wellbeing, better medical facilities, and reduction in fertility rates.

Urbanization and migration of working age population has affected our age-old joint family system leading to the elderly experiencing loneliness, emotional neglect and lack of physical support (MOSPI, 2016). Internal and international migration which constitutes majorly a working age population is causing increase in dependency ratio among the elderly (United Nations, DESA,2017). According to the World Population Ageing report 1950-2050(UN Population Division, DESA,2015) increase in the parent-support ratio from 0.9% to 1.9% and decrease in the potential-support ratio from 14.7% to 12.4%, from the year 1975 to 2000, highlights the need of independence among the elderly.

The World Health Organization has recognized wellbeing as an inevitable component of healthy ageing. 'Healthy living and wellbeing at all ages' is the third Sustainable Development Goal adopted by all United nations member states to be attained by 2030, which encompasses the elderly population as well (UNDP, India,2015). The decade 2021-2030 is declared as a 'decade of healthy ageing' in line with the global declaration by the World Health Organization (WHO Report,2020).

The past research has focused on health and wellbeing as major contributors to successful ageing; however, there is a paucity of research undertaken in the Indian context. Considering the same as a research gap, the present research seeks to examine the precursors of successful ageing through physical health and subjective wellbeing in the Indian context. The research focus on the young elderly i.e. older adults between 60 and 70 years, as they are physically & mentally fit with reduced family and work responsibilities who are willing to adopt new learning and who have a longer runway in terms of their remaining life. This would result in maximization of benefits to the elderly and society at large.

Various philosophical and psychological perspectives have proved that the maintenance and enhancement of the wellbeing is highly dependent on the quality of the consciousness. Mindfulness is one of the attributes which nurtures consciousness by non-judgmental observation of every phenomenon, resulting in behaviour regulation and wellbeing. Generativity is a pertinent attribute as it helps to connect elderly with the society. Generativity acts as a significant predictor of life satisfaction and wellbeing. Facing challenges and difficulties in daily life and age-related adversity is a common phenomenon in the life of elderly. Resilience nurtures personal qualities which help to cope with these challenges and adversities successfully. The role of nutrition, exercise and spiritual engagement in health and wellbeing of older adults has been elucidated in the prior studies on the subject. Thus, the researcher has studied these factors in Indian context.

Living arrangements of the elderly population in India shows that approximately 78% of elderly population live with their family, 14% with the spouse & the remaining stay alone or have other living arrangements (Gouda & Shekhar,2016). Living arrangement not only covers the type of family, but also the kind of relationship the elderly share with family members (Rajan &Kumar, 2003). It could be manifested in their physical health and perceived wellbeing. In order to understand whether living with family or in the institution makes difference in health and wellbeing of elderly, the sample in the present study consisted of 103 institutionalized elderly and 349 non- institutionalized elderly. Generativity, resilience, mindfulness, physical health, and subjective wellbeing with respect to these parameters were studied in the Indian context.

Ageing brings along several changes at physiological, psychological, sensory-motor level. They are coupled with dietary intake and habits leading to the greater possibility of chronic illness, consumption of medication and the sedentary lifestyle. Exercise promotes health by controlling speed of reduction in physical fitness and enhance muscle tone, bone density, flexibility in joints, improving the systemic functioning. This helps to prevent cardiovascular and respiratory illness, which are commonly found in old age (Cress et al.,1999; Rodríguez-Gómez et al,2021). Spirituality is a positive state of mind having a universal strength to transcend the outer and inner self. A belief from non-consideration to surrendering to the transcendent (Koenig,2012). Different spiritual practices are the reflections of such beliefs. The evolution of spirituality in India has an almost 2500 years historical background. In Indian context, very often spiritual practices work as preventive measures to ensure health across the ages (Goswami,2014; Saleem & Khan,2015).

Considering the importance of nutrition, exercise and spiritual practices, the research was carried out to study their mediating effect in the relationship of generativity, resilience, mindfulness and physical health and subjective wellbeing among the young elderly.

