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THE RELATIONSHIP BETWEEN PSYCHOLOGICAL HEALTH AND SPIRITUAL WELL-BEING IN THE OLD AGE

Yaşlılıkta Psikolojik Sağlık ve Manevi İyi Oluş Arasındaki İlişki


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THE RELATIONSHIP BETWEEN PSYCHOLOGICAL HEALTH AND SPIRITUAL WELL-BEING IN THE OLD AGE¹

Öz

The physical and psychosocial changes that occur in old age can negatively affect individuals' psychological health. In old age, the level of spiritual well-being can be an important factor in improving psychological health. However, studies investigating the relationship between psychological health and spiritual well-being in the elderly population in our country are quite limited. Therefore, this study aims to explore the relationship between the spiritual well-being levels of elderly individuals and their psychological health status. This quantitative study includes 400 individuals aged 60 and over living in Istanbul. Data were collected from 400 participants determined by the quota sampling method using the Brief Symptom Inventory and the Spiritual Well-Being Scale. When examining the demographic characteristics of the participants, it was found that age, income, and perceived religiosity level created significant differences in psychological health and spiritual well-being. At the same time, a significant positive correlation was found between depression, negative self-concept, somatization, and spiritual well-being. While the literature widely supports findings that spirituality improves psychological health, this study found that spiritual well-being negatively affects psychological health in elderly individuals. This suggests that spiritual well-being and psychological health in old age are influenced by different variables. Therefore, it is recommended to investigate age-specific variables that influence psychological health and spiritual well-being.

Anahtar Kelimeler: Din Psikolojisi, Gerontoloji, Yaşlılık, Psikolojik Sağlık, Manevi İyi Oluş

Yaşlılıkta Psikolojik Sağlık ve Ruhsal Refah Arasındaki İlişki

Abstract

The physical and psychosocial changes that occur in old age can negatively affect individuals' psychological health. In old age, the level of spiritual well-being can be an important factor in improving psychological health. However, studies investigating the relationship between psychological health and spiritual well-being in the elderly population in our country are quite limited. Therefore, this study aims to explore the relationship between the spiritual well-being levels of elderly individuals and their psychological health status. This quantitative study includes 400 individuals aged 60 and

¹ Bu çalışma Orhan GÜRSU danışmanlığında 09.12.2021 tarihinde tamamladığımız “Yaşlılık Döneminde Psikolojik Sağlık ve Manevi İyi Oluş İlişkisinin Araştırılması” başlıklı yüksek lisans tezi esas alınarak hazırlanmıştır (Yüksek Lisans Tezi, Akdeniz Üniversitesi, Antalya, Türkiye, 2021). / This article is extracted from my master thesis dissertation entitled “Research of the Relationship of Psychological Health and Spiritual Well-Being in the Old Age”, supervised by Orhan GÜRSU (Master's Thesis Dissertation Akdeniz University, Antalya, Turkey, 2021). Ayrıca 1. Uluslararası Gerontoloji Kongresi'nde sözlü olarak sunulan ancak tam metni yayımlanmayan “Yaşlılık Döneminde Psikolojik Sağlık ve Manevi İyi Oluş İlişkisinin Araştırılması.” adlı tebliğin içeriği geliştirilerek ve kısmen değiştirilerek üretilmiş hâlidir./ This article is the revised and developed version of the unpublished conference presentation entitled “Research of The Relationship of Psychological Health and Spiritual Well-Being in the old Age”, orally delivered at the 1. International Congress of Gerontology Symposium.

over living in Istanbul. Data were collected from 400 participants determined by the quota sampling method using the Brief Symptom Inventory and the Spiritual Well-Being Scale. When examining the demographic characteristics of the participants, it was found that age, income, and perceived religiosity level created significant differences in psychological health and spiritual well-being. At the same time, a significant positive correlation was found between depression, negative self-concept, somatization, and spiritual well-being. While the literature widely supports findings that spirituality improves psychological health, this study found that spiritual well-being negatively affects psychological health in elderly individuals. This suggests that spiritual well-being and psychological health in old age are influenced by different variables. Therefore, it is recommended to investigate age-specific variables that influence psychological health and spiritual well-being.

Keywords: Psychology of Religion, Gerontology, Aging, Psychological Health, Spiritual Well-Being

INTRODUCTION

Elderly is one of the life stages that emerges in the course of the aging process. Due to scientific and technological advancements, the global older adult population has begun to increase as life expectancy extends.²³ According to the estimated calculations of the Turkish Statistical Institute (TÜİK), the older adult population ratio is expected to reach 12.9% by 2030, 16.3% by 2040, and by 2080, one in every four people will be an older adult.⁴ The period of old age is a multidimensional life stage that goes beyond numerical data and involves changes in physical, social, psychological, and cultural aspects. With aging, negative changes such as a decrease in physical capabilities, an increase in health problems, the weakening of social relationships due to the loss of spouses and close ones, and a decline in financial resources after retirement may occur.⁵ Such changes can increase the stress levels of older individuals and lead to various psychological health problems, such as depression and anxiety. In coping with psychosocial problems that arise due to changes experienced during the aging process, the references and coping mechanisms of older individuals may change. In this context, religious and spiritual resources can be actively used to cope with psychological problems encountered in old age. The literature contains findings suggesting that religion and spirituality have positive effects on older

² Fadiloğlu, Çiçek, "Yaşlılıkta Psikososyal Sorunlar", *Ege University School of Nursing Journal* 2/8 (1992), 63-73.

