



Happiness: Cultural Meaning of the Concept in Elderly People without Social Security

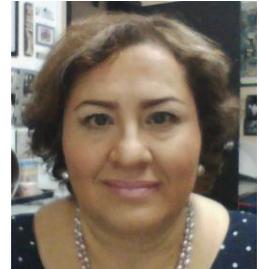
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Abstract

The goal of this investigation is to describe cultural meanings of the concept of happiness in the elderly without social security retirement benefits. Information was gathered by using the free listing technique. The analysis applied the cultural dominance model. The concept of happiness was defined by the word children in a mutual help relationship. The main component of happiness was health. Happiness practices were joy and love. The relevant attribute was being content. Satisfactions associated with happiness were achieving aspirations, peace, laughter, home, faith and God. Worries about happiness were seen in heaven, counting, siblings, lack of money and lack of medicine. It reached the conclusion that children are indispensable for the happiness of the elderly without social security retirement benefits. We propose designing and carrying out educational awareness programs so their children may become aware of the major role they play in the life of their elderly parents.

Keywords: Happiness, Elderly, Social security, Cultural meanings.

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1. Introduction

The elderly population is fragile at retirement age on the medical as well as the social front. They are exposed to mistreatment and neuropsychiatric and mental disorders (Organización Mundial de la Salud, 2015) asthma, brain attacks, arthritis, eye disease, memory loss, cancer, depression, hearing loss and blood pressure problems among other illnesses requiring great care (Instituto Nacional sobre el Envejecimiento, 2016). Besides the foregoing, there are chronic degenerative diseases, transmittable diseases and malnutrition in developing countries (Instituto Nacional de Salud Pública, 2016).

Women live longer and therefore experience greater disabilities, limitations, lower educational level, scant participation on economic activities, lack of a couple relationships during their old age, economic losses and no institutional protection. Women in traditional roles report high blood pressure, diabetes, abuse, violence and threats from their children, grandchildren and parents. Men are exposed to greater physical and mental pressure leading to alcohol, smoking, drugs, working overtime, speeding, not seeing doctors and neglecting their diet. They report cardiovascular problems, occupational and traffic accidents, cancer, emphysema, liver problems, depression, anxiety and anguish (Salgado de Snyder and Wong, 2006).

The elderly in developing countries suffer the negative consequences of the world's aging population given that they live in poverty, with inequality regarding social development and income, violations of their human rights, discrimination based on gender, age, ethnic background and/or sexual preference, with limited access to medical attention and decent housing (Diario Oficial de la Federación, 2013). In addition to the above situation, the 10.9 million elderlies in Mexico (Instituto Nacional de Geografía y Estadística, 2010) are largely illiterate and sick (Montes de Oca, 2001) since 43% live in multidimensional poverty (Consejo Nacional de Evaluación de la Política de Desarrollo Social, 2012) and 45% of women over 60 have suffered spousal violence at least once (INEGI, 2015).

A negative environment and the lack of a social safety net have historically represented a situation of vulnerability for almost all of them (Montes de Oca, 2001). Poverty prevails (García-Ramírez and Vélez-Álvarez, 2013) and it can be predicted that their future will be the same of worse (Horvath and Gracia, 2010).

In an attempt to overcome this alarming situation, the Mexican federal government through the Ministry of Social Development (SEDESOL) has offered an "Elderly adult pension program" over the past few years designed for those over 65 years old who do not have a pension or economic help for retirement; they are given economic aid in the amount of \$1,160.00 Mexican pesos currency on a bi-monthly basis. The elderly excluded from Social Security retirement benefits, who are unemployed more than retired, and most of the time do not have the required aged yet, are those who apply for the benefits of this program.

In the face of this overview, one might suppose that it is difficult for elderly Mexicans to feel happy. Nevertheless, three world happiness reports indicate that Mexico holds a high place. The first world happiness report established that women are happier than men in developed countries while the results are mixed in poorer countries. Not only wealth creates happiness; one must also have good physical and mental health, hold a job and be part of a stable family. Unemployment was recognized as one of the main causes of unhappiness and in poor countries, a minimal increase of a family's income can mark the difference for improved food quality, education, health, housing and in general, people's future (Helliwell *et al.*, 2012).

Mexico held the 16th place of 150 countries in the second world happiness report. Six variables were identified that affect the variations of happiness in countries over time: the real per capita gross domestic product (GDP), hope of a healthy life, the social network, perceived freedom to make decisions affecting one's life, the perception of corruption and generosity. The one factor most affecting happiness was mental health (Helliwell *et al.*, 2013). In the third world happiness report, Mexico was in 14th place among 158 countries (Helliwell *et al.*, 2015). Both poverty and perceived happiness increased simultaneously between 2012 and 2015.

The United Nations Organization (UN) passed a resolution that the pursuit of happiness is a basic human objective. Happiness is identified as a constitutional right in Japan, South Korea and Brazil. It is increasingly understood that social, economic and environmental development are inseparable and when taken together they define happiness. It has been proposed that governments take these factors into account when designing public policies (Helliwell *et al.*, 2012).

