

## SELF-ACCEPTANCE AND MEANING/PURPOSE IN LIFE BETWEEN SENIOR CITIZENS RESIDING IN NURSING HOME

### AUTOACEPTACIÓN Y SENTIDO/PROPÓSITO VITAL EN PERSONAS MAYORES INSTITUCIONALIZADAS

### A AUTO-ACEITAÇÃO E O SENTIDO/PROPÓSITO VITAL DE IDOSOS QUE MORAM EM UM LAR DE IDOSOS

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**ABSTRACT:** To determine the presence of self-acceptance and meaning in life between senior citizens residing in nursing homes is the essential purpose of this study. To that end, the results obtained with the exploration of these dimensions in a sample of 66 individuals are exposed. Both dimensions have a fundamental role for a good psychological function according to the *eudaimonic* well-being perspective adopted by Ryff and Seligman well-being models. The study defines and describes the characteristics of *self-acceptance* and of *meaning/purpose in life* needs, which are the most specific dimensions of well-being associated to a good psychological function and to personal growth. This work also presents the main conclusions achieved during the investigation regarding the influence that age plays in both dimensions. The exploration was developed under the phenomenological qualitative method. The information obtained through semi-structured interview developed based on the proposed objectives, making the <content analysis>, identifying and differentiating the underlying categories, in order to understand the life experiences of the senior citizens and answer questions about the presence a positive attitude toward self and the presence of targets that determine the purpose, direction and vital sense. Most of the residents present a positive attitude toward self, showing a high *self-esteem* and *self-acceptance*. Thus, they set goals for the present, focused in *values of experience* and *attitude that give sense to their lives*, especially the ones aimed to positive interpersonal relationships. They show values oriented toward self-well-being but also toward their community well-being. Analysed dimensions reveal, globally, a good level of subjective psychological well-being among the residents, similar to the one of those seniors not living in nursing homes. This degree of well-being is closely related to health conditions, especially functional health, personality, to the attitude towards the fact of living in these institutions, quality of care, and to a context that allows the residents to cultivate their interests and possibilities.

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<p><b>PALABRAS CLAVE:</b> auto-aceptación sentido/propósito vital personas mayores mayores residentes bienestar psicológico</p>	<p><b>RESUMEN:</b> El principal objetivo de este estudio es conocer la presencia de autoaceptación y <i>sentido/propósito vital</i> en personas mayores residentes. Se exponen los resultados de la exploración de dichas dimensiones en una muestra de 66 residentes. Ambas dimensiones tienen un papel primordial en el buen funcionamiento psicológico desde la perspectiva del bienestar <i>eudaimónico</i> que adoptan los modelos de bienestar de Ryff y Seligman. La exploración se desarrolló conforme al método fenomenológico-cualitativo. La información obtenida mediante una entrevista semiestructurada elaborada en base a los fines propuestos, realizando un análisis de contenido posterior, identificando y diferenciando las categorías subyacentes, con el fin de conocer las experiencias vitales de los mayores y responder a las preguntas sobre la presencia de una <i>actitud positiva hacia el yo</i> y la presencia de <i>metas</i> que determinan el <i>propósito</i>, la <i>dirección</i> y <i>sentido vital</i>. De este modo, se establecen y definen seis categorías: <i>sentimientos positivos hacia lo vivido, recuerdos felices, actitud positiva hacia su vida actual, autopercepción de cualidades/ fortalezas, metas vitales, y valores</i>. Los resultados muestran que la mayoría de los residentes presentan una actitud positiva hacia el yo, mostrando buena <i>autoestima</i> y <i>autoaceptación</i>. Expresan metas centradas en el presente, en <i>valores de experiencia y actitud</i> que dan <i>sentido a su vida</i>, destacando los dirigidos a las relaciones interpersonales positivas. Manifiestan valores orientados al propio bienestar, y al de la comunidad en que viven. Las dimensiones analizadas revelan, de forma global, un buen nivel de bienestar psicológico subjetivo de las personas residentes, similar al de los mayores no residentes. Un grado de bienestar estrechamente relacionado con las condiciones de salud, sobre todo funcional, la personalidad, la actitud hacia el hecho de vivir en estas instituciones, la calidad de los cuidados recibidos, y a un contexto que les permite cultivar sus intereses y posibilidades.</p>
<p><b>PALAVRAS-CHAVE:</b> Auto-aceitação significado/propósito na vida pessoas idosas idosos moradores bem-estar psicológico subjetivo</p>	<p><b>RESUMO:</b> Este artigo apresenta os resultados da exploração das dimensões da <i>auto-aceitação</i> e o <i>significado/propósito de vida</i> em uma amostra de 66 idosos que moram em um lar de idosos. Ambas as dimensões têm um papel fundamental no funcionamento psicológico adequado do ponto de vista do bem-estar <i>eudaimônico</i> adotando os modelos de bem-estar de Ryff e Seligman. A exploração foi desenvolvida através de uma metodologia qualitativa fenomenológica, a entrevista semi-estruturada e a análise de conteúdo, identificação as categorias subyacentes, a fim de compreender as experiências de vida das pessoas idosas e responder as perguntas sobre a existência de uma <i>atitude positiva em relação ao self</i>, e a presença de <i>metas</i> que determinam o <i>propósito</i>, a <i>direção</i> e o <i>sentido vital</i>. A maioria das pessoas moradoras têm mostrado uma <i>atitude positiva em relação a si mesmo</i>, mostrando boa <i>auto-estima</i> e <i>auto-aceitação</i>. Expressam metas focadas no presente e em experiência de valores que dão <i>sentido à sua vida</i>, com destaque para as relações interpessoais positivas como <i>provisoras do sentido à vida</i>. Manifestam valores orientados, ao próprio bem-estar, aos outros e ao da comunidade em que vivem. As dimensões analisadas revelam, em geral, um bom nível de bem-estar psicológico das pessoas idosas residentes, e semelhante ao das idosas não residentes, continuando o desenvolvimento pessoal. Um grau de bem-estar intimamente ligado com as condições de saúde, da personalidade e a atitude em relação ao fato de viver nessas instituições, a qualidade do atendimento recebido e a um meio que lhes permite cultivar os seus interesses e possibilidades.</p>

