

Social Support, Religiosity, Wisdom and Well-Being Among Older Adults in Indonesia

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Purpose: As the population ages, it is critical to understand the elements that contribute to the well-being of older individuals. Prior research suggests that a better sense of mastery and purpose in life may explain at least some of the beneficial link between wisdom, religion, and subjective well-being. This current study seeks to identify a model of older persons' psychological well-being formation in a religious group. Whether psychosocial strengths such as religiosity, social support, and wisdom are directly related to psychological well-being. Self-acceptance, autonomy, positive interpersonal relationships, environmental mastery, personal growth, and a sense of life purpose are all components of psychological well-being.

Participants and Methods: This cross-sectional study included 261 participants, 42 men and 219 women aged 60 and up with normal cognitive, hearing, and/or speech functions. Participants lived in The boarding house in South Tapanuli-North Sumatra, Indonesia, for over 6 months. A backward translated Likert scales is used for data collection. The data were analyzed using Structural Equation Model (SEM).

Results: The results indicate that social support and religiosity have an effect on psychological well-being through wisdom as a mediator.

Conclusion: These findings emphasize the relevance of internal strengths for psychological well-being and give credence to the mediated path model's applicability to older adult communities in Indonesia.

Keywords: old age, the boarding house, social support, religiosity, wisdom, well-being

Introduction

The global aging population is experiencing a steady increase, and Asia, including Indonesia, has been part of this trend. The percentage of Indonesians aged 60 and above has surpassed 7% of the total population. Based on data from the Indonesian Central Agency on Statistics, the number of senior persons has climbed from 18 million (7.6%) in 2010 to 27 million (10%) in 2020.¹ According to projections, Indonesia is expected to be among the top three countries with the most elderly people by 2050, and after 2100, it is predicted to surpass the world's elderly population.² While increasing the number of elderlies indicates development's success, it poses a challenge for social and healthcare systems.

This age bracket is closely associated with the co-existence of at least two chronic health conditions, known as multimorbidity.³ Furthermore, sociodemographic variables such as loneliness,⁴ higher pain,⁵ nursing home admission,⁶ high economic burdens,⁷ and even mortality,⁸ other living situation and network size were associated with multimorbidity among the oldest old.⁹ This challenge has broad implications for individual, family, community, and state life well-being, particularly in low- and middle-income nations such as Indonesia.

Fostering an active and happy lifestyle among individuals, particularly as they grow older, is crucial for their overall well-being and quality of life. Kafka and Kozma stated that psychological well-being is the most important predictor of happiness in older adults.¹⁰ High levels of well-being have positive implications, such as a lower risk of developing depressive disorders. In contrast, low levels have been associated with negative health outcomes, including increased mortality.¹¹ Boylan et al have

shown that psychological well-being predicts lower mortality risk, especially at higher levels of life purpose and positive affect.¹² As a result, psychological well-being in older adults is an intriguing topic to investigate.

Psychological well-being (PWB) is an eudaimonic concept that could be interpreted as a positive functioning. According to Ryff, it is characterized by autonomy, environmental mastery, personal growth, positive relationships with others, a sense of purpose, and self-acceptance.¹³ Moreover, Keyes et al reported that it involves individual's perception of his engagement in facing the challenges that exist in his life, drawing from philosophical notions like the writings of Aristotle on eudaimonia. The concept of eudaimonic thought is more accurate in depicting the nature of human behavior than hedonic thought, which seeks to minimize pain by increasing pleasure.¹⁴

In the context of aging, self-acceptance emerges as a dimension of psychological well-being where individuals maintain positivity despite acknowledging their limitations. This conceptualization is compatible with the human development model designed by Erikson, where the elderly strives to accept and embrace their life journey with all its inherent constraints without harboring any regrets. Wisdom is regarded as a virtue that arises from the conflict between ego integrity and despair during the later stages of life. It entails a deeper understanding of life and human experiences, and compassion. Wise individuals are better equipped to face the uncertainties of life, including change, adversity, loss, and mortality, with equanimity and serenity, rather than succumbing to anxiety and despair. Wisdom is the apex of successful human development that results in a flourishing life, with heightened psychological and subjective well-being.¹⁵ However, this is only the case if wisdom is assessed as a personality quality. In several studies, measures of wisdom as an integrative or self-transcendent personality or as optimal personality development were consistently positively correlated with indicators of psychological well-being (Figure 1).

How does one come to be wise? Wisdom is thought to develop as a result of the accumulation of experience and knowledge,¹⁶ but not everyone with experience is wise. What is the distinction? Wisdom can develop as a result of overcoming adversity.¹⁷⁻¹⁹ There are still gaps in understanding the factors that promote its development following adversity. According to Kramer,²⁰ wisdom is a function of the negative emotional experiences that take a meaning of it. When faced with adversity, the social environment can play a crucial role in fostering wisdom by offering new perspectives, assisting in problem-solving, or providing guidance. From a social-ecological viewpoint, Lewin defined development (D) as a function of cooperation between the person (P) and the environment (E), expressed as $D=f PE$.²¹ This theoretical foundation has been incorporated into the research framework, as shown in Figure 2.

Erikson assigned the final three virtues of love, care, and wisdom to the later stages of the life cycle. These virtues serve as the foundation for social cohesion and empathy, which Erikson viewed as the solution to addressing challenges such as cultural relativism, individual uniqueness, and oppressive social forces. The ultimate goal of the life cycle amidst a complex and diverse social environment is the preservation of the identity integrity of an individual. At each stage,

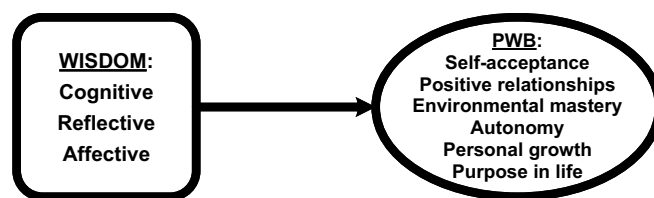


Figure 1 The conceptual framework for the impact of wisdom on psychological well-being.

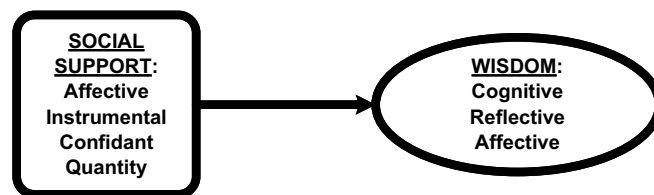


Figure 2 The conceptual framework for the impact of social support on wisdom.

acquiring religious virtues and psychosocial experiences guides individuals toward realizing this goal. The research by Erikson on how individuals acquired these virtues influenced their insights into the transformation of social values and the emergence of influential leaders through intense psychological conflicts and struggles. Therefore, it becomes difficult to discuss the human life cycle without critically examining the role of religion in the stages of psychosocial development. Religion becomes a critical factor for analysis within the life cycle.²² In this context, the manifestation of wisdom through consideration and advice is heavily influenced by religious beliefs. Based on existing literature (Figure 3), preliminary research deemed it feasible to explore religiosity as a variable contributing to wisdom, particularly within religious communities.