The objectives of the research are given below-

Objectives of the research

1. To study the relationship between generativity, resilience, mindfulness and physical health and subjective wellbeing among young elderly

2. To examine the effect of generativity, resilience and mindfulness on physical health and subjective wellbeing among young elderly

3.To examine how nutrition will mediate the relationship of generativity, resilience and mindfulness with physical health and subjective wellbeing of the young elderly

4. To find out how exercise will mediate the relationship of generativity, resilience and mindfulness with physical health and subjective wellbeing of the young elderly

5. To understand how engagement in spiritual practices will mediate the relationship of generativity, resilience and mindfulness with physical health and subjective wellbeing of the young elderly

6.To understand physical health and subjective wellbeing among institutionalized and noninstitutionalized young elderly

7. To study whether type of family, pursuing hobby and engagement in social activities affect generativity, mindfulness and resilience, physical health, and subjective wellbeing of the young elderly

8. To investigate whether gender, socio-economic status, educational status and working status will affect physical health and subjective wellbeing among young elderly

9. To understand the perception of physical health and happiness of young elderly

10.To explore the sources of life satisfaction among young elderly

11.To find out the strategies used by the young elderly to face challenges in life

12.To understand the contexts in which young elderly help others / young generation

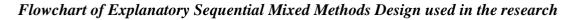
13. To explore the level of Present preparedness among young elderly

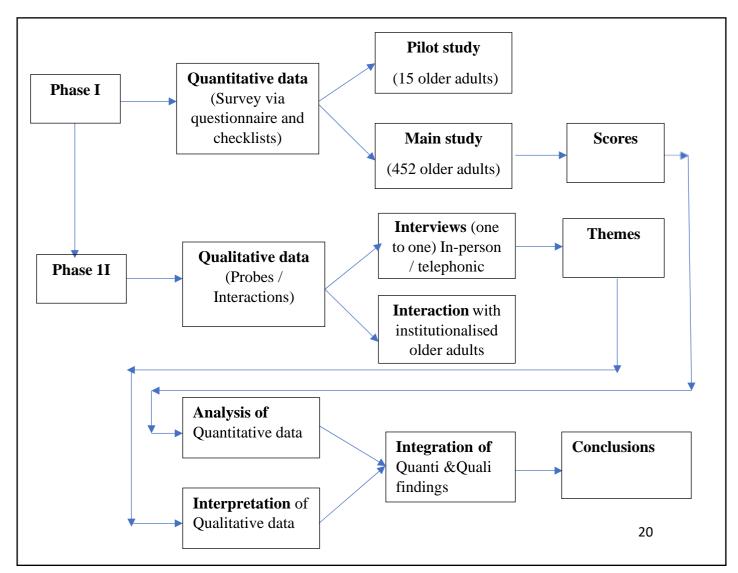
To attain the objectives, following research design was used in the study.

Research Design

Explanatory Sequential Two-Phased Mixed Methods Design was used in the research. It is a design with fixed mixed method, as the quantitative and qualitative designs were predetermined and planned in the conception stage of the research. Quantitative and qualitative strands in the research have been independent for the research questions, data collection and data analysis. Both the sequential strands are mixed during interpretation of the findings and drawing conclusion in the research (Creswell &Clarke,2018).

The purpose of using Mixed Methods Design is to get an insight into how personal experiences, beliefs and perceptions (qualitative data) help to explain the scores obtained on quantitative measures of the variables. It develops a strong understanding of the variables in the research by integrating quantitative results and qualitative data. This design enables to get more complete and corroborated approach towards understanding the research problem.





Structure of the Research:

Phase I- Quantitative design

Phase II- Qualitative design

(a)Semi-structured interviews

(b) Interaction with the institutionalised elderly

Based on the review of literature and objectives of the research, the following hypotheses were conjectured.

Hypotheses

H1. There will be a significant positive correlation among generativity, mindfulness, resilience, subjective wellbeing and physical health parameters i.e. sensory/systemic parameters and life style habits among young elderly

H2. Young elderly high on chronic medical condition, ONR biomarkers and low on physical fitness parameters will significantly differ from elderly who score low on chronic medical condition, WNR biomarkers and high on physical fitness, across generativity, mindfulness, resilience and Subjective wellbeing of young elderly.

H3. Generativity, mindfulness, resilience will significantly affect physical health parameters i.e., sensory/systemic parameters and lifestyle habits and subjective wellbeing of young elderly.