## 1. Introduction

Improving the quality of life of elderly people (EP) requires obtaining specific knowledge of their well-being, a need that is growing due to the progressive increase in this group in our society. The percentage of 65 year old EP living in nursing homes in Spain is 1.2% (Díaz Martín, 2012). 67% of users are aged 80 or over, and 65% are dependent. Caring for this group and improving their quality of life justify studies that help understand the characteristics of life during this stage.

*Quality of life* measurements include objective and subjective components, acquiring a multi-dimensional nature with subjective measurements including the individual's perceptions, feelings and reactions to objective circumstances. Tonon de Toscano (2010:109) indicates that *quality of life* today involves studying the physical and psychological well-being of individuals, relating material

needs with social and affective needs, and requires assessing the subjects' experiences and their participation in assessing what affects them. Studying the specific components and characteristics of the *subjective psychological well-being* of EP living in nursing homes, and having their testimonies, are essential to obtain information on their experiences and improve interventions in these institutions. Studies focusing on healthy psychological functioning have identified multiple decisive factors, differentiating two concepts: *subjective well-being*, which is the absence of problems, presence of positive emotions and satisfaction with life; and *psychological well-being* related to the person's desire for their life to have meaning and purpose, and strength to overcome challenges and achieve valuable goals. However, Keyes, Riff and Shmotkin (2002:1018) state that subjective well-being and psychological well-being are related overall. A review by Vielma and Alonso (2010:265) led to

integrating both constructs, proposing the concept of *subjective psychological well-being* after noting that “subjective personal experience” is implicit in the term well-being as nobody enjoys good well-being unless they believe they have it. Both are related on one hand to the experience of life satisfaction and positive affectivity, “being and feeling good in the present”; and, on the other, to the search for personal growth and meaning in life in the present, “wanting and acting to be well” in the future. This term can be differentiated from the concept of psychological health, assessed from external parameters, which refers to the objective conditions of well-being. *Subjective psychological well-being* represents the subjective factor of quality of life and includes what a person thinks, feels, assesses and concludes about their life. An individual subjective experience, not only of “being” well (which would be objective), but of “feeling” well (García-Viniegras, 2004:4). This is therefore a multidimensional concept that includes peoples’ positive, cognitive and affective assessment of their physical, psychological and social functioning according to the possibilities of each life stage, and the social and cultural characteristics of belonging.

Research into positive psychology describes the basic needs most linked to well-being: *bonding, competence, autonomy, self-acceptance, meaning in life and growth*, underlining the importance of maintaining a coherent plan of *life goals* and a balance in satisfying these needs as they are highly inter-correlated (Hervás, 2009: 93-100). Seligman’s well-being theory (2011:41-43) affirms that the purpose of positive psychology is to measure and foster *personal growth*, increasing *positive emotion, dedication, meaning, positive relationships* and *achievements*. These five pillars are based on the *personal strengths* described by Peterson, Park and Seligman (2006). From a prior perspective, humanistic psychology already stated that *psychological well-being* requires assessing the need for *self-acceptance* and giving *meaning to life* to promote *personal growth*.