To enhance psychological well-being, it is important to identify the specific factors that play a role in its attainment. A comprehensive framework (Figure 4) was constructed based on existing theories and prior research to understand these contributing factors. This framework views wisdom as a significant mediator influencing the relationship between religiosity and social support towards psychological well-being. No prior research has explored the pathways through which religiosity and social support impact well-being with wisdom as a mediator, particularly in Indonesia.

The Boarding House

This research examines the unique cultural heritage of the Mandailing people in Indonesia, specifically focusing on their distinctive approach to managing old dwellings. The Mandailing boarding house emerged from the aspiration of students to live near their *murshid* (teacher), facilitating easy access to religious inquiries. The boarding house is a communal residence where individuals reside in separate cottages, they called it *Pondok*, and their activities in this setting are referred to as *marpondok*. These *Pondoks*, self-constructed by the residents, are typically sized around 3×4 square meters and include essential amenities such as a bed, a cooking area, and a closet. In the absence of the original occupant, *Pondok* can be occupied by the next person free of charge. *Pondok* translates to *short*, reflecting its philosophical meaning of minimizing worldly desires and focusing on religion, worship, and service. This emphasis on simplicity and living in small houses has evolved and become deeply ingrained over time. As the practice developed, several teachers established their own boarding houses, allowing students to reside near their guiding *murshids*, who would lead them on their spiritual path. This arrangement enables students to transition easily from one *Pondok* to another. Parents typically begin residing in *Pondok* after they are released from work and their parental responsibilities, particularly after their last child marries. They view this phase as an ideal time to dedicate themselves fully to perfecting their worship, which may have been challenging during their youth. It is also believed to contribute to longevity and overall well-being. Senior

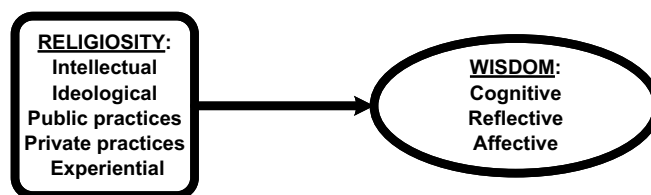


Figure 3 The conceptual framework for the impact of religiosity on wisdom.

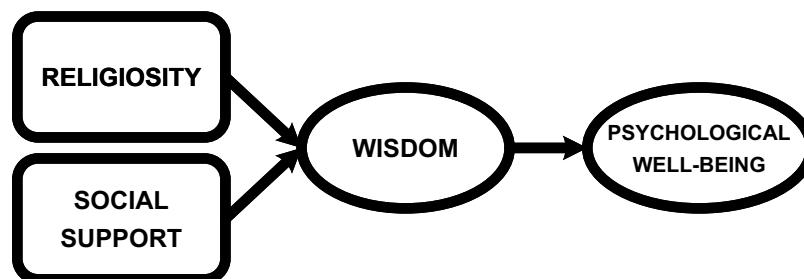


Figure 4 The conceptual model of psychological Well-being among older people.

residents of boarding houses actively engaged in worship activities. All the activities must be preceded by ablution. Then, they will perform prayers five times a day.²³ In addition to the mandatory prayers, they participate in *Sunnah* worship which entails voluntary acts of worship such as *Tadarus* (a Quran recitation and research), *Tahajud* (a late-night prayer), and *Dhuha* prayer (a forenoon prayer). Religious study is typically conducted at night.

Since each worship activity must be preceded by *Wudhu* (ablution). The residents are always in a pure state (ablution). The Mandailing older people place great importance on personal hygiene, as they diligently bathe at least twice a day. They appear to be clean, fresh, and healthy. Even taking a shower before dawn, which is unusual considering most people shower in the morning. They perceive their activities as a way of patiently waiting between prayer times, filling the intervals with various pursuits, whether individually or in the company of others. These activities encompass hobbies, cooking, eating, sleeping, studying with their teachers, reading the Quran, and occasionally watching TV. Additionally, the Mandailing people periodically engage in *Sulk* exercises, similar to meditation, which they perform twice a year at the onset of *Ramadan* and *Dzulhijjah*. *Sulk* serves as a method for purifying the soul by eliminating negative tendencies and cultivating positive ones.²⁴ It instills discipline, dedication, and unwavering commitment to worship.²⁵ Through the remembrance of God, this practice gradually cleanses the heart, ultimately cultivating inner peace and contentment. The final stage of this journey involves nurturing a tranquil soul, ensuring a blissful conclusion with a pure heart.

During the *Sulk* period, certain rules are observed, such as abstaining from consuming meat and its preparations, speaking only when necessary, adorning oneself in neat white garments, maintaining a sole verbal, emotional, and mental focus on God, refraining from negativity, regularly giving alms, preserving ritual purity (maintaining ablution), and upholding cleanliness in the surroundings. These regulations serve as a means of exerting control over worldly desires and promoting sincere worship. The spiritual journey of *Sulk* is often celebrated with a communal feast, where they prepare food and share it with those around them, symbolizing unity and generosity.

In this research, 40 senior citizens were observed and interviewed to determine their motivations, goals, plans, and experiences in boarding houses. The findings revealed that all of the respondents came to Pondok to worship. They claim that when they are not in Pondok, they are unable to worship in a calm and disciplined manner. The plans expressed by the participants included statements such as, "When one is elderly, they are encouraged to come here, as we will provide care". One woman stated that her son had previously disapproved of her decision to live in Pondok, but she insisted on her decision. Another participant expressed a desire to remain in the boarding house until their passing, stating, "I want to stay here until my death". Others mentioned that the presence of numerous friends in the boarding house made them happier and alleviated feelings of loneliness. Additionally, one respondent highlighted the preference for *Marpondok*, where they can make friends with other *tobangs* (the Mandailing word for elderly individuals). According to the responses of the elderly who have settled in the boarding house, they have a clear goal in their old age, which they have generally planned since they were adults, namely to worship. They also desire social interactions with their peers. Their responses cover a wide range of psychological well-being dimensions, including life purpose, autonomy, and social relationships. As a result, the researcher sought to determine how boarding house residents' psychological well-being was affected by empirically testing the suitability of the conceptual model of psychological well-being for the elderly in Indonesian boarding houses.

