

The Effect of Mindfulness and Religious Coping on Elderly Mental Health

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Abstract

The elderly population continues to increase not only in the world, but also in Indonesia. One of the cities that contribute to increasing the number of elderly people in Indonesia is Depok, West Java. Elderly is a stage that has experienced many changes and faced various challenges in life. The elderly tend to experience a decline in various aspects. They experience changes in physical, psychological, and social aspects. The changes that occur and all the challenges that must be faced can have an impact on the physical, mental and functioning of life. This study aims to examine 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 who 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 detail, the results of the minor hypothesis prove that there is a significant effect of three dimensions of mindfulness (observe, describe, and act with awareness) and one dimension of religious coping (positive religious coping) on the mental health of the elderly.

Keywords: Mindfulness, Religious Coping, Mental Health, Elderly

Abstrak

Populasi lansia terus mengalami peningkatan tidak hanya di dunia, namun di Indonesia pun, jumlah lansia mengalami peningkatan. Salah satu kota yang berkontribusi dalam peningkatan jumlah lansia di Indonesia adalah kota Depok, Jawa Barat. Lansia merupakan tahap yang tidak sedikit pula mengalami perubahan dan menghadapi berbagai tantangan dalam hidupnya. Lansia cenderung mengalami penurunan pada berbagai aspek. Mereka mengalami perubahan pada aspek fisik, psikologis, juga sosial. Perubahan-perubahan yang terjadi dan segala tantangan yang mesti dihadapinya, dapat berdampak kepada fisik, mental hingga keberfungsianya menjalani kehidupannya. Penelitian ini bertujuan untuk menguji apakah *mindfulness* dan *religious coping* memiliki pengaruh terhadap kesehatan mental lansia di kota Depok. Sampel yang digunakan berjumlah 282 lansia yang diambil dengan teknik *non-probability sampling* yaitu *purposive sampling*. Adapun instrumen yang digunakan pada penelitian ini merupakan adaptasi dan modifikasi dari instrumen *Mental Health Continuum-Long Form* (MHC-LF), *Five Facet Mindfulness Questionnaire* (FFMQ), dan *Brief RCOPE*. Hasil penelitian menunjukkan bahwa terdapat pengaruh yang signifikan sebesar 36.5% dari *mindfulness* dan *religious coping* secara bersama-sama terhadap kesehatan mental lansia. Secara rinci, hasil hipotesis minor membuktikan adanya pengaruh signifikan dari tiga dimensi *mindfulness* (*observe*, *describe*, dan *act with awareness*) dan satu dimensi dari *religious coping* (*positive religious coping*) terhadap kesehatan mental lansia.

Kata Kunci: *Mindfulness*, *Religious Coping*, Kesehatan Mental, Lansia

Introduction

The World Health Organization (2017) says that the world's elderly population is increasing rapidly. From 2015 to 2050, it is estimated that the proportion of elderly people will almost double from around 12% to 22%. Likewise in Indonesia, according to the Badan Pusat Statistik (2019), over a period of almost five decades (1971-2019), the percentage of elderly people has increased by about two times. In 2019, the percentage of the elderly reached 9.6 percent or around 25.64 million people. The age structure of the Indonesian population continues to change and begins to shift towards old age (BPS, 2019). The Badan Pusat Statistik (2019) said that this was the impact of the increase in life expectancy (AHH), thus having an impact on increasing the number and percentage of the elderly population. The Depok city, West Java, is one of the contributors to the high life expectancy. The Badan Pusat Statistik for the Depok city said that the number of elderly people in Depok from 2013 to 2018 increased from 4.73% to 6.32% with a life expectancy at birth of 74.17 years. From the results of population projections, the number of elderly people in 2020 will reach 7.08% of the total population of the Depok city. From this information, researchers are interested in appointing the elderly in Depok as subjects in this study.

Old age is the last stage of development in the life span of a human being. According to UU No.13 of 1998 (BPS, 2019), an elderly person is someone who has reached the age of 60 years and over, with the categories: young elderly (60-69 years), middle elderly (70-79 years), and old elderly (80 years and over). Being elderly means occupying the peak of the human life cycle, and each phase in it is like an interconnected life chain (BPS, 2019). Sutikno (2015) said that the elderly is a stage that is vulnerable to changes due to aging. These changes in the elderly are in accordance with the law of human nature which is generally known as "aging" (Hurlock, 1980).

