ASSOCIATION BETWEEN SPIRITUALITY AND MINDFULNESS AND ITS IMPACT ON MENTAL HEALTH AMONG ELDERLY PEOPLE

DISSERTATION

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CERTIFICATE

This is to certify that Miss. Aditi Verma student of B.A. Honor's Psychology Semester V, Session 2021-2024, bearing Roll No 2108018 has worked under supervision of Dr.Taniya Raina on Project entitled "AStudy of association between spirituality and mindfulness and its impact on mental health amongelderlypeople".Hisminiprojectisfitforsubmission,inpartialfulfilmentoftheirrequirements for the award of the Degree in B.A. Honor's psychology.

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Acronyms Description

DASS	The Depression, Anxiety and Stress Scale
DSES	Daily Spiritual Experience Scale
MAAS	The Mindful Attention Awareness Scale
t	Student's 't' statistics
r	Correlation
S.D	Standard Deviation
N	Number of Participants
P	Probability value
S/R	Stimulus response
R/S	the relationship between response and stimulus
Es	Effect size

CHAPTER-I

INTRODUCTION

Elderly people

Old age has been defined variously in different societies and also cross culturally. It is a relative concept and different meanings have been attributed in different contexts. A still more specific definition of aging was offered by Handler, "Aging is the deterioration of a mature organism resulting from time dependent, essentially irreversible changes intrinsic to all members of a species, such that, with the passage of time, they become increasingly unable to cope with the stresses of the environment, thereby increasing the probability of death" (Handler, I960, p.200). The term 'aged' not only describes individuals but is also used as collective noun, and once individuals are identified as 'old' they are perceived exclusively as such. Hazan (1994, p. 16) observes that there are several ways of defining aged, "one way is seemingly unproblematic self-defining- an 'old person' is someone who regards him or herself as such... Another definition of 'aged' is socially constructed, composed of an infinite number of overlapping points of view with regard to a given person. Changing circumstances and the dynamics of social relationships make it difficult if not impossible to use such a definition vigorously".

The World Health Organisation (WHO, 2009) declares the life stage of old age to include any individual aged 65 years and older. However, in the developing world, old age includes individuals who are 60 years and older. Population aging in developing countries such as South Africa poses a considerable challenge for the public health and social development sectors (World Health Organization, 2011). A greater need for chronic disease treatment and frail care amongst the elderly can overburden an already overwhelmed health-care system and render it unable to stay abreast of the increased need for medical assistance (Bergman et al., 2013). Improved wellbeing may be associated with physical and psychosocial benefits for the elderly (Diener & Chan, 2011; Ramirez et al., 2013), and thereby place fewer demands on public health and social development resources.

Ageing, an inevitable process, is commonly measured by chronological age and, as a convention, a person aged 65 years or more is often referred to as 'elderly.(WHO, et,al. 2010, Orimo H, et.al,2006) However, the ageing process is not uniform across the population due to differences in

genetics, lifestyle, and overall health. Thus, chronological age fails to address the heterogeneity observed among the 'elderly', particularly in regard to their pharmacotherapy needs where pharmacokinetic and pharmacodynamics factors necessitate individualisation of regimens. (Levine ME 2013) However, there are no concrete definitions of 'elderly' that appropriately characterise this patient population; in using the generic terms 'elderly' and 'older persons' (even within this manuscript) there may be variable interpretations of the type of patients that is being referred to, and this is problematic when decision making specifically refers to these. These issues have never been more relevant to clinical practice, given the increasing emphasis on patient-centred care. (Ferguson LM,et,al.2013)

Mindfulness

The concept of "mindfulness" originated from Buddhist teachings and is one of five Buddhist spiritual practices, along with faith, effort, concentration and wisdom (Malinowski, 2013:386). The ability to be mindful is an inherent human capacity (Siegel, Germer & Olendzki, 2011). And, rather than separating the practitioner from personal thoughts, emotions, behaviour or experiences, the goal of being mindful entails an attempt to more fully and vividly experience those elements that comprise daily living (Siegel et al., 2011). The constructs of mindfulness, life satisfaction and spiritual wellbeing to gerontology is deemed to be a worthwhile area for research within social work and the broader helping professions. In addition, there is a paucity of local and international research regarding these constructs (Nexus, Academic Search Complete and PsycINFO database searches, 28 July 2015). Accordingly, this study has investigated the role of mindfulness in the relationship between life satisfaction and spiritual wellbeing amongst a sample of South African elderly individuals.

Langer (1989; 1992) has defined mindfulness as a process of continually drawing new and original distinctions between stimuli regardless of whether the presenting stimuli are regarded as trivial or important. Furthermore, Kabat-Zinn (2003; 2008:1) emphasises that any experience derived from internal or external stimuli is perceived, recognised and accepted without being evaluated. His understanding is echoed in Brown and Ryan's (2003:824) definition of mindfulness as responsive attention to, and awareness of, events and experiences as they occur in the present moment. Moreover, Brown and Ryan (2003) distinguish between trait mindfulness, which is believed to predict autonomous activity in daily life, and state mindfulness, which is associated with the temporary positive affect and experience of being in the present. Brown and Ryan's (2003) definition of mindfulness informs the present study, and it was trait mindfulness in particular that was measured in

this study. Mindfulness is receiving increased attention in the scientific community, and has been described as an awareness of moment by moment experience arising from purposeful attention (i.e., meditation), along with a non-judgmental acceptance of these present-moment experiences (Kabat-Zinn, 2003). A growing body of research suggests that mindfulness-based therapies may be effective in the reduction of chronic pain (Kabat-Zinn, 1990), anxiety (Kabat-Zinn et al., 1992), and in the prevention of depressive relapse (Segal et al., 2002, Teasdale et al., 2000).

One of the most well-recognized Western definitions of mindfulness comes from Dr. Jon Kabat-Zinn, one of the central founders of the field for which I coin the term here - mindfulness science. He defined mindfulness as, "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (Kabat-Zinn,J. 1994). His use of the term mindfulness has become the landmark definition; however, similar conceptual definitions were soon to follow his work. These definitions include (a) an open and receptive attention to and awareness of what is occurring in the present moment. (Brown, K.W.& Ryan, R.M. 2004); (b) an awareness that arises through intentionally attending in an open, accepting, and discerning way to whatever is arising in the present moment (Shapiro,S.L.&Carlson,L.E. 2009) ; (c)an attention that is receptive to the whole field of awareness and remains in an open state so that it can be directed to currently experienced sensations, thoughts, emotions, and memories(Jha,A.P.,Krompinger,J.,&Baime,M.J. 2007); and (d) waking up from a life lived on automatic pilot and based in habitual responding. (Siegel,D.J. 2007).

Spirituality

What do I mean when I use the term "spirituality?" To me, spirituality is distinguished from all other things – humanism, values, morals, and mental health – by its connection to the sacred, the transcendent. The transcendent is that which is outside of the self, and yet also within the self – and in Western traditions is called God, Allah, HaShem, or a Higher Power, and in Eastern traditions is called Ultimate Truth or Reality, Vishnu, Krishna, or Buddha. Spirituality is intimately connected to the supernatural and religion, although also extends beyond religion. Spirituality includes a search for the transcendent, and so involves traveling along the path that leads from staunch non-belief to questioning to belief to devotion to surrender (Koenig, King, & Hall, forthcoming 2011).

Spirituality refers to human inclinations for exploring the concept of life with a need for connecting with something beyond self or by developing one's self. Spirituality is an inner strength which helps the individual to move beyond self-interest and make meaning of both lived and transcendental

experiences (Shaton, et al., 2001). Spiritual wellbeing consists of personal, communal, environmental and transcendental dimensions. The personal dimension of spiritual wellbeing refers to the way in which one intra-relates to oneself with regard to one's values, meaning and purpose in life (Gomez & Fisher, 2003)**.** Spirituality is a globally acknowledged concept. It involves belief and obedience to an all powerful force usually called God, who controls the universe and the destiny of man. It involves the ways in which people fulfill what they hold to be the purpose of their lives, a search for the meaning of life and a sense of connectedness to the universe. The universality of spirituality extends across creed and culture. At the same time, spirituality is very much personal and unique to each person. It is a sacred realm of human experience. Spirituality produces in man qualities such as love, honesty, patience, tolerance, compassion, a sense of detachment, faith, and hope. Of late, there are some reports which suggest that some areas of the brain, mainly the nondominant one, are involved in the appreciation and fulfillment of spiritual values and experiences. (Abraham J.,2004, Saver JL, Rabin J.,1997;9:498–510)

At the heart of the spirituality of every person and group, one can find experiences that are both personal and compelling, sometimes life changing in their impact. Because of this, a proper understanding of religion and spirituality must involve the study of experience. Over the past century, scientists and philosophers have been refining the study of phenomenology, or the lived experience of human beings, and applying these new techniques and knowledge to the analysis and understanding of our spiritual life. Phenomenology takes us beyond simple functional analyses of religion to look at its substance and the experience of transcendence (Berger, 1974). Spirituality has been variously defined by social scientists in terms of relationships, "the presence of a relationship with a higher power that affects the way in which one operates in the world" (Amstrong, 1995, p.3); the inner motivation, "our response to a deep and mysterious human yearning for seJf-transcendence and suirender, a yearning to find our place" (Benner, 1989, p.20); the existential quest, "the search for existential meaning" (Doyle, 1992, p.302); the prescriptions, the systematic practice of and reflection on a prayful, devout, and disciplined Christian life" (O'CoUins & Farrugia, 1991,p.228). Frankl (1963) emphasized that spiritual conflicts and distress are at the root of many of the clinical "pathology" of our days. Thus therapeutic psychology cannot afford to ignore the spiritual dimension. If the loss of a spiritual perspective produces ps3'chologicaI problems, then the recovery of a spiritual perspective would seem to be the most obvious cure. Jung (1933) recognized this and said that he was able to cure those midlife patients who recovered a spiritual orientation of life.

According to Koenig (2012)., spirituality is to seek for a meaning in life, about the relations with the sacred or transcendent, and the connection with a higher power or supreme-being.. A broader concept is provided by Puchalski et al. who defines spirituality as the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred. These different definitions have been discussed by several authors in the last decades and no consensus has been reached (Puchalski, C. et al,2009)

Mental health

Information about the mental health of the older people is available from a hospital and community-based studies. The prevalence rate of mental morbidity among those 60 years and above was estimated at 89 per 1,000 populations, about 4 million for the country as a whole. The risk of specific psychiatric illnesses increases with age. The overall prevalence rate rises from 71.5 percent for those over 60 to 124 for those in 702 to 155 for those over 80 years (Venkoba Rao & Madhavan, 1983). The risk of senile dementia increases with age. As the country moves from being 'young-old' to 'old-old', senile dementia of Alzheimer's type (SDAT) may become a major problem of the next century (Venkoba Rao, 1997). Affective disorders in later age in India, particularly depression, late paraphrenia and dementias form the bulk of total mental morbidity. Neurotic disorders are relatively infrequent (Venkoba Rao, 1997).

Mental Health has also been considered as an important factor in predicting death anxiety among elderly people. People who do not perceive themselves to be healthy are more conscious of the certainty of death and in turn, they are more inclined to experience anxiety about death and dying issues (Geurtsen, 2010). The World Health Organization (2018) defines mental health as, "a state of well-being in which every individual recognizes his or her abilities, can cope with the normal stresses of life, can function productively and fruitfully, and can contribute to his/her community". Mental health is also described as a "dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society". Galderisi et al., (2017) describe mental health as, "basic cognitive and social skills, modulate and express one's own emotions, as well as empathize with others; flexibility, ability to recognize, cope with adverse life events and function in social roles; the harmonious relationship between body and mind which contribute, to varying degrees, to the state of internal equilibrium".