Ryff’s model (1989a) acquires particular relevance in EP well-being studies. It includes six assessment factors: *autonomy, environmental mastery, positive relationships with others, personal growth, self-acceptance, and purpose in life*. Based on research, Hernangómez (2009:170-175) lists the specific well-being needs in the last stage of life, highlighting: *bonds, an active life, developing memory and sharing life, and positive attitudes*. Criticism of the concept of well-being, due to its limitation to the context of individualistic societies, led Rodríguez-Carvajal, Díaz, Moreno-Jiménez, Blanco, and Dierendonck (2010:63) to

conduct their study, which extended Ryff’s model to include two new factors in assessing psychological well-being: *internal resources and vitality*.

**Self-acceptance.** Humanistic psychologist Carl Rogers (1961) stated that the most valuable aspect of personality is that the person experience an unconditional positive regard of themselves, avoiding any divergence between their evaluation and their need for positive regard. The need for self-esteem thus took on a central role in self-fulfilment. Maslow (1991) also indicated that psychological health would be impossible if the essential aspects of a person are not accepted and respected by others and by themselves. Ellis (1989) broadened the meaning of self-esteem as it concentrated exclusively on oneself, and formulated the concept of *self-acceptance*. This entails the unconditional acceptance of others and of oneself, affording the individual primary responsibility for acting to change things in order to live better, without ignoring their limitations and determinants.

In her model, Ryff (1989a) includes the concept of *self-acceptance* as a core criterion for subjective well-being. She noted that the meaning differs from self-esteem as it includes two factors: knowing oneself with an accurate perception of one’s own actions, motivations and feelings; and the need to achieve a positive view of oneself. Ryff affirms that it not only entails liking how we are, but understanding our own strengths and weaknesses so we can work on them. Keyes’ model (2002) presents a similar meaning and significance in positive psychological functioning, defining *self-acceptance* as a positive, stable attitude to oneself, recognising and accepting the many positive and negative aspects that characterise us, including positive feelings towards what we have experienced. However, Seligman’s model (2011:43-44) maintains the concept of self-esteem as an additional characteristic, but not essential to well-being. We can conclude that *self-acceptance* requires the recognition and acceptance of one’s own qualities and weaknesses, allowing the person to create a scale of values that favours their capacities and develops their possibilities. Assessing this factor involves exploring the perception of qualities and/or strengths, and the acceptance of one’s life history and present life.

**Meaning/purpose in life.** Philosophy addresses *meaning in life* by asking if life has meaning or if people give it meaning. This first question refers to *objective meaning in life*, by which life has a meaning that is external to us, giving the world direction, sense and purpose. The second represents the *subjective meaning in life* as it is the person who searches for and gives meaning to

their existence with their goals, projects, actions and values.

The humanistic-existential perspective of Yalom (1984) upholds a person's need to give their life meaning. He distinguishes between "*meaning*", which expresses the search for coherence, and "*purpose*", which indicates intention, function, goal and/or objective. The need to give *meaning and purpose* to existence is the sixth factor of Ryff's model (1989a), and is specified in a belief system that determines realistic objectives and goals, offering direction and sense to experiences in the past and yet to come. Meaning is one of the core characteristics of well-being in Seligman's model (2011:32-33); he affirms that people want their life to have meaning and purpose. *Significant life* entails belonging to and serving something one considers superior to oneself, and therefore more important. He indicates that the presence of meaning, based on personal virtues/strengths, promotes *personal growth*.

Frankl states that there is no single, universal *meaning in life* that applies to humans, rather it is a question each individual must answer. This question can only be answered by actions, by values that fulfil the meaning, not merely intention. Therefore, the individual fulfils themselves, i.e., is a true human being (miramontes and frankl, 2012). The presence of *meaning* is specified in individual life objectives/goals conditioned by cultural context, past experiences, level of knowledge, beliefs and value system. Frankl distinguishes three categories of values that can lead a person to fulfil their meaning:

*Experiential values* consist in developing the ability to live circumstances and experiences intensely. These values require a capacity to feel and experience. *Creative values* develop creativity, what the person gives to the world with their work. These values require creative skills and capacity. *Attitude values* represent a person's capacity to resist and turn situations that involve suffering into a personal achievement. Frankl states that this quality is not a given; it is the individual's spiritual condition which allows them to acquire it, choosing the right values and attitude, becoming aware that experiences have meaning beyond success and failure.

