

Perceived Social Support, Gerotranscendence and Well-Being in Older Adults in Ismaili Community

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Abstract

The objective of the present study is to determine the relationship between perceived social support, gerotranscendence and well-being in married and widowed men and women of Ismaili community. Gerotranscendence is a natural and individual process towards maturity and wisdom, a transformation characterized by new ways of understanding life, activity and oneself, cosmic and transcendent normally followed by an increase in life satisfaction (Tornstam, 1989). A non-probability purposive sampling technique was used to select a sample of 160 older adults of Ismaili community, among whom 80 (40 men and 40 women) were married and 80 (40 men and 40 women) were widowed. The Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, & Farley, 1988), Gerotranscendence Scale (Cozort & Rachel, 2008) and Warwick-Edinburgh Mental Well-being Scale (2006) were administered to the participants to measure perceived social support, gerotranscendence and well-being respectively. The results indicated a significant gender difference with respect to the cosmic transcendence dimension of gerotranscendence ($p < 0.05$). Gerotranscendence and perceived social support were found to have significant negative correlation in older married men ($p < 0.05$). However, gerotranscendence and well-being had significant positive correlation in older married women ($p < 0.05$). Additionally gerotranscendence, perceived social support and well-being were found to have significant positive correlations in older widowed men and in older widowed women ($p < 0.05$). This study shows that social support plays a critical role in the lives of aged individuals and acts as a significant resource as they age.

Keywords: Gender difference, gerotranscendence, marital Status, perceived social support, wellbeing.

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Perceived social support refers to an individual's belief that social support is available, is generally considered positive or negative and provides what is considered to be needed by an individual (Cohen &Hoberman, 1983). The presence of perceived social support has shown to be beneficial to the recipient on multiple levels - physical, emotional, and health (Berkman &Syme, 1979). The definition of perceived social support appears to fall into one of at least five categories of the following: 1) Type of support provided 2) Recipients perceptions of support 3) Intentions or behaviors of the provider 4) Reciprocal support and 5) Social networks (Hupcey, 1998).

Attitudes and actions of others influence the recipient's perception of support; how the provider offers the support needed, which is as important as the support offered to the recipient (Hupcey, 1998; Pearson, 1990).Received support promotes well-being by protecting people from the effects of stress. Perceived support is consistently linked to good mental health, which is typically explained as resulting from objectively supportive actions that buffer stress. Relational regulation theory (RRT) hypothesizes that main effects occur when people regulate their affect, thought, and action through ordinary yet affectively consequential conversations and shared activities, rather than through conversations about how to cope with stress. This regulation is primarily relational in that the types of people and social interactions that regulate recipients are mostly a matter of personal taste. RRT operationally defines relationships quantitatively, permitting the clean distinction between relationships and recipient personality (Lakey&Orehek, 2011).

Tornstam (1989) defined gerotranscendence as the "shift in perspective from a materialistic and rational view to a more cosmic and transcendent one, normally followed by anincrease in life satisfaction". According to Tornstam (1997), gerotranscendence theory describes a "natural" alteration of consciousness in old age leading to "wisdom" and a qualitative break with a mid-life rational and materialist world-view. There is a feeling of oneness with the universe, with oneself, and with mankind. Individuals reaching gerotranscendence become more altruistic and less self-centered and are able to confront their own selves. The gerotranscendent may abandon old roles and take up new ones. There is also a need for greater solitude, meaningful relationships and a decreased fear of death. Tornstam's(1997) earlier work on aging revealed that aging is a natural developmental process towards maturity and wisdom. This advancement in age is accompanied by a gradual shift in meta-paradigm of an aging person, which he termed as Gerotranscendence."Gero" refers to 'old' and "transcendence" means 'rising above'. Briefly put, gerotranscendence is a theoretical concept that describes an alteration of consciousness in old age. The development of gerotranscendence is seen as a "natural" process that has been obstructed by structures of modern Western societies. Through his theory of gerotranscendence, has introduced a new understanding of ageing, stating that human development is a life-long process that continues into old age and that, when optimized, ends in a new perspective. The theory of gerotranscendence focuses on two phenomena: the old person and the process of ageing(Tornstam, 1989). Tornstam(1989) began to explore aging with a phenomenological qualitative approach. The theory of Gerotranscendence was also based on the former theory by Jung (1968).Gerotranscendence theory stipulates that as we age, our consciousness changes and becomes cosmic and detached. Consequently, old people's minds become essentially different from the minds of younger generations. Changes in perception of time and space are accompanied by an increased feeling of being connected with earlier generations. There is a change from egoism to altruism, a development of body transcendence,