³ Ası Karakaş, S, Durmaz, H, "Yaşlılık Dönemi Psikolojik Özellikleri Ve Moral", *Kocatepe Medical Journal*, 1/18 (2017), 32-36.

⁴ "Statistics on the Elderly, 2023", <https://data.tuik.gov.tr> (27 March 2024).

⁵ Gülbaşak Yerli, "Yaşlılık Dönemi Özellikleri ve Yaşlılara Yönelik Sosyal Hizmetler", *Journal of International Social Research* 10/52 (Ekim 2017), 1278-1287.

individuals' ability to cope with their problems. By this means, the negative aspects of aging can be reduced, contributing to a healthier and more successful aging process.⁶⁷ Therefore, this study aims to identify the relationship between the psychological health status of older individuals and their level of spiritual well-being.

1. PSYCHOLOGICAL HEALTH AND SPIRITUAL WELL-BEING IN OLDER ADULTS

While defining psychological health is quite challenging, a psychologically healthy person can broadly be described as someone who is at peace with themselves and their surroundings. They possess the ability to solve problems, make plans for the future, and maintain personal autonomy. Such individuals also live in harmony with their social environment and the physical world.⁸ Changes occurring during old age also affect the psychological health of older individuals. The decline in physical capabilities, an increase in illnesses, the loss of spouses and loved ones, changes in roles and status, and economic insufficiencies negatively impact the psychological health of older individuals, leading to various mental health problems like depression, anxiety, hopelessness, fear of death, dementia, and Alzheimer's disease. For a healthy and successful aging period, older individuals need to effectively cope with psychological health problems.⁹

Religion and spirituality are significant importance in coping with losses during old age. The concept of spiritual well-being was introduced with the thought that meeting the spiritual needs of older individuals would alleviate the problems faced in this period.¹⁰ Spiritual well-being can be defined as a type of well-being that arises from a person's relationship with themselves, their environment, and the beings or beliefs they consider sacred. Spiritual well-being consists of two

⁶ Ayşe Şentepe, "Yaşlılık Döneminde Dini Başaçıkma", *Journal of Human and Social Sciences Research* 4/1 (Mart 2015), 186-205.

⁷ Düzgüner, Sevede, Telek, Serap, *Huzurevi Yaşlı Bakım ve Rehabilitasyon Merkezlerinde Manevi Danışmanlık ve Rehberlik Hizmetleri* (Ankara: Publications of the Presidency of Religious Affairs, 2020).

⁸ Güleç, Cengiz, *Pozitif Ruh Sağlığı* (Ankara: Arkadaş Publishing House, 2016).

⁹ Şüheda Özben, "Yaşlıların Ruh Sağlığının İncelemesi", *Journal of Finance and Financial Law Studies* 2/2 (2022), 119-127.

¹⁰ Hatice Acar, "Manevi İyi Oluş İle Dindarlık Arasındaki İlişki Üzerine Bir Değerlendirme", *Cumhuriyet University Journal of Faculty of Theology* 18/2 (2014), 391-412.

dimensions: existential well-being, which emerges from existential questioning related to the meaning and purpose of life, and religious well-being, which arises from the religious relationship that individuals establish with the beings or powers they consider sacred.¹¹ The state of spiritual well-being can be directly related to individuals' psychological health since it affects their emotional, cognitive, and behavioral styles. In this context, spiritual well-being can influence psychological health in several ways. The frequency of performing religious practices, conceptions of God, religious coping methods, responses related to the meaning and purpose of life, and spiritual activities such as prayer and meditation can all impact individuals' psychological conditions.¹²

Most studies on the relationship between religion, spirituality, and psychological health have found that higher levels of spirituality are associated with lower levels of depression, anxiety, and suicide, and are also related to higher levels of hope, optimism, and well-being.¹³ A study conducted among elderly individuals found a positive correlation between spiritual well-being and psychological resilience. However, a negative correlation was detected between spiritual well-being and depression, anxiety, and social dysfunction. Another study found that spiritual well-being and hope among older individuals increase their happiness and quality of life. In a study conducted in Turkey, the relationship between the meaning of life, spiritual well-being, and psychological health was examined among older individuals living in nursing homes and in the community. It was found that spiritual well-being is negatively related to depression, anxiety, somatization, and negative self-perception, and positively related to the meaning of life.¹⁴

¹¹ David O. Moberg, "Subjective Measures of Spiritual Well-Being", *Review of Religious Research* 25/4 (Haziran 1984), 351-364; Craig W. Ellison, "Spiritual Well-Being: Conceptualization and Measurement", *Journal of Psychology and Theology* 11/4 (1983), 330-338.

¹² Larkin Elderon Kao vd., "Spirituality and Mental Health", *Journal for the Study of Spirituality* 10/1 (Ocak 2020), 42-54; Horozcu, Ümit, "Tecrübî Araştırmalar Işığında Dindarlık ve Maneviyat İle Ruhsal ve Bedensel Sağlık Arasındaki İlişki", *Milel and Nihal: Journal of Faith, Culture, and Mythology Studies* 7/1 (2010), 209-240.

¹³ Harold G. Koenig, "Religion, Spirituality, and Medicine: Research Findings and Implications for Clinical Practice", *Southern Medical Journal* 97/12 (2004), 1194-1200.