Relationship among mental health and elderly people

Older people are at high risk of self-destructive behaviour. The suicide rates rise sharply from the young-old to old-old. The rate of suicide in the 50+ group is around 12/100,000, a figure higher than 7/100,000 for the general population. Under-reporting to the extent of a third of suicides is also noticed. Physical diseases of painful and incurable nature are prominent among the 'causes' of such suicides. Among the other causes, economic factors take the prime place. It is interesting that there are certain inbuilt cultural 'suicide counters'. These are ethical, religious and familial deterrents that may hold back the person from attempting suicide (Rao, 1985). Mental health of the elderly has come to be increasingly critical in current years. According to the Eurostat (2011), the range of people aged 65 years and above is predicted to upward push through approximately 81% between 2010 and 2060. Older age is related to an elevated frequency of disorder, they want for additional care and services, and leads to rising costs for health care systems. Furthermore, at the same time as society's stepped forward ability to treat sicknesses and persistent conditions is an exceptional achievement, advances in health care have also led to improved incidence of many sicknesses within the aged.

Mental wellbeing of old age people is promoted by active and healthy ageing. Mental health promotion for older adults involves creating comfortable living situations and environments that aid them to lead healthy lifestyles. Life style modifications for active aging need to start early which consists of participating in their family and community life, eating balanced and nutritious diet, keeping good enough physical activity, avoid smoking and alcohol consumption. A significant negative relationship was noted between death anxiety and healthy elderly sample (Tate, 1982). White and Handal (1991), in their study, found that high death anxious females were statistically and clinically more distressed than low anxious females. Another study reported similar results, that individual with physical and mental problems are more sensitive to death and dying issues (De Paola, et al., 2003). The relationship is also established in previous research, where poor health is associated with a high levels of death anxiety (Moreno, et al., 2008) and mental well-being is also related with low level of death anxiety (Fortner, & Neimeyer, 1999; Tang, et al., 2002). Elderly people perceive death as more salient and menacing due to their deteriorating 242 Indian Journal of Gerontology mental health, as a result, those people who perceive themselves in poor health have a high level of death anxiety particularly.

Relationship among mindfulness and spirituality

Although mindfulness meditation is associated with positive outcomes, there are few valid and reliable methods for assessing the construct of mindfulness. Therefore, the first aim of this study was to test the reliability and validity of a new mindfulness measure, the Frieburg Mindfulness Inventory (FMI) (Buchheld, Grossman, & Walach, 2002). As mindfulness is rooted in Buddhist philosophy, it is often thought to be related to spirituality; however, to our knowledge this relationship has not been studied empirically. Spirituality is a fairly new construct in empirical science, when viewed as separate from 13 religiousness or religiosity. While religiosity may include spirituality within a framework of specific beliefs, customs, and practices, spirituality is a much more individualized approach to a practice of worship. A spiritual practitioner may not adhere to a formal religious practice or associate with an established religion (Longo & Peterson, 2002).

Relationship among mental health and spirituality

Mental health and spiritual intelligence are like the two sides of a coin. A state of spiritually inclines form of an individual will lead to sound mental health. Both 55 spiritual intelligence and mental health are dependent upon each other. Many researches were conducted to see the effect of spiritual intelligence on mental health. Kates, 2002 & Wigglesworth, 2006 found that spiritual intelligence is effective in improving an individual ‘s physical and mental health. Spiritually intelligent individual show mental well-being in any situation.

SIGNIFICANCE OF THE STUDY

The association between spirituality and mindfulness is significant for elderly individuals as it can positively impact their mental health. Engaging in spiritual practices often fosters mindfulness, promoting a sense of presence and inner peace. This can contribute to reduced stress, anxiety, and depression among the elderly, enhancing overall mental well-being. Additionally, spiritual connections may provide a sense of purpose, social support, and coping mechanisms, further influencing mental health positively in the elderly population.

STATEMENT OF THE PROBLEM

A study on association between spirituality and mindfulness and its impact on mental health among elderly people.

OPERATIONAL DEFINATION

Spirituality: It assess ordinary experiences of connection with the transcendent in daily life. It includes constructs such as awe, gratitude, mercy, sense of connection with the transcendent and compassionate love.

Mindfulness: It is termed as awareness and attention to the thoughts in a present moment of the elderly people in this study.

Depression: A depressed mood is the experience of unhappiness or distress. Depression may involve feelings of being sad, weak, disappointed, frustrated, despair, helpless and hopeless.

Anxiety: It is a psychological disorder that is associated with significant suffering and impairment in functioning.

Stress: It is a mechanism of any internal or external demand made upon the body.

Mental Health: It is defined as an individual's state of well-being when he or she realizes his or her own abilities, can cope with the normal stresses of life can work productively and fruitfully and is able to contribute to his or her community.

OBJECTIVES OF THE STUDY

The objective of research project summarizes what is to be achieved by the study. In view of the available literature & importance of the topic, the following objectives were set: -

1. To examine the association between spirituality, mindfulness and mental health among elderly people.
2. To examine the difference between spirituality among male & female elderly people.
3. To examine the difference between mindfulness among male & female elderly people.
4. To examine the difference between mental health among male & female elderly people.

HYPOTHESIS OF THE STUDY

1. There will be no association between spirituality, mindfulness and mental health among elderly people.
2. There will be no difference between spirituality among male & female elderly people.

3. There will be no difference between mindfulness among male & female elderly people.

4. There will be no difference between mental health among male & female elderly people.

DELIMATION OF THE STUDY

- The study has been delimited to 80 elderly from old age homes from Jammu district
- The study is quantitative in nature

CHAPTER-II

REVIEW OF LITERATURE

INTRODUCTION

The review of literature critically examines existing scholarly works relevant to the research topic. It provides a comprehensive overview, identifying gaps, debates, and key findings. This section serves as the foundation for the study, offering insights into the current state of knowledge. By synthesizing diverse sources, it establishes the context, theoretical framework, and conceptual basis for the research. The literature review guides the reader through past research, shaping the rationale for the present study and showcasing the researcher's familiarity with existing scholarship. This synthesis aids in formulating research questions, hypotheses, and contributes to the overall scholarly dialogue in the field.

Mental health and spirituality

Lucchetti, G., et.al (2021) examined the current scientific evidence on the relationship between S/R and mental health, highlighting the most important studies. As a result it was revealed that a large body of evidence across numerous psychiatric disorders. Although solid evidence is now available for depression, suicidality, and substance use, other diagnosis, such as post-traumatic stress disorder, psychosis, and anxiety, have also shown promising results. In conclusion it was concluded that the mechanisms that explain these associations and the role of S/R interventions need further study which concerns for clinical practice, mental health providers who should ask patients about S/R that are important in their lives to provide holistic and patient-centered care.

G. Lucchetti et al. (2021) examined the purpose to present an updated assessment of the available scientific data regarding the connection between S/R and mental health. The results shows a substantial corpus of research spanning several psychiatric conditions. While there is now strong evidence supporting depression, substance abuse, and suicidality, other diagnoses, such anxiety, psychosis, and post-traumatic stress disorder, have also shown encouraging outcomes. S/R's implications on mental health.

Oxhandler, et,al. (2021) examined the development and validation of the Relevance of Religion and Spirituality to Mental Health (RRSMH) scale, and responses to the first national survey of clients'

perceived relevance of RS to mental health. Specifically, a sample of 989 U.S. adults was taken which

included 27 new items to measure clients' perceptions of the relevance of RS to mental health, both positive and negative. A confirmatory factor analysis results that the sample's data had an adequate fit to the final 12-item model, and the instrument's overall reliability was very good ($\alpha = .96$) and also descriptive analyses indicated that clients view RS as both supportive and relevant to their mental health. The RRSMH scale was used in mental health research and practice settings. It was concluded that RS should be assessed and included in treatment planning, where appropriate, and addressed in training for mental health professionals.

Mahwati, Y. (2017) determine the relationship between spirituality and depression. Data was obtained from the 4th Indonesian Family Life Survey, that was conducted in 2007; the total study sample included 3,103 elderly Indonesians. Logistic regression was performed to determine the relationship between spirituality and depression. Results: This study found that the prevalence of depression was 7.2%, with the largest proportion of those being ≥70 years, female, less educated, unemployed, elderly with multi morbidities, unmarried, and less spiritual. Logistic regression analysis showed a strong relationship between spirituality and depression (odds ratio = 1.869; 95% confidence interval; 1.422 to 2.458) after it was controlled for all variables.

King, M., et.al, (2013) examined the associations between a spiritual or religious understanding of life and psychiatric symptoms and diagnoses. Analysed data was collected from interviews with 7403 people. As a result, out of the participants 35% had a religious understanding of life, 19% were spiritual but not religious and 46% were neither religious nor spiritual and religious people were similar to those who were neither religious nor spiritual with regard to the prevalence of mental disorders, except that the former were less likely to have ever used drugs or be a hazardous drinker. In conclusion it was concluded that people who have a spiritual understanding of life in the absence of a religious framework are vulnerable to mental disorder.

Koenig, H. G. (2010) examined spirituality as a component of mental health is becoming more common. According to recent research, spirituality can be a social and psychological resource for stress management. This paper first defines spirituality and then reviews some of the research on the connection between spirituality and mental health, with a particular emphasis on substance misuse, depression, and anxiety. Although spiritual beliefs can be strong sources of solace, hope, and purpose, they can also occasionally become intertwined with mental and emotional illnesses, making it challenging to know when to use them and when to discard them.

Koenig, H. G. (2009) studies have identified another side of religion that may serve as a psychological and social resource for coping with stress. The results of an earlier systematic review are discussed, and more recent studies in the United States, Canada, Europe, and other countries are described. While religious beliefs and practices can represent powerful sources of comfort, hope, and meaning, they are often intricately entangled with neurotic and psychotic disorders, sometimes making it difficult to determine whether they are a resource or a liability.

Koenig, H. G. (2009) examined the psychiatric research. Religious beliefs and practices have long been linked to hysteria, neurosis, and psychotic delusions. However, recent studies have identified another side of religion that may serve as a psychological and social resource for coping with stress. The results of an earlier systematic review are discussed, and more recent studies in the United States, Canada, Europe, and other countries are described. While religious beliefs and practices can represent powerful sources of comfort, hope, and meaning, they are often intricately entangled with neurotic and psychotic disorders, sometimes making it difficult to determine whether they are a resource or a liability.

Mindfulness and Spirituality

Kao, L. E., Peteet, J. R., & Cook, C. C. (2020). Recent decades have been marked by another shift in thought, with increased interest in the overlap between mental health and R/S, and recognition that R/S may in fact serve protective and healing roles in the face of emotional suffering. As a result the history of how mental health and R/S have been viewed as relating to one another, recent research evidence on the effects of R/S on mental health, and clinical implications of these findings.in conclusion it was concluded that with a discussion of ongoing challenges and opportunities in the study and application of how mental health and R/S affect one another.

Petchsawang, P., & McLean, G. N. (2017) purposes of the research were to extend the findings of Petchsawang and Duchon (2012) in examining the relationships among mindfulness meditation, workplace spirituality, and work engagement in an eastern specifically Thai context and compare workplace spirituality and work engagement in organizations that provide mindfulness meditation courses to employees and those that do not. The sample came from four organizations that offered meditation courses and four organizations that did not in Thailand. As a result the level of workplace spirituality and work engagement were found to be higher in organizations that offer meditation courses than in those that do not also mindfulness meditation has a statistically significant relationship

with workplace spirituality and work engagement, and workplace spirituality fully meditates the relationship between meditation and work engagement.