The accumulation of life experiences makes these elements dynamic and changing, modifying the *meaning* of each stage of life. Yalom (1984) confirms this, indicating that meaning in life must consider development over time as priorities and values change throughout life. Thus, a type of value is developed and predominant at each stage: based on *experience* (13/15 years), *creativity* (40/45 years) and, after 65, *attitude*.

López (2012:238-248) states that each person maintains strategies towards life according to their beliefs and values, and resorts to them depending on their circumstances and stage in life, describing three ways of interpreting and address life in old age: *Life as meaning "in itself"* represents people who find meaning in living, with no other external purpose, fighting for, and enjoying it and what it offers each day. *Life as a commitment to one or several preferred activities* which generate motivation and enjoyment, and commitment to a goal or purpose, even beyond success and failure. *Life as fulfilling purposes and goals* is the source of meaning, finding motivation and effort to achieve them. In this search for *meaning*, life and activities are no longer needed only for living; they have a purpose beyond one's own life and life itself. The different strategies can be compatible and organised hierarchically in life stages, but each acquires a different nuance if we observe whether they focus on achieving something for oneself or for others.

This position, focusing on the subjective experience of meaning in life, shows that there are many ways to live and interpret existence, but it is the values, which support the actions and goals of each individual in relation to others and to the world, that give meaning to life. This perspective is widely shared by authors such as Yalom (1984), Frankl (1994), Ellis and McLaren (2004), Ryff (1989a), Seligman (2011), Martínez, Trujillo, and Díaz (2011), López (2012).

We can conclude that *meaning/purpose in life* represents a person's ability to perceive the meaning of the world around them and their existence, allowing them to give meaning to their past and present life. This ability gives the individual focus and reasons to set goals and perceive the connection between their actions and how they affect their environment. The *values* behind this need give meaning/purpose to life; they condition interactions with others and *promote personal growth* when they are geared towards improving oneself and others. Assessing the subjective experience of *meaning/purpose in life* therefore requires understanding the projects, goals, strategies and direction of values (focusing on oneself and others) that motivate people to act in one way or another in life situations. A theoretical analysis of the factors *self-acceptance and meaning in life* reveals how closely these needs are related. Both represent a person's need to fully understand and accept themselves, maintaining a positive attitude to improve their strengths and portray coherent conduct to allow ongoing personal growth.

## 2. Research

The main findings in terms of how age influences both factors reveal a trend towards stability in *self-acceptance*, and decreasing *meaning/purpose in life*, in old age.

Research by Ryff (1989b) and Keyes et al. (2002) reveals no significant differences between different age groups in terms of *self-acceptance* and *positive relationships* with others. Nevertheless, the most characteristic factors of psychological well-being –*purpose in life* and *personal growth*– show an obvious decrease when comparing middle-aged individuals with EP. The work of Villar (2003) and Triadó (2005) indicate that subjective well-being remains relatively stable over the years, while measurements of psychological well-being clearly show the effects of age in factors related to *personal growth*. Hernangómez (2009: 175) ratifies these results, affirming that *meaning in life* and *personal growth* drop slightly with age. However, Meléndez, Tomás and Navarro (2010:96) concluded that age has very little effect on well-being, and that they are associated with physical well-being. Satorres (2013: 209) later confirmed that *self-acceptance* remains relatively stable at more advanced ages; positive relationships with other decrease slightly, and a greater decrease can be observed in *personal growth* and *purpose in life*.

Many research papers focus on the quality of life and satisfaction of elderly residents in terms of health (Iglesias-Souto and Dosil, 2005; García-Viniegras, 2009; Fernández Garrido, 2009; Blanca, Grande, and Linares, 2011). But research on the psychological well-being of elderly residents is more scarce. Research by Martí, Martínez and Mollá (2007) reveals greater environmental mastery in adults aged over 71, and a significant drop in purpose in life and personal growth after 85. In a study on the well-being of elderly residents and non-residents by Molina, Meléndez and Navarro (2008:312), institutionalised EP obtained lower scores in subjective well-being, and the relational component was clearly superior in non-institutionalised subjects. However, there were no differences in the psychological well-being of both groups.

We conclude that, from an evolutionary perspective, research indicates that psychological well-being remains stable in old age; it is unlikely

to change with age. Personal growth and meaning/purpose in life appear to fall in this stage but there is no unanimous consensus when other factors, such as health and functional capacity, are included. This is confirmed by Francke (2009: 28), who notes that perception and experience of meaning of life increase with greater cognitive ability and functional independence of the elderly adult.