Wisdom on Aging Psychological Well-Being

From the perspective of human development, older individuals experience the final stages of growth: the conflict between "ego integrity" and "despair". This stage typically begins around age 65 and involves reflecting on an individual's life experiences. Success is characterized by a sense of satisfaction and fulfillment, known as "ego integrity", while failure is associated with a strong sense of regret and bitterness, known as "despair". As a fundamental virtue, wisdom provides a useful equilibrium that leads to profitable growth rather than only the positive extremes of crises. As a result, wise people have a consistent state of ego integrity and experience despair.²⁶

Wise individuals often attest to the importance of remaining engaged in life while acknowledging and respecting its inherent realities.^{27–30} According to a recent study, wisdom is defined as a synthesis of cognitive, reflective, and affective human attributes. This definition encapsulates the most important features of a wise individual.^{29,31–33} The cognitive

wisdom dimension concerns the pursuit of the truth or deeper meaning of facts and occurrences.^{31,34} Therefore, wise individuals must examine phenomena and events from various perspectives and participate in self-reflection to transcend their subjectivity and projections. Reflective thinking or self-reflection tends to reduce self-centeredness while increasing their understanding of the intricacies of life and human nature. Finally, a better understanding of life and human existence and lessening self-centeredness will likely result in more sympathy and compassion for others. This integrated personality provides a source of motivation for leading a virtuous life.³⁵ Accordingly, individuals who exhibit wisdom will experience a positive aging process in understanding the fundamental nature of existence, have led a life with a sense of meaning and purpose and can accept the realities of aging, such as physical decline and mortality.^{29,30,36,37}

Impacts of Religiosity on Wisdom

Religious experience is founded on both absolute subjectivity and universal truth; it draws on the wisdom of the ages and is not easily influenced by either the caprices of consciousness or transcendentary cultural trends.³⁸ Religiosity can be a valuable self-transcendent resource that enables a person to continue growing, finding purpose, and feeling complete amidst challenging existential experiences of aging, loss, incapacity, and dying.³⁹

For some elderly, religion offers resiliency, purpose, and a different perspective on difficult economic and health issues.⁴⁰ A religious existence includes strong views, actions, beliefs, and practices⁴¹ suggested that the influence of religiosity on personality changes may explain the majority of variance related to wisdom.

Social Support and Wisdom

The diversity of social support and its meaning to the individual may promote the development of wisdom in different ways.⁴² Several studies have shown that perceived support quality is more strongly connected with mental health than the actual structure of personal networks.^{43–46} In general, perceived social support can come from various sources, such as family, friends, love partners, pets, community ties, and the workplace. Levitt explored wisdom development with Tibetan monks and found that all respondents believed wisdom could not be developed by oneself but required the influence and support of others such as teachers, family, friends, and the community. The monks learned about behavior, values, and morals from their interactions with others.⁴⁷ Similarly, Janoff-Bulman theorized that individuals needed to interact with the external world to rebuild their life philosophy after a trauma, yet little was said about how this occurs. Igarashi et al discovered that wisdom emerges from disrupted personal meaning and social transactions.⁴² In cases where hardship disrupts personal meaning, social context plays a crucial role in promoting new perspectives that align with various components of wisdom, such as self-knowledge, compassion, comfort with ambiguity, and acceptance of complexity.

Hypotheses

The following hypotheses were tested to summarize:

H1: Religiosity and Social support will be associated with Wisdom.

H2: Wisdom has a positive influence on the psychological well-being.

H3: Social support and Religiosity have a positive influence on psychological well-being through Wisdom as mediator.

Materials and Methods

Participants and Procedure

A cross-sectional design was subjected to 261 participants (42 men and 219 women) who live in a boarding houses in South Tapanuli-North Sumatra, Indonesia. The inclusion criteria required participants to be at least 60 years of age and have resided in The Boarding House for at least six months. Any individuals with cognitive, hearing, and speech impairments were excluded from the study. The Coordinator of The Boarding House was responsible for selecting residents while considering the exclusion criteria. Data collection was conducted using a standardized protocol through an individual questionnaire. Before completing the questionnaire, informed consent was obtained from each participant

with the trustee's approval. The procedure involved administering the first scale immediately after the respondent had understood, approved, and signed the questionnaires, which were read by the research team. Meanwhile, the respondents also determined the answers and wrote them down with help due to factors like poor visual function, illiteracy, and fine motor disorders among older people.

Ethical Clearance and Informed Consent

This study complies with the Declaration of Helsinki and was approved by the Universitas Padjadjaran's Research Ethics Committee (Number: 980/UN6.KEP/EC/2019). A statement of consent to participate in research with vulnerable subjects signed by participants, guardians, researchers, and witnesses in the format determined by the same Ethical Committee.

Sampling Technique

The research employed a cluster sampling method, and the sample size was determined using software called UNPAD SAS software. By considering a population size (N) of 585 and a proportion (p) of 0.5, an acceptable bound of error (B) of 0.08 was established. Based on these considerations, a sample size (n) of 248 was determined as sufficient to achieve accurate results. An extra 10% was added to the sample size to account for potential dropouts or unforeseen circumstances⁴⁸ culminating in 261 participants.

Instruments

Psychological Well-Being Scale

The Ryff's Psychological Well-Being Scale (RPWB) adapted for the elderly group by Springer et al,⁴⁹ with six dimensions that explain aspects of positive psychological functioning: Self-Acceptance (SA), Positive Relations with Others (PR), Autonomy (Au), Personal Growth (PG), Environmental Mastery (EM), and Purpose of Life (PL). Using a Likert scale with 6 answer options (1=strongly disagree to 6=strongly agree). The factor loading of 13 items ≥ 0.5 (0.50–0.98), and in the second order ranges from 0.51 to 0.92. Each indicator's construct reliability from the 6 dimensions of psychological well-being variables ranges from 0.781 to 0.894.

Wisdom Scale

The 3D-WS-12 is a 12-item version summarized from Ardel's 3D-WS (Three Dimensions-Wisdom Scale). It consists of three dimensions of wisdom: Cognitive (Cog), Affective (Affect), and Reflective (Reflect). This self-report measurement using a 5-point rating scale based on how strongly they either agreed or disagreed to their personal circumstances.^{37,50} The factor loading of each item ≥ 0.5 (0.54–0.99), and in the second order ranges from 0.69 to 0.83. Each indicator's construct reliability from the 3 dimensions of wisdom variables ranges from 0.843 to 0.868.

Religiosity Scale

The CRS-15 TII⁵¹ is an adaptation of the original scale, namely The Centrality of Religiosity Scale (CRS) by Huber.⁵² It consists of five dimensions: Intellectual (Intel), Ideology (Ide), Public (Pub), Private (Priv), and Experiential (Exp). The item has 15 questions about the relevance of religion for participants. The responses varied from very often (5) through frequently (4), occasionally (3), rarely (2), and never (1). The factor loading of each item ≥ 0.5 (0.51–0.95), and in the second order ranges from 0.60 to 0.95. Each indicator's construct reliability from the 5 dimensions of religiosity variables ranges from 0.799 to 0.872.