¹⁴ Madhi, Soghra - Najafi, Mahmoud, "The Relationship Between Spiritual Well-Being and Hope With Quality of Life, and Happiness in Older Adults", *Journal of Psychological Science* 17/65 (2018), 78-94; Jafari, Esa vd., "The Relationship Between Spiritual Well-Being, Hardiness, and Mental Health in The Elderly", *Journal of Research in Behavioural Science* 6/10 (2013), 431-440; Adeviye Aydın vd., "Mental Health Symptoms, Spiritual Well-Being and Meaning in Life Among Older Adults Living in Nursing Homes and Community Dwellings", *Psychogeriatrics* 6/20 (Kasım 2020), 833-843.

Methods

The main research questions of this study, which is designed to determine the relationship between psychological health and spiritual well-being in old age, are as follows:

- Does the psychological health and spiritual well-being of older individuals differ according to demographic characteristics?
- Is there a relationship between the levels of spiritual well-being and psychological health of older individuals?

In line with these questions, this study is designed as quantitative research using a correlational survey model to achieve its objectives. Survey research involves collecting information about people's attitudes, opinions, beliefs, and actions on a particular subject. Correlational research is used to examine the nature of the relationship between two or more variables.¹⁵

Samples

The sample of the study was determined using the quota sampling technique, which is one of the non-probability sampling methods. A quota of 400 participants was set for the study, with the inclusion criterion being a minimum age of 60. Consequently, the sample of the study consists of 400 individuals aged 60 and over living in Istanbul.

Data Collection Tools

In accordance with the subject of the study, a personal information form, the "Brief Symptom Inventory" for assessing psychological health, and the "Spiritual Well-Being Scale" for assessing spiritual well-being were used as data collection tools. The personal information form was used primarily to determine the demographic characteristics of the participants in the study. This form included questions about the participants' age, gender, education level, income level, and, considering its potential contribution to the study, a question measuring the participants' subjective level of religiosity related to spiritual well-being.

The Brief Symptom Inventory (BSI), developed by Derogatis, is a scale used to measure psychological health. In Turkey, Şahin and Durak¹⁶

¹⁵ Christensen, Larry B. vd., *Research Methods: Design and Analysis* (Ankara: Anı Publishing, 2015); Shaughnessy, John J. vd., *Research Methods in Psychology* (Ankara: Nobel Academic Publishing, 2018).

¹⁶ Şahin, Nesrin, Durak, Ayşegül, "Kısa Semptom Envanteri: Brief Symptom Inventory (BSI)", *Turkish Journal of Psychology* 31/9 (1994), 44-56.

conducted a validity and reliability study of the BSI. Their study found that the subscales for depression, anxiety, negative self, somatization, and hostility were both valid and reliable. In a study by Aydın¹⁷ and colleagues on a sample of older adults, the Cronbach's α values for the subscales ranged from 0.81 to 0.69. In this study, the Cronbach's α value for the total score of the inventory was 0.89, while for the subscales, it ranged from 0.50 to 0.82. The Brief Symptom Inventory consists of 53 items with scoring ranging from (0) "not at all" to (4) "very much". In evaluating the scale, the arithmetic means of the total score and the scores for each subscale are used. A higher score indicates a higher level of psychological health dimensions in the participant.

The Spiritual Well-Being Scale, developed by Paloutzian and Ellison¹⁸ (1982), was validated and assessed for reliability in Turkey by Ekşi and Kardaş¹⁹ (2017). Their study found that spiritual well-being consists of the subscales of transcendence, harmony with nature, and anomie, with Cronbach's α values ranging from 0.95 to 0.85. Gürsu and Ay²⁰ (2018), who studied the scale in a sample of individuals aged 60 and above, reported a reliability value of 0.84. In this study, the Cronbach's α value for the Spiritual Well-Being Scale was 0.84, while the α values for the subscales ranged from 0.51 to 0.81.

Research Process

This study, which aims to investigate the relationship between psychological health and spiritual well-being in elderly individuals, collected its data in Istanbul between February and March 2021. During data collection, participants were informed about the research and their participation was ensured on a voluntary basis. In line with the study's objective, data was collected from 400 individuals aged 60 and over who had intact cognitive functions and were capable of responding to the questionnaire. The collected data was entered into Pasw Statistics 18 program. During this process, after removing incomplete and erroneous data, a total of 384 participants' data were used for analysis. Before proceeding with the analysis of variables, to determine whether the data

¹⁷ Aydın vd., "Mental Health Symptoms, Spiritual Well-Being and Meaning in Life Among Older Adults Living in Nursing Homes and Community Dwellings".

¹⁸ Paloutzian, Raymond F. - Craig W. Ellison, "Loneliness, Spiritual Well-Being and the Quality of Life", *Loneliness: A Sourcebook of Current Theory, Research and Therapy* (New York: John Wiley & Sons, ts.), 224-237.

¹⁹ Halil Ekşi - Selami Kardaş, "Spiritual Well-Being: Scale Development and Validation", *Spiritual Psychology and Counseling* 2/1 (Şubat 2017), 73-88.

²⁰ Gürsu, Orhan, Ay, Yaşar, "Din, Manevi İyi Oluş ve Yaşlılık", *Journal of International Social Research* 11/61 (2018), 1176-1190.

set exhibited a normal distribution as a prerequisite for parametric analyses, the skewness and kurtosis values of the scales in the data set were examined. The skewness and kurtosis values of the scales are presented in the table below.