H4. a) There will be a significant mediating effect of nutrition on the relationship between generativity, mindfulness, resilience and sensory/systemic parameters of physical health of young elderly

b) There will be a significant mediating effect of nutrition on the relationship between generativity, mindfulness, resilience and physical health parameters such as lifestyle habits of young elderly

c) There will be a significant mediating effect of nutrition on the relationship between generativity, mindfulness, resilience and subjective wellbeing of young elderly

H5. a) There will be a significant mediating effect of exercise on the relationship between generativity, mindfulness, resilience and sensory/systemic parameters of physical health of young elderly

b) There will be a significant mediating effect of exercise on the relationship between generativity, mindfulness, resilience and physical health parameters such as lifestyle habits of young elderly

c) There will be a significant mediating effect of exercise on the relationship between generativity, mindfulness, resilience and subjective wellbeing of young elderly

H6.a) There will be a significant mediating effect of spiritual practices on the relationship between generativity, mindfulness, resilience and sensory/systemic parameters of physical health of young elderly

b) There will be a significant mediating effect of spiritual practices on the relationship between generativity, mindfulness, resilience and physical health parameters such as lifestyle habits of young elderly

c) There will be a significant mediating effect of spiritual practices on the relationship between generativity, mindfulness, resilience and subjective wellbeing of young elderly

H 7. There will not be any significant difference between young elderly pursuing hobbies and not pursuing across generativity, mindfulness, resilience, subjective wellbeing and physical health parameters such as sensory/systemic parameters, lifestyle habits, chronic medical condition, biomarkers and Physical fitness of young elderly

H8. Young elderly engaged in social activities will not significantly differ from their counterparts across generativity, mindfulness, resilience, subjective wellbeing and physical health parameters such as sensory/systemic parameters, lifestyle habits, chronic medical condition, biomarkers and Physical fitness of young elderly

H9. There will be significant difference between institutionalised and non-institutionalised young elderly across generativity, mindfulness, resilience, subjective wellbeing and physical health parameters such as sensory/systemic parameters, lifestyle habits, chronic medical condition, biomarkers and Physical fitness of young elderly

H10.There will not be any significant difference between young elderly males and females across generativity, mindfulness, resilience, subjective wellbeing and physical health parameters such as sensory/systemic parameters, lifestyle habits, chronic medical condition, biomarkers and Physical fitness of young elderly

H11. There will not be any significant difference between young elderly staying in different types of family across generativity, mindfulness, resilience, subjective wellbeing and physical

health parameters such as sensory/systemic parameters, lifestyle habits, chronic medical condition, biomarkers and Physical fitness of young elderly

H12.There will not be any significant difference among the groups of elderly with their different educational status across generativity, mindfulness, resilience, subjective wellbeing and physical health parameters such as sensory/systemic parameters, lifestyle habits of young elderly

H13. There will not be any significant difference among the groups of elderly with their different socio-economic status, across generativity, mindfulness, resilience, subjective wellbeing and physical health parameters such as sensory/systemic parameters, lifestyle habits of young elderly

H14. There will not be any significant difference among the groups of elderly with their different working status, across generativity, mindfulness, resilience, subjective wellbeing and physical health parameters such as sensory/systemic parameters, lifestyle habits of young elderly

Socio-demographic Variables	Psychological Variables	Health Variables	
Age	Generativity	Nutrition	
Gender	Resilience	Exercise	
Marital status	Mindfulness	Physical health	
Educational status	Spiritual Practices		
Socioeconomic status	Subjective Wellbeing		
Working status			
Place of stay			
Type of family (in case of non-			
institutionalised elderly)			

Variables under Study

Phase I- Quantitative design

Sample

*Population-*The population for the study was the urban young elderly between 60 and 70 years from Mumbai and Pune Metropolitan Regions.

Sample description- The sample for the Phase I of the study consisted of 452 male and female elderly from Mumbai and Pune Metropolitan Regions. In all, 297 male and female elderly from twenty five out of thirty five wards of Mumbai Metropolitan Region and 155 male and female elderly from five out of nine Pune Metropolitan Region were approached.

From the total sample, 349 were the non-institutionalized elderly between 60 and 70 years and 103 institutionalized elderly were between 60 and 75 years. For the institutionalized elderly, age limit was extended up to 75 years, as in many government and non-government organizations the retirement age is 60-65 years and 60 years is comparatively a young age for being institutionalized. Many people in this age range may still be financially self-sufficient, healthy, and independent to take their own decisions. In India, it is not yet a trend to get oneself institutionalized by own choice if he or she is healthy and independent.

Inclusion criteria were -young elderly between 60 and 70 /75 Years

Institutionalised / Non-institutionalised elderly

Exclusion criteria were- young elderly suffering from any acute health problems at the time of data collection and without any major psychopathological problems and any locomotive disability.