Social Support Scale

The Duke-UNC Functional Social Support Questionnaire assesses an individual's impression of the amount and type of personal social support⁵³ with four dimensions: Quantity (Quant), Confidant (Conf), Affective (Affect), and Instrumental (Inst) supports. A scale consists 14 items of 1 to 5. "As much as I want" obtains a score of 5, and "Much less than I would want" obtains a score of 1. The factor loading of each item ≥ 0.5 (0.50–0.74), and in the second order ranges from 0.65 to 0.94. Each indicator's construct reliability from the four dimensions of social support variables ranges from 0.812 to 0.867.

Data Analysis

Lisrel 8.80 was used to measure the validity and reliability of measurements by Confirmatory Factor Analysis (CFA). To test the hypothesis, the data were analyzed using Structural Equation Model (SEM) to see the effect of social support, religiosity, and wisdom on psychological well-being. Lisrel 8.80 was used to measure the significance role of social support, religiosity, and wisdom on psychological well-being. Finally, Lisrel 8.80 was used to compare the feasibility of several models, to determine which fit best with the data. The *t* test was used to analyze the research hypothesis about the effect of each independent variable on the dependent variable.

Results

The final sample consisted of 261 people, 84% of whom were women and dominated by widows. The average age group was 60–69 years old; 96% had only a primary school education or less, 3% had a secondary school education, and 1% had some form of higher education. All factors in the measurement were used to evaluate the entire structural model. The fit indices indicate that the model is well-suited to the data, $\chi^2=96.82$, $p=0.064$, CFI=0.96, RMSEA=0.043, SRMR=0.064, and the processing using LISREL 8.80 obtained the test results. Figure 5 presents the path coefficients of the model.

Based on the results of the path diagram *t* values, the value of the role test is under the research hypothesis, as seen in Table 1. Our first hypothesis is proven ($R^2 = 0.44$; $p = 0.00$). It means that both religiosity and social support have a significant relationship with wisdom, and the influence on wisdom is moderate. Our second hypothesis is also proven. Wisdom has a positive influence on psychological well-being ($3.62 > 1.96$). Based on the *t* value (Table 2), wisdom has a significant role in the PWB dimensions, except for the personal growth dimension. The role of wisdom on personal growth ($t=0.306$ and $p=0.760 > 0.05$) was insignificant. Furthermore, the contribution of the dimensions of wisdom can be seen in Table 3. Based on *t* value, all dimensions of wisdom have a significant role ($p < 0.05$), with the reflective dimension giving the largest contribution ($t = 3.258$, $p = 0.001$).

The third hypothesis regarding social support and religiosity having a positive influence on psychological well-being through wisdom as a mediator is proven (see Figures 6 and 7). This study does not support a direct relationship between the two variables. Based on the *t* value, it is found that the dimensions of social support that have a significant role

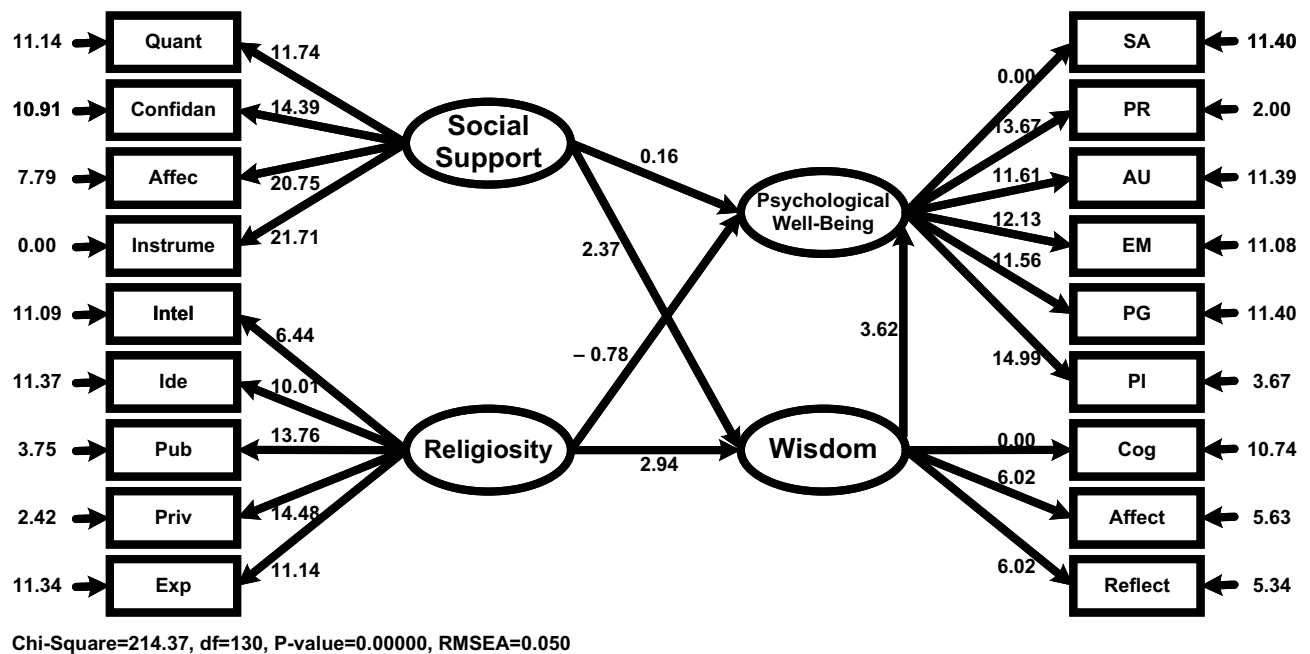


Figure 5 Path coefficients of the model. The text in oval shape represents the variables. The text in rectangular shape represents the reflective indicators of each variable. The arrow lines among oval shapes indicate the direct and/or indirect influence between the variables, the arrow lines from oval to rectangular shapes indicate the influence of each reflective indicator to the variables, with *t* values as shown in the numbers around these arrow lines.

Table 1 Hypothesis Test Results

Correlation test	Result	Description
Social support to PWB	0.16 < 1.96	No significant role
Social support to Wisdom	2.37 > 1.96	Positive and significant role
Wisdom to PWB	3.62 > 1.96	Positive and significant role
Religiosity to Wisdom	2.94 > 1.96	Positive and significant role
Religiosity to PWB	-0.78 < -1.96	No significant role

Table 2 The Role of Wisdom on the Dimensions of PWB

Model	Dimension of PWB	t	p
Wisdom	Self-acceptance	4.732	0.000
	Positive relationship with others	5.578	0.000
	Autonomy	4.732	0.000
	Environmental mastery	7.099	0.000
	Personal growth	0.306	0.760
	Purpose of life	4.055	0.000

Table 3 The Influence of the Dimension of Wisdom on PWB

Wisdom Dimension	t	p
Cognitive	3.207	0.002
Affective	2.190	0.029
Reflective	3.258	0.001

toward wisdom are instrumental ($t = 2.233, p = 0.026 < 0.05$) and quantity support ($t = 2.082, p = 0.038 < 0.05$). Table 4 depicts the role of the dimensions of social support for wisdom. Whereas the dimensions of religiosity that have a significant role in wisdom are Intellectual ($t = 3.225, p = 0.001 < 0.05$), Public ($t = 2.776, p = 0.006 < 0.05$) and Experiential ($t = 2.218, p = 0.027 < 0.05$). Table 5 presents the role of the dimensions of religiosity for wisdom.