ego integrity and a rediscovery of the “child within.” Perceived social support and gerotranscendence highlight that aging adults deliberately allow for reductions of certain types of social ties while striving to maintain others. The social ties that are disbanded are non-intimate and peripheral in nature, whereas those that are maintained are very intimate ties in one's network (Tornstam, 1997). The reasoning behind this selective reduction in social ties is that as individuals get older and begin to perceive that the time they is limited.

Emotional well-being was considered to be one of the most salient short-terms goals for older adults, and maintaining intimate social ties appears to offer the best opportunities for satisfying this particular goal (Baltes&Carstensen, 1999). Age-related changes in social relationships are not uniform with respect to all dimensions of support. They seem to be aware of making the right choices, give priority to goals like feeling satisfied, and for most people, such goals are connected to social relationships with highly familiar and emotionally close social partners. Well-being is a complex construct that concerns optimal experience and functioning. Current research on well-being has been derived from two general perspectives: the hedonic approach, which focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance; and the eudaimonic approach, which focuses on meaning and self-realization and defines well-being in terms of the degree to which a person is fully functioning(Vazquez, Hervas, Rahona, & Gomez, 2009).

A Study found that family support reduced negative affect and increased life satisfaction, support from significant others was associated with positive affect and increased life satisfaction, family support plays an important role in reducing depression (Greenglass&Fiksenbaum, 2009). A similar study proposed that a supportive family relationship is associated with life satisfaction, and reduces negative affect and its manifestations such as depression. Significant other's support is associated with life satisfaction and increases positive affect (Fukuoka, 2012). As Muslims, the Ismailis affirm the fundamental Islamic testimony of truth, the Shahada, that there is no God but Allah and that Muhammad (peace be upon him and his family) is His Messenger. Like his predecessors, the present constitution is founded on each Ismaili's spiritual allegiance to the Imam of the time, which is separate from the secular allegiance that all Ismailis owe as citizens to their national entities. With the increase in the Indian geriatric population upto 7% of the total population, yet serious consideration has not been given to their concerns and issues. The current study shows these variables together in the Indian context. Hence, the researcher aims to answer the following research questions:

- Do married and widowed older adults of Ismaili community differ with respect to perceived social support, gerotranscendence and well-being?
- Is there any relationship between perceived social support, gerotranscendence and wellbeing in married and widowed older adults of Ismaili community?

Objectives

1. To determine whether there is a role of relationship status (married and widowed) and gender (Men and Women) on perceived social support (three dimensions viz., family, friends and significant others), gerotranscendence (three dimensions viz., cosmic

transcendence, coherence, solitude), and well-being in married and widowed men and women of Ismaili community.

2. To study whether there is any relationship between perceived social support, gerotranscendence and well-being in married and widowed men and women of Ismaili community.

Method

Research Design

The present study adopts a between-groups design to determine whether married and widowed (men and women) older adults of Ismaili community differ with respect to perceived social support and its 3 dimensions (viz., family, friends and significant others), gerotranscendence and its 3 dimensions (viz., cosmic transcendence, coherence and solitude) and wellbeing. This study also adopts a correlational design to determine whether there is any relationship between perceived social support, gerotranscendence and wellbeing in married and widowed (men and women) older adults of Ismaili community.

Participants

A non-probability purposive sampling technique was used to select a sample of 160 older adults of Ismaili community. Out of the total sample, 80 (40 men and 40 women) were married and 80 (40 men and 40 women) were widowed. Ismaili Muslim adults above 65 years of age and belonging to middle and upper middle socio-economic status were included in this sample.

Materials

Four questionnaires were used in this research. They were:

- **Information Schedule**

Participants were asked to provide details regarding their gender, age, education, familial information, physical and psychological health, and the like in the Information Schedule.