Tablo 1: Normality Testing For Scales

Normality Analysis		
Scales	Skewness	Kurtosis
Psychological health	,727	,231
Anxiety	-,085	-,043
Depression	,881	,375
Negative-self	,458	,135
Somatization	,609	-,034
Hostility	,973	,996
Spitiritual Well-being	-,467	2,26
Transcendence	-,542	1,052
Harmony with nature	-,252	,737
Anomie	-,081	1,87

There are different approaches in the literature regarding the required skewness and kurtosis values for scales to meet the normal distribution assumption. According to Field (2009), for data sets with a sample size of 200 or more, a distribution is considered normal if the skewness and kurtosis values are between -2.58 and +2.58.²¹

Upon examining the table, it's observed that the total scores and sub-dimensions of the scales satisfy this condition. Subsequently, independent samples t-test and One-Way ANOVA were applied to understand the relationship between psychological health and spiritual well-being with demographic data. Pearson correlation analysis was conducted to determine the relationship between spiritual well-being and psychological health. For variables analyzed with One-Way ANOVA, variance homogeneity was checked. Depending on whether the variances were equal or not, Bonferroni and Tamhane's T2 Post-Hoc tests were applied to identify which groups had significant differences.

²¹ Field, Andy, *Discovering Statistics Using Spss* (London: SAGE Publications Ltd, 2009); Matore, Mohd Effendi Ewan Mohd - Khairani, Ahmad Zamri, "The Pattern of Skewness and Kurtosis Using Mean Score and Logit in Measuring Adversity Quotient (AQ) For Normality Testing", *International Journal of Future Generation Communication and Networking* 13/1 (ts.), 688-702.

Findings

Demographic Characteristics

In this study investigating the relationship between psychological health and spiritual well-being in older individuals, data were collected on participants' age, gender, education level, income status, and perceived religiousness, as these factors were considered relevant to the study. According to the results from the collected data, 57% of the participants were male. When divided by age groups, 80.2% were categorized as young-old (aged 60-74). Regarding education level, 57% of participants had completed elementary school. Income status was categorized based on average income, and it was found that 58% of participants had an income above the average (average income: 2536 TL). In terms of perceived religiousness, 52% of participants described themselves as very religious. Overall, the participant profile indicates that most were above-average income earners, male, with elementary school education, and a majority were self-identified as very religious.

Table 2: Demographic Characteristics of Participants

Demographic Characteristics	Frequency	Percentage
Gender		
Female	166	%43
Male	218	%57
Age		
Young old (60-74)	308	%80,2
Old old (75+)	76	%19,8
Education level		
lower education (Illiterate+Primary school)	237	%62
Intermediate education (Secondary school)	70	%18
Higher education (High school+University)	77	%20
Income level		
Below average income (<2536)	224	%58,3
Above average income (>2536)	160	%41,7
Religiosity level		
Low	35	%9
Medium	150	%39
High	199	%52

Levels of psychological health and spiritual well-being

The average scores obtained by the participants in the both sub-dimensions of psychological health and spiritual well-being scale are

presented in the table below (Table 2). According to the table, it was found that the levels of depression (avg: 1.79) and somatization (avg: 1.54) in the sub-dimensions of psychological health were higher than the others. This finding suggests that depression may increase due to the decline in capabilities during old age, and that the high level of somatization may be due to the tendency of older individuals to express psychological problems through physical symptoms.

When examining the spiritual well-being of older individuals, it was found that their level of harmony with nature was high. When the total score of spiritual well-being was grouped as "low," "medium," and "high," results showed that 56% (n:217) of the participants had a high level of spiritual well-being, 40% (n:152) had a medium level, and 4% (n:15) had a low level of spiritual well-being.

Table 3: Psychological Health and Spiritual Well-Being Status

Psychological Health						
	Anxiety	Depression	Negative self	Somatization	Hostility	Psyc. healt
N	384	384	384	384	384	384
Mean	1,43	1,79	1,51	1,54	1,39	1,54
S.D.	,38	,64	,44	,57	,66	,41
Spiritual Well-Being						
	Transcendence	Harmony with nature	Anomie	Spiritual well-being		
N	384	384	384	384		
Mean	3,52	3,84	2,98	3,47		
S.D.	,58	,44	,52	,44		

Findings on the Relationship Between Demographic Variables and Psychological Health and Spiritual Well-Being

When examining the findings related to the relationship between demographic variables and the dimensions of psychological health and spiritual well-being, it was found that women had a higher level of transcendence than men, while gender did not show a significant difference among other dimensions. The age variable showed significant differences in the total score of spiritual well-being, transcendence, anomie, anxiety, somatization, and hostility dimensions. According to the findings, old-old individuals (75+) had higher total spiritual well-being scores, as well as higher levels of transcendence, anomie, anxiety, and somatization compared to younger older individuals (60-74 years), while their hostility levels were lower than those of the young-old. Participants' education level created significant differences in depression, negative self-concept, somatization, hostility, and overall psychological health, but

did not cause differentiation in spiritual well-being. Specifically, older adults with higher education (high school and university graduates) exhibited greater depression, negative self-concept, somatization, and hostility compared to those with intermediate education (middle school graduates). Conversely, older adults with lower education (illiterate and primary school graduates) showed higher levels of somatization than those with intermediate education (middle school level). Regarding income status, results show that the dimensions of psychological health and the level of anomie significantly differed based on income level. Individuals with higher income levels exhibited higher levels of anxiety, depression, negative self-concept, somatization, and hostility, while the level of anomie decreased. When examining the relationship between religiosity, which was included in the study due to its relevance to the research topic, and the participants' psychological health and spiritual well-being, it was found that the dimensions of psychological health, transcendence, and spiritual well-being significantly differed based on perceived levels of religiosity. In general, as the level of religiosity increased, levels of depression, somatization, negative self-concept, hostility, transcendence, and spiritual well-being also increased (Table 4)