Discussion

This research examined the connection between social support, religiosity, and wisdom in older adults, confirming a significant positive correlation. The findings from this study are in accordance with the hypothesis proposed by Tornstam that aging individuals undergo transformations in their psychosocial functioning across the cosmos, self, and

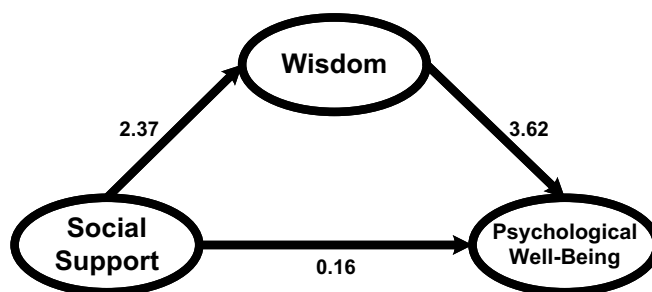


Figure 6 Wisdom as a mediator between social support variables and PWB.

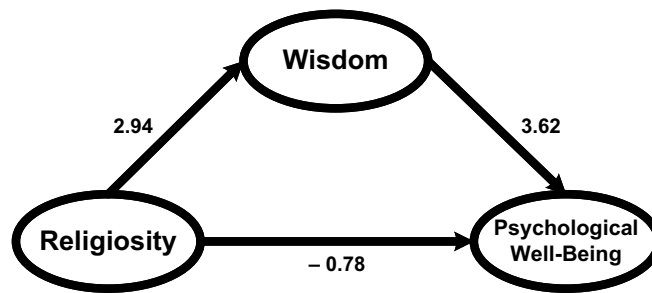


Figure 7 Wisdom as a mediator between Religiosity and PWB.

relational domains, ultimately leading to the acquisition of wisdom.⁵⁴ Tornstam examined the correlation between the development of gerotranscendence and modifications in interpersonal interactions, social customs, and norms.

Moreover, this research highlighted the role of instrumental and quantity support in shaping the perception of wisdom among the elderly. According to this study, older individuals find assistance more meaningful when it is provided in the form of tangible resources, aligning with Thoits.⁵⁵ It also found that positive instrumental support, such as tangible assistance, is a protective mechanism, reducing anxiety and grief while reinforcing self-esteem and personal worth in old age. Kabayama et al stated that supportive neighbors are consistently linked to better mental health outcomes among pre-old adults (65–74 years), irrespective of specific roles or functions. Therefore, community-based mental health initiatives should consider the importance of neighborhood social support and social network reconfiguration, as emphasized by these findings.⁵⁶ However, this finding indicates that both the confidant and affective dimensions of social support have no significant influence on wisdom (Table 4). The confidant dimension comprises four key aspects, which are (1) the opportunity to engage with trusted individuals to discuss personal and family problems; (2) the chance to seek guidance regarding daily challenges; (3) the availability of useful advice for important life issues; and (4) the ability to discuss matters related to finances. According to previous interviews with respondents, individuals consciously avoid complaining about situations that do not satisfy them (complaining) and avoid discussing other people's unfavorable circumstances (gossiping). This is done to prevent interpersonal conflicts between them, which could diminish the value of worship. Furthermore, discussing personal matters is traditionally considered embarrassing. As a result, opportunities for emotional expression and feedback are expected to be limited. This circumstance may make developing these affective and confidant dimensions of social support more difficult. It demonstrates that the quantity of social support is perceived

Table 4 The Influence of the Dimensions of Social Support on Wisdom

Social Support Dimension	t	p
Quantity	2.082	0.038
Confidant	0.112	0.911
Affective	0.389	0.698
Instrumental	2.233	0.026

Table 5 The Influence of the Dimensions of Religiosity on Wisdom

Religiosity Dimension	t	p
Intellectual	3.225	0.001
Ideology	1.512	0.132
Public	2.776	0.006
Private	1.333	0.184
Experiential	2.218	0.027

more positively than its quality. This may account for social support's insignificant contribution to psychological well-being among the older adults (see [Figure 6](#)).

Religiosity was found to have a significant and positive association with wisdom, particularly in the intellectual, public, and experiential dimensions ([Table 5](#)). In line with Brudek et al, this shows that religion is considered a valuable contributing factor to wisdom because it is strongly associated with individual and social functioning, particularly regarding interpersonal connections.⁵⁴ Spiritual growth influenced by God was found to have a notable impact on self-esteem in relation to wisdom. The process of developing self-transcendence can be facilitated through practices like meditation and contemplation, which were included in the Sulk practice within the research context. These practices foster self-knowledge and self-awareness while diminishing self-centered emotional reactions such as fear, anxiety, shame, anger, hatred, jealousy, lust, and greed, which allows for the emergence of liberated forms of consciousness.¹⁵ The diverse nature of social support and its subjective significance to individuals may contribute to developing wisdom in various ways.⁴² Therefore, the psychosocial-religious aspects play a significant role in influencing wisdom.

Wisdom significantly impacts psychological well-being of the elderly, as supported by various research. It acts as a prophylaxis against the stress through its reflective dimension, allowing individuals to perceive events from different perspectives. While some may view a situation as a setback, others see it as a challenge. Wisdom requires a broad perspective that transcends self-interest and enables the recognition of multiple factors and their interrelationships. According to Ardelt & Ferrari, wisdom positively correlates with current well-being,⁴⁰ as most research on self-reported wisdom suggested.⁵⁷ This is also evidenced by higher wisdom scores among individuals with good psychological well-being.³⁷ Wisdom encompasses a deep understanding of fundamental aspects of human life, such as direction, purpose, and meaning.³⁷ Previous research has shown significant associations between wisdom, environmental mastery, and life goals among the elderly community.^{58,59} Helsen & Srivastava found positive relationships between wisdom and personal growth, as well as positive relationships with others.⁵⁷ However, as shown in [Table 2](#), there is an exception to the personal growth dimension. This is consistent with Ryff's findings (specifically in personal growth, but not in life purpose). Ryff suggested that personal growth and life goals tend to decline with age, particularly from middle to old age, with distinct variations in well-being across different age groups. Personal growth refers to the ability to realize one's potential and talents in responding to challenges and developing new resources. This is deemed reasonable in light of old age and opportunities.⁶⁰ Furthermore, they live in rural areas with a general lack of education. Staudinger and Bowen, on the other hand, theorized that older adults tend not to engage in growth-promoting self-reflection unless compelled by circumstances.⁶¹ According to Erikson's psychosocial development stages, personal growth is not a linear process but a recursive one that can contribute to ego integrity.¹⁵ According to Aldwin et al, wisdom is self-transcendence, involving a shift from self-centered attention to a unitive or cosmic awareness that dissolves the boundaries between self and others.⁶² Self-transcendence develops through four stages, starting with the question, "Who am I?",^{62,63} and ending with a shift from self-centeredness to an observer stance, dissolving boundaries between self and others and leading to self-transcendence and unitive consciousness.¹⁵ This definition's explanation of wisdom appears to be consistent with the efforts of the elderly in seeking wisdom through surrender to God, prayer and remembrance rituals, and self-reflection practices such as meditation and contemplation. These practices are intended to increase self-awareness, decrease self-centered emotional reactions, and cultivate admirable qualities. People with self-transcendent personalities are more concerned with promoting the greater good than personal success. According to this explanation, it is natural that wisdom does not play a role in the personal growth dimension of psychological well-being in this study. According to this explanation, it is natural that wisdom does not play a role in the personal growth dimension of psychological well-being in this study. Subsequent research may be able to redefine each dimension of psychological well-being in the context of old age and prevalent religion and culture in the research field.