## 3. Objectives

The main objective of this study is to analyse and evaluate the presence of *self-acceptance* and *meaning/purpose in life* in elderly residents, expressed from their subjectivity and personal experience.

Specific objectives:

1. Identify and explore the factors of *self-acceptance* and *meaning/purpose in life*.
2. Analyse testimonies regarding these factors.
3. Examine the relationship between both factors.

## 4. Methodology

The methodology was designed to properly achieve the objective proposed. The study was conducted by applying an *inductive qualitative* methodology so as to comprehend and interpret information as it is perceived by the participants who live and interact in a specific social context (Strauss and Corbin, 2002; Pérez Serrano, 2004). According to this method, we used *phenomenological* orientation, allowing us to “analyse phenomena from the subjects’ perspective taking into account their framework of reference” (Latorre, Rincón, Arnal, 2003). Content analysis entails studying and analysing the explicit meaning of communication, the conceptual language used, and information latent in the discourse so as to clarify and differentiate patterns in categories in order to identify and interpret more accurate features.

**Sample.** The sample included 66 institutionalised Spanish individuals with ages ranging from 68 to 93, residents in Vizcaya, Basque Country. Nursing home management selected the participants intentionally according to their communication and oral comprehension skills, and their will to collaborate. 72.7% of participants had some type of physical dependence.

**Table 1: Sociodemographic variables**

Age	%
65/75 years	27.3%
76/85 years	54.6%
86/95 years	18.1%
Gender	%
Women	72.7
Men	27.3
Civil status	%
Married	18.1
Widowers	45.5
Unmarried	36.4
Academic training	%
Without studies	27.3
Primary studies	54.6
Elementary Bachelor	18.1
Entry decision	%
Volunteer	72.7
Involuntary	27.3
Residential stay	%
6/18 months	18.1
3/5 years	36.4
5/8 years	45.5

**Instruments.** The methodology designed as an instrument for assessment was a semi-structured interview. This technique is highly useful in qualitative research, providing direct information and enabling us to ask questions to extend, specify, clarify or delve deeper into the object of the study. A personal meeting also provides additional information from body language and gestures accompanying speech. The purpose is to understand the interviewees' perspectives on their lives, experiences or circumstances in their own words.

**Collection of information.** A semi-structured interview, prepared and implemented by the author of this study, was used to collect data and arguments on *self-acceptance and meaning/purpose in life*, components inherent to psychological

well-being, based on conceptual content. Questions were asked focusing on the most positive and satisfactory aspects, demonstrating a receptive, flexible attitude towards any difficulties or less positive experiences expressed regarding the factors assessed. A prior protocol was also designed to favour dialogue, focus on the objective of the study, and explain the value of collaboration. Interviews were arranged in advance, direct and individual, in an office provided by the nursing home and with the informed consent of the sample subjects. The estimated time for each interview was 45 minutes; 90% of interviews lasted up to 70/80 minutes. Audio recordings were taken of the testimonies and later transcribed literally by the study leader. Notes were also taken on the non-verbal content of each interview. The presence of two observers was deemed necessary to reduce the potential bias of a single listener and obtain an acceptable level of reliability in the subsequent analysis. Data obtained were analysed parallel to the interviews conducted, structuring the testimonies with a support script defined by various categories and subcategories that arose as more in-depth information was provided.

## 5. Results

The content of testimonies revealing a positive attitude and the perception of meaning of life was analysed, based on six categories: *positive feelings towards what has been experienced, happy memories, positive attitude towards life today, self-perception of qualities/strengths, life goals, and values.*

The presence of *positive feelings towards what has been experienced* was determined by evaluating life history and evoking happy memories. 63.7% of the elderly subjects assess their life as positive or very positive, "yes, I've had a good life... yes, yes", "I've been very lucky, yes, in almost everything", "many happy moments, more than disappointments", "yes, I'm quite happy", "nothing's every fully complete but yes, my life has been good"; 36.4% as negative, "we've had many difficulties, many, life was harder...", "well no, ... not especially", "I've worked a lot but it hasn't done anything for me", "it's not like now ... now we have everything".

The proportion increases to 81.9% when they say they have *happy memories* which they narrate with more or less detail and enthusiasm, but with obvious signs of satisfaction, "I don't know, I've had so, so many..., and affection in the family", "I enjoyed living free in the countryside as a boy so much, and with my father", "the birth of my children..., I've had other good times..., but I don't

remember them as much” “many, many..., I’ve been very lucky”, “living with my parents, and later too”, “yes, good memories...”. 18.2% had certain difficulty expressing that they did not have or did not recall happy memories, “I don’t remember anything especially..., laughing whenever I could”, “when I was at summer camp, it’s all I have” “I don’t remember, no, no..., just childhood games”.