Salmabadi, et.al. (2016) investigated the Mediating Role of Spiritual Intelligent in Relationship of mindfulness and Resilience in Vali-e-asr hospital of Birjand. Study was analysed by correlation type. 120 staffs of Vali-e-asr hospital were included. The results showed that the direct effects of mindfulness and Spiritual intelligence on resiliency, and direct effect of mindfulness on Spiritual intelligence are meaningful. Also it has a good fitness. It was concluded that by increasing the mindfulness one can increase moral Spiritual while leading to rising people resiliency.

Agarwal, S., & Mishra, P. C. (2016) aimed to find out the extent of association between mindfulness and spiritual intelligence among bank employees. It was hypothesized that the relationship between mindfulness and spiritual intelligence will be positive. The sample consisted of 120 bank employees Mindfulness was measured using the Mindful Attention Awareness Scale developed by Brown and Ryan (2003). The level of spiritual intelligence was assessed using the Spiritual Intelligence Self Report Inventory developed by King and Disico (2009). The data thus collected was analyzed using the Pearson product moment correlation analysis. The results revealed a statistically significant positive relationship between mindfulness and spiritual intelligence. Correlation analysis between mindfulness and the four sub scales of spiritual intelligence namely critical existential thinking, personal meaning production, conscious state expansion and transcendental awareness all revealed a low to moderately positive statistically significant relation. In conclusion this domain can attempt to find out the effect of mindfulness based intervention in enhancing individual's level of spiritual intelligence.

Koenig, H. G. (2010) examined as a factor in mental health. Recent studies have found that spirituality may serve as a psychological and social resource for coping with stress. After defining the term spirituality, this paper examines some of the research on the relationship between spirituality and mental health, focusing on depression, anxiety, and substance abuse. While spiritual beliefs often represent powerful sources of comfort, hope and meaning, at times they can entangled with mental and emotional disorders making it difficult to determine whether they are a resource or a liability.

Mental health and mindfulness

Durand-Moreau, et.al (2023) assessed the effects of mindfulness-based practices for workers diagnosed with mental health conditions. A total of 4,407 records were screened; 202 were included for full-text analysis; 2 studies were included. The first study (Finnes et al., 2017) used Acceptance

and Commitment Therapy (ACT) associated or not with Workplace Dialogue Intervention (WDI), compared to treatment as usual Changes in mental health outcomes were not statistically significant for the ACT + WDI group. In the second study (Grensman et al., 2018), no statistically significant change in mental health scales has been observed after completion of mindfulness-based cognitive therapy compared to cognitive behavioral therapy. Substantial heterogeneity precluded meta-analysis. This systematic review did not find evidence that mindfulness-based practices provide a durable and substantial improvement of mental health outcomes in workers diagnosed with mental health conditions.

Dalal, S. (2023) explored the effect of mindfulness-based interventions on the mental health of the women with infertility. Only empirical studies which investigated mindfulness-based interventions on mental health (anxiety, stress, depression, quality of life and psychological well-being) of infertile women were included in the review. Result showed that seventeen papers were considered in the review which involved 983 females. Depression, anxiety, stress, quality of life and psychological well-being were taken as measures of mental health of infertile women. The studies concluded that the mindfulness-based interventions are highly helpful for women with infertility.

Gallo, et. Al (2023) investigated the impact of an 8-week MBI adapted to university students from the Mindfulness-Based Relapse Prevention (MBSR) on different symptoms related to mental health problems, specifically symptoms of anxiety, depression, stress and insomnia. Methods University students ($n = 136$) were randomized into MBI group ($n = 71$) or wait-list group ($n = 65$). All participants completed self-administered questionnaires before and after the intervention, and the experimental group answered questionnaires weekly during intervention. Generalized mixed models were used to assess the effects of the intervention. Results There were improvements in the symptoms of stress ($B = 5.76$, $p < 0.001$), depression ($B = 1.55$, $p < 0.01$) and insomnia ($B = 1.35$, $p = 0.020$) from the beginning of the intervention to the final assessment when it was compared to the control group. No effect was found in respect of trait anxiety. The MBI was found to be effective in reducing important symptoms related to university students' mental health, possibly grounding further research on the intervention's potential of preventing the development of mental disorders.

Wang, Y., et.al. (2022). The purpose of the present study is to examine the relationship between mindfulness and mental health of graduate students and the mediating effects of sense of purpose in life on mindfulness and mental health. The participants include 419 graduate students from 6 universities in China, and there are 190 males and 229 females. The Hayes Process is adopted to analyze the effects of the sense of purpose in life on mindfulness and mental health of graduate

students. The results reveal that mindfulness can effect the mental health of graduate students positively and significantly. The sense of purpose in life is found to mediate the relationship between mindfulness and mental health. In further moderated mediation analyses, the effect of mindfulness on mental health can be adjusted by family economic condition. The type of degree can adjust the effect of mindfulness on sense of purpose, and academic Interest can adjust the mediating effect of sense of purpose. Finally, this study discusses several empirical and methodological implications of the findings.

Khandelwal, S. (2020) aimed to evaluate the impact of a two-week Online Mindfulness Meditation (MM) intervention on levels of Depression, Stress, and Anxiety and gain insights into participants' motivation and experiences of the intervention. Twenty-five participants (16 females & 9 males) were recruited through web-based advertisement using a random purposive sampling technique. DAS scale was administered before and after the intervention period to identify quantitative changes over time. Further, ten participants (6 females & 4 males) who exhibited significant changes in their quantitative measures were interviewed via video conferencing to understand the particular motivators and experiences of participating where the responses were analyzed using Interpretative Phenomenological Analysis. Change in outcome measures over time was examined using Mean, S.D., and paired t-test. Results revealed significant improvements in reducing the severity of depression, anxiety, and stress symptoms significantly (all p >0.001) and improvement was sustained at three months follow- up. In conclusion it was concluded that the study provides evidence in support of the effectiveness of brief, MM in a non-clinical population and suggests that low-intensity intervention can be used for modulating negative psychological states through easily accessible and non- physical contact training mode.

Solhaug, I., et,al. (2019) examined whether the effects of a 7-week MBSR programme on mental health persisted at 2- and 4-year follow-up and explored possible mechanisms of effect. A two-site randomised controlled trial, 288 medical and psychology students were allocated to an MBSR intervention or a no-treatment control group. The primary outcome measures were mental distress (General Health Questionnaire (GHQ)) and subjective well-being (SWB) Secondary outcomes included coping, mindfulness and meditation practice. As a result, at 4-year follow-up, the MBSR group showed significantly better scores on mental distress, mindfulness, avoidance coping and problem-focused. In conclusion it was concluded that MBSR fostered enduring effects on mental distress and coping in medical and psychology students 4 years' post-intervention.

Dunning, D. L., et,al.(2019) aimed to establish the efficacy of MBIs for children and adolescents in

studies that have adopted a randomized, controlled trial (RCT) design. 3,666 children and adolescents were included in random effects meta-analyses with outcome measures categorized into cognitive, behavioural and emotional factors. As a result, across all RCTs it was found that significant positive effects of MBIs, relative to controls, for the outcome categories of Mindfulness, Executive Functioning, Attention, Depression, Anxiety/Stress and Negative Behaviours, with small effect sizes (Cohen's d), ranging from .16 to .30. However, when considering only those RCTs with active control groups, significant benefits of an MBI were restricted to the outcomes of Mindfulness, Depression and Anxiety/Stress only. It was concluded that this meta-analysis reinforces the efficacy of using MBIs for improving the mental health and wellbeing of youth as assessed using the gold standard RCT methodology.

Janssen, M., et.al. (2018) purpose of this exploratory study was to obtain greater insight into the effects of Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) on the mental health of employees. They used a method of PsycINFO, PubMed, and CINAHL. As a result 24 articles were identified, describing 23 studies: 22 on the effects of MBSR and 1 on the effects of MBSR in combination with some aspects of MBCT. Since no study focused exclusively on MBCT, its effects are not described in this systematic review out of the 23 studies, 2 were of high methodological quality, 15 were of medium quality and 6 were of low quality. A meta-analysis was not performed due to the emergent and relatively uncharted nature of the topic of investigation, the exploratory character of this study, and the diversity of outcomes in the studies reviewed. In conclusion it was concluded that MBSR may help to improve psychological functioning in employees.

Carsley, D., et.al (2018) examined the specific effects of and moderators contributing to school-based mindfulness interventions for mental health in youth. A total of 24 studies were included in the meta-analysis. These results showed that individual differences and program characteristics can impact receptivity and effectiveness of mindfulness training. In conclusion it represents a significant contribution as they can be used to inform future designs and applications of mindfulness interventions in the school setting.

Sevilla-Llewellyn-Jones, et,al. (2018) aimed to explore the impact of study variables on the effectiveness of web-based mindfulness interventions. It performed a systematic review and meta-analysis of studies which investigate the effects of web-based mindfulness interventions on clinical populations. The result showed that the search strategy yielded 12 eligible studies and web-based mindfulness interventions were effective in reducing depression in the total clinical sample and in the anxiety disorder subgroup but not in the depression disorder subgroup also web-based mindfulness

interventions significantly reduced anxiety in the total clinical sample and the anxiety disorder subgroup, but not in the depression disorder group Results support the effectiveness of web-based mindfulness interventions in reducing depression and anxiety and in enhancing quality of life and mindfulness skills, particularly in those with clinical anxiety. It was concluded that it should be interpreted with caution given the high heterogeneity of web-based mindfulness interventions and the low number of studies included.

Tomlinson, et.al. (2018) aim of this paper is to systematically review quantitative empirical studies on dispositional mindfulness and psychological health in non-clinical samples, using the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) guidelines. It was concluded that research has consistently shown a positive relationship between DM and psychological health.

Hall, H. G., (2016) examined the best available evidence regarding the effectiveness of mindfulness training during pregnancy to support perinatal mental health. Data were extracted and recorded on a pre-designed form and then entered into Review Manager. Eligible studies were assessed for methodological quality according to standardized critical appraisal instruments. Nine studies were included in the data synthesis. It was not appropriate to combine the study results because of the variation in methodologies and the interventions tested. Statistically significant improvements were found in small studies of women undertaking mindfulness awareness training in one study for stress.

Hyun-Jung, J., & Mi-Kyung, J. (2015) aimed to examine the relationship between self-esteem and mental health according to the mindfulness of university students and to provide the basic data for drawing up measures to improve mental health by understanding and making use of mindfulness through the results. The survey was used for data analysis, and to grasp the relativity between average, standard deviation, and measurement variable, ANOVA, Pearson's Correlation Coefficient was used. As a result of this study, the degree of the mindfulness of university student was 39.42±15.36, which was below average, that of self-esteem was 85.22±27.58, and that of mental health was 28.47±4.61, both of which over the average. As there was a significant, positive correlation between mental health and self-esteem according to mindfulness. Therefore, it is concluded that it is necessary to have a program for university students that makes them lead mental health toward a positive direction and have a high level of self-esteem through a training of mindfulness.

Yeung, W. S. (2013) aimed to investigate the underlying mechanism of how dispositional mindfulness works in promoting mental health by taking negative cognition into account. Specifically, the mediating effect of negative cognition between mindfulness and mental health was examined. A

Snowball sampling method was adopted. One hundred and eleven undergraduate students was included. Result showed that the present findings revealed that mindfulness was inversely associated with anxiety and depressive symptoms as well as positively correlated with life satisfaction and negative cognition was found to mediate the effect of trait mindfulness on anxiety and depressive symptoms. In conclusion it was concluded the present study increases the understanding of how mindfulness works in promoting mental health as it provides empirical evidence that reduction in cognitive distortion may be an important change mechanism by which mindfulness leads to better well-being.