Tools Used in the research were-Demographic information sheet Generativity Behaviour Checklist Five Facet Mindfulness Questionnaire-15 Connor- Davidson Resilience Scale Subjective Wellbeing Inventory Senior Fitness Test

Checklists – Diet, Exercise, Spiritual practices, Physical fitness parameters

Procedure

Code of Ethics was followed by informing the participant about the purpose of the study and importance of their contribution to the same. The consent for providing the information in the questionnaires and participate in a moderate level of physical tasks was duly obtained by the researcher with the participant's signature, date, and place of stay. The participant was assured

about confidentiality to be maintained about the findings of the study by the researcher.

The Phase I of the research consisted of -

Pilot study- Pilot study was carried out to analyse feasibility of the quantitative measures of generativity, resilience, mindfulness, subjective wellbeing and the self-constructed checklists of nutrition, exercise, engagement in spiritual practices and the physical health parameters. It was conducted on 15 non-institutionalised and 5 institutionalised young elderly from Mumbai Metropolitan Region and Pune city. Their recommendations were addressed and implemented in the main study.

Main study- Municipal Corporations and Councils within Mumbai and Pune Metropolitan Regions were identified. In Mumbai Metropolitan Region, the sample for the study was obtained from six out of eight Municipal Corporations spanning from Bhiwandi to Panvel. In Pune Metropolitan Region, both Municipal Corporations and outlying areas from Khed to Bhor under 3 Municipal Councils were covered.

Young elderly from the identified areas depending on the convenience of the researcher and their willingness to participate in the research were approached. The researcher explained to the participants entire procedure of the research, including physical tasks and the time required to complete the procedure. The code of ethics was adhered as mentioned above before and during the process of data collection.

The demographic information with the help of a prepared questionnaire was collected and the prevalence of any disease was noted down, with its nature, duration, frequency, and intensity. Respecting the comfort level of the participant, psychometric tools such as GBC, FFMQ- 15, CD-RISC, and SUBI were administered with intermittent short intervals. The physical health parameters were measured through the checklists and the participants' performance on various tasks of physical fitness.

Phase II- Qualitative Design

Phase II of the Research was carried out in two parts. In Part I, semi-structured interviews were held with the participants on individual basis.

(A) Semi-structured interview

Sample description

During Phase I of the research thirty eight participants who were observed by the researcher to be high / low on wellbeing or either of the psychological attributes were identified and finally thirty participants who were willing to share more experiences from their life were interviewed according to the convenience of the participants. Amongst them, seventeen elderly were the non- institutionalised elderly and thirteen were the institutionalised elderly.

Tool Used

The Probes were used to understand beliefs and perceptions about health, happiness, life satisfaction, generativity, resilience, and present preparedness among the elderly.

Procedure of the Semi-structured interview

Code of Ethics: In this phase of the research, the consent from each participant for recording the conversation was obtained in addition to the code of ethics mentioned in Phase I of the research.

Adhering to the code of ethics, semi-structured interview technique was used to understand the perception of young elderly towards their physical health and wellbeing. The elderly participants were made to introspect about their life with reference to generativity, resilience and mindfulness. The interview schedule was prepared, communicated with the respondents in advance and adhered to the best of the researcher. The consent was obtained to record the interview for the purpose of verbatim transcript. The interviews were conducted with the help of twelve probing questions. The duration of each interview ranged from 25 to 40 minutes. However, the probes were customized depending on the responses of participants. The transcripts of responses to each question were prepared by the researcher for the content analysis.

Phase II- Qualitative design

(B) Interaction with the institutionalised elderly

During the interviews with the elderly from the institution, need was felt by the researcher to make one-to-one communication with them to understand their perceptions of the situation in the current context and their ways and means applied to face successfully and qualify to be happy and healthy.

It was difficult for the institutionalized elderly to cope with the challenges thrown at them due to Covid-19 Pandemic, due to the restrictions introduced by the institutions. Their increasing

feelings of loneliness led to temperamental changes, such as, feelings of, insecurity, anxiety, sadness, mood swings and concern for the uncertainty in future. The institution was equally observant of these changes within the elderly and reported reduced appetite and disturbed sleep amongst most of them.