The findings confirm that wisdom mediates the association between religiosity, social support, and psychological well-being. This aligns with previous research by Fernandez and Rosell that personal piety alone does not promote psychological well-being unless it is mediated by strength.⁶⁴ It is important to note that possessing knowledge associated with wisdom does not guarantee a flourishing and thriving life, rather, its impact depends on the recognition and appreciation of wisdom as a valuable personality trait.⁶⁵ Numerous research have consistently shown positive correlations between various measures of wisdom, such as integrative or self-transcendent personality traits, and indicators of

psychological well-being. These indicators include self-acceptance, positive relationships with others, mastery, purpose in life, autonomy, and orientation toward personal growth. These correlations have been observed cross-sectionally²⁹ and longitudinally in research utilizing the 3D-WS.⁶⁵ According to Li et al,⁵⁵ perceived social support and personal wisdom in resolving psychosocial conflicts are expected to enhance psychological well-being. While social and emotional support lead to positive emotions,⁶⁶ psychological well-being goes beyond superficial emotions and necessitates the integration of reflective, affective, and cognitive dimensions through wisdom. Instrumental support may not directly impact the variable unless it engages the reflective aspect of wisdom, especially when individuals display gratitude and avoid greed. Therefore, social support positively influences the psychological well-being of older individuals through the mediating role of wisdom. While Brudek et al reported that wisdom in elders becomes evident when they intentionally prioritize the quality of interpersonal interactions over mere quantity.⁵⁶ As a result, researchers have suggested to this community that the quality of support or emotional support be improved. Scheduled assistance from teachers or assistants in consultation sessions for elders' daily or personal problems is expected to contribute towards increasing the psychological well-being of the older adults.

Religious group membership provides individuals with social support and psychosocial resources contributing to their mental health. Regular attendance and participation in religious services allow members to connect with a caring community that provides support during times of need.⁶⁷ This group has its own cultural concept of successful aging. Aging is viewed positively because their work and parenting responsibilities have been met. As a result, gratitude for this time is expressed by filling the last days of life with goodness. In other words, individuals collectively seek inner peace through the power of worship in old age by developing socio-religious aspects.

Limitations

This study has several limitations which include the homogeneity of the participants in terms of religion. All of them are Moslem who live in the older adults' communities (The boarding house). The boarding house is remembered as a place to live in old age and is part of the local culture, so the generalizability of the results to other cultures cannot be assured.

The sample size in psychological well-being of seniors falls within the minimum limit because the timing of the research coincides with the return of older people to their homes to celebrate *Eid al-Fitr*. As a result, the study was conducted on a number of seniors who were still living in Pondok at the time. It is recommended that future research aiming to expand this model increase the number of research participants.

Conclusion

Social support has an influence on the psychological well-being of the elderly through wisdom mediation. Likewise, religiosity has an influence on psychological well-being through the mediation of wisdom. Therefore, the role of wisdom as a mediator is more significant than the role of social support and/or religiosity directly on the psychological well-being of older adults. Again, wisdom is proven as a fundamental strength of character and an important positive outcome of aging, especially its contribution to the psychological well-being of people living in boarding house for older adults in North Sumatra, Indonesia.

These results show that wisdom plays a significant role in the religious meaning and social support system that people employ as they mature into gerotranscendence to deal with the problems and challenges of life. The results of this work are important for designing programs and policies to promote better mental health and psychological well-being at entering old age, a critical period at the end of the human developmental life span. The promotion of religiosity, social support, and wisdom should be part of any mental health preventive intervention for older people.