Mandal, S. P. ,et al. (2012) explored the possible role of positive and negative affectivity in explaining the relationship between mindfulness and health. One hundred undergraduate and post-graduate students (52 male and 48 female) were assessed on self-report measures of mindfulness, positive/negative affectivity and mental illness/distress. Analysis revealed that most of the dimensions of mindfulness as well as the total score of mindfulness were correlated positively with positive affect and negatively with different dimensions of mental illness/ distress and negative affect. Results revealed that the negative affect and not the positive affect significantly mediated the relationship between mindfulness and mental illness/distress.

Spirituality among elderly people

Zoghi, L., & Salmani, M. (2022) aimed of predicting GH based on spiritual intelligence through the mediating role of mindfulness in the elderly. The statistical population of the current study included 250 people were selected as the sample using convenience sampling method. The measures consisted of King's spiritual intelligence, Goldberg and Hiller's GH and Baer et al.'s mindfulness questionnaires. The data collected by SPSS-26 and AMOS-22 software were analyzed using Pearson's correlation coefficient and path analysis. The results of the path analysis to investigate the role of the mediator variable indicated that mindfulness mediates the relationship between spiritual intelligence and GH in the elderly. As all the aforementioned three predictive variables are capable of being improved, can be used in GH related interventions in order to improve GH in the elderly.

Lima, S., et.al. (2020) enhance knowledge on the relationship between modifiable (psychological variables) and non-modifiable variables (sociodemographic), and quality of life in elderly, regarding psychological and social variables in Portuguese context. This include the sample of 604 older adults from general community. Participants completed the following instruments: Barthel Index to assess

functionality; Satisfaction with Social Support Scale to assess social support; The Spiritual and Religious Attitudes in Dealing with Illness to assess spirituality and Short Form Health Survey 36. Results showed that a path analysis model was performed where the presence of a chronic disease, age and functionality has a direct effect on physical quality of life and spirituality had a direct effect on mental quality of life. In conclusion it was concluded that the result reinforce the effect of age and chronic disease as non-modifiable variables as well as functionality, spirituality and satisfaction with social support as modifiable variables, in the quality of life of older people.

Yamada, A. M.,et.al.(2020) describe the attitudes of individuals receiving mental health services in California regarding spirituality and to identify significant predictors of the degree of interest in integrating spirituality into mental health care. A multiple regression model was conducted to identify predictors of interest in integrating spirituality into mental health care. Attitudes toward spirituality and perceived spiritual respect by providers were the strongest predictors of interest in integrating spirituality into mental health services. Results suggest that mental health service recipients who already find spiritual practices to be helpful are particularly receptive to integration of their spirituality into recovery and wellness programs.

MINDFULNESS AMONG ELDERLY PEOPLE

Sanchez-Lara, et,al. (2022) determined the efficacy of Mindfulness-Based Interventions in improving the cognitive function of older. A search was conducted in 4 databases. Results showed that the meta-analysis of cognitive functions showed an average effect size of g = .07, 95% CI [−.013; .160], p = .09, with the following values for each domain: g = .02, 95% CI [−.167; .204] for attention; g = .06, 95% CI [−.148; .262] for memory; and g = .14, 95% CI [−.042; .329] for executive function. In conclusion it was concluded that the MBI had a null global effect. The attention and memory results showed a null effect size and a small effect size was found for executive function.

Reangsing, Et,al. (2021) examined the effects of MMIs on depression in older adults and explored the moderating effects of participant, methods, and intervention characteristics. Two researchers independently coded each study and compared for discrepancies and consulted a third researcher in cases of disagreement. They used random-effects model to compute effect sizes (ESs) using Hedges' g, a forest plot, and Q and I2 statistics as measures of heterogeneity; we also examined moderator analyses. Results showed that the nineteen studies included 1,076 participants. In conclusion the MMIs improved depressive symptoms in older adults also MMIs might be used as adjunctive or alternative to conventional treatment for depressed older adults.

Naz, M. A., Shazia, A., & Khalid, A. (2021) investigated the relationship among mindfulness, religious coping, and serenity between institutionalized and non institutionalized elderly. A total sample of 100 elderly participants, which included 50 institutionalized and 50 non institutionalized participants within an age range of 60–89, was selected from different institutions and homes of Lahore, Pakistan. The research instruments used include the Brief Serenity Scale, Mindful Attention Awareness Scale, and Religious Focused Coping Strategies Scale. Results indicated that institutionalized elderly were higher on levels of mindfulness than noninstitutionalized elderly.

Lindayani et al.,(2020) aimed to determine the effectiveness of MBSR therapy on the level of depression in the elderly. Literature searches conducted through Google Scholar. The results showed that MBSR therapy has an influence to reduce the level of depression in the elderly and MBSR therapy has no side effects compared to pharmacological therapy. In conclusion it was concluded that health workers can implement MBSR therapy to reduce the level of depression in the elderly

Hazlett-Stevens et al.,(2019) purpose of this review was to identify randomized controlled trials (RCTs) of two leading mindfulness-based interventions conducted with older adults. It was identified that seven RCT investigations of either Mindfulness-Based Stress Reduction (MBSR) or Mindfulness-Based Cognitive Therapy (MBCT) conducted exclusively with older adults. Results showed that generally supported the use of MBSR for chronic low back pain, chronic insomnia, improved sleep quality, enhanced positive affect, reduced symptoms of anxiety and depression, and improved memory and executive functioning.

Sanchetee, P., Jain, A., & Agarwal, H. (2017) aimed to evaluate the efficacy of Preksha Meditation (PM) in promoting mental health in elderly population. 37 males and 21 females were administered. Individual measurements were carried out at the baseline and after 4 months of practice in almost similar conditions. Two standard psychological evaluation tools were used i.e. WHO Quality of Life-BREF (WHOQOL-BREF) and Hospital Anxiety and Depression Score (HADS). Results showed that following 4 months practice of PM there was an improvement in all domains of WHOQOL-BREF ranging from 3 point to 5.7 i.e. psychological health (29.3%), physical health (24.1%), social health (12.1%) and environmental health (29.3%) and in stress level (17.2%) and also there was improvement in depression in 7 of 12 subjects and in anxiety in 6 of 8 subjects. In conclusion it was concluded that Preksha Meditation is a cost-effective, non-invasive intervention with minimal risk of adverse effects and can be safely recommended for promotion of mental health in elderly.

Helmes, E., & Ward, B. G. (2017) aimed to determine the effect of an MBCT program on anxiety symptoms in older people living in residential care. Fifty-two participants were randomly allocated

into therapy and control groups using a 2 × 3 mixed design. The average age of participants was 83 years. The results showed that the group effect showed significant improvements on all measures at the end of the seven-week program in the therapy group, while the control group did not show significant changes. In conclusion it was concluded that one of the first studies of the effectiveness of an MBCT program on anxiety symptoms for older people using a randomized controlled trial. The study had implications for future research that include the effectiveness of MBCT for the treatment of anxiety symptoms in older people, the utility of group therapy programs in residential care and the benefits of using specialized instruments for older populations.

Young, L. A., & Baime, M. J. (2010) purpose of the retrospective analysis is to evaluate the impact of mindfulness-based stress reduction (MBSR) training on mood states in older adults. The 141 older adults were included. Using paired t tests, the authors evaluated changes in mood following training in MBSR. Result showed that overall emotional distress and all sub-scale mood measurements improved significantly following MBSR training. MBSR training resulted in >50% reduction in the number of older people reporting clinically significant depression and anxiety.

Mental health, mindfulness among elderly people

Wang, S., Zhang, C., & Xu, W. (2023) examined the relationship between trait mindfulness and the physical and mental health of the oldest old and the mediating role of attitude toward one's own aging (ATOA) A total of 437 older adults from Jiangsu, China. The results indicated that trait mindfulness in the oldest old was negatively associated with their mortality, disability rate, and NA and positively associated with individual HRQoL also the results of structural equation modeling analyses indicated that ATOA mediated the association of trait mindfulness with mortality, disability rate, anxiety, and three HRQoL subdimensions: role limitations because of emotional problems, vitality, and mental health. In conclusion the study confirmed the positive longitudinal relationships between trait mindfulness and ATOA on physical health (especially mortality and disability rates), mental health, and emotional aspects of HRQoL in the oldest old population.

Pinho, P. H., Carnevalli, (2020) analysed the evidence of how the practice of mindfulness-based interventions has been used therapeutically and what are the effects of these interventions on adults and the elderly affected by mental disorders. Results showed that the variability was found in the methods of mindfulness-based interventions, with Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT) and Mindfulness-Based Relapse Prevention (MBRP) the most widely used. In conclusion the promising findings have been found on the use of these practices in individuals with psychotic symptoms.

Kumar, S., Adiga, K. R., & George, A. (2014) delve into a quazi-experimental study with the purpose to examine the effectiveness of MBSR on depression among elderly residing in residential homes. 30 samples were part of the study by using convenience sampling. The findings of the study revealed significant reduction in depression among elderly in the experimental group who were subjected to MBSR technique.

Mindfulness and spirituality among elderly people

Itqoniah, C. F., & Adriani, Y. (2021) examined whether mindfulness and religious coping have an effect on the mental health of the elderly in Depok city. The sample used were 282 elderly people were taken using a non-probability sampling technique, namely purposive sampling. The instruments used in this study are adaptations and modifications of the Mental Health Continuum-Long Form (MHC-LF), Five Facet Mindfulness Questionnaire (FFMQ) and Brief RCOPE instruments. The results showed that at 36.5%, there was a significant effect of mindfulness and religious coping together on the mental health of the elderly. In conclusion, the results of the minor hypothesis prove that there is a significant effect of three dimensions of mindfulness and one dimension of religious coping on the mental health of the elderly.

Gholami, M., et.al, (2017) examined to compare the effectiveness of mindfulness and spiritual/religious coping skills on health hardiness and somatic complaints of elderly with hypertension Semi-experimental study was conducted with a pre-test and post-test design. A total of 45 people were selected by convenience sampling and randomly assigned to three groups. Data were collected with questionnaires of health hardiness and somatic complaints and analyzed by multivariate analysis of covariance method. Results showed that mindfulness and spiritual/religious coping skills methods led to significant increase in health hardiness and significant decrease in somatic complaints of elderly with hypertension Also, there was not any significant difference between the mindfulness and spiritual/religious coping skills methods in increase in health hardiness and decrease in somatic complaints of elderly with hypertension . In conclusion it was concluded that both treatments, especially spiritual/religious coping skills method, were effective on increase in health hardiness and decrease in somatic complaints of elderly with hypertension.

Gholmi, M., et.al, (2016) aimed to compare the effectiveness of mindfulness and spiritual/religious coping skills on death anxiety and blood pressure of the elderly with hypertension. The design of this study was quasi experimental, pretest-posttest control group. By using convenience sampling method,

30 individuals were selected and randomly assigned to three groups (each group with 15 person. The data were analyzed by multivariate analysis of covariance (MANCOVA) method. The results showed that mindfulness and spiritual/religious coping skills significantly led to decrease in death anxiety and blood pressure of the elderly with hypertension. Also, the spiritual/religious coping skills method was more effective than mindfulness method on decreasing blood pressure of the elderly with hypertension, but there is no significant difference between two methods in decreasing death anxiety of the elderly with hypertension, it was concluded that counselors and therapists may use spiritual/religious coping skills and in the second place, mindfulness methods to improve health condition of the elderly with hypertension

Bester, E., Naidoo, P., & Botha, A. (2016) were delve a non-experimental research design was used to investigate the role of mindfulness in the relationship between life satisfaction and spiritual wellbeing amongst elderly residents (N=122) from two retirement villages in Bloemfontein. A biographical questionnaire, the Mindful Attention Awareness Scale (MAAS), the Spiritual Well-being Questionnaire (SWBQ), and the Satisfaction with Life Scale (SWLS) were utilised. This study yielded a statistically significant relationship between mindfulness, life satisfaction and spiritual wellbeing. Mindfulness was also a moderator in the relationship between life satisfaction and spiritual wellbeing. These findings can inform social work interventions aimed at optimising life satisfaction and spiritual wellbeing amongst the elderly.

Bester, E. W. (2014). Aimed to investigate whether mindfulness plays a role in the life satisfaction and spiritual well-being of elderly individuals. A non-experimental research design was employed in this study to investigate the role of mindfulness in the relationship between life satisfaction and spiritual well-being in a convenience sample of 122 elderly. The Mindful Attention Awareness Scale (Brown & Ryan, 2003),Spiritual Well-Being Questionnaire (Gomez & Fisher, 2003and the Satisfaction with Life Scale (Diener, 1984). Key findings were that the scores on the Mindful Attention Awareness Scale showed statistically significant relationships with scores from the Spiritual Well-Being Questionnaire and Satisfaction with Life Scale respectively for the sample in question. Also, a stronger positive correlation was indicated between the scores for the Satisfaction with Life Scale and for the Spiritual Wellbeing Questionnaire for the 25% of individuals with the lowest mindfulness scores ($r=0.643$; $p=0.00$) than for the 25% of individuals with the highest mindfulness scores ($r=0.613$; $p=0.001$). These findings clearly emphasise the importance of understanding the effect of mindfulness on the relationship between life satisfaction and spiritual well-being within this cohort.

Spirituality and mental health among elderly people

Aydın, A., et.al. (2020) aimed to determine mental health symptoms, spiritual well-being and meaning in life among older adults living in nursing homes and community dwellings. This cross-sectional study was conducted in three provinces of Turkey with the highest population of elderly people aged 60 and above and a total of 144 elderly people participated in the study. The Descriptive Information Form, Brief Symptom Inventory (BSI), Spiritual Well-Being Scale and Meaning in Life Questionnaire were used for data collection. For the statistical analysis, the Kruskal–Wallis test, Mann–Whitney U-test and Spearman correlation analysis were applied. As a result about 42.3% of the elderly living in nursing homes were aged 80 and above, while 61.6% of those living in community dwellings were in the age range of 60–69 years, the hostility score in the community-dwelling elders was statistically higher than that of elders living in nursing homes and negative relationships were found between total spiritual well-being and depression, anxiety, negative self and somatisation. In conclusion it was concluded that the awareness of healthcare workers is very important in helping the elderly make sense of the changes they experience.

Heidari, M., et.al. (2019) investigate the effect of spiritual care on the perceived stress and mental health of the elderlies living in nursing home in Isfahan. Ninety eligible elderlies living in the nursing home were divided into intervention and control groups through census and random allocation. The results showed that the mental health level indicated that the mean score of the general health questionnaire was ranged between 10.95 and 27.2. As there was a significant difference in the mental health level of both groups after the implementation of spiritual care, a significant negative correlation was found between the perceived stress and mental health.

Udhayakumar, P., & Ilango, P. (2012) The present research was undertaken to study the socio-demographic details; to assess the mental health and spiritual wellbeing of the elders practising spiritualty. Descriptive research design was adopted and 30 elders practising spiritual meditation at Brahamkumaris World Spiritual University, Tiruchirappalli city, Tamilnadu, India were selected as sample. Data was collected by administering the Dass scale (Lovibond & S. H. Lovibond, 1995) and Spiritual wellbeing scale (Paloutzian and Ellison 1982). The results of this study clearly demonstrate that higher levels of spiritual belief are associated with better quality of mental health among the elders practising spirituality.

Allen, R. S., et. Al. (2008) examined the relation of religiousness/spirituality; demographic characteristics such as age, race, and type of crime; and physical and mental health among 73 older

male inmates in the state of Alabama . People who were older than age 50 was included. Result showed that nearly 70% of the inmates were incarcerated for murder or sexual crimes as there were no racial/ethnic differences in reported religiousness/spirituality, demographic characteristics, or mental health also it had been found that an association between self-reported years of incarceration and experienced forgiveness.

CHAPTER-III

RESEARCH METHODOLOGY

INTRODUCTION

Research methodology refers to the systematic and structured approach or strategy that researchers use to design, conduct, and analyse a research study. It encompasses the techniques, procedures, and tools employed in the collection and interpretation of data, with the ultimate goal of addressing a specific research question or hypothesis. Research methodology involves crucial decisions about the overall study design, data gathering methods, and analysis techniques. It provides a framework for ensuring the validity, reliability, and objectivity of research findings. Key components of research methodology include the research design, sampling methods, data collection techniques, instrumentation, and data analysis procedures. A well-developed research methodology is essential for producing credible, trustworthy, and meaningful results in various fields of study.

METHOD

Descriptive survey method is used in the study after considering nature, need and purpose of present research. Descriptive survey studies are conducted to collect the data of existing phenomena with the view to employ data to justify current condition and practices or make intelligent plans description of the tools and the sample is given under.

POPULATION AND SAMPLE OF THE STUDY

POPULATION

In the course of our research, our targeted population comprised of elderly population, keeping in view the importance of studying this specific group due to its vulnerability and distinct perspectives the sample will be collected from old age homes situated in Jammu districts only.

SAMPLE

Sampling is the soul of scientific study. A good sample minimizes the error of estimation, is less time consuming, and economical in terms of time and money. The size of sample varies from study to study, methods and nature of population. In the present study, keeping in view the limitation of time the

researcher has to be contented within the limited samples. The investigator randomly selected 80 elderly people including both male and female from old age home of Jammu District.

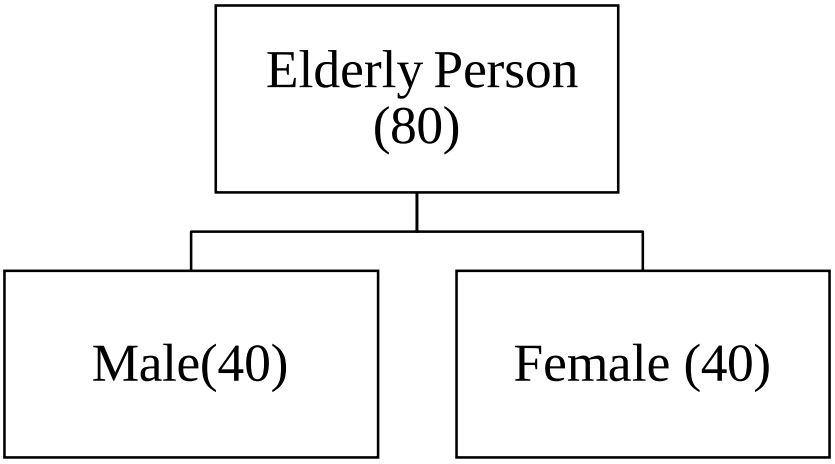

TABLE 1 Distribution of sample of elderly people

S.No.	Name of the Old Age Home	No. of Elderly
1.	Bee Enn General Hospital	20
2	Old age home Amphalla	60
Total	02	80

SAMPLING TECHNIQUE

In the present study the investigator used 'Random Sampling Technique' for data Collection.

VARIABLES OF THE STUDY

The following variables have been involved for studies in the present research

A. Dependent variables
   - Elderly people

B. Independent variables
   - Mindfulness

- Spirituality
- Mental Health

RESEARCH TOOL USED AND ITS DESCRIPTION

The selection of suitable tools is of vital importance for successful research. Different tools are suitable for collecting different kinds of information for various purposes. Selection of tools for data collection depends upon the nature of problem undertaken. For the present investigation the investigator has used the following tools of research: -

● **Daily Spirituality Scale by Lynn G Underwood.** The Daily Spiritual Experience Scale (DSES) is a 16-item self-report measure designed to assess ordinary experiences of connection with the transcendent in daily life. It includes constructs such as awe, gratitude, mercy, sense of connection with the transcendent and compassionate love.

● **Mindful Attention Awareness Scale by Ryan & Brown** The MAAS (Brown & Ryan, 2003) is a 15-item single-dimension measure of trait mindfulness. The MAAS measures the frequency of open and receptive attention to and awareness of ongoing events and experience. Response options ranged from 1 (almost never) to 6 (almost always).

● **DASS by Lovibond & Lovibond** The Depression Anxiety Stress Scales (Lovibond and Lovibond, 1995) is a widely used self-report measure of psychological and physiological signs of depression, anxiety and stress. The DASS-21 is available for a one-off fee by purchasing the administration manual (Lovibond and Lovibond, 1995).

STATISTICAL TECINIQUE EMPLOYED

In order to analyse the data, the investigator used the following statistical technique

1. Mean
2. Standard Deviation
3. t-test
4. Pearson’s Product Moment Correlation

CHAPTER IV

DATA ANALYSIS & INTERPRETATION

Table 2 Demographic profile of the respondents

SAMPLE CHARACTERSTICS	Frequency(n)	Percentage%
GENDER		
FEMALE	41	51.2%
MALE	39	48.2%
AGE		
65-74	53	66.3%
75-84	21	26.3%
85 & ABOVE	6	7.5%
LOCALITY		
Rural	50	62.5%
Urban	30	37.5%
RESIDENT		
Own houses	71	88.8%
Rental agreement	8	10%
Old age home	1	1.3%

Note: *N*=80

The study was conducted on 80 elderly people from old age home of Jammu District.As per table 2 the demographic analysis revealed that the sample consisted of 51.2% females (n = 41) and 48.8% males (n = 39). The age distribution showed that 66.3% of participants were aged 65-74 (n = 53), 26.3% were aged 75-84 (n = 21), and 7.5% were aged 85 and above (n = 6). Regarding locality, 62.5% of participants resided in rural areas (n = 50), while 37.5% lived in urban areas (n = 30). In terms of residence status, 88.8% owned their houses (n = 71), 10% lived under rental agreements (n = 8), and 1.3% resided in old age homes (n = 1). Following figures depict the same

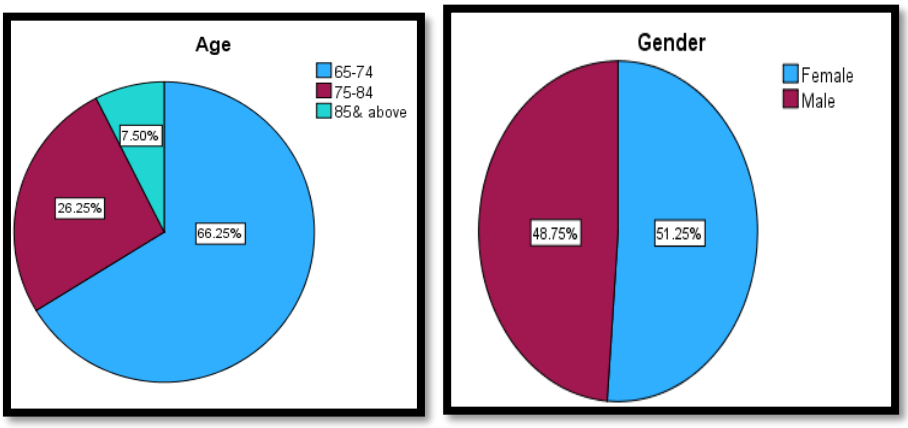

Figure 1

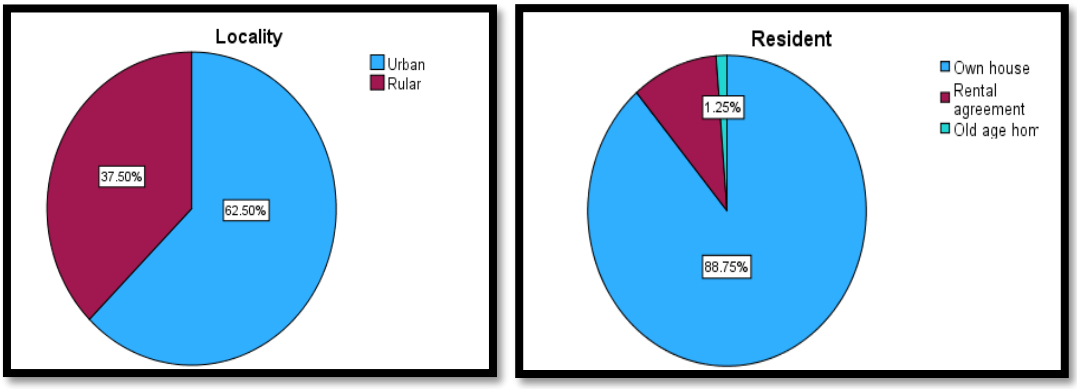

Figure 2

Table 3 Correlation Analysis

		Mindfulness	Spirituality	Mental Health
Mindfulness	Pearson Correlation	1	.229*	-.177
	Sig. (2-tailed)		.041	.117
Spirituality	Pearson Correlation	.229*	1	.272*
	Sig. (2-tailed)	.041		.015
Mental Health	Pearson Correlation	-.177	.272*	1

	Sig. (2-tailed)	.117	.015
	N=80		

*. Correlation is significant at the 0.05 level (2-tailed)

From Table 2 it is observed that, a significant positive correlation between mindfulness and spirituality (r = .229). Additionally, spirituality was significantly positively correlated with mental health (r = .272). However, the correlation between mindfulness and mental health was negative but not statistically significant (r = -.177).The Correlation is also displayed with the help of a scatter plot as shown in Figure 3 and 4.