- **Multidimensional Scale of Perceived Social Support**

The Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988) is a brief research tool designed to measure perceptions of support from 3 sources: Family, Friends, and a Significant Other. Three subscales, namely, Family, Friends, and Significant Other, each addressing a different source of support, were identified and found to have strong factorial validity. The scale comprises of 12 items, with 4 items for each subscale. It is a 7-point Likert-type scale, ranging from “very strongly disagree” (1) to “very strongly agree” (7). The commonly used estimate of Multidimensional scale of perceived social support reliability is 0.83.

- **Gerotranscendence Scale**

The Gerotranscendence Scale (Cozort & Rachel, 2008) is a self-report questionnaire. It was framed in accordance with the theoretical dimensions of Gerotranscendence. It consists of 25 statements to be scored on a 5-point Likert scale, with responses ranging from ‘Strongly agree’ (1) to ‘Strongly disagree’ (5). There are 3 dimensions, namely, cosmic transcendence, coherence and solitude. Cosmic transcendence refers to the transcendence of time, space, and objects. Coherence corresponds to changes related to the self. Solitude is connected to the changed

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meaning and importance of social and individual relationships. This Scale has a reliability coefficient of 0.80- 0.84.

- **Warwick-Edinburgh Mental Well-being Scale (WEMWBS)**

Warwick and Edinburgh Universities were commissioned to develop the WEMWBS in 2006. WEMWBS is a 14 item scale which covers both hedonic and eudaimonic perspectives summed to provide a single score ranging from 14-70. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing. It consists of 14 statements to be scored on a 5-point Likert scale, with responses ranging from ‘None of the time’ (5) to ‘All of the time’ (1). The reliability coefficient is 0.83.

Procedure

After selecting the measures, a few arrangements were made for data collection. The questionnaires and the Information Schedule were prepared and organized. Rapport was established with the older adults and they were made aware that their participation in the study was purely voluntary. They were assured of maintaining confidentiality through-out the study. The older adults who agreed to participate in the study were requested to sign an ‘Informed Consent Form’. Next, the Information Schedule was administered. The older adults who met the sampling criteria were screened. On the next appointment, the questionnaires (namely, Multidimensional Scale of Perceived Social Support, Gerotranscendence and Wellbeing) were administered and the participants were requested to respond to the items. There was no fixed time limit for any of the questionnaires. However, the respondents were asked to complete each questionnaire in about 30 minutes.

Results

Table 1 – Two-Way ANOVA and descriptive statistics with relationship status and gender as the IVs and the 3 dimensions of gerotranscendence, 3 dimensions of multidimensional perceived support, and wellbeing as the DVs.

Dependent Variable	Relationship Status		F	Gender		F	RS*G
	Widowed Mean(SD)	Married Mean(SD)		Men Mean(SD)	Women Mean(SD)		
Cosmic transcendence	25.61(2.65)	24.74(3.14)	3.79	24.73(2.49)	25.63(3.27)	4.01*	5.20*
Coherence	13.18(2.27)	14.11(5.17)	2.21	13.49(4.17)	13.80(3.87)	0.25	2.45
Solitude	24.56(2.15)	24.04(3.11)	1.53	24.16(2.79)	24.44(2.57)	0.42	0.22
Family	20.06(6.42)	21.24(5.25)	1.58	20.65(5.99)	20.65(5.80)	0.00	0.02
Friends	14.63(8.67)	16.23(7.84)	1.51	15.84(8.41)	15.01(8.18)	0.40	2.92
Significant others	20.00(6.53)	19.46(6.32)	0.28	19.63(6.41)	19.84(6.46)	0.04	0.02
Wellbeing	48.74(9.08)	49.65(9.76)	0.37	49.30(10.51)	49.09(8.23)	0.02	0.01

**p<0.01 *p< 0.05 df for relationship status = 1 df for gender = 1

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Table 1 revealed that there is a significant gender difference in older adults (viz., men and women) with respect to the dimension of gerotranscendence i.e., cosmic transcendence ($F=4.01, p<0.05$). As is evident from the mean scores it indicates that the women ($M=25.63$) scored significantly higher than men ($M=24.73$) with respect to gerotranscendence. In other words, women are more meta-perspective from a materialistic and rational view, than men in older adults. Moreover, there is a significant interaction effect of relationship status and gender on dimensions of Gerotranscendence i.e., cosmic transcendence. ($F=5.20, p<0.05$) in older adults.