There are important studies showing how to increase the happiness of retirees or people at retirement age. It has been discovered that the elderly living as a couple are happier (Binder and Broekel, 2012) as well as those that manage to cope with the initial and transitory stage of sexual tension (Trudel *et al.*, 2010) those who strengthen family ties (Chiang *et al.*, 2013) those who prefer quality over quantity of their relationships (Plys and Bliwise, 2013) those who get along exclusively with people treating them properly (Gerritsen *et al.*, 2010) those who visit their friends (Requena, 2010) those who meet in exclusive clubs with others of their same gender (Gleibs *et al.*, 2011) those going to parties for retirees (Aguilera and Torres, 2008) those creating new friendships with neighbors, enjoying watching television or listening to the radio, attending free events, those helping the disadvantaged in acts of solidarity (Rodríguez, 2006) those participating actively in their community (Alpass *et al.*, 2007) those performing altruistic activities (Bazo, 2000; Haski-Leventhal, 2009) and when applicable those who talk to fellow exiles (Chang *et al.*, 2010). It was also found that the sources of happiness are different for men and women. Men are more vulnerable to suffering from depression because they tend to limit their social participation after retirement (Kubicek *et al.*, 2011).

On the other hand, it was found that large support networks favor greater happiness, good health and wellbeing among young adults. In this case God is considered the greatest social support followed by oneself, friends, mother and siblings (González-Quiñones and Restrepo-Chavarriga, 2010).

Cultural groups are also distinguished, among other factors, by the language they use to communicate amongst themselves because it discloses knowledge and needs through a construction of meanings and concepts. Looking into the meanings making up the language of the more vulnerable elderly groups creates useful knowledge for solving social (Hernández, 2012) as well as public health problems (Torres-López *et al.*, 2015).

The theoretical basis for studying cultural groups is cognitive anthropology that explains how people from different cultures acquire information about the world, process it, adopt decisions and act on such information in a way that other members of their culture consider appropriate. Its objective is to combine and integrate the

explicatory power of the cognitive and social sciences, making it possible to research thought characteristics and scientific practices empirically (Trajtelová, 2013). Cognitive anthropologists study cultural domains, defining them as an organized set of words and phrases referring to a specific conceptual sphere at different cognitive levels (Bernard, 1995) for any term that may be listed by informants. The most common technique for studying cultural domains is free-listing (Weller and Romney, 1988).

Some studies of cultural groups show that elderly retirees with sufficient income define health as wellbeing (Aguilera *et al.*, 2010). By way of contrast, adults over 65 years old with no Social Security retirement benefits define retirement from work as a stage of their life wrought with disease and tiredness. Furthermore, the word wellbeing is not used in their language (Aguilera *et al.*, 2012). In another group of elderly people of both genders, old age meant happiness, a close-knit family and a life experience but it also meant disease, loneliness and sadness (Meneses *et al.*, 2013).

In the interest of providing useful information and recommendations to design and improve interventions, programs and policies contributing to lessen the vulnerability of the elderly, we considered it was important to make a study whose general purpose was to describe the cultural meanings of the concept of happiness in the elderly without social security retirement benefits.

2. Methodology

An exploratory descriptive study with qualitative interpretation was carried out by applying cognitive anthropology (D'Andrade, 2003) and the cultural domain model (Chevalier, 2006) in Guadalajara, Jalisco, Mexico.

The sample size was based on an assumption for a study of cultural patterns. The assumption suggests that sample size in cultural description studies should not be large due to the fact that average correlation among informants tends to be high (0.5 or more). A minimum size of 17 informants is indicated for rating 95% of the questions correctly (Weller and Romney, 1988). Seventeen people over 60 years old having no Social Security retirement benefits were included to meet the information sufficiency and saturation criteria. They were interviewed while waiting in line to sign up for the above-mentioned government aid program. A description of the participants is shown in Table 1.

The free-listing technique was used during this procedure (Chevalier, 2006) and served to create lists and learn the lexemes of the happiness domain. The technique consisted of asking the informants for a written list of the first five words that popped into their minds about the term happiness and later they were asked to explain their answers. The procedure lasted about five minutes. The results served to learn the cultural meaning of the concept of happiness.

The data were analyzed according to the cultural domain model where the objective is to obtain the terms individuals use to describe some field of knowledge or cultural domain and to try to discover the meanings of said terms and their similarities and differences. It was based on three assumptions: a) some domain terms stand out more, are better known, important or familiar than others, and when people make free listings, they tend to mention them first; b) individuals possessing better knowledge of the domain will list more than those less knowledgeable; and c) the most mentioned terms indicate the elements that stand out most in the topic (Chevalier, 2006). Operationally, the analysis of the free listings consisted of tabulating the words on the 17 lists and processing them with *Visual Anthropac 1.0 Free lists* software. Based on these data, the words were put in order in two tables, one for the most outstanding (frequent) elements and another for pertinent elements (important for the informants).