Changes in the elderly affect both physical and mental structure and also their function (Hurlock, 1980). Changes experienced in aging can have an impact on their happiness, well-being and mental health. Changes that occur include changes on physical, physiological, and cognitive aspects such as decreased organ functions, memory decline, to dementia (Papalia, Olds, & Feldman, 2009) changes on social aspects, such as reduced time with loved ones—the loss of colleagues, then children who marry and start new lives, to the abandonment of a partner (Papalia et al., 2009)—which can lead to feelings of loneliness; and changes on psychological aspects, such as emotions that are starting to become difficult to control, changes in roles—from parent to grandparent, frequently looking at the past, to anxiety about death.

In addition, the expectations of the community and even the closest family regarding the concept of 'elderly' are not in line with the expectations of the elderly themselves. Society views the elderly as individuals with fragility in them. The results of studies by psychologists strengthen the belief in society that with a tendency to decline in various things in the elderly, it will automatically lead to a decline in mental health (Hurlock, 1980). The elderly seen as the subject of severe emotional and mental problems (Hurlock, 1980). However, from the point of view of the elderly themselves, they feel entitled to be productive and to feel happy about the things they live. This can have an impact on decreasing their mental health which can also have an impact on decreasing individual resources in living daily life (Sachs-Ericsson et al in Gerino, Rollè, Sechi, & Brustia, 2017).

The understanding of mental health has developed a lot, mental health is seen as not only the absence of mental illness, but mental health is also a collection of positive feelings and positive functions in life (Keyes, 2002). Keyes (in Keyes, 2004) understands that mental health is a 'complete condition' in which individuals are free from psychopathology and have well-being with high levels of emotional, psychological, and social. Mentally health elderly characterized not only by the absence of mental illness such as depression, but also by the satisfaction with life, happiness, and positive functioning in themselves and socially, such as being able to develop interests, talents, as well as a desire to remain productive in old age, being able to cope with and to adapt with the changes, and being able to contribute in society.

Recently, the focus of social policy has shifted, from treatment or symptom reduction, to well-being improvement (Stephens, Breheny, & Mansvelt, 2015). Gerino et al. (2017) said that the current

perspective of health psychology is in contrast to the existing deficit model (decrease or reduction model). In addition to preventing mental illness, mental health promotion, which involves addressing risk factors and improving positive aspects of individual life and overall quality of life for the elderly (WHO in Mak, Chan, Cheung, Lin, & Ngai, 2015), is also important. One way to improve mental health is to develop strategies in dealing with changes and existing problems, such as mindfulness and the use of good coping such as religious coping.

Mindfulness is a bridge between thoughts and what is being lived (events) right now (Chowdhury, 2019). According to the Mental Health Foundation, mindfulness is an integration. Mind-body integration to help individuals manage thoughts, feelings, and mental health. According to the Mental Health Foundation, mindfulness is a choice of strategies that can be done to improve mental health and well-being. Mindfulness with its five dimensions, namely observe, describe, act with awareness, non-judge of inner experience, and non-react to inner experience, can facilitate the ability to intentionally become aware, pay attention, and accept without judgment as well as without reactivity to the unfolding of experiences (Baer, 2003; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006).

Based on the studies related to mindfulness that have been done, Mak et al. (2015) concluded that empirically, an approach that focuses on awareness, attention, acceptance, and non-judgment in the present moment, has a greater effect than just reducing distractions, such as increased energy and well-being, as well as relief from pain and stress that is felt. Mindfulness can serve as an adaptive strategy that can protect the elderly from the effects of stress on mental health (De Frias in Perez-Blasco, Sales, Meléndez, & Mayordomo, 2016). Thus, a mindfulness approach has the potential not only to prevent mental health problems, but also to promote positive well-being and overall health for the elderly. Mindfulness makes the elderly accept themselves with the circumstances and changes that they are experiencing, as well as paying attention and awareness to what they are currently facing to support their mental health.

In addition to mindfulness as a strategy that can affect the mental health of the elderly, other strategies such as coping can also influence it. Papalia et al. (2009) said, coping is an important aspect of mental health. Many kinds of coping that can be a reference choice in overcoming or dealing with a problem. One of them is religious coping. Religious coping is one of the coping strategies that can be chosen and used by the elderly to maintain, develop and improve their mental health.

In the last two decades, a number of studies that emphasize the role of religion in adaptation to the main stressors of life, have become a trend and have increased (Mohammadzadeh & Najafi, 2017). Religion is a multi-functional phenomenon, which can serve a variety of purposes. Religion becomes more and more important to many people as they age (Papalia et al., 2009). Pargament & Raiya (2007) say, religious coping is a way of understanding and dealing with negative life events related to sacred things. The two dimensions of religious coping, positive religious coping and negative religious coping, have different perspectives regarding the approach to God in understanding the occurring negative events. The meaning of negative life here is events that are considered as challenges or stressors. Religious coping involves applying religious beliefs, practices, experiences, emotions, or relationships in an effort to understand and deal with stressful life experiences (Pargament in Abu-Raiya, Sasson, Pargament, & Rosmarin, 2020).