Table 4: Findings on the Relationship Between Demographic Variables and Psychological Health and Spiritual Well-Being

	Psychological Health (p < .005)						Spiritual Well-Being (p < .005)			
Demographic characteristics	Anxiety (X, T/F, P)	Depression (X, T/F, P)	Negative self (X, T/F, P)	Somatization (X, T/F, P)	Hostility (X, T/F, P)	P.H. (X, T/F, P)	Transcendence (X, T/F, P)	Harmony with nature (X, T/F, P)	Anomie (X, T/F, P)	SWB (X, T/F, P)
Gender										
Female	31,72	33,16	30,45	22,45	16,25	134,06	54,09	27,11	20,87	102,08
Male	31,68	33,75	29,88	23,17	17,10	135,60	51,96	26,79	20,95	99,72
Statistics	T:0,08; P:0,93	T:-0,74; P:0,45	T:1,04; P:0,29	T:-1,36; P:0,17	T:-1,77; P:0,07	T:-0,68; P:0,49	T:2,37; P:0,018*	T:0,098; P:0,32	T:-0,19; P:0,84	T:1,78; P:0,075
Age				1-2	1-2					
60-74	31,37	33,42	30	22,47	17	134,2	52,49	26,82	20,48	99,80
75+	33,05	33,78	30,61	24,46	15,64	137,5	54,46	27,36	22,71	104,53
Statistics	F:3,47; P:0,03	F:0,09; P:0,91	F:0,42; P:0,65	F:4,83; P:0,008	F:3,44; P:0,03	F:0,70; P:0,49	F:1,76; P:0,17	F:0,96; P:0,38	F:11,79; P:0,0001	F:4,31; P:0,01
Education		3-2	1-2;2-3	2-3	2-3	2-3				
Lower	31,82	33,44	30,33	22,73	16,75	135,09	52,79	26,90	21,02	100,72
Intermediate.	31,11	31,44	28,58	21,88	15,64	128,67	53,31	27,20	21,15	101,67
Higher	31,70	35,54	30,88	24,16	17,68	140,14	52,76	26,77	20,40	99,94
Statistics	F:0,58;P:0,55	F:5,34; P:0,005	F:3,96;P:0,20	F:3,86; P:0,02	F:3,60;P:0,28	F:5,22;P:0,006	F:0,10; P:0,90	F:0,35;P:0,69	F:0,99;P:0,37	F:0,32;P:0,72
Income										
<2536	31,20	31,10	28,71	21,54	15,57	128,14	52,82	26,89	21,38	101,1
>2536	32,40	36,85	32,10	24,71	18,36	144,4	52,97	26,99	20,26	100,2
Statistics	T:-2,15; P:0,03*	T:-7,13; P:0,0001*	T:-6,04; P:0,0001*	T:-5,71; P:0,0001*	T:-5,71; P:0,0001*	T:-7,14; P:0,0001*	T:-0,15; P:0,87	T:-0,29; P:0,77	T:2,80 P:0,005*	T:0,59; P:0,55
Religiosity		1-2, 2-3	1-2, 1-3	2-3	1-2, 2-3	1-2	1-2, 1-3			1-2, 1-3
Low	31,31	31,60	28,11	21,82	15,31	128,1	41,25	27,34	21,60	90,20
Medium	31,64	34,96	30,61	23,86	17,81	138,9	54,45	27,32	20,56	102,34
High	31,81	32,72	30,11	22,29	16,18	133,3	53,74	26,56	21,07	101,38
Statistics	F:0,16; P:0,85	F:4,89; P:0,008	F:3,17; P:0,04	F:4,85; P:0,008	F:7,32; P:0,001	F:4,96; P:0,007	F:41,6; P:0,0001	F:2,90; P:0,056	F:1,45; P:0,23	F:14,01; P:0,0001

Findings on the Relationship Between Psychological Health and Spiritual Well-Being

An examination of the associations between demographic variables and the dimensions of psychological health and spiritual well-being revealed that women scored significantly higher in transcendence compared to men. However, no other significant gender differences were observed across the remaining dimensions. According to the findings, a significant positive relationship was found between depression, negative self-concept, somatization, and overall psychological health scores and transcendence, harmony with nature, and overall spiritual well-being in older individuals. This indicates that as the scores for transcendence, harmony with nature, and overall spiritual well-being increase, the levels of depression, negative self-concept, somatization, and overall psychological health in older individuals also increase (Tablo5).