Words were ranked as central, intermediate or peripheral elements according to how frequently they were mentioned and then the most outstanding elements were arranged in order. The product obtained from rating each element according to its average position in the lists was used to put the pertinent lexemes in order, where 1 was the final range or the highest pertinence (Chevalier, 2006). An analysis of the pertinent elements allowed us to detect new points of view that had not been observed when organized by frequency of mention, especially when some elements were placed at the beginning or end of the lists. The results obtained were interpreted in an attempt to search for the cultural meaning of the concept of happiness based on the definitions, practices, components and attributes mentioned by informants.

The current version of ethical standards of the Human Research Committee of the Declaration of Helsinki was met as well as the Regulations of the General Law on Health for Research Matters in the United Mexican States and the Code of Ethics of the University Center for Health Sciences pertaining to the University of Guadalajara. The informants were aware of the objectives of this study and gave their oral informed consent. They were guaranteed confidentiality and anonymity of information and all questions were answered about the procedure, risks and benefits as well as any other matter associated with the study and with their personal information. They were also told they could drop out of the study at any time.

3. Results

3.1. Cultural Meaning of the Domain of Happiness

The 46 words mentioned by the participants are found in Tables 2 and 3. The main element according to how frequently it was mentioned, was the word *children*. The participants explained: "*Happiness is my children, what I love the most. They are company and support, they help with medicine and the doctor. If they need help with their problems, you help them if you can. It's a pleasure to give to them if they are suffering from some deprivation so they can have whatever they need, they can have what they need for their home and expenses*". See Table 2.

3.2. Components, Practices and Attributes of the Happiness Domain

The elements *health*, *peace-of-mind*, *happy* and *family* were the components of the concept of happiness. People explained that happiness includes your health first of all ("*I don't want to be sick*"), peace of mind ("*Living without economic worries and having their children nearby*") and being happy ("*See the beauty in this world everywhere to be able to keep going*"), with their family ("*Have a house, with expenses to pay and grandchildren*"). They believed that the money

from the government aid would be an important help to get by. Their happiness would increase if they could live in peace and have enough to cover expenses.

The practices of happiness were expressed with the elements *joy* and *love*. Elderly adults expressed joy (“*Because they would no longer have to work with the aid*”) as well as love for their children (“*That motivated them to help them and receive help from them*”).

The elements *money*, *home*, *close-knit family*, *pleasure*, *life* and *content* were the lexemes attributed to happiness. They said they did not have enough money to maintain a household and wanted a close-knit family (“*Wife and children*”) that would lend them support, even though that was difficult to achieve. They felt pleasure at being alive, wanted wellbeing (“*Health, medicine and doctors to be able to help others*”). They were happy to have a job (“*Because pension amounts are low and because they are happy it helps them get through the day, because sad people have a worse time*”). With the government aid (“*A reward for having worked*”) they will have economic stability and the means to buy things they need at home (“*Pay the light and water bills and for food*”).

3.3. Needs and Worries in the Happiness Domain

The elements with peripheral frequency list the needs and worries concerning happiness. The people in this study wanted to have what they need (“*Food and clothing*”), to achieve their aspirations (“*Because thanks to having worked for so many years, they had the possibility of their deprivations being rewarded*”). They counted on support from the Virgen Mary and their loved ones. Helping others brought them peace. Laughter was necessary for happiness. Obedience enabled them to talk calmly, coexist with others and be accompanied. They reiterated that they had a home (“*With expenses to pay*”), a profound faith in God (“*You can't do anything without faith, you're not alive; faith in God will never be betrayed*”) and indifference towards material goods (“*Spirituality is preferable because if I am filled with God, it will be easier to get ahead*”). They liked a wife that waited on them and a husband who paid for medicine and the electricity, water and phone bills.

One wish that stood out in their worries is that nothing should be lacking at home, or not having enough to buy medicine and being sick. They believed that these problems could be avoided in pensions were more complete. They wanted to live comfortably (“*To get by*”) and least have understanding (“*When they don't have money to pay for household expenses, because without money you are denied everything*”). They would like to share (“*Because they have personally experienced lack of support when someone is sick at home*”) and to be able to rest (“*From the physical effort of so many years at work*”). They aspire to go to heaven (“*By trying to be a better person*”), to have monetary support (“*To stay out of predicaments and to help their less fortunate siblings*”), because they need it and they want to feel well. Their greatest need is lack of medicine (“*Because they can't find employment or help, because they don't receive complete social security benefits*”). They want to be with their children (“*But are impeded by a lack of money and time as well as distance*”).

3.4. Relevant Elements of the Happiness Domain

The element *children* were the most relevant lexeme despite being in the 2.78 place on an average in the lists. This is due to the high frequency of mentions. The second most relevant was the lexeme *health* that occupied the 2.71 place in the lists (it was named in the lists ahead of the word *children*) but was mentioned less frