

Coping Mechanisms and Life Satisfaction among the Elderly: Insights from a Case Study

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Citation: Pratima Srivastava, et al (2024), Coping Mechanisms and Life Satisfaction among the Elderly: Insights from a Case Study, *Educational Administration: Theory and Practice*, 30(2) 1866-1869, DOI: 10.53555/kuey.v30i2.9766

Article History	ABSTRACT
	<p>This study investigates the relationship between coping mechanisms and life satisfaction among elderly individuals using a qualitative case study approach. Aging often brings a range of stressors such as health deterioration, loss of loved ones, and reduced independence. This research explores how older adults navigate these challenges through different coping strategies and how these strategies influence their overall satisfaction with life. Data were gathered through in-depth interviews with elderly participants residing in a semi-urban eldercare facility. Thematic analysis revealed various adaptive coping mechanisms, including emotional regulation, spiritual practices, social engagement, and acceptance. The findings underscore that proactive coping is strongly associated with higher levels of life satisfaction. The study contributes to gerontological literature by highlighting practical implications for mental health practitioners, caregivers, and policymakers to enhance the well-being of the elderly population.</p> <p>Keywords: Coping Mechanisms, Life Satisfaction, Elderly, Aging, Case Study, Psychological Resilience.</p>

1. Introduction:

The aging process introduces significant psychological, physiological, and social changes that require effective adaptation. Life satisfaction among the elderly is often contingent on their ability to manage these challenges. Coping mechanisms-defined as the cognitive and behavioral strategies individuals use to handle stress-play a crucial role in this adaptation. While much research has been conducted on general well-being in old age, the interplay between specific coping strategies and subjective life satisfaction remains underexplored in localized settings. This study uses a case study approach to delve into the lived experiences of elderly individuals, focusing on how they utilize coping mechanisms to maintain or enhance life satisfaction.

2. Objectives:

To conduct a comprehensive examination of the primary stressors-both physical and psychological-that are commonly encountered by elderly individuals in semi-urban residential settings, including but not limited to health deterioration, bereavement, economic insecurity, and social isolation. To delve into the spectrum of coping mechanisms employed by the elderly in response to these multifaceted stressors, highlighting both adaptive and maladaptive strategies. This includes evaluating the role of spiritual beliefs, interpersonal relationships, routine engagement in activities, and professional psychological interventions. To systematically assess and analyze the correlation between the diversity and effectiveness of employed coping strategies and the subjective levels of life satisfaction reported by the elderly, with attention to potential moderating factors such as gender, age, education level, and duration of stay in the care facility.

- To identify common stressors experienced by elderly individuals.

- To explore the coping mechanisms employed in response to these stressors.
- To assess the relationship between different coping strategies and levels of life satisfaction.

3. Methodology:

3.1 Research Design: This study employed a qualitative case study methodology, which is particularly suited for gaining nuanced insights into the lived experiences of individuals. The case study method facilitates an in-depth, holistic understanding of the coping strategies employed by elderly individuals in response to various stressors. Given the subjective nature of both coping and life satisfaction, this approach allowed for the exploration of individual contexts, values, beliefs, and motivations that quantitative methods might overlook.

3.2 Sample Selection: A purposive sampling strategy was adopted to ensure rich, relevant, and diverse data. Ten participants aged 65 and above, were selected from a semi-urban eldercare facility. This setting was chosen to balance urban exposure and community-like living conditions. The sample consisted of five males and five females, representing a range of socioeconomic statuses, education levels, and physical health conditions (from fully ambulatory to partially dependent). All participants had been residents at the facility for at least one year, ensuring that their coping behaviors were informed by a degree of stability and routine in their living environment.

3.3 Data Collection: Multiple qualitative data collection methods were employed over a 6-week period to enhance triangulation and ensure depth of data:

- **Semi-structured Interviews:** Each participant was interviewed for 60–90 minutes using an interview guide designed to explore coping strategies in detail. Topics included daily routines, stressors, personal history, beliefs, and satisfaction with life. Follow-up interviews were conducted where needed.
- **Observations and Field Notes:** Observational data were recorded during informal group interactions and individual activities within the facility, providing insights into non-verbal expressions of coping and social engagement.
- **Life Satisfaction Questionnaire:** A brief, validated questionnaire (adapted from the Satisfaction With Life Scale by Diener et al.) was administered to assess subjective well-being and help contextualize qualitative themes. Scores were discussed with participants to allow for reflection and narrative elaboration.