Psychologists pay attention to the relationship between mental health and religious coping. Studies show that religious coping has a significant effect on physical and mental health (Kook in Sharak, Bonab, & Jahed, 2017). According to Zakiah (in Syahid, 2016), mental development requires a process of education, character formation, and piety or religious development that lasts a lifetime. Survey data have also revealed clear links between religion, mental and physical health. Frequent use of religious coping, in line with the reduction of psychopathology and can make mental health better (Pargament & Raiya, 2007). This indicates that the elderly who use religious coping in dealing with events, changes, and daily pressures will have an effect on improving their mental health.

Based on the explanation above, researcher is interested in conducting further research regarding the effect of mindfulness and religious coping on the mental health of the elderly.

Method

The population in this study were elderly people living in Depok city, West Java. The characteristics of the population in this study was individuals aged 60 years and over who was still able to communicate well. 282 samples were used for the research. Using a non-probability sampling technique, which means that members of the population do not have the same opportunity or opportunity to be sampled. The non-probability sampling technique that the researcher uses is purposive sampling where the method of determining respondents to be used as samples is based on certain criteria.

Researcher used three instruments that have been modified and adapted to the research subject. The instruments include Mental Health Continuum-Long Form (MHC-LF) by Keyes (2005), Five Facet Mindfulness Questionnaire (FFMQ) by Baer, Smith, Hopkins, Krietemeyer, & Toney (2006), and RCOPE Brief by Pargament, Feuille, & Burdzy (2011).

Each instrument was tested for validity using Confirmatory Factor Analysis (CFA) with LISREL 8.7 software. Then statistical tests to examine the research hypothesis using multiple regression analysis techniques with SPSS 22.0 software.

Result

Several steps have been taken to examine the hypothesis of this study. First, see the value of the coefficient of determination or *R Square* (R^2) to determine the proportion of the effect of the independent variable on the dependent variable. The value of *R Square* can be seen in table 1. *R Square* in this study is 0.365, which means that the proportion of the effect of mindfulness and religious coping on the mental health of the elderly is 36.5%. While the rest, amounting to 63.5% is influenced by other variables outside the study.

Table 1. *R Square*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.604 ^a	.365	.349	7.53313

a. Predictors: (Constant), Negative Religious Coping, Non-react, Positive Religious Coping, Describe, Observe, Act with Awareness, Non-judge

Second, see the results of the F test to determine whether or not the independent variable has a significant effect on the dependent variable. Significant values can be seen in the Sig. column (Table 2) which shows 0.000 (Sig. < 0.05). That means, there is a significant effect from mindfulness and religious coping on the mental health of the elderly.

Table 2. ANOVA Effect of Independent Variables on Dependent Variable

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8946.465	7	1278.066	25.522	.000 ^b
	Residual	15548.981	274	56.748		
	Total	24495.446	281			

a. Dependent Variable: Mental Health

b. Predictors: (Constant), Negative Religious Coping, Non-react, Positive Religious Coping, Describe, Observe, Act with Awareness, Non-judge

Third, see whether the regression coefficient value of each independent variable is significant or not on the dependent variable. Significant or not the regression coefficient of each independent variable can be seen in Sig. column (table 3). There are four of the seven variables that show significant regression

coefficient values, including observe, describe, act with awareness, and positive religious coping variables. Then, the variables non-judge of inner experience, non-react to inner experience, and negative religious coping, did not show a significant regression coefficient value.

Table 3. Regression Coefficient

Model		Unstandardized		Standardized	t	Sig.
		Coefficients		Coefficients		
		B	Std. Error	Beta		
1	(Constant)	8.835	9.243		.956	.340
	Observe	.199	.065	.167	3.073	.002*
	Describe	.134	.067	.109	2.009	.046*
	Act with Awareness	.218	.065	.200	3.338	.001*
	Nonjudge	-.057	.076	-.046	-.749	.454
	Nonreact	-.038	.072	-.031	-.532	.595
	Positive Religious Coping	.418	.057	.408	7.399	.000*
	Negative Religious Coping	-.051	.058	-.048	-.889	.375

a. Dependent Variable: Mental Health

Note: (*) = significant (<0.05)

Discussion

Based on samples that have been obtained, as many as 206 elderly are women and 76 elderly are men. For the age range, there are 180 elderly people aged 60-69 years, 89 elderly people aged 70-79 years, and 13 elderly people aged ≥ 80 years. A total of 272 elderly are Muslim, and 10 elderly are of other religions. Then, as many as 48 elderly are still working and 234 elderly are no longer working. The result showed that mindfulness (observe, describe, act with awareness, non-judge, and non-react) and religious coping (positive religious coping and negative religious coping) together had a significant effect on mental health.