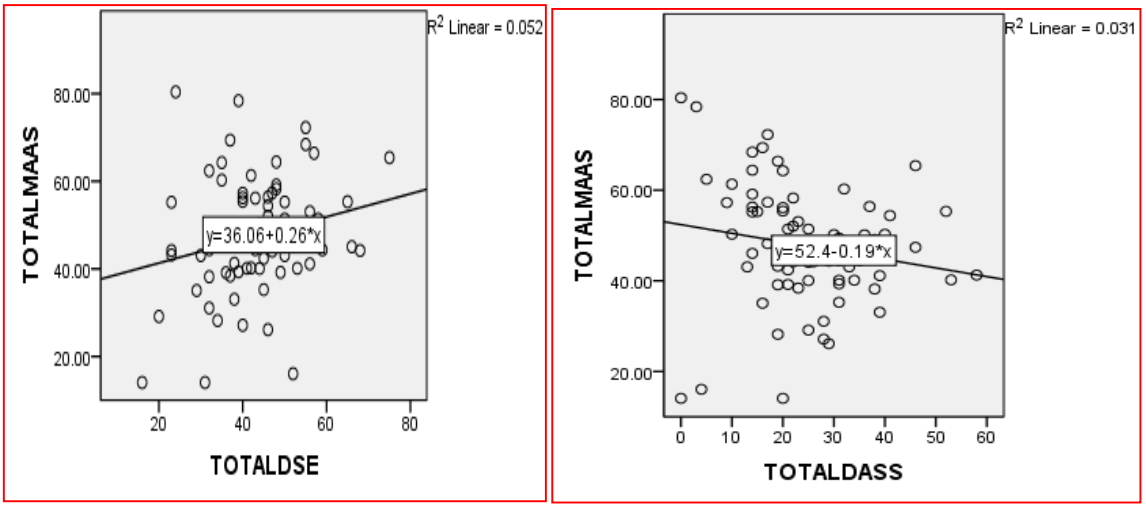

Figure 3

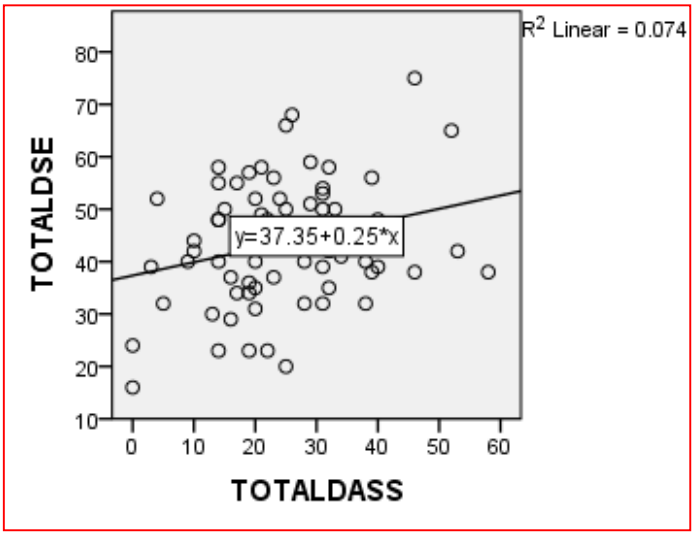

Figure 4

Table 4Mean, S.D & Results of Independent t-test

VARIABLE	**MEAN**		**SD**		**t-test**	**P-Value**
	Male	Female	Male	Female		
Mindfulness	44.72	50.32	12.88	12.23	1.99	.77
Spirituality	43.77	43.73	10.10	12.09	-.015	.44
Mental Health	24.62	25.63	9.94	13.50	.383	.08

P> .05

To test the hypothesis that male and female differ significantly on Mindfulness, Spirituality & Mental Health, an independent t-test was performed. As can be seen in table 3, there was no statistical significant difference between both the genders on Mindfulness with t-value being 1.99 ($p > .05$) and no statistical significant difference on Mental health with t-value being .383($p > .05$).But, it was found that there was a statistical significant difference between both the genders on Spirituality with t-value being -.015 ($p < .05$).

CHAPTER- V

SUMMARY, CONCLUSIONS & RECOMMENDATIONS

INTRODUCTION

This study aimed to investigate the association between spirituality, mindfulness, and mental health among elderly people, along with gender differences in these variables. The research was conducted with a sample size of 80 elderly individuals, comprising both males and females. The objectives were to examine the relationships and differences between spirituality, mindfulness, and mental health across genders.

KEY FINDINGS

1. **Association Between Spirituality, Mindfulness, and Mental Health**
   - There is a significant positive correlation between mindfulness and spirituality ($r = .229$).
   - Spirituality showed a significant positive correlation with mental health ($r = .272$).
   - The correlation between mindfulness and mental health was negative but not statistically significant ($r = -.177$).
2. **Gender Differences**
   - There was no statistically significant difference between males and females in terms of mindfulness ($t = 1.99$, $p > .05$).
   - No significant difference was found in mental health between genders ($t = .383$, $p > .05$).
   - A statistically significant difference in spirituality between genders was found ($t = -.015$, $p < .05$).

INTERPRETATION OF FINDINGS

- The positive correlation between spirituality and mental health suggests that higher levels of spirituality may contribute to better mental health among the elderly.
- The positive association between mindfulness and spirituality indicates that individuals who practice mindfulness may also experience higher levels of spirituality.

- The lack of a significant correlation between mindfulness and mental health suggests that while mindfulness is beneficial, its direct impact on mental health may not be as strong as that of spirituality.
- Gender differences in spirituality indicate that male and female elderly individuals experience and express spirituality differently.

CONCLUSION

The study concludes that spirituality plays a critical role in enhancing mental health among the elderly. While mindfulness is positively associated with spirituality, its direct impact on mental health is less pronounced. Gender differences in spirituality highlight the need for gender-specific approaches when addressing spiritual well-being among the elderly.

The findings support the hypothesis that spirituality is positively correlated with mental health and that there are gender differences in spirituality. However, the hypotheses stating no differences between genders in mindfulness and mental health were supported, as no significant differences were found.

RECOMMENDATIONS

For Practitioners and Caregivers

1. **Incorporate Spiritual Practices**: Encourage elderly individuals to engage in spiritual activities, which may enhance their mental health and overall well-being.
2. **Mindfulness Training**: While mindfulness alone may not significantly impact mental health, its positive association with spirituality suggests that mindfulness training could complement spiritual practices.
3. **Gender-Specific Approaches**: Recognize and address the different ways in which male and female elderly individuals experience spirituality. Tailored spiritual support can be more effective.

For Researchers

1. **Further Studies on Mindfulness**: Investigate the mechanisms through which mindfulness influences mental health and how it interacts with other psychological and spiritual factors.

2. **Longitudinal Studies**: Conduct longitudinal studies to understand the long-term effects of spirituality and mindfulness on mental health among the elderly.
3. **Diverse Populations**: Expand research to include diverse cultural and demographic groups to generalize findings and understand the cultural influences on spirituality and mental health.

For Policy Makers

1. **Integrate Spiritual and Mental Health Services**: Develop policies that integrate spiritual care into mental health services for the elderly.
2. **Funding and Support**: Allocate funding for programs that promote spiritual and mindfulness practices among the elderly.

Educational Programs

1. **Training for Caregivers**: Develop educational programs for caregivers to understand the importance of spirituality and mindfulness in elderly care.
2. **Public Awareness**: Increase public awareness about the benefits of spirituality and mindfulness for the mental health of elderly individuals.

Community Involvement

1. **Community Centers**: Establish community centers that offer spiritual and mindfulness activities tailored to the elderly.
2. **Support Groups**: Create support groups where elderly individuals can share their spiritual experiences and practices.

LIMITATIONS AND FUTURE RESEARCH

1. **Sample Size**: The relatively small sample size of 80 participants limits the generalizability of the findings. Future research should include larger and more diverse samples.
2. **Measurement Tools**: The study relied on self-reported measures, which can be subject to biases. Future research should incorporate objective measures of spirituality, mindfulness, and mental health.
3. **Cross-sectional Design**: The cross-sectional design of the study limits the ability to draw causal inferences. Longitudinal studies are needed to establish causal relationships.

In conclusion, the study highlights the significant role of spirituality in enhancing mental health among the elderly. It also underscores the importance of considering gender differences in spiritual practices. While mindfulness is positively associated with spirituality, its direct impact on mental health requires further investigation. These findings have important implications for practitioners, researchers, policymakers, and educators in promoting the well-being of elderly individuals through integrated spiritual and mental health interventions.

REFERENCES:

Abraham J. *Religion and Science series, No 1.* Bangalore: Darmavaram Publications; 2004. The quest for the spiritual neurone. [Google Scholar]

Agarwal, S., & Mishra, P. C. (2016). Relationship between mindfulness and spiritual intelligence among bank employees. *Indian Journal of Positive Psychology*, *7*(3), 356.

Aging and Mental Health. [Online Epub ahead of print]. Available:

Allen, R. S., Phillips, L. L., Roff, L. L., Cavanaugh, R., & Day, L. (2008). Religiousness/spirituality and mental health among older male inmates. *The Gerontologist*, *48*(5), 692-697.

Amstrong, T.D. (1995). Exploring Spirituality: The development of the Amstrong measure of spirituality. Paper presented at the annual convention of the American Psychological Association, New York.

Aydın, A., Işık, A., & Kahraman, N. (2020). Mental health symptoms, spiritual well- being and meaning in life among older adults living in nursing homes and community dwellings. *Psychogeriatrics*, *20*(6), 833-843.

Benner, D.G. (1989). Towards a Psychology of Spirituality: Implications for Personality and Psychotherapy. Journal of Psychotherapy & Christianity, 5, 19-30.

Bester, E. W. (2014). *The role of mindfulness in the relationship between life satisfaction and spiritual well-being in the elderly* (Doctoral dissertation, University of the Free State).

Bester, E., Naidoo, P., & Botha, A. (2016). The role of mindfulness in the relationship between life satisfaction and spiritual wellbeing amongst the elderly. *Social Work, 52*(2), 245-266.

Bickel H. "Epidemiology psychischer Storungen in Alter. In Lehrbuch der Gerontopsychiatrie und psychotherapie", 2003, Vol. 2.