Table 5: Pearson Correlation Analysis of the Relationship between Psychological Health and Spiritual Well-Being

		Transcendence	Harmony with nature	Anomie	Spiritual well-being
Anxiety	r	,044	,065	-,020	,040
	p	,196	,102	,346	,219
Depression	r	,116*	,099*	-,013	,099*
	p	,011	,027	,403	,026
Negative self	r	,112*	,022	,038	,092*
	p	,014	,332	,232	,036
Somatizasyon	r	,099*	,103*	,074	,113*
	p	,027	,022	,075	,013
Hostility	r	-,009	,032	-,070	-,019
	p	,427	,269	,086	,357
Psychological health	r	,100*	,086*	,003	,089*
	p	,025	,046	,480	,040
*($\alpha=0,05$)		n 384	384	384	384

Conclusion

This study was conducted to determine the relationship between psychological health symptoms and spiritual well-being levels among older individuals living in Turkey. When examining the psychological health symptoms of the participants, it was observed that they were most affected by depression and somatization. Considering that physical losses and health problems occurring during old age are likely to impact psychological health and lead to depression, this finding is understandable. Given that psychological health symptoms in the aged may more often manifest through pain and physical complaints, the high level of somatization in the aged is also comprehensible. A comparable

study comparing elderly residents of nursing homes and collective housing facilities revealed significantly higher hostility scores among those living in collective housing. However, the groups did not differ significantly in terms of depression, anxiety, or somatization levels.²² Regarding the spiritual well-being of the participants, it was found that their level of harmony with nature was higher than that of transcendence and anomie. When the total score of spiritual well-being was grouped as "low," "medium," and "high," results showed that 56% (n=217) of the participants had a high level of spiritual well-being. Since the older adult participants in the study are part of the community, it can be inferred that their physical activity levels are higher and their social networks are more developed, leading to a higher level of harmony with nature. In a similar study on this topic, it was found that older individuals living in nursing homes had a higher level of harmony with nature than those living in communal housing. This was suggested to be related to the more isolated lifestyle of individuals living in communal housing, despite the variety of psychosocial activities available in nursing homes.²³

When examining the relationship between the demographic characteristics of the older individuals participating in the study and their psychological health and spiritual well-being, results showed that gender did not create a significant difference in psychological health symptoms. Studies that have examined the relationship between gender and psychological health have also found no significant difference in the sub-dimensions.²⁴ In this regard, the results of this study are consistent with those findings. Some studies suggest that the differentiation of psychological health by gender is related to the social gender roles of men and women.²⁵ However, in old age, it is thought that this differentiation may arise more from physical competence, and physical and emotional vulnerability, rather than from gender roles. When examining the

²² Aydın vd., "Mental Health Symptoms, Spiritual Well-Being and Meaning in Life Among Older Adults Living in Nursing Homes and Community Dwellings".

²³ Aydın vd., "Mental Health Symptoms, Spiritual Well-Being and Meaning İn Life Among Older Adults Living in Nursing Homes and Community Dwellings".

²⁴ Terakye, Gülşen, "An Examination of the Self-Esteem of Elderly Residents in Nursing Homes", *Ege University Journal of Nursing Faculty* 5/3 (ts.), 15-24; Tinakon Wongpakaran - Nahathai Wongpakaran, "Personality Traits Influencing Somatization Symptoms and Social Inhibition in the Elderly", *Clinical Interventions in Aging* 13/8 (Ocak 2014), 157-164; Aydın vd., "Mental Health Symptoms, Spiritual Well-Being and Meaning in Life Among Older Adults Living in Nursing Homes and Community Dwellings".

²⁵ Güleç, Cengiz, *Pozitif Ruh Sağlığı*.

relationship between gender and spiritual well-being, it was found that women had a higher level of transcendence. Similar studies in the literature indicate that only the dimension of anomie differs, and that spiritual well-being does not differ significantly by gender, with findings suggesting that spirituality tends to be higher in women.²⁶ Within this framework, societal gender roles appear to exert a stronger influence than biological factors on the association between gender and spiritual well-being. Gendered expectations (such as motherhood) may shape individuals' search for meaning and spiritual needs, potentially leading to divergent levels of spiritual well-being.

When examining the relationship between age and psychological health and spiritual well-being, it was found that the age variable created significant differences in the dimensions of anxiety, somatization, and hostility. Similar studies in the literature show that depressive symptoms and somatization increase with age, while some studies report no significant differences in anxiety and depression.²⁷ Regarding the relationship between age and spiritual well-being, it was found that the total scores of transcendence, anomie and spiritual well-being were higher in old-old individuals (75+ years old). Although many studies indicate that spirituality tends to rise with age, some research finds no significant association between age and spiritual well-being.²⁸ When the relationship between age and the sub-dimensions of psychological health and spiritual well-being is evaluated overall, it can be said that the effects of age are more likely to arise due to the changes individuals undergo as they age. In other words, chronological age may not directly cause psychological issues like depression and anxiety, nor does it necessarily lead to increased spirituality. Instead, its influence is likely indirect, mediated by changes in physical and psychosocial factors. In this context, it can be suggested that life conditions are likely to be more determinative than the chronological age of older adults.

²⁶ Aydın vd., "Mental Health Symptoms, Spiritual Well-Being and Meaning in Life Among Older Adults Living in Nursing Homes and Community Dwellings"; Gürsu, Orhan, Ay, Yaşar, "Din, Manevi İyi Oluş ve Yaşlılık".

²⁷ Keskinoglu, Pembe vd., "Yaşlılarda Depresif Belirtiler ve Risk Etmenleri", *General Medical Journal* 16/1 (2006), 21-26; Wongpakaran - Wongpakaran, "Personality Traits Influencing Somatization Symptoms and Social Inhibition in the Elderly".