Procedure

To understand the life of the elderly in the institution and know their coping strategies, online telephonic interaction with each elderly was scheduled. Due to the Pandemic, with nine elderly between 66 to 83 years were available. Consent was obtained for the interaction and its recording was obtained from each elderly. Within a span of 3 months, 37 sessions were held for 45 to 50 minutes each. With three elderly, sessions could be held on a video call, which was a rewarding experience for both, the elderly and the researcher.

Insights gained for the future from the interactions in the context of Pandemic are given below

What could be the sources of happiness?

Those who were technologically efficient started using the Public Address System, installed in the institution for spiritual readings. Some of them volunteered to do bhajan / kirtan at a common place, so that others can passively participate in the same.

How one can be generative, in a given situation?

Female elderly would volunteer to help young staff through different activities such as- doing kitchen work, knitting, or stitching for their children, sharing home-remedies for minor illness of their family members

Gratitude expressed by the staff used to promote such behaviour and enhance feelings of happiness, satisfaction among the elderly

What could be the strategies to develop resilience?

With the help of some Probes from the researcher, the older adults were happy to identify their strengths, which was a 'treasure-hunt' experience, resulting into high self-esteem and self-confidence.

'Introspection in the past life helps to adapt in the present' was learnt by the researcher during the interaction.

How can one keep oneself physically fit?

Considering limited outdoor physical mobility in the institution, few elderly learnt and practiced floor exercises on a daily basis to keep them physically fit.

Importance of disciplining one's body, in terms of regular diet and exercise. Controlling or managing healthy dietary habits is a key to remain physically fit was shared by few elderly.

To summarize, the interaction with the elderly highlighted various unique and proactive coping strategies used by them in a restrained Pandemic context. Getting socially connected by the telephonic conversations was quite reinforcing for them.

The data was analysed by using appropriate statistics such as multiple regression, hierarchical regression, independent group t test, one-way ANOVA and chi square. The results of Quantitative design are given below.

Major findings

A) Phase I- (Quantitative design)

- Pearson product moment correlation suggests significant positive relationship between generativity, mindfulness, resilience, and subjective wellbeing of young elderly.
- Sensory/systemic parameters of physical health are significantly related with mindfulness, resilience, subjective wellbeing but not with generativity.
- Lifestyle habits are neither related to any psychological variables, nor sensory/systemic parameters of physical health of young elderly.
- Chronic medical condition makes significant difference in resilience, mindfulness, and subjective wellbeing, but not in generativity. Young elderly without any chronic medical condition are more resilient, mindful and experience more subjective wellbeing.
- Elderly with biomarkers WNR significantly differ in subjective wellbeing from their counterparts and not in other psychological or physical health parameters. These elderly perceive significantly higher wellbeing than the rest of the group.
- Physical fitness is a significant factor in health and wellbeing among the elderly. Physically fit elderly are significantly more generative, resilient, mindful and perceive wellbeing.

- Generativity, resilience, and mindfulness together are significant predictors of both physical health parameters i.e., sensory/systemic parameters and subjective wellbeing among elderly. However, resilience is independently predicting both parameters of health and subjective wellbeing; mindfulness is predicting subjective wellbeing. Generativity, resilience, and mindfulness independently cause significant variance in health and wellbeing of young elderly.
- Generativity, resilience, and mindfulness show independent effect on subjective wellbeing.
- Significant mediating effect of nutrition is found on subjective wellbeing of the elderly; however not on any physical health parameters studied in the research.
- Although not significant, exercise is significantly playing a mediator role in the relationship between generativity, resilience, and mindfulness and lifestyle habits and subjective wellbeing, but not with systemic/ sensory parameters of the elderly.
- Engagement in spiritual practices does not cause any additional variance in the physical health sensory/systemic parameters of physical health and subjective wellbeing; however, mediating effect is found on the lifestyle habits of the elderly.
- Pursuing hobbies makes significant difference in generativity, mindfulness, resilience, subjective wellbeing and biomarkers of physical health among the elderly. However, physical fitness, sensory/systemic parameters, lifestyle habits and chronic medical condition do not get affected.

Elderly pursuing hobbies are more generative, mindful and resilient and tend to feel happy and satisfied than their counterparts. They do not show any biomarkers, indicating better physical health.

• Engagement in social activities makes significant difference in all the psychological parameters of the study among the young elderly. Physical health parameters are not affected by the social engagement in the present research.

Elderly engaged into any formal / informal social activity such as attending meetings of some NGO or community, participating in kitty party / *bhishi* are more generative, mindful, resilient and find happiness and satisfaction in life.