On the mindfulness variable, according to Mandal, Arya, & Pandey (2012), mindfulness as a whole was found to not only help in reducing symptoms of mental illness and improve mental health, but also reduce negative feelings and increase individual positive experiences. This is reflected in the results of this study, mindfulness simultaneously with religious coping has an effect on the mental health of the elderly.

Apart from mindfulness on the whole, the study of Mandal et al. (2012) also showed that there are three dimensions of mindfulness that have a major effect on improving mental health, namely describe, act with awareness and non-judgment of inner experience. Meanwhile, the observe and non react to inner experience dimensions were not found to have a direct effect on mental health. However, the observe dimension was found to reduce symptoms of depression and the non react to inner experience dimension was found to increase happiness and positive feelings.

In this research, aspects that significantly effect the mental health of the elderly are observe, describe, and act with awareness. This study is in line with the research of Mandal et al. (2012). When the elderly can observe carefully what is happening both internally and externally, describe their feelings, experiences or thoughts, and also be aware of what they are doing, it will have an effect on increasing happiness, positive affect, mental health, and also can reduce symptoms of mental illness such as depression in the elderly.

While the other two dimensions, namely non judge of inner experience and non react to inner experience, were found to have no effect on mental health. This result is not in line with the study of Mandal et al. (2012). From the observations of the elderly, the researcher assumed, first, that non-judgment of inner experience and non-react to inner experience showed no effect due to differences in background with previous studies, both in terms of age, education, culture, and other factors. Second,

Baer et al. (2006) said that non judge and non react are dimensions that operationalize acceptance, where acceptance is also an important part of the mindfulness concept, similar to the other three dimensions. This shows that ideally, the non-judge and non-react dimensions as operational aspects of acceptance and part of mindfulness can have an effect on mental health and well-being. However, researcher see that many elderly people are not familiar with or are not 'close' to the concept of acceptance. Researcher assumed that generational differences can be one of the factors that influence the elderly's lack of understanding of the concept of acceptance itself. Researcher see that the elderly tend to judge and react to things that are experienced, felt, and also thought. This seems to have become a common response made by the elderly.

Overall, the researcher sees that the concept of mindfulness is a new concept, especially for the elderly age group who is considered to live in an era where behavioral approaches—such as reward and punishment—are more applied than the current era which is introduced and brought closer to the concept of “Self”. This can be seen when the elderly meet mindfulness items. Researcher caught, actually the elderly have unconsciously implemented mindfulness behavior, it is just that they do not realize that what they are doing is mindfulness behavior. This can be happened because the elderly are not familiar with the word and the concept of mindfulness itself.

It should be noted that mindfulness has similar qualities such as a trait, state, and can also be described as a skill (or set of skills) that can be developed and practiced (Baer et al., 2006). There are many advantages to practicing mindfulness. In Baer (2003), several researchers have noted that mindfulness training can change a person's pattern of thinking or behavior when a stimulus comes, which is called cognitive change. Not only that, in Baer (2003), several researchers have noted that the increase in self-observation resulting from mindfulness training can increase the use of various coping skills. Simply put, by practicing mindfulness, individuals can explore themselves in the use of coping that is right for themselves. In addition, mindfulness training can also lead the ability to experience pain sensations without overreacting to emotions. Many more things can be extracted from mindfulness training.

Researcher agree with these studies, by practicing mindfulness and maximizing the use of its dimensions, it is assumed that it will provide maximum results, especially on mental health. For example, by practicing mindfulness, the elderly who are experiencing an uncomfortable experience both physically and mentally, both feelings and thoughts, the elderly can observe the experience consciously and describe the experience without judging and without overreacting. In other words, the elderly can put some distance between experiences that happened and the given response. This distance can be used to explore coping or can be used to change cognitive patterns to produce appropriate conscious responses. This is indeed seen as a simple concept, but it should be understood that what looks simple is not always easy, therefore, like developing other abilities, mindfulness also needs to be practiced.