BROWN, K.W. & RYAN, R.M. 2003. The benefits of being present: mindfulness and

Brown, K.W.& Ryan, R.M.(2004).Perils and promise in defining and measuring! mindfulness: Observations from experience. Clinical psychology: Science& Practice,11(3),242.

Buchheld, N., Grossman, P., & Walach, H. (2002). Measuring Mindfulness in Insight Meditation (Vipassana) and Meditation-Based Psychotherapy: The Development of the Freiburg Mindfulness Inventory (FMI).

Carsley, D., Khoury, B., & Heath, N. L. (2018). Effectiveness of mindfulness interventions for mental health in schools: A comprehensive meta-analysis. *Mindfulness*, *9*, 693-707. coaching.org [Accessed: 15/03/2014].

Consciousness and Cognition, 1:289-305. [Online] Available: http://www.instituteof

Crimmins E. "Trends in the health of the elderly", Annu Rev Public Health, 2004, 25, Pp. 79-98.

Dalal, S. (2023). Effect of Mindfulness-based Interventions on Mental Health of Women with Infertility: A Narrative Review. *Journal of Applied Consciousness Studies*, *11*(2), 98-105.

DePaola, S.J., Griffin, M., Young, J.R., and Neimeyer, R.A. (2003): Death anxiety and attitudes towards the elderly among older adults: The role of gender and ethnicity. Death Stud, 27, 335–54.

DIENER, E. & CHAN, M.Y. 2011. Happy people live longer: subjective wellbeing contributes to health and longevity. Applied Psychology: Health and Wellbeing, 3(1):1-43. [Online] Available: http://onlinelibrary.wiley.com [Accessed: 06/11/2013].

Doyle, D. (1992). Have we looked beyond the physical and psychosocial? Journal of Pain & Symptom Management, 7, 302-331.

Dunning, D. L., Griffiths, K., Kuyken, W., Crane, C., Foulkes, L., Parker, J., & Dalgleish, T. (2019). Research Review: The effects of mindfulness- based interventions on cognition and mental health in children and adolescents–a meta- analysis of randomized controlled trials. *Journal of Child Psychology and Psychiatry*, *60*(3), 244-258.

Durand-Moreau, Q., Jackson, T., Deibert, D., Els, C., Kung, J. Y., & Straube, S. (2023). Mindfulness-based Practices in Workers to Address Mental Health Conditions: A Systematic Review. *Safety and Health at Work, 14*(3), 250-258.

European Commission, Directorate General for Economic and Financial Affairs. The 2012 Ageing Report: Underlying Assumptions and Projection Methodologies.

Ferguson LM, Ward H, Card S, Sheppard S, McMurtry J. Putting the 'patient' back into patient-centred care:An education perspective. *Nurse Educ Pract.* 2013;13(4):283–287. doi: 10.1016/j.nepr.2013.03.016. [PubMed] [Google Scholar]

Fortner, B.V., and Neimeyer, R.A. (1999): Death anxiety in older adults: A quantitative review. Death Stud, 23, 387–411.

Frankl, V. (1963). Man's search for meaning. New York: Washington square.future. Clinical Psychology: Science and Practice, 10(2):144-156. [Online] Available:

Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. Journal of the World Psychiatric Association (WPA), 14(2), 231–233. doi:10.1002/wps.20231

Gallo, G. G., Curado, D. F., Machado, M. P. A., Espíndola, M. I., Scattone, V. V., & Noto, A. R. (2023). A randomized controlled trial of mindfulness: effects on university students' mental health. *International Journal of Mental Health Systems*, *17*(1), 32.

Geurtsen, L.A. (2010): Multidimensional Approach of Death Anxiety: Physical Health, Gender and Psychosocial Correlates in a Community Sample and a Clinical Sample of Dutch Elderly People. [Dissertation]. Utrecht, Netherlands: Utrecht University.

Gholami, M., Hafezi, F., Asgari, P., & Naderi, F. (2017). Comparison of the effectiveness of mindfulness and spiritual/religious coping skills on health hardiness and somatic complaints of elderly with hypertension. *Health, Spirituality and Medical Ethics, 4*(3), 19-26.

Gholmi, M., Hafezi, F., Askari, P., & Naderi, F. (2016). The comparison between the effectiveness of mindfulness and spiritual/religious coping skills on death anxiety and blood pressure of the elderly patients with hypertension. *Aging Psychology, 2*(2), 143-1

Hall, H. G., Beattie, J., Lau, R., East, C., & Biro, M. A. (2016). Mindfulness and perinatal mental health: A systematic review. *Women and Birth*, *29*(1), 62-71.

Handler, P. (I960). Radiation and aging. In N. W. Shock (Ed.), Aging (pp. 199-223). Washington, D.C: American Association for the Advancement of Science.

Hazan, H. (1994). Old Age: Constructions and Deconstruction. Cambridge: Cambridge University Press. http://www.onlinelibrarywiley.com [Accessed: 13/08/2014].

Hazlett-Stevens, H., Singer, J., & Chong, A. (2019). Mindfulness-based stress reduction and mindfulness-based cognitive therapy with older adults: A qualitative review of randomized controlled outcome research. *Clinical gerontologist, 42*(4), 347-358.

Heidari, M., Ghodusi Borujeni, M., Kabirian Abyaneh, S., & Rezaei, P. (2019). The effect of spiritual care on perceived stress and mental health among the elderlies living in nursing home. Journal of Religion and Health, 58, 1328-1339.

Helmes, E., & Ward, B. G. (2017). Mindfulness-based cognitive therapy for anxiety symptoms in older adults in residential care. *Aging & mental health*, *21*(3), 272-278.

Hyun-Jung, J., & Mi-Kyung, J. (2015). Relationship between self-esteem and mental health according to mindfulness of university students. *Indian Journal of Science and Technology*.

Itqoniah, C. F., & Adriani, Y. (2021). The Effect of Mindfulness and Religious Coping on Elderly Mental Health.

Janssen, M., Heerkens, Y., Kuijer, W., Van Der Heijden, B., & Engels, J. (2018). Effects of Mindfulness-Based Stress Reduction on employees' mental health: A systematic review. *PloS one, 13*(1), e0191332.

Jha,A.P.,Krompinger,J.,&Baime,M.J. (2007).Mindfulness training modifies subsystems of attention. Cogn Affect Behav Neurosci,7(2),109.

Jung, C.G. (1933). Modern man in search of a soul. New York: Harcourt Brace & Work its role in psychological wellbeing. Journal of Personality and Social Psychology, http://www.tandfonline.com [Accessed: 21/10/2013].

Kabat-Zinn, J. (1990). Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness. New York7 Dell Publishing.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present and future. Clinical Psychology: Science and Practice, 10(2), 144 – 156.

KABAT-ZINN, J. 2003. Mindfulness-based interventions in context: Past, present, and

KABAT-ZINN, J. 2008. Arriving at your own door. London: Piatkus Books.

Kabat-Zinn, J., Massion, A. O., Kristeller, J., Peterson, L. G., Fletcher, K. E., Pbert, L., et al. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. The American Journal of Psychiatry, 149(7), 936 – 943.

Kabat-Zinn,J. (1994).Wherever you go, there you are :Mindfulness meditation in everyday life. New York: Hyperion Books

Kao, L. E., Peteet, J. R., & Cook, C. C. (2020). Spirituality and mental health. *Journal for the Study of Spirituality, 10*(1), 42-54.

Kates, I. C. (2002). Awakening creativity of holistic educators. Thesis, Doctor of Education. The University of Torento.

Khandelwal, S. (2020). Efficacy of mindfulness meditation on mental health during the times of COVID'19-A mixed-method study. *Indian Journal of Positive Psychology*, *11*(4), 281-287.

King, M. B. & Koenig, H. G. Conceptualising spirituality for medical research and health service provision. *BMC Health Services Research* 9, 116 (2009).Return to ref 16 in article

King, M., Marston, L., McManus, S., Brugha, T., Meltzer, H., & Bebbington, P. (2013). Religion, spirituality and mental health: results from a national study of English households. *The British Journal of Psychiatry*, *202*(1), 68-73.

Klainin-Yobas, P., Kowitlawakul, Y., Lopez, V., Tang, C. T., Hoek, K. E., Gan, G. L., ... & Mahendran, R. (2019). The effects of mindfulness and health education programs on the emotional state and cognitive function of elderly individuals with mild cognitive impairment: A randomized controlled trial. *Journal of Clinical Neuroscience*, *68*, 211-217.

Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. *The Canadian Journal of Psychiatry*, *54*(5), 283-291.

Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. *The Canadian Journal of Psychiatry*, *54*(5), 283-291.

Koenig, H. G. (2010). Spirituality and mental health. *International journal of applied psychoanalytic studies*, *7*(2), 116-122.

Koenig, H. G. (2010). Spirituality and mental health. *International journal of applied psychoanalytic studies*, *7*(2), 116-122.

Koenig, H. G., King, D. & Carson, V. B. *Handbook of religion and health*. (Oup Usa, 2012).

Koenig, H. G., King, D. E., & Hall, D. E. (Forthcoming 2011). Handbook of Religion and Health, 2nd edition. New York: Oxford University Press.

Kumar, S., Adiga, K. R., & George, A. (2014). Impact of mindfulness-based stress reduction (MBSR) on depression among elderly residing in residential homes. *The Nursing Journal of India*, *105*(6), 248-251.

LANGER, E.J. 1992. Matters of mind: mindfulness/mindlessness in perspective.

LANGER, E.J. 1989. Mindfulness. Reading, MA: Addison-Wesley.

Levine ME. Modeling the Rate of Senescence:Can Estimated Biological Age Predict Mortality More Accurately Than Chronological Age? *J Gerontol A Biol Sci Med Sci.* 2013;68(6):667–674. doi:10.1093/gerona/gls233. [PMC free article] [PubMed] [Google Scholar]

Lima, S., Teixeira, L., Esteves, R., Ribeiro, F., Pereira, F., Teixeira, A., & Magalhães, C. (2020). Spirituality and quality of life in older adults: A path analysis model. *BMC geriatrics*, *20*, 1-8.

Lindayani, L., Hendra, A., Juniarni, L., & Nurdina, G. (2020). Effectiveness of mindfulness based stress reduction on depression In Elderly: A systematic review. *Journal of Nursing Practice*, *4*(1), 8-12.

Longo, D. A., & Peterson, S. M. (2002). The role of spirituality in psychosocial rehabilitation. Psychiatric Rehabilitation Journal, 25(4), 333 – 340.

Lucchetti, G., Koenig, H. G., & Lucchetti, A. L. G. (2021). Spirituality, religiousness, and mental health: A review of the current scientific evidence. *World Journal of Clinical Cases*, *9*(26), 7620.

Mahwati, Y. (2017). The relationship between spirituality and depression among the elderly in Indonesia. *Makara Journal of Health Research*, *21*(1), 6.

MALINOWSKI, P. 2013. Flourishing through meditation and mindfulness. In: DAVID, S.A., BONIWELL, I. & AYERS, C.A. (eds) The Oxford handbook of happiness. London: Oxford University Press.

Mandal, S. P., Arya, Y. K., & Pandey, R. (2012). Mental health and mindfulness: Mediational role of positive and negative affect. *SIS Journal of Projective Psychology and Mental Health*, *19*(2), 150-159.

Moreno, R.P., De La Fuente Solana, E.I., Rico, M.A., and Fernández, L.M.L. (2008): Death anxiety in institutionalized and non-institutionalized elderly people in Spain. Omega (Westport), 58, 61–67.

Naz, M. A., Shazia, A., & Khalid, A. (2021). Role of mindfulness, religious coping and serenity in institutionalized and non-institutionalized elderly. *Journal of spirituality in mental health*, *23*(3), 278-294.