²⁸ Kılavuz, Akif M., "Yaşlanma Sürecinin Dini Gelişime Etkileri", *Uludağ University Journal of Theology Faculty* 15/1 (2006), 97-112; Gürsu, Orhan, Ay, Yaşar, "Din, Manevi İyi Oluş ve Yaşlılık".

When examining the relationship between educational status and psychological health symptoms and spiritual well-being, it was found that depression, negative self, somatizasyon, hostility and the total psychological health score increased with higher education levels. In the literature, there are studies that show a decrease in depression and anxiety with increased education, as well as reports no significant relationship between education and depression.²⁹ In a study on somatization, individuals with lower educational attainment were found to have higher somatization scores.³⁰ However, another study found no association between older adults' levels of negative self-concept, somatization, hostility and their educational level.³¹ It was found that there was no significant relationship between educational status and spiritual well-being. Similar findings are reported in other studies.³² The relationship between educational status, psychological health, and spiritual well-being suggests that higher education levels correlate with increased knowledge and awareness. This heightened consciousness may lead individuals to critically examine their circumstances more frequently, potentially resulting in greater susceptibility to psychological health challenges. Similarly, it can be suggested that increased awareness may influence spiritual well-being by prompting individuals to question the meaning of life more deeply.

When examining the relationship between income level and psychological health symptoms and spiritual well-being, results showed that as income increases, psychological health symptoms also increase. However, studies on this topic have found either no significant difference between income and psychological health symptoms or that psychological health symptoms decrease as income increases.³³ In terms

²⁹ Keskinoglu, Pembe vd., "Yaşlılarda Depresif Belirtiler ve Risk Etmenleri"; Aydın vd., "Mental Health Symptoms, Spiritual Well-Being and Meaning in Life Among Older Adults Living in Nursing Homes and Community Dwellings".

³⁰ Wongpakaran - Wongpakaran, "Personality Traits Influencing Somatization Symptoms and Social Inhibition in the Elderly".

³¹ Aydın vd., "Mental Health Symptoms, Spiritual Well-Being and Meaning in Life Among Older Adults Living in Nursing Homes and Community Dwellings".

³² Hasan Jafaripoorr vd., "The Elders' Spiritual Well-Being and Their Quality of Life: A Cross-Sectional Study", *Journal of Client-centered Nursing Care* 3/4 (Ekim 2019), 145-154; Pilger, Caliope vd., "Spiritual Well-Being And Quality of Life of Older Adults in Hemodialysis", *Rev Bras Enferm* 70/4 (2017), 689-696.

³³ Maria Christina Dehoust vd., "Prevalence and Correlates of Somatoform Disorders in the Elderly: Results of A European Study", *International Journal of Methods in Psychiatric Research* 26/1 (Mart 2017), 1-12; Bahar, Aynur vd., "The Determination of the Level of Anxiety and

of the relationship between income and spiritual well-being, it was found that levels of anomie are higher among low-income older individuals. Studies on the relationship between income and spiritual well-being have found that spiritual well-being increases with income, or that income does not affect spiritual well-being.³⁴ Considering the potential of income to improve living conditions, it could be suggested that it would reduce psychological health symptoms. However, this study found an inverse relationship between income and psychological health. This may indicate that the factors affecting psychological health in older individuals are varied, and the positive effect of income may diminish due to losses experienced during old age.

Participants were asked about their perceived levels of religiosity, considering its potential impact on psychological health and spiritual well-being. The data indicated that older individuals who considered themselves moderately religious reported elevated depression, somatization, and hostility. A review of the literature reveals that while religiosity can have a positive impact on psychological health, some studies show no significant differences.³⁵ The results indicate that greater religiosity leads to higher levels of both transcendence and spiritual well-being, which matches what other researchers have found.³⁶ When evaluating the relationship between religiosity, psychological health, and spiritual well-being, it appears that religiosity in older adults can have both positive and negative effects. This situation is thought to depend on the elderly's concepts of religion and God, their level of religious knowledge, and the internalization and practice of religious practices. Additionally, it can be said that the arguments religion provides regarding human existence and the meaning of life play a determining role in spiritual well-being by influencing the dimension of existential well-being.

Depression of Old People Who Live in the Nursing Home", *Anatolian Journal of Psychiatry* 4/6 (2005), 227-239.

³⁴ Pilger, Caliope vd., "Spiritual Well-Being and Quality of Life of Older Adults in Hemodialysis"; Gürsu, Orhan, Ay, Yaşar, "Religion, Spiritual Well-being and Aging".

³⁵ Azaiza, Faisal vd., "Death and Dying Anxiety Among Elderly Arab Muslims in Israel", *Death Study* 34/4 (2010), 351-364; Uddin, Abbas M., "Relationship Between Religiosity and Depression of Older Persons in Bangladesh", *MOJ Gerontology and Geriatrics*, 2/5 (2017), 108-110.

³⁶ Gürsu, Orhan, Ay, Yaşar, "Din, Manevi İyi Oluş ve Yaşlılık"; Aydın vd., "Mental Health Symptoms, Spiritual Well-Being and Meaning in Life Among Older Adults Living in Nursing Homes and Community Dwellings".