- The non-institutionalised elderly are more generative, mindful, resilient and perceive significantly higher wellbeing in life. However, institutionalised elderly have significantly better physical health as they have WNR biomarkers. They do not have such lifestyle habits, which would affect their health and wellbeing.
- There are gender differences in resilience, subjective wellbeing and physical health parameters such as lifestyle habits and biomarkers. However, male and female elderly do not significantly differ in generativity, mindfulness and physical health parameters such as systemic / sensory parameters, chronic medical condition and physical fitness.

Elderly males have WNR biomarkers, they are more mindful, resilient and tend to perceive wellbeing greater than the elderly females. On the other hand, elderly females are found to be more generative, although the difference is not significant. They show better health parameters such as lifestyle habits than elderly males

- The type of family affects only subjective wellbeing and no other psychological or physical health parameter. Elderly living in the nuclear family tend to perceive more wellbeing than elderly living in joint family.
- Psychological variables vary as per the educational status; but the elderly do not differ in any physical health parameter based on educational status. Highly educated elderly are more generative, mindful, resilient and tend to perceive wellbeing in life. Although the difference is not significant, their physical health parameters are better than the rest of the groups.
- The elderly from higher socioeconomic background are more generative, mindful and perceive greater wellbeing than the elderly from the rest of the socioeconomic status. However, they have such lifestyle habits, which would affect their health and wellbeing. Elderly from income between 10,000 and 20,000 are much more resilient.
- Working status of the elderly as self-professionals or those working post-retirement with or without financial gains have greater generativity, resilience, mindfulness, and subjective wellbeing. They benefit in systemic / sensory parameters of physical health, as well as have such lifestyle habits promoting good physical health.

In Phase II of the research, with the help of the Semi-structured interview, the beliefs and perceptions of thirty elderly were understood. Through the content analysis of the verbatim, global themes emerged, which are given below-

Major findings

B) Phase II- (Qualitative design)

- *Physical health* was perceived by young elderly as a state of absence of illness, being physically active and independent, tranquil mind and ability to enjoy good variety of diet and sleep
- *Happiness* was perceived to be a subjective phenomenon with unconditional acceptance of a situation. Confelicity, i.e. Elderly find happiness in others' happiness too.
- *Life satisfying moments* in the elderly's' life were personal achievements, success of family members, self-reliance, creative pursuits, altruistic pleasure and getting spiritual support.
- *Generativity* in other people was perceived as a selfish motive, symbolic social influence, situational demand and contingent to recognition by others.
- Empathic joy, emotional accuracy, emotional empathy and selfish motive could trigger generativity among the elderly
- Elderly in the present study prefer to provide customized help, help on demand to the younger generation. At times, it could be out of social concern
- Being generative towards younger generation, the elderly feel satisfied, socially connected, socially responsible and find happiness in others' satisfaction
- Elderly prefer to involve in the family by sharing household responsibility or helping in outdoor work.
- *Resilience* is experienced by facing the challenges / difficulties in life, elderly take support from family and friends, show complete faith in the Supreme and trust their intrinsic strengths.
- Ability to find support in the Supreme, self-efficacy, intrinsic strengths like strong determination, flexibility, positive perception, internal locus of control, fitness at physical, mental and financial level, taking social support and developing skill-based resilience are various qualities which the elderly find in oneself while facing the challenges /difficulties in life.

• *Present preparedness* is reflected by the elderly, as majority of the elderly choose to remain in the Present, so that can take decisions, improve one's mistakes, hope to make better future, feel 'control over life', and can live every moment of life.

Conclusions

The present study implies generativity, resilience and mindfulness together and independently act as the precursors of physical health and subjective wellbeing among the young elderly. It highlights the role of psychological factors in physical health of elderly.

Sensory/ systemic parameters and lifestyle habits are significantly affected by resilience and resilience and mindfulness, respectively. Chronic medical condition is important in resilience, mindfulness. Biomarkers are important in the subjective wellbeing and not in generativity, resilience, mindfulness.

Physical fitness through physiological benefits significantly protects elderly from stress and promotes generativity, resilience, mindfulness and perceived wellbeing in the elderly.

Subjective wellbeing: It is enhanced by generativity, resilience and mindfulness independently as well as with mediating effect of nutrition, exercise and engagement in spiritual practices among young elderly.