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Disclosure

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References

- Pangribo S. Lansia Berdaya, Bangsa Sejahtera [Empowered Elderly, Prosperous Nation]. Jakarta: Pusdatin Kemenkes RI; 2022. Available from: <https://www.kemkes.go.id/downloads/resources/download/pusdatin/infodatin/Infodatin-Lansia-2022.pdf>. Accessed June 4, 2023.
- BPS RI. Potret Sensus Penduduk 2020 menuju satu data kependudukan Indonesia [A Portrait of the 2020 population census towards one Indonesian population data]. Jakarta: BPS RI; 2021. Available from: <https://www.bps.go.id/publication/2021/01/21/213995c881428fef20a18226/potret-sensus-penduduk-2020-menusu-satu-data-kependudukan-indonesia.html>. Accessed February 2, 2023.
- Arokiasamy P, Uttamacharya U, Jain K, et al. The impact of multimorbidity on adult physical and mental health in low- and middle-income countries: what does the study on global ageing and adult health (SAGE) reveal? *BMC Med*. 2015;13:178. doi:10.1186/s12916-015-0402-8
- Hajek A, Kretzler B, König HH. Multimorbidity, loneliness, and social isolation. A Systematic Review. *Int J Environ Res Public Health*. 2020;17(22):8688. doi:10.3390/ijerph17228688
- Nakad L, Booker S, Gilbertson-White S, et al. Pain and multimorbidity in late life. *Curr Epidemiol Rep*. 2020;7:1–8. doi:10.1007/s40471-020-00225-6
- Halonon P, Raitanen J, Jämsen E, et al. Chronic conditions and multimorbidity in population aged 90 years and over: associations with mortality and long-term care admission. *Age Ageing*. 2019;48(4):564–570. doi:10.1093/ageing/afz019
- Lehnert T, Heider D, Leicht H, et al. Review: health care utilization and costs of elderly persons with multiple chronic conditions. *Med Care Res Rev*. 2011;68(4):387–420. doi:10.1177/1077558711399580
- Gijssen R, Hoeymans N, Schellevis FG, et al. Causes and consequences of comorbidity: a review. *J Clin Epidemiol*. 2001;54(7):661–674. doi:10.1016/S0895-4356(00)00363-2
- Hajek A, König HH. Frequency and correlates of multimorbidity among the oldest old: study findings from the representative “survey on quality of life and subjective well-being of the very old in north rhine-westphalia (NRW80+)”. *Clin Interv Aging*. 2023;18:41–48. doi:10.2147/CIA.S388469
- Kafka GJ, Kozma A. The construct validity of ryff’s scale of psychological well-being (SPWB) and their relationship to measures of subjective well-being. *Soc Indic Res*. 2002;57:171–190. doi:10.1023/A:1014451725204
- Näsman M, Nyqvist F, Nygård M. Disentangling the concept of well-being in very old age using rodgers’ evolutionary concept analysis. *J Happiness Stud*. 2022;23:3101–3126. doi:10.1007/s10902-022-00496-4
- Boylan JM, Tompkins JL, Krueger PM. Psychological well-being, education, and mortality. *Health Psychol*. 2022;41(3):225–234. doi:10.1037/hea0001159
- Ryff CD. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *J Pers Soc Psychol*. 1989;57(6):1069–1081.
- Keyes CL, Shmotkin D, Ryff CD. Optimizing well-being: the empirical encounter of two traditions. *J Pers Soc Psychol*. 2002;82(6):1007–1022. doi:10.1037/0022-3514.82.6.1007
- Ardelt M, Pridgen S. Wisdom, Personality, and Well-Being. In: Sternberg RJ, Glück J, editors. *The Psychology of Wisdom: An Introduction*. Cambridge: Cambridge University Press; 2022:135–156.
- Chen LM, Wu PJ, Cheng YY, Hsueh HI. A qualitative inquiry of wisdom development: educators’. *Perspectives Int J Aging Hum Dev*. 2011;72(3):171–187. doi:10.2190/AG.72.3.a
- Aldwin CM, Levenson MR. Posttraumatic Growth: a Developmental Perspective. *Psychol Inq*. 2004;15(1):19–22.
- Glück J, Bluck S. Laypeople’s conceptions of wisdom and its development: cognitive and integrative views. *J Gerontol B Psychol Sci Soc Sci*. 2011;66:321–324. doi:10.1093/geronb/gbr011
- Weststrate NM, Glück J. Hard-earned wisdom: exploratory processing of difficult life experience is positively associated with wisdom. *Dev Psychol*. 2017;53(4):800–814. doi:10.1037/dev0000286
- Kramer DA. Wisdom as a classical source of human strength: conceptualization and empirical inquiry. *J Soc Clin Psychol*. 2000;19(1):83–101. doi:10.1521/jsep.2000.19.1.83
- Agustiani H. *Psikologi Perkembangan: Pendekatan Ekologi Kaitannya Dengan Konsep Diri Dan Penyesuaian Diri Pada Remaja [Developmental Psychology: Ecological Approach Related to Self-Concept and Adjustment in Adolescents]*. Bandung: Refika Aditama; 2006. Indonesian.
- Kramp JM. Religion and Erik Erikson’s Life Cycle Theory. In: Leeming DA, editor. *Encyclopedia of Psychology and Religion*. Boston: Springer; 2014:1495–1497.
- Zainuddin. Posisi matahari dalam menentukan waktu shalat menurut dalil syar’i [The position of the sun in determining the time of prayer according to the syar’i argument]. *Jurnal Elfalaky*. 2020;4(1):36–55.
- Amar IA. *Di Sekitar Masalah Thariqat (Naqsyabandiyah) [Around the Problem of Tariqat (Naqsyabandiyah)]*. Kudus: Menara; 1980. Malay.
- Birohmatika MN, Diana RR. Makna suluk pada lansia anggota jamaah tarekat naqsyabandiyah [The meaning of suluk for elderly members of the naqsyabandiyah congregation]. *Psikologika*. 2012;17(2):39–51. Indonesian. doi:10.20885/psikologika.vol17.iss2.art5
- McLeod S. Erik Erikson’s Stages of Psychosocial Development; 2018. Available from: <https://www.simplypsychology.org/Erik-Erikson.html>. Accessed February 5, 2023.
- Ardelt M, Jeste DV. Wisdom and Hard Times: the Ameliorating Effect of Wisdom on the Negative Association Between Adverse Life Events and Well-Being. *J Gerontol B Psychol Sci Soc Sci*. 2018;73(8):1374–1383. doi:10.1093/geronb/gbw137
- Sternberg RJ, Glück J. *Wisdom: The Psychology of Wise Thoughts, Words, and Deeds*. Cambridge: Cambridge University Press; 2021.
- Ardelt M. Wisdom and Well-Being. In: Sternberg RJ, Glück J, editors. *The Cambridge Handbook of Wisdom. Cambridge Handbooks in Psychology*. Cambridge: Cambridge University Press; 2019:602–625.
- Ardelt M. Wisdom, age, and well-being. In: Schaie KW, Willis SL, editors. *Handbook of the Psychology of Aging*. Netherland: Elsevier Academic Press; 2011:279–291.
- Kunzmann U, Katzorreck M, Wieck C, et al. Emotion regulation in old and very old age. *Emotion*. 2022;22(7):1473–1486. doi:10.1037/emo0001075