EP expressing a positive attitude towards their life today was 72.8%, increasing slightly compared to their life history. “Yes, you can enjoy old age, but some people do not enjoy it, we’re very different”, “you really enjoy the good things; yes, more than at forty”, “I’m happy and, as my children are happy to come, that too”, “yes, it’s so good, you can do anything”. A quarter of the sample have negative attitudes towards their current life as they are going through especially difficult moments, “you can also have a bad time, she has bad days”, “how can I enjoy myself now if I’m missing what’s most important”, or they are distanced when answering, “good, good, very independent”, “the people here are nicer than in the other one (nursing home), yes”.

Having life goals increases the level of motivation and activity for development, giving life a purpose.

The study revealed that 63.7 % of the subjects maintain everyday objectives regarding activity, health, and/or personal relations, “living the today..., and health”, “going to England to see my son”, “doing things thinking I might lose my mind one day”, “to keep on enjoying like I am and getting taken to the opera occasionally”, “learning more things, I still think I don’t know much”, “just being with the family”, and they all justify the lack of long-term objectives due to age, “you don’t think about the future...”, “long-term only when I celebrate my birthday, the wish to make it to the next one”, “the greatest hope, to continue year to year, to be well and stay healthy”. 27% gave no answer, “I don’t know...”, “I don’t understand...”, showing signs of bewilderment and not understanding the question. Only 9.1% of those interviewed say they have no goals, attributing this to their current circumstance which they see as especially difficult, “with that..., I have no hopes”, “I don’t feel like doing anything, she influences it...”; or relating it to their age, “girl, at this age you no longer think about that...”.

Most interviewees are modest about directly recognising and expressing their main qualities/strengths, preventing 9.1% of the sample from answering, “I don’t know, it’s just...”, “no, that’s for others to say”. However, all the EP mention their own characteristics and qualities during the interview, and cannot differentiate those they associate

with the past from those that characterise their present, except mentioning their loss of physical strength and/or cognitive efficiency. The qualities expressed show personal values, attitudes and conducts they perceive as their own and which they present within specific contexts, whether professional or relational. The most common are “hard-working” (54.6%), mentioned by 100% of men and 37% of women; “generous” (45.5%), with no gender difference; the same proportion (36.4%) say “helping others” and/or “being capable or useful”; 27.3% also mention the terms “careful”, “sociable”, “cheerful” or “having a sense of humour”; 18.2% note their “joy or interest in learning” and/or their ability to “learn on their own”; and, 9.1% state their religion, “I have faith, and that helps a lot”.

## 6. Debate and interpretation

More than half of the sample residents value their life history positively (63.7%), expressing satisfaction with their achievements and acceptance of their experience. They mention, briefly and with resignation, moments of pain and difficulty as elements inherent to life. Even so, over one third express negative feelings and nonconformity with their past, attributing this to a lack of achievements, economic difficulties and/or difficulties in life.

However the proportion of residents who state they have experienced and recall positive experiences increases. Most can evoke and describe their happiest memories with clarity, conviction and gratitude. This could be due to the positive effect of remembering, which is linked to the need to develop memory and share life, a specific factor associated with the well-being of EP (Hernangómez, 2009:173). Positive evocation is also related to low levels of depression and a more defined identity. Afonso and Bueno (2010:218) indicate that the frequency of positive autobiographical memories is higher when depressive symptomatology is lower. These experiences are associated with childhood (36.36%), youth (72.72%), and adult life (54.54%), and the saddest are related to this last age. This result shows certain discrepancies with that of Rubin and Berntsen (2003), where most EP identify the happiest memory of their life at around 30 years old, and the saddest at later stages.

The fact that no resident attributes these experiences to their own efforts, capacity or competence is noteworthy. Most mention “luck” as the source, a belief that reveals external orientation and a lack of control over these life experiences (Rotter, 1966). This understanding generates feelings of pride and/or gratitude, and a

positive expectation for what life offers them, but it does not increase motivation to generate these experiences.