From the explanation regarding the mindfulness variable above, the researcher agrees with Mandal et al. (2012), however, that the results of this mindfulness study are premature or incomplete to generalize as a conclusion if research verification is not carried out in a larger group. For further mindfulness research, it is hoped that it will be able to examine the relationship and/or influence between the dimensions of mindfulness itself.

Another factor is the religious coping variable. Pargament, Smith, Koenig, & Perez (1998) said that religious coping has a relationship with outcomes related to both physical and mental health. According to the conclusion of research by Olson, Trevino, Geske, & Vanderpool (2012), the core concept between religious coping and mental health outcomes is that there is a reciprocal relationship between a mental health and spiritual health. In their research, it was found that the research sample that actively uses cognition, beliefs, and religious practices, is very likely to have a negative or positive impact on his mental health.

From the description of several studies above, these things are reflected in the results of this study, the positive dimension of religious coping which reflects a safe relationship with transcendent powers, gets significant results and a positive direction on mental health. That means, the higher positive religious

coping of the elderly, the higher their mental health. Meanwhile, negative religious coping, which reflects the spiritual tension and struggle with God and within self, has an insignificant effect and has a negative regression coefficient direction towards mental health.

Researcher agree with the opinion of Olson et al. (2012) who say that the results of studies like this need to be interpreted carefully. From the results of the researchers' observations, the researchers found several times that respondents commented on items from the negative dimension of religious coping. Some of the elderly feel that questioning the power, love of God, and feeling that being punished by God is inappropriate and not good, but there are also some elderly who feel that these things do not make them distrust God, but the feeling of being punished and asking God's attention in the form of questioning His love, is a form of servitude. This is in accordance with the opinion of Pargament et al. (1998) related to negative religious coping who said, "Negative religious coping may be relatively dangerous for some people, may not be important for others, and may also be a source of growth for others".

The researcher also agrees with the argument of Pargament, Feuille, & Burdzy (2011). Positive and negative religious coping are two approaches to God with different perspectives. This study does not assume that the use of positive religious coping methods makes it always adaptive or that the use of negative religious coping methods makes it always maladaptive. Religious coping theory (Pargament et al., 2011) states that the efficacy of a particular coping method is determined by the interaction between personal, situational, and socio-cultural factors, as well as measuring and conceptualizing health and well-being.

From the results of the description above, it is hoped that mindfulness and religious coping can be fostered and accustomed to since before entering the elderly stage, so that when entering the elderly stage, mindfulness and religious coping have become a habit and become mature characters. As age continues to grow, and everything experiences a downward curve, it is hoped that the mindfulness and religious coping curve will increase, given the many challenges and dynamics that the elderly go through such as frequently seeing the past, feeling sad over the loss of a loved one, and seeing the imminent death.

In Islamic law, this has been said by Allah SWT in Surah Al-Ahqaf (46) verse 15 which means: And We have enjoined upon man, to his parents, good treatment. His mother carried him with hardship and gave birth to him with hardship, and his gestation and weaning [period] is thirty months. [He grows] until, when he reaches maturity and reaches [the age of] forty years, he says, "My Lord, enable me to be grateful for Your favor which You have bestowed upon me and upon my parents and to work righteousness of which You will approve and make righteous for me my offspring. Indeed, I have repented to You, and indeed, I am of the Muslims." In this verse, it has been emphasized that when human have entered the age of forty years, their minds have matured and their understanding and self-control have perfected. The verse is a guide, as well as a reminder, so that humans who have reached the age of forty years can renew their repentance and surrender to Allah SWT.

From the research that has been done, there are some limitations in this study. First, the use of mental health variable as research material with three large dimensions in it, and by collecting data using not enough itemized instruments, is quite risky. For further research, it is hoped that the research can focus on only one dimension of mental health. Second, this study used a theory that is quite old in terms of age restrictions. This can create a gap in the current needs and conditions of the elderly. However, this research is still relevant because the use of age restrictions (Law of the Republic of Indonesia), with the location and the data collection sample (Depok City, West Java, Indonesia) in this study has a connection.

Overall, the results of this study need to be developed and researched with a longer period of time (longitudinal research) in order to obtain more comprehensive results.

Conclusion

Based on the research that has been done, it can be concluded that there is a significant influence of mindfulness and religious coping together on the mental health of the elderly, with the proportion of the effect being 36.5%. Four of the seven variables were found to have a significant effect on the mental health of the elderly, namely observe, describe, act with awareness, and positive religious coping variables. This somehow shows that the elderly who puts effort to fully aware on his/her daily activity will lead to a better mental health compared with the elderly who most of their activity lead and organize by others. In the future research, it is recommended to use other independent variables to find the remaining 63.5% influence on the mental health of the elderly.

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