Mediating effect: All the mediating variables such as nutrition, exercise and engagement in spiritual practices do not show mediating effect on any physical health parameters. However, all of these variables show significant mediating effect on the subjective wellbeing of the young elderly.

Sociodemographic variables: Pursuance of hobbies is beneficial as it enhances generativity, resilience and mindfulness and subjective wellbeing. It helps the elderly to maintain his biomarkers adequately, which could contribute to his physical health.

Engagement in social activities is effective in promoting generativity, resilience and mindfulness and thus, enhance subjective wellbeing. Somehow, it does not affect physical health of young elderly.

Place of stay / living arrangement makes difference in all psychological variables. The noninstitutionalised elderly are more generative, resilient and mindful and perceive greater wellbeing in life. However, in few parameters of physical health such as systemic / sensory parameters, chronic medical condition and physical fitness, non-institutionalised elderly do not differ from the elderly living in the institution.

Although, significant gender differences are found in resilience, subjective wellbeing and physical health parameters such as biomarkers and lifestyle habits; the mean scores of male elderly are higher than the counterparts in the remaining psychological and physical health parameters.

The type of family that the elderly live does not make any difference in any psychological and physical health parameters, except subjective wellbeing. Amongst the non-institutionalised elderly, who live in either joint family or live only with the spouse and unmarried children, significantly higher subjective wellbeing is found among the elderly living in nuclear family.

Educational status shows significant effect on all psychological variables, but not on physical health. Overall, highly educated elderly are more generative, resilient, mindful and tend to perceive more wellbeing in life.

Socioeconomic status also shows significant difference in all psychological variables and lifestyle habits of the elderly.

Working status is found to be a significant determinant of high generativity, resilience, mindfulness, subjective wellbeing, and physical health parameters such as systemic / sensory parameters and lifestyle habits.

To conclude, it requires a sincere attention of the Policymakers to take a step forward and create opportunities for the senior citizens to utilise their potentials to the fullest and allow the society to benefit from this social capital.

The present research had certain limitations, which are given below-

Limitations of the research

- The sample in the present research were only the urban elderly. An inclusion of elderly from rural background would probably get a different perspective to psychological and physical variables.
- The sample of non-institutionalised and institutionalized elderly was selected from a wide range of Mumbai Metropolitan Region and Pune Metropolitan Region. However, covering every ward was found to be practically difficult, particularly in the context of Pandemic. Hence, the present sample may not be a true representation of young elderly from Mumbai and Pune city.
- In Phase II of the research, during the Pandemic, seventy percent of the interviews were held telephonically. The interaction with the institutionalised elderly was done online. In-person interviews and interactions would have probably added nuances in the description.
- The mediating variables such as nutrition, exercise and engagement in spiritual practices as well as few dimensions of physical health were measured by the self-prepared checklists and not by the standardized measurements. Thus, the researcher's effect/ bias could not be completely avoided.
- The sample for qualitative design in phase two in the research was restricted to thirty. Probably, greater number would give better insights into the perception of physical health, happiness, life satisfaction, generativity, resilience, and present preparedness of the elderly.
- Along with the elderly, caretakers and staff of the institution could have been interviewed to get different perspective in the research.

Implications of the research

The present research has relevance in the contemporary times as it takes a proactive approach of examining the dynamics of wellbeing among old people in Indian context. The role of generativity, resilience and mindfulness in perceived wellbeing of the elderly is highlighted. The implications of the research are in diverse fields / groups, including enhancing health and wellbeing of the elderly. The findings will indeed help to create awareness amongst the caregivers of the home-based elderly, elderly care institutions, the society at large and the Policy makers and build healthy society.

Suggestions for future research

- A further study of the dimensions of mindfulness will help to understand the areas to work upon to cultivate optimal mindfulness
- Detailed analysis of the CD-RISC profile of the elderly would indicate strengths of elderly to face the challenges, and he/she can be made aware of the same to use consciously for greater benefits
- Extensive research on age-appropriate nutrition and exercise will be helpful to prepare a generic health-plan for the elderly population.
- The deterrents of consuming age-suitable intake and variety of diet, regular exercise and more importantly spiritual engagement should be known to reduce discrepancy between the elderly's opinion about their importance in one's health and wellbeing and practicing the same.
- Research on the e-practices in spirituality particularly for the elderly with physical limitations may be useful to promote spirituality.
- Nuances of the elderly-friendly institutions need to be understood considering diversity in various domains, which is a hallmark of our country.

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