Table 2- Results of correlation between the dimensions of gerotranscendence, perceived support, and wellbeing in married men aged 65 years and above. (n=40).

	Cosmic transcendence	Coherence transcendence	Solitude	Friends	Family	Significant others	Wellbeing
Cosmic transcendence							
Coherence transcendence	.138						
Solitude	.275	.098					
Friends	.279	.004	.296				
Family	.301	.009	.168	.428**			
Significant others	.048	-.445**	-.077	.435**	.247		
Wellbeing	.117	.090	.230	-.058	.184	.177	

** $p<0.01$ * $p<0.01$

Table 2 indicates a significant negative correlation between the coherence transcendence and the dimensions of perceived social support i.e., significant others ($r=-0.445, p<0.01$). This also means that lesser the negative attitude one has towards the self, world and the future, the more will be the interaction with significant others in older adults.

There were no significant relations in the dimension of cosmic transcendence and the dimensions of perceived social support viz., a) family, b) friends, c) significant others. There was also no significant relation in the dimension of cosmic transcendence and the wellbeing. There were also no significant relations in the dimension of coherence transcendence and in the dimensions of perceived social support viz., a) family, b) friends. There was also no significant relation in the dimension of coherence transcendence and the wellbeing. There were also no significant relations in the dimension of Solitude and the dimensions of perceived social support viz., a) family, b) friends, c) significant others. There was also no significant relation in the dimension of solitude and the wellbeing. There was also no significant relation in the dimension of family and the wellbeing. There was also no significant relation in the dimension of friends and the wellbeing. There was also no significant relation in the dimension of significant others and the wellbeing.

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Table 3- Results of correlation between the dimensions of gerotranscendence, perceived support, and wellbeing in married women aged 65 years and above. (n=40).

	Cosmic transcendence	Coherence transcendence	Solitude	Friends	Family	Significant others	Wellbeing
Cosmic transcendence							
Coherence transcendence	.213						
Solitude	.141	.008					
Friends	.048	.105	.089				
Family	.152	-.024	.122	.536**			
Significant others	.105	-.154	.064	.577**	.679**		
Wellbeing	.057	.318*	.052	.184	.095	.015	

**p<0.01 *p<0.05

Table 4- Results of correlation between the dimensions of gerotranscendence, perceived support, and wellbeing in widowed men aged 65 years and above. (n=40).

	Cosmic transcendence	Coherence transcendence	Solitude	Friends	Family	Significant others	Wellbeing
Cosmic transcendence							
Coherence transcendence	.051						
Solitude	.220	.228					
Friends	.261	.000	.208				
Family	.463**	-.151	.155	.491**			
Significant others	.231	.078	.162	.641**	.692**		
Wellbeing	.313*	.217	.249	.427**	.477**	.428**	

**p<0.01, *p<0.05

Table 3 shows a significant positive correlation between the dimension of coherence transcendence and wellbeing ($r=.318, p<0.05$). This means that higher the coherence transcendence, higher the wellbeing in married men aged 65 years and above. This means that higher the positive attitude one has towards oneself, world and the future, the more will be the interaction with wellbeing in older adults.

There were no significant correlations in the dimension of cosmic transcendence and the dimensions of perceived social support viz., a) family, b) friends, c) significant others. There was no significant correlation in the dimension cosmic transcendence and the wellbeing. There were no significant correlations in the dimension of coherence transcendence and the dimensions of perceived social support viz., a) family, b) friends. There was no significant correlation in the dimension of coherence transcendence and the wellbeing. There were no significant correlations in

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the dimension of solitude and the dimensions of perceived social support viz., a) family, b) friends, c) significant others. There was no significant correlation in the dimension of solitude and the wellbeing. There was no significant correlation in the dimension of family and the wellbeing. There was no significant correlation in the dimension of friends and the wellbeing. There were no significant correlations in the dimensions of significant others and the wellbeing.