The study's main focus was on how psychological health relates to spiritual well-being in older adults. We found that higher levels of depression, negative self-image, and physical symptoms were consistently linked to greater transcendence, connection with nature, and overall spiritual well-being. The anxiety and hostility dimensions were not found to be related to spiritual well-being. When the studies in the literature are examined, there are generally findings that indicate a negative relationship between anxiety, depression, negative self-concept, somatization, and hostility sub-dimensions and the total psychological health score, and spirituality and spiritual well-being. These findings suggest that spirituality improves psychological health.³⁷ It has been observed that studies on the sub-dimensions of psychological health in our country are generally conducted with young adult samples, and there are limited studies directly conducted with older adult samples. In the study by Aydın³⁸ et al., the relationship between the meaning of life, psychological health, and spiritual well-being was investigated among individuals living in nursing homes and communal residences. Similarly, this study found that as harmony with nature and spiritual well-being increased, psychological health symptoms decreased, but the transcendence dimension was not related to the psychological health dimensions. Contrary to established findings in the literature, our study revealed an inverse relationship between psychological health and spiritual well-being

It is thought that the results differing from the general findings in the literature might be due to differences in the emotions and thoughts affecting the religious and spiritual well-being of the participants, stemming from their differing awareness and developed attitudes towards religion and spirituality. The participants' negative images of God, the frequency of performing religious/spiritual practices, their negative beliefs about spirituality, and negative religious/spiritual coping styles might have led to an increase in psychological health problems such as depression, negative self-concept, and somatization. Here, it can be said that how individuals perceive spirituality, how it manifests in

³⁷ Jafari, Esa vd., "The Relationship Between Spiritual Well-Being, Hardiness, and Mental Health in the Elderly"; Samira Habibollahi vd., "The Distinctive Role of Spirituality and Social Support in Mental Health and Death Anxiety in the Elderly", *Social Psychology Research* (2018), 1-22; Koenig, "Religion, Spirituality, and Medicine: Research Findings and Implications for Clinical Practice".

³⁸ Aydın vd., "Mental Health Symptoms, Spiritual Well-Being and Meaning in Life Among Older Adults Living in Nursing Homes and Community Dwellings".

their lives, and their level of internalization might have reversed the therapeutic effect of spiritual well-being on psychological health. In this context, due to cultural differences, the meanings attributed to and the perception of religion and spirituality change in Western and Eastern societies. Generally, while there is a perception of spirituality independent from religion in the West, religion and spirituality are not entirely distinct in Eastern societies.³⁹ From this perspective, the effect of spirituality on psychological symptoms might have differed from prevalent findings in the sample from our country. Indeed, similar discussions regarding the negative results in the relationship between spirituality and psychological health exist in the literature.⁴⁰ Consequently, the discrepancy between the obtained findings and the literature may be due to differences in the cultural perception of psychological health problems and spiritual well-being in Turkish society compared to other societies. At the same time, it is thought that the results diverging from the literature stem from the limitations of the measurement instruments used for psychological health and spiritual well-being. On the other hand, the global decline in religion and spiritual well-being scores and the occurrence of faith crises worldwide could be considered as having explanatory value for our findings.⁴¹ Similarly, studies on the subject reveal that religion and spirituality decrease as one moves from rural areas to metropolises. From this perspective, since our study sample is from Istanbul, it can be concluded that spiritual well-being was not sufficiently effective on psychological disorders. Undoubtedly, there is a need to test these findings in different regions.

Based on these findings and the literature review, some recommendations are proposed for future studies. Psychological health problems in the aged and the conditions that affect them vary significantly. Therefore, future research should reconsider psychological health issues by taking the specific conditions of old age into account, and new approaches tailored to the older adults should be developed.

³⁹ Düzgüner, Sevede, "Nereden Çıktı Bu Maneviyat: Manevi Bakımın Temellerine İlişkin Kültürlerarası Bir Analiz", *Spiritual Counseling and Guidance* (İstanbul: Dem Publishing, 2016), 17-43.

⁴⁰ Barbara L. Carlozzi vd., "Spirituality, Anger, and Stress in Early Adolescents", *Journal of Religion and Health* 49/4 (Aralık 2010), 445-459; Horozcu, Ümit, "Tecrübi Araştırmalar Işığında Dindarlık ve Maneviyat İle Ruhsal ve Bedensel Sağlık Arasındaki İlişki"; Yapıcı, Asım - Koçak, Ali, "Türkiye'de Ruh Sağlığı, Maneviyat ve Dindarlık: Meta-Analitik Bir Değerlendirme", *Religion, Values, and Health* (İstanbul: Dem Publications, 2017), 65-115.

⁴¹ Gürsu, Orhan, "Gençlik Dönemi İnanç Krizinin Psikolojik Kökenlerinin Analizi: Olgu Sunumu", *Pamukkale University Journal of Divinity Faculty* 9/3 (2022), 915-931.

Additionally, new measurement tools sensitive to the aging process should be developed.

Spiritual well-being is a phenomenon that can affect all areas of an individual's life. Factors such as physical losses and illnesses brought about by aging make spiritual well-being even more important during this period. However, while there are studies on religiosity in the literature on aging in Turkey, the limited number of studies on spirituality indicates that this topic has been overlooked. Therefore, it is recommended that future research should increase the focus on spirituality during the aging period and develop new measurement tools specifically for the older adults.

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Ethical approval

This study has been approved by the Akdeniz University Scientific Research and Publication Ethics Committee for Social Sciences and Humanities (Approval date: 04/01/2021 - Approval no:284/21). Participants were included in the research on a voluntary basis, and informed consent was obtained from all participants.

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