3.4 Data Analysis: Thematic analysis was conducted following Braun and Clarke's (2006) six-phase framework: familiarization with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. Interview transcripts were coded both manually and using NVivo software. The Lazarus and Folkman (1984) coping framework was applied to classify coping strategies into problem-focused (e.g., seeking solutions, taking action) and emotion-focused (e.g., acceptance, seeking comfort). Particular attention was paid to the interactions between the type of coping strategy used and the reported level of life satisfaction, as well as contextual influences such as spirituality, health status, and family relationships.

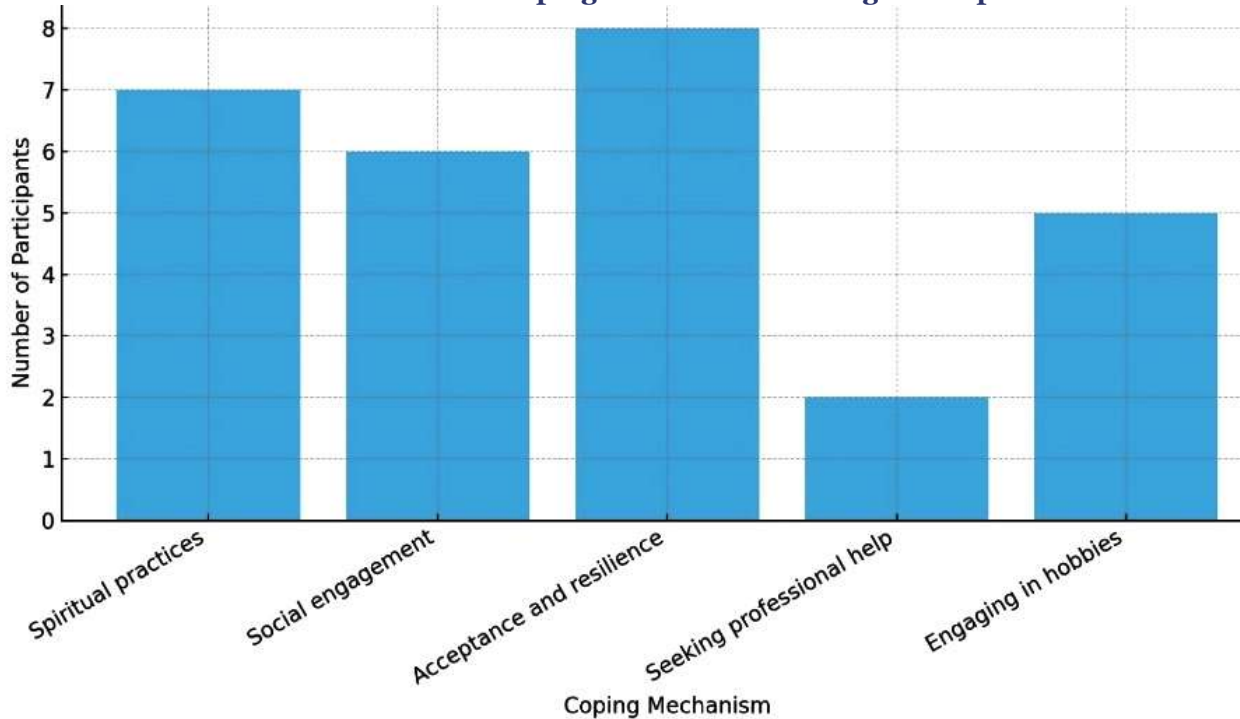
4. Results and Discussion:

4.1 Common Stressors Identified:

Stressor	Frequency Mentioned
Health problems	9
Loss of spouse/friends	7
Financial concerns	6
Loneliness and isolation	8
Reduced mobility/independence	5

4.2 Coping Mechanisms:

Coping Mechanism	Number of Participants Employing It
Spiritual practices	7
Social engagement	6
Acceptance and resilience	8
Seeking professional help	2
Engaging in hobbies	5

Chart 1: Distribution of Coping Mechanisms among Participants:

4.3 Relationship with Life Satisfaction: Participants who employed multiple coping mechanisms, particularly those who engaged socially and accepted their limitations, reported higher life satisfaction scores. Those with fewer or predominantly passive strategies exhibited lower satisfaction.