32. Ardel M. Being wise at any age. In: Lopez SJ, editor. *Positive Psychology: Exploring the Best in People, Discovering Human Strengths*. Praeger Publishers/Greenwood Publishing Group; 2008:81–108.
33. Clayton V, Birren JE. The Development of Wisdom, Across the Life Span: a Reexamination of an Ancient Logic. In: Baltes PB, Brim OG, editors. *Life-Span Development and Behavior*. Vol. 3. New York: Academic Press; 1980:103–135.
34. Ardel M. Wisdom as expert knowledge system: a critical review of a contemporary operationalization of an ancient concept. *Hum Develop*. 2004;47(5):257–285. doi:10.1159/000079154
35. Frimer JA, Walker LJ, Dunlop WL, Lee BH, Riches A. The integration of agency and communion in moral personality: evidence of enlightened self-interest. *J Pers Soc Psychol*. 2011;101(1):149–163. doi:10.1037/a0023780
36. Ardel M, Oh H. Correlates of wisdom. In: Whitbourne SK, editor. *Encyclopedia of Adulthood and Aging. Volume: Wisdom Across the Life Course*. John Wiley & Sons, Inc; 2016.
37. Ardel M. Empirical assessment of a three-dimensional wisdom scale. *Res Aging*. 2003;25(3):275–324. doi:10.1177/0164027503025003004
38. Waldron S. Religious, Role of. In: Leeming DA, editor. *Encyclopedia of Psychology and Religion*. Boston: Springer; 2014:1528–1531.
39. Schwalm FD, Zandavalli RB, de Castro Filho ED, et al. Is there a relationship between spirituality/religiosity and resilience? A systematic review and meta-analysis of observational studies. *J Health Psychol*. 2022;27(5):1218–1232. doi:10.1177/1359105320984537
40. Ardel M, Ferrari M. Effects of wisdom and religiosity on subjective well-being in old age and young adulthood: exploring the pathways through mastery and purpose in life. *Int. Psychogeriatr*. 2019;31(4):477–489. doi:10.1017/S1041610218001680
41. Sedikides C, Gebauer JE. Do religious people self-enhance? *Curr Opin Psychol*. 2021;40:29–33. doi:10.1016/j.copsyc.2020.08.002
42. Igarashi H, Levenson MR, Aldwin CM. The influence of social transactions and their timing on the development of wisdom. *Innov Aging*. 2018;2(Suppl 1):586–587. doi:10.1093/geroni/igy023.2174
43. Wang Y, Ariyo T, Liu H, et al. Does psychosocial support buffer the effect of COVID-19 related stressors on mental health among Chinese during quarantine? *Curr Psychol*. 2022;41(10):7459–7469. doi:10.1007/s12144-021-01663-1
44. Lábadi B, Arató N, Budai T, et al. Psychological well-being and coping strategies of elderly people during the COVID-19 pandemic in Hungary. *Aging Ment Health*. 2022;26(3):570–577. doi:10.1080/13607863.2021.1902469
45. Khuzaimah Y, Anggraini Y, Hinduan ZR, et al. Dukungan sosial dan kebahagiaan lansia penghuni panti sosial di medan [social support and happiness among institutionalized older people in medan]. *Psikologika*. 2021;26(1):121–142. Indonesian. doi:10.20885/psikologika.vol26.iss1.art7
46. Oon-arom A, Wongpakaran T, Kuntawong P, et al. Attachment anxiety, depression, and perceived social support: a moderated mediation model of suicide ideation among the elderly [published correction appears. *Int Psychogeriatr*. 2021;33(2):169–178. doi:10.1017/S104161022000054X
47. Levitt HM. The development of wisdom: an analysis of Tibetan Buddhist experience. *J Humanist Psychol*. 1999;39(2):86–105. doi:10.1177/0022167899392006
48. Jatnika R, Haffas M, Abidin FA, Prathama AG. *Belajar Sampling Dengan UNPAD SAS Online [Learn Sampling with UNPAD SAS Online]*. 1st ed. Bandung: Unpad Press; 2021. Indonesian.
49. Springer KW, Pudrovskaya T, Hauser RM. Does psychological well-being change with age?: Longitudinal tests of age variations and further exploration of the multidimensionality of ryff's model of psychological well-being. *Soc Sci Res*. 2011;40(1):392–398. doi:10.1016/j.ssresearch.2010.05.008
50. Thomas ML, Bangen KJ, Ardel M, Jeste D. A short version of the three-dimensional wisdom scale. *Gerontologist*. 2015;55(suppl_2):12.
51. Wardhani N, Dewi R Studi validitas isi CRS-15 TII (The Centrality of Religiosity Scale – untuk suasana keberagaman Islam di Indonesia [Study of content validity of CRS-15 TII (The Centrality of Religiosity Scale – for the atmosphere of Islamic diversity in Indonesia)]. *Proceedings of SNaPP Sosial, Ekonomi, dan Humaniora*. Bandung: Unisba; 2015.
52. Huber S, Huber OW. The Centrality of Religiosity Scale (CRS). *Religions*. 2012;3(3):710–724. doi:10.3390/rel3030710
53. Broadhead WE, Gehlbach SH, deGruy FV, Kaplan BH. Functional versus structural social support and health care utilization in a family medicine outpatient practice. *Med Care*. 1989;27(3):221–233. doi:10.1097/00005650-198903000-00001
54. Brudek P, Krok D, Steuden S. Religiosity and social support in Polish older adults: the mediating role of wisdom. Perspectives on Lars Tornstam's theory of gerotranscendence. *Aging Ment Health*. 2022;26(12):2496–2502. doi:10.1080/13607863.2021.1989378
55. Thoits PA. Mechanisms linking social ties and support to physical and mental health. *J Health Soc Behav*. 2011;52(2):145–161. doi:10.1177/0022146510395592
56. Li Y, Kabayama M, Tseng W, Kamide K. The presence of neighbours in informal supportive interactions is important for mental health in later life [published correction appears in *Arch Gerontol Geriatr*]. *Arch Gerontol Geriatr*. 2022;100:104627. doi:10.1016/j.archger.2022.104627
57. Zacher H, Staudinger UM. Wisdom and well-being. In: Diener E, Oishi S, Tay L, editors. *Handbook of Well-Being. Noba Scholar Handbook Series: Subjective Well-Being*. Salt Lake City, UT: DEF publishers; 2018.
58. Ardel M, Landes S, Gerlach KR, Fox LP. Rediscovering internal strengths of the aged: the beneficial impact of wisdom, mastery, purpose in life, and spirituality on aging well. In: Sinnott J, editor. *Positive Psychology: Advances in Understanding Adult Motivation*. New York: Springer New York; 2013:97–119.
59. Ardel M, Edwards CA. Wisdom at the end of life: an analysis of mediating and moderating relations between wisdom and subjective well-being. *J Gerontol B Psychol Sci Soc Sci*. 2016;71(3):502–513. doi:10.1093/geronb/gbv051
60. Ryff CD. Psychological Well-Being in Adult Life. *Curr Dir Psychol Sci*. 1995;4(4):99–104. doi:10.1111/1467-8721.ep10772395
61. Charles ST, Carstensen LL. Emotion Regulation and Aging. In: Gross JJ, editor. *Handbook of Emotion Regulation*. The Guilford Press; 2007:307–327.
62. Aldwin CM, Igarashi H, Levenson MR. Wisdom As Self-Transcendence. In: Sternberg RJ, Glück J, editors. *The Cambridge Handbook of Wisdom. Cambridge Handbooks in Psychology*. Cambridge: Cambridge University Press; 2019:122–143.
63. Levenson MR, Aldwin C. The transpersonal in personal wisdom. In: Ferrari M, Weststrate NM, editors. *The Scientific Study of Personal Wisdom: From Contemplative Traditions to Neuroscience*. Dordrecht: Springer; 2013:213–228.
64. Fernández MB, Rosell J. An analysis of the relationship between religiosity and psychological well-being in Chilean older people using structural equation modeling. *J Relig Health*. 2022;61(2):1585–1604. doi:10.1007/s10943-021-01442-z
65. Ardel M. Disentangling the relations between wisdom and different types of well-being in old age: findings from a short-term longitudinal study. *J Happiness Stud*. 2016;17(5):1963–1984. doi:10.1007/s10902-015-9680-2

66. Thoits PA. Social Support and Psychological Well-Being: theoretical Possibilities. In: Sarason IG, Sarason BR, editors. *Social Support: Theory, Research and Applications*. Dordrecht: Springer; 1985.
67. Grimes CSM. Religion and Mental and Physical Health. In: Leeming DA, editor. *Encyclopedia of Psychology and Religion*. Boston: Springer; 2014:1497–1499.

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