Table 4 shows that there is a significant positive correlation between the dimension of cosmic transcendence and dimension of perceived social support i.e., family ($r = -0.463$, $p < 0.01$). This means that the higher the cosmic transcendence, higher the dimension of family in older adults. There is also a significant positive correlation between the dimension of cosmic transcendence and wellbeing ($r = -0.313$, $p < 0.05$). This means that the more the cosmic transcendence, the more will be the wellbeing. There is also a significant positive correlation between the dimension of perceived social support and its dimension of friends and wellbeing ($r = -0.427$, $p < 0.01$), family and wellbeing ($r = 0.477$, $p < 0.01$) and significant others and wellbeing ($r = 0.428$, $p < 0.01$). This means the more the positive attitude one has about self, the more will be the level of interaction with friends, family and significant others in the wellbeing in older adults.

There were no significant correlations in the dimension of cosmic transcendence and the dimensions of perceived social support viz., a) friends, b) significant others. There was no significant correlation in the dimension of cosmic transcendence and the wellbeing. There were no significant correlations in the dimension of coherence transcendence and the dimensions of perceived social support viz., a) family, b) friends, c) significant others. There was no significant correlation in the dimension of coherence transcendence and the wellbeing. There were no significant correlations in the dimension of solitude and the dimensions of perceived social support viz., a) family, b) friends, c) significant others. There was no significant correlation in the dimension of solitude and the wellbeing.

Table 5: Correlation between the 3 dimensions of multidimensional perceived social support and 3 dimensions of gerotranscendence, and wellbeing in widowed women aged 65 years and above.

	Cosmic transcendence	Coherence transcendence	Solitude	Friends	Family	Significant others	Wellbeing
Cosmic transcendence							
Coherence transcendence	.000						
Solitude	.333*	.020					
Friends	.159	.122	.287				
Family	.153	-.093	.417**	.197			
Significant others	.251	-.053	.307	.425**	.587**		
Wellbeing	.176	-.050	.420**	.337*	.544**	.416**	

** $p < 0.01$ * $p < 0.05$

Table 5 shows that there is a significant positive correlation between the dimension of solitude and dimensions of perceived social support i.e., family ($r=-0.417$, $p<0.01$). This means that the higher solitude, higher the wellbeing in older adults. There is also a significant positive correlation between the dimension of solitude and dimension of perceived social support i.e., significant others ($r=-0.30$, $p<0.05$). This means that the higher the positive attitude in solitude, higher in the significant others. Table 5 also shows a significant positive correlation between the dimension of perceived social support i.e., friends and wellbeing ($r=-0.33$, $p<0.05$), family and wellbeing ($r=0.54$, $p<0.01$) and significant others and wellbeing ($r=0.41$, $p<0.01$) in widowed women aged 65 years and above. This means that that higher the well-being, higher in the family, friends and significant others. This also means the more the positive attitude one has about oneself, the more will be the level of interaction with friends, family and significant others for the wellbeing in older adults. There were no significant correlations in the dimension of cosmic transcendence and the dimensions of perceived social support viz., a) family, b) friends, c) significant others. There was no significant correlation in the dimension of cosmic transcendence and the wellbeing. There were no significant correlations in the dimension of coherence transcendence and the dimensions of perceived social support viz., a) family, b) friends, c) significant others. There was no significant correlation in the dimension of coherence transcendence and the wellbeing. There was no significant correlation in the dimension of solitude and the dimension of perceived social support viz. friends.

Discussion

The presence of a social support has shown to be beneficial to the recipient on multiple levels like physical, emotional, and health (Berkman & Syme, 1979). Tornstam (1989) defines gerotranscendence as the “shift in meta-perspective from a materialistic and rational view to a more cosmic and transcendent one, normally followed by an increase in life satisfaction.” Well-being is a complex construct that concerns optimal experience and functioning (Vazquez, Hervas, Rahona & Gomez, 2009). The current study revealed that there is a significant gender difference in older adults (men and women) with respect to the dimension of gerotranscendence i.e., cosmic transcendence. Gender, life circumstances, and crises seem to have been important factors associated with transcendence. Results of a previous study (Sadler, et al., 2006) show that women scored higher than men on the “cosmic” dimension. Among the older women, the degree of cosmic transcendence was (high) regardless of whether or not they had experienced crises. Women display more of cosmic transcendence than men do, but this difference between men and women decreases with age in the age category 65–74 years. These results can be supported with a study done by Braam et al (2006) indicates that cosmic transcendence unfolds as an important domain in the life view of women, the older old, and the widowed. Under favorable social conditions (supportive relationships) cosmic transcendence had a positive impact on social well-being in later life (Sadler, et al., 2006). The current study also revealed a significant interaction effect of relationship status and gender on dimensions of Gerotranscendence i.e., cosmic transcendence in older adults. It is argued that cosmic transcendence reflects a sense of generativity and an increased emotional dependency in men and women.