Two thirds of the sample (72.8%) express a *positive attitude towards their life today*, this proportion is greater than those who assess their life history positively. They highlight the quality of the resources and care they are given, autonomy to live and cope freely, remaining active, and being able to organise their time and activities as they feel liberated from responsibilities. One third of the sample shows negative attitudes related to the involuntary nature of their entering the nursing home and/or broken expectations regarding their family. In relation to this, Pérez Serrano (2013:52) warns that institutionalisation must be voluntary so as not to decontextualize the elderly person from their relationships and environment, thus preventing the emotional breakdown of their life history. In fact, most testimonies regarding this factor focus on bonds and activities shared with family and friends. Isaacowitz, Vaillant and Seligman (2003:199) also conclude that the ability to love and be loved was the individual strength most clearly related to subjective well-being at 80.

All this indicates that most residents have good *self-esteem* and *self-acceptance*, which confirms the previous study by indicating that the levels of this factor are maintained during late adulthood. (Ryff, 1989b; Ryff and Keyes, 2002; Triadó, 2005; Meléndez, 2010; Satorres, 2013).

Various factors can explain a lack of *self-acceptance*, including attitudes towards old age and living in a nursing home. Hernangómez (2009:155) indicates that attitude towards ageing can notably impact expectations, the perception of oneself and the functioning of personality; the study by Bergland and Kirkevold (2012:820) also reveals the importance of attitude towards living in these centres and the quality of care received; the same result was obtained by Rodríguez Testal (1999) and Flecha García (2015). In other words, the ability to adapt, accept and appreciate life, which promotes self-esteem and self-achievement in the elderly is especially important. Pérez Serrano (2010:24) notes that people are responsible with their lifestyles, actions and behaviours throughout life because they are configured according to the context, and how they age.

A high proportion of residents (63.7%) state they have everyday objectives, something they consider essential. A result that is in line with the qualitative study by Ryff (1989b), which revealed how many EP mentioned the importance of challenges in defining their well-being.

We can observe “avoidance” goals (remaining healthy), aimed at preventing undesired events

associated with lesser well-being as achieving them generates a feeling of relief but not well-being; and “approximation” goals that promote well-being as they are related to feelings or situations we want to achieve. All the goals mentioned by residents are deemed accessible, moderately difficult and, in the short term, associated with well-being as they reduce the chance of failure, causing pleasure and motivation. Thus, objectives that increase well-being when achieved are combined with those representing relief, which neither increase nor decrease well-being.

We can conclude that residents mention goals that are realistic, generate motivation and activity, revealing the *purpose* of “living and being active in daily life”. They prefer to focus their attention and enjoy the present, an attitude that is also stressed by Prieto Sancho et al. (2009:83). Carstensen, Isaacowitz, and Charles (1999), cited in Hernangómez (2009:170), explain this attitude by affirming that, as we get older, our capacity to distinguish urgent from important gradually increases, a fact that can be associated with a growing awareness of how temporary life is and is most intense in EP. The importance of having life goals lies in the fact that current thinking maintains that the process of achieving a goal can be more important for subjective well-being than achieving the goal itself, as the person enjoys life by doing things that motivate them beyond the goals or results they can obtain (Carver, Lawrence and Scheier, 1996; Kasser and Ryan, 1996; Csikszentmihalyi, 1990). We therefore relate the goals mentioned by residents with the first of the three strategies for interpreting and facing life: *life as a meaning “in itself”* with no other purpose, López (2012:238). Therefore, and according to the proposal of Frankl (1986), these goals indicate the presence of *experiential values*, demonstrating that these people are willing to live the circumstances and experiences offered with intensity, and their ability to feel and experience.

The small number of EP who state they have no goals or do not perceive them coincides with those who have less education and/or fewer life experiences. The cause may lie in the lack of life opportunities to reflect and have greater awareness of oneself and motivations, which could be related to the lack of *meaning/purpose in life*. However, all residents say they are motivated and carry out voluntary activities daily, expressing desirable or sustained positive values regarding themselves and others, indicating the presence of *attitude values*. Daily activity and positive values in that activity indicate individual interpretation and meaning of life.



We verified that residents have *purposes* and give meaning to their life by remaining active and dedicated to their interests. They are mainly related to interpersonal relationships, the category that most frequently gives *meaning to life* in EP consulted during prior research, especially in the family subcategory. This study confirms this result, but gives an importance to relationships with other residents, professionals, and continued relationships with friends external to the nursing home, that is comparable with the family. Seligman (2011:32-33) indicates that today we unanimously accept that contact and relationships with others is what gives sense and meaning to life. A result that is also taken from this study.