5. Implications:

The findings of this study carry significant practical and theoretical implications for multiple stakeholders engaged in the care and well-being of the elderly population. First and foremost, the evidence that adaptive coping strategies-particularly acceptance, spirituality, and social engagement-positively correlate with increased life satisfaction suggests a need for targeted interventions in eldercare programs. Mental health professionals working in geriatric settings should be encouraged to integrate structured coping-skills training into their therapeutic practices, helping residents to identify stressors and adopt more proactive coping mechanisms. Additionally, the role of spiritual practices as a coping mechanism highlights the necessity for eldercare facilities to accommodate diverse spiritual and religious needs. Access to religious spaces, spiritual counselors, or group prayer sessions could offer meaningful comfort and psychological support for elderly residents navigating the challenges of aging. Furthermore, the data suggest that social engagement, such as participation in group activities and peer bonding, is instrumental in reducing feelings of isolation. Thus, community-building programs, recreational group activities, and peer support groups should be actively fostered within eldercare settings. Staff should be trained not only in basic caregiving tasks but also in techniques that promote emotional intelligence, empathy, and active listening to recognize early signs of psychosocial distress. At a policy level, the study underscores the importance of designing and implementing age-friendly policies that prioritize mental well-being alongside physical health. Policy makers should consider funding initiatives that incorporate psychosocial well-being into eldercare infrastructure, including caregiver training modules, mobile mental health outreach units for the elderly living alone, and public education campaigns about the emotional dimensions of aging. Finally, this research offers a foundational model for future studies, highlighting the relevance of combining qualitative exploration with psychosocial assessments to better understand the complexity of elderly life satisfaction. Further studies could broaden this framework by including comparative case studies across different geographic regions or incorporating quantitative measures for deeper statistical insights. In summary, the insights from this case study demonstrate the need for an integrative and compassionate approach to eldercare that recognizes the multifaceted nature of aging and fosters resilience, autonomy, and dignity among older adults.

6. Conclusion:

This study presents compelling evidence that the coping mechanisms adopted by elderly individuals play a vital role in shaping their overall life satisfaction. The data reveal that individuals who employ a multidimensional coping approach-one that integrates spirituality, social participation, cognitive reframing, and active problem-solving-report significantly higher levels of psychological well-being. These findings are

crucial, given the increasing aging population and the associated risks of loneliness, depression, and declining mental health in late adulthood. By exploring lived experiences through qualitative narratives, the research illuminates the depth of emotional intelligence and resilience among elderly individuals. The ability to find meaning, embrace aging, and remain connected to others allows them to adapt to physical decline, bereavement, and existential challenges. Importantly, the findings show that supportive environments—such as community-based eldercare facilities—enhance these coping outcomes by providing avenues for interaction, continuity of care, and shared values. Moreover, the variations observed across gender, education, and physical health status highlights the need for personalized interventions in geriatric care. It is not sufficient to implement one-size-fits-all solutions; instead, care strategies should be informed by the individual's psychological framework, cultural beliefs, and historical coping patterns. From a broader societal perspective, the study contributes to our understanding of aging as a multidimensional, context-sensitive process. By recognizing the importance of agency, choice, and emotional resilience in late life, caregivers, policy makers, and mental health practitioners can foster environments that empower the elderly to thrive, rather than merely survive. Future research should expand upon these findings by incorporating longitudinal methods, larger samples, and cross-cultural comparisons. Quantitative validation of the themes explored here would further strengthen the evidence base and offer a more generalized framework for psychosocial support in aging populations. Ultimately, the insights gleaned from this study advocate for a compassionate, strengths-based approach to eldercare—one that honors the complexity, wisdom, and dignity of old age.

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