Moreover, the current study revealed a significant negative correlation between coherence transcendence and the ‘significant others’ dimension of perceived social support in

older married men of Ismaili community. Coherence was correlated to visualization of either contingently accepting or non-contingently accepting significant others (Baldwin & Meunier, 1997).

Additionally, the current study revealed a significant positive correlation between dimension of coherence transcendence and wellbeing in older married women of Ismaili community. Further support for coherence, confirming early theory and research links coherence with physical and psychological well-being (Pallant, 2002). A moderating role of coherence transcendence was found on the relationship between perceived characteristics and well-being. These results showed that subjects having a strong coherence transcendence seemed to be better protected from the adverse effects of certain work characteristics (e.g. pressure of time). Likewise, the current study revealed a significant positive correlation between the dimension of cosmic transcendence and dimension of perceived social support i.e., family. A study reveals that under favorable social conditions (supportive relationships with children and being married) cosmic transcendent views had a positive impact on well-being in later life (Sadler, 2006). Similarly, there is a significant relationship between the cosmic dimension of gerotranscendence and wellbeing. The cosmic transcendence subscale of the Tornstan Gerotranscendence scale has proved to be the most consistent and is related to having a sense of meaning in life. Older adults who are more religious tend to demonstrate greater wellbeing (Mackinlay, 2010). Correspondingly, there is a significant relationship between Perceived Social Support and its dimensions of friends, family and significant others with wellbeing. Maintenance of positive affect in older adults is of particular interest in perceived social support, discussions of this concept asserted that well-being is more than just happiness and focuses on the realization of a person's true potential: on growth and purpose in life (Ryff, 1989).

The results of current study revealed a significant relationship between Solitude dimension of Gerotranscendence and the Family dimension of perceived social support. According to Rowe and Kahn (1997), Engaging in social activities has been associated with increased well-being among community-dwelling older adults (Everard 1999). Also, there is also a significant relationship between Solitude dimension of Gerotranscendence and Significant Others dimension of perceived social support. Results indicate a significant positive correlation between Perceived Social Support dimensions of friends, family and significant others with wellbeing in older widowed women of Ismaili community. Social relationships are fundamentals of wellbeing in old age (Gondo, 2014).

Engagement with life and functioning were related in a sample of community-dwelling older adults (Rowe & Kahn, 1997). These activities can be readily observed and older adults can be made aware of the significance of changes in their activities. The strength of the association between cosmic transcendence and framework of meaning in life was more pronounced among widowed participants than among married ones (Braam, 2005). These findings highlight the dynamic nature of social relationships in late life. In addition, the findings both provide evidence of older adults managing their social ties to meet the challenges of aging and suggest the importance of the interplay between giving and receiving support.

Lastly, the current study revealed significant gender difference in older adults (men and women) with respect to the cosmic transcendence. The current study also revealed a significant

interaction effect of relationship status and gender on cosmic transcendence in older adults. There is a significant negative correlation between the coherence transcendence and the dimensions of perceived social support i.e., significant others in older married men. There is also a positive correlation between the dimension of coherence transcendence and wellbeing in older married women. The study showed a significantly positive relation in perceived social support (three dimensions viz., family, friends and significant others), gerotranscendence (three dimensions viz., cosmic transcendence, coherence, solitude), and wellbeing in widowed men and women aged 65 years and above in Ismaili community. The current study highlights the role of social support extended by immediate family or significant others in the process of successful aging in relation to well-being in older adults of the Ismaili community.

Conclusion

This study shows that social support plays a critical role in the lives of aged individuals and acts as a significant resource as they age. The results of the present study indicated a significant gender difference with respect to the cosmic transcendence dimension of gerotranscendence. Gerotranscendence and perceived social support were found to be negatively correlated in older married men. However, gerotranscendence and well-being had significant positive correlation in older married women. Additionally, gerotranscendence, perceived social support and well-being were found to be positively correlated in older widowed men and women. The current study highlights the role of social support extended by immediate family or significant others to facilitate positive aging in older adults.

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