Nelson, J.M. (2009). Phenomenological Approaches to Religion and Spirituality. In: Nelson, J.M. (eds) Psychology, Religion, and Spirituality. Springer, New York, NY. https://doi.org/10.1007/978-0-387-87573-6_4

O'Collins, G., & Farrugia, E.G. (1991). A concise Dictionary of Theology. New York: Paulist Press.

Orimo H, Ito H, Suzuki T, Araki A, Hosoi T, Sawabe M. Reviewing the definition of "elderly" *Geriatrics & gerontology international.* 2006;6(3):149–158. doi:10.1111/j.1447-0594.2006.00341.x. [Google Scholar]

Oxhandler, H. K., Pargament, K. I., Pearce, M. J., Vieten, C., & Moffatt, K. M. (2021). The relevance of religion and spirituality to mental health: A national survey of current clients' views. *Social Work*, *66*(3), 254-264.

Petchsawang, P., & McLean, G. N. (2017). Workplace spirituality, mindfulness meditation, and work engagement. *Journal of Management, Spirituality & Religion*, *14*(3), 216-244.

Pinho, P. H., Carnevalli, L. M., Santos, R. O., & Lacerda, L. C. S. D. (2020). Mindfulness-based interventions for adults and older adults with mental disorders: an integrative review. *SMAD. Revista eletrônica saúde mental álcool e drogas*, *16*(3), 105-117.

Puchalski, C. *et al*. Improving the quality of spiritual care as a dimension of palliative care: the report of the Consensus Conference. *Journal of palliative medicine* 12, 885–904 (2009).

RAMIREZ, E., ORTEGA, A.R., CHAMORRO, A. & COLMENERO, J.M. 2013. A

Reangsing, C., Rittiwong, T., & Schneider, J. K. (2021). Effects of mindfulness meditation interventions on depression in older adults: A meta-analysis. *Aging & Mental Health*, *25*(7), 1181-1190.

Salmabadi, M., Khamesan, A., Usefynezhad, A., & Sheikhipoor, M. (2016). The Mediating Role of Spiritual Intelligent in Relationship of Mindfulness and Resilience. *Health, Spirituality & Medical Ethics Journal*, *3*(3).

Sanchetee, P., Jain, A., & Agarwal, H. (2017). Preksha Meditation and Mental Health in Elderly. *Journal of the Indian Academy of Geriatrics*, *13*(3).

Sanchez-Lara, E., Lozano-Ruiz, A., Perez-Garcia, M., & Caracuel, A. (2022). Efficacy of mindfulness-based interventions in cognitive function in the elderly people: a systematic review and meta-analysis. *Aging & Mental Health*, *26*(9), 1699-1709.

Saver JL, Rabin J. The neural substraits of religious experience. *J Neuropsychiatry Clin Neurosci.* 1997;9:498–510. [PubMed] [Google Scholar]

Segal, Z., Williams, J. M. G., & Teasdale, J. D. (2002). Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse. New York7 The Guilford Press

Sevilla-Llewellyn-Jones, J., Santesteban-Echarri, O., Pryor, I., McGorry, P., & Alvarez-Jimenez, M. (2018). Web-based mindfulness interventions for mental health treatment: systematic review and meta-analysis. *JMIR mental health*, *5*(3), e10278.

Shapiro,S.L.&Carlson,L.E.(2009).The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions. Washington, DC:APA.

Shaton, J., Shoy, R, and Byock. I. (2001): A few months to live. Different paths to life's end. Washington: Georgetown University Press.

SIEGEL, R.D., GERMER, C.K. & OLENDZKI, A. 2011. Mindfulness: what is it? Where does it come from? In: DIDONNA, F. (ed), Clinical handbook of mindfulness. New York: Springer Science + Business Media.

Siegel,D.J.(2007). Mindfulness training and neural integration: Differentiation of distinct streams of awareness and the cultivation of well-being. SCAN,2(4),259.

Solhaug, I., de Vibe, M., Friborg, O., Sørlie, T., Tyssen, R., Bjørndal, A., & Rosenvinge, J. H. (2019). Long-term mental health effects of mindfulness training: a 4-year follow-up study. *Mindfulness, 10,* 1661-1672.

Tang, C.S.K., Wu, A.M.S., and Yan, E.C.W. (2002): Psychosocial correlates of death anxiety among Chinese college students. Death Stud, 26, 491–499.

Tate, L.A. (1982): Life satisfaction and death anxiety in aged women. Int J Aging Hum Dev, 15(4), 299–306.

Teasdale, J. D., Segal, Z. V., Williams, J. M. G., Ridgeway, V. A., Soulsby, J. M., & Lau, M. A. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. Journal of Consulting and Clinical Psychology, 68(4), 615 – 623.

Tomlinson, E. R., Yousaf, O., Vittersø, A. D., & Jones, L. (2018). Dispositional mindfulness and psychological health: A systematic review. *Mindfulness*, *9*, 23-43.

Udhayakumar, P., & Ilango, P. (2012). Spirituality and mental health among the elderly practising spirituality. *Journal of Research, Extension and Development*, *1*(2), 8-13.

Venkoba Rao, A. & Madhavan, T. (1983) Depression and suicide behaviour in the aged. Indian Journal of Psychiatry, 25. Pp 251-259.

Venkoba Rao, A. (1997) Psychiatric morbidity in the aged. Indian Journal of Medical Research. 106, pp 361-369.

Wang, Y., Tian, T., & Wang, J. (2022). A mediating model of mindfulness, sense of purpose in life and mental health among Chinese graduate students. *BMC psychology*, *10*(1), 1-8.

Wigglesworth, C. (2006). Why spiritual intelligence is essential to mature leadership. Integral leadership Review, 6, 3.

WHO, Geneva: Switzerland; 2010. [accessed 12/11/2013]. World Health Organisation. Definition of an older or elderly person. http://www.who.int/healthinfo/survey/ageingdefnolder/en/index.html . [Google Scholar]

World Health Organisation (2018). Mental health: Strengthening our response. Retrieved from http://www.who.int/mediacentre/factsheets/fs220/en/.

WORLD HEALTH ORGANISATION. 2000. Information needs for research, policy, and action on ageing and older adults. Bethesda: US National Institute on Ageing.

WORLD HEALTH ORGANISATION. 2011. *Global health and ageing.* Bethesda: US National Institute on Ageing.

World health organization. Mental health and older adults. Available from http://www.who.int/mediacentre/factsheets/fs381/en/

Yamada, A. M., Lukoff, D., Lim, C. S., & Mancuso, L. L. (2020). Integrating spirituality and mental health: Perspectives of adults receiving public mental health services in California. *Psychology of Religion and Spirituality*, *12*(3), 276.

Yeung, W. S. (2013). Mindfulness, negative cognition and mental health.

Young, L. A., & Baime, M. J. (2010). Mindfulness-based stress reduction: Effect on emotional distress in older adults. *Complementary health practice review*, *15*(2), 59-64.

Zoghi, L., & Salmani, M. (2022). The Relationship Between Spiritual Intelligence and General Health in the Elderly: The Mediating Role of Mindfulness. *Aging Psychology*, *8*(4), 349- 360.

CONSENT FORM

I, Aditi verma, the undersigned, voluntarily agree to participate in the research study titled "association between spirituality and mindfulness and its impact on mental health among elderly people in Jammu district". I understand that my participation involves providing information through surveys and interviews, which will be used solely for academic purposes. I am aware that my responses will be kept confidential and that I can withdraw from the study at any time without any penalty, I have been informed about the purpose of the study and understand that there are no risks involved. By signing Below, I acknowledge my informed consent to participate in this research.

Date: Signature :

APPENDICES

Appendix I

Name: _____ Age: _____

Gender: _____ Location: _____

DASS 21

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the Statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all

1 Applied to me to some degree, or some of the time

2 Applied to me to a considerable degree or a good part of time

3 Applied to me very much or most of the time

---

1 (s) I found it hard to wind down 01 2 3

2 (a) I was aware of dryness of my mouth 0 1 2 3

3 (d) I couldn't seem to experience any positive feeling at all 0 1 2 3

4 (a) I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)0 123

5 (d) I found it difficult to work up the initiative to do things 01 2 3

6 (s) I tended to over-react to situations 0 1 2 3

7 (a) I experienced trembling (e.g. in the hands) 0 1 2 3

8 (s) I felt that I was using a lot of nervous energy 0 1 2 3

9 (a) I was worried about situations in which I might panic and make a fool of myself0 1 2 3

10 (d) I felt that I had nothing to look forward to 0 1 2 3

11 (s) I found myself getting agitated01 2 3

12 (s) I found it difficult to relax 01 2 3

13 (d) I felt down-hearted and blue 0 1 2 3

14 (s)I was intolerant of anything that kept me from getting on with what I was doing 0 1 2 3

15 (a) I felt I was close to panic 0 1 2 3

16 (d) I was unable to become enthusiastic about anything 0 1 2 3

17 (d) I felt I wasn't worth much as a person 0 1 2 3

18 (s) I felt that I was rather touchy 0 1 2 3

19 (a) I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat) 0 1 2 3

20 (a) I felt scared without any good reason 0 1 2 3

21 (d) I felt that life was meaningless 0 1 2 3

Appendix-II

DSES

The list that follows includes items you may or may not experience. Please consider how often you directly have this experience, and try to disregard whether you feel you should or should not have these experiences. A number of items use the word 'God.' If this word is not a comfortable one for you, please substitute another word that calls to mind the divine or holy for you.

	Many times a day	Every day	Most days	Some days	Once in a while	Never
I feel God's presence.						
I experience a connection to all of life.						
During worship, or at other times when connecting with God, I feel joy which lifts me out of my daily concerns.						
I find strength in my religion or spirituality.						
I find comfort in my religion or spirituality.						
I feel deep inner peace or harmony.						
I ask for God's help in the midst of daily activities.						
I feel guided by God in the midst of daily activities.						
I feel God's love for me, directly.						
I feel God's love for me, through others.						
I am spiritually touched by the beauty of creation.						
I feel thankful for my blessings.						
I feel a selfless caring for others.						
I accept others even when they do things I think are wrong.						
I desire to be closer to God or in union with the divine.						

	Not at all	Somewhat close	Very close	As close as possible

In general, how close do you feel to God?				

Appendix-III

The Mindful Attention Awareness Scale (MAAS)

The trait MAAS is a 15-item scale designed to assess a core characteristic of mindfulness, namely, a receptive state of mind in which attention, informed by a sensitive awareness of what is occurring in the present, simply observes what is taking place.

Brown, K.W. & Ryan, R.M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84,* 822-848.

Carlson, L.E. & Brown, K.W. (2005). Validation of the Mindful Attention Awareness Scale in a cancer population. *Journal of Psychosomatic Research, 58,* 29-33.

Instructions: Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be. Please treat each item separately from every other item.

1	2	3	4	5	6
almost always	very frequently	somewhat frequently	somewhat infrequently	very infrequently	almost never

_____ 1. I could be experiencing some emotion and not be conscious of it until sometime later.
_____ 2. I break or spill things because of carelessness, not paying attention, or thinking of something else.
_____ 3. I find it difficult to stay focused on what's happening in the present.
_____ 4. I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.
_____ 5. I tend not to notice feelings of physical tension or discomfort until they really grab my attention.
_____ 6. I forget a person's name almost as soon as I've been told it for the first time.
_____ 7. It seems I am "running on automatic," without much awareness of what I'm doing.
_____ 8. I rush through activities without being really attentive to them.
_____ 9. I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.
_____ 10. I do jobs or tasks automatically, without being aware of what I'm doing.
_____ 11. I find myself listening to someone with one ear, doing something else at the same time.
_____ 12. I drive places on 'automatic pilot' and then wonder why I went there.
_____ 13. I find myself preoccupied with the future or the past.
_____ 14. I find myself doing things without paying attention