Other interests have been found that go beyond individual interaction and give *meaning to the life* of residents. They include helping and caring for members of the community they live in and, to a lesser extent (18.1%), interest and enjoyment in learning new things, showing motivation and continuity in personal development, a category that shows a decline in previous studies (Satorres, 2013:222). We believe that interest in personal development in this group will gradually increase due to improved physical conditions and the greater range of interests generated by a higher level of education. All sample members describe their own attitudes and strengths, expressing those related to contributing to society with their personal effort and positive interpersonal relationships more frequently, with emphasis on caring for and supporting others, caution/modesty, and sharing joy. They also express a love of knowledge and learning, albeit less frequently. Seligman (2011:56) states that self-perception of strengths reveals an awareness of one's own identity stemming from the feeling that it is something personal and authentic, that using these strengths entails emotion and joy, and building projects around them.

Testimonies reveal, whether directly or transversally, *personal and social values* geared towards improving oneself and others, being aware of one's own limitations. The most common focus on "humanity" as the most necessary virtue for life, a value that invites a person to act for the good of others and life in general, giving meaning to their existence. These values are a source of self-appreciation and self-esteem, they indicate a positive attitude towards oneself, are a source of motivation, and implementing them generates positive emotions.

## 7. Conclusions

Results on the factors of self-acceptance and meaning in life are closely related, EP with a

greater meaning/purpose in life also show greater self-acceptance, a result presented by Springer, Hauser, and Freese (2006: 1120), who discovered very high correlations in heterogeneous samples.

Elderly residents with greater well-being:

- have greater awareness, understanding and acceptance of themselves, of others, and of life's possibilities/limitations. This verifies the presence of genuine wisdom, a strength defined by positive psychology as "the ability to integrate knowledge acquired and reach a more global and synthetic vision of reality, of understanding and judging not only with strict logical reasons, but also with the heart" (Pallarés, 2015:33) They also show courage, an emotional strength that enables them to overcome their fears by focusing on achieving goals and facing situations with a certain level of external or internal difficulty.
- show they have a *purpose in life* and are able to set goals that focus on the present and on the opportunities offered, indicating a flexible, action-based approach, in other words they act, participate, strive, etc., thus obtaining greater satisfaction and well-being. Caring for their health, positive interpersonal relationships, and getting involved in daily activities according to individual interests and possibilities are their *purpose*.
- express the goals, virtues and strengths involved in their actions, indicating the presence of *experiential and attitude values* that give *meaning to their purpose in life*, continuity to personal development, and increase their personal and social well-being.
- have a positive attitude towards living in these institutions and the objective quality of life they offer. They perceive the nursing home as an environment that enables them to fulfil their potential, remain active, and develop interests and a sense of usefulness. All these show an ability for self-guidance and giving value to their existence.
- the main threats to their well-being are a concern for maintaining their health, especially cognitive health, witnessing the suffering of those they have lost, and negative attitudes in communal living.

EP share similar characteristics with adults, and consistent needs for their well-being. They differ in their beliefs, attitudes, acceptance of reality and internal resources, elements that determine their well-being. Changes in health represent a temporary or insignificant loss of autonomy, affecting their behaviour and psychological profile in a way that is similar at younger ages.

A predominant focus on the present at this stage, together with significant changes in motives and values associated with age, are distinctive factors between both periods. These changes may be caused by an accumulation of life experiences and the need to adapt personal and social resources, i.e., there are losses but also gains, indicating continued growth. Instead of chronological age, we should consider biological, psychological, social and, above all, functional age as there are significant differences in the level and way of ageing in people of the same age. The results obtained reveal a specific vision of the life of residents so we can focus the design of social and educational interventions that aim to promote the well-being of EP.

## 8 Limits and proposals

- One problem pending resolution is understanding the psychological well-being characteristics and needs of residents in the 9th stage defined by Erikson (2000:117). Understanding what factors facilitate subjective psychological well-being when a loss of health entails extreme functional incapacity and irreversible dependence on others to satisfy

the most basic needs, losing the possibility of satisfying the factors of well-being revealed by research. Some answers will come from progress in research into the theory of gerotranscendence developed by Tornstam (1989).

- Reflection allows people to give meaning to their life, promoting a new understanding and acceptance of reality and of oneself, adapting and recovering well-being. In this process, the person is free to choose new goals, strategies and values. How they are approached, focusing on oneself and others, causes stagnation or progress towards the true personal growth described by Seligman (2011:278). Identifying the causes that determine the choice of one approach or the other must still be resolved.
- Qualitative studies generate data with high social value as they are contextualised, although they not be generalised. However, results can be transferred to nursing homes and samples of similar characteristics. They show that psychological and social well-being take on an importance similar to physical care, guided by care models focused on the person, a gerontological intervention approach aimed at the overall improvement of the quality of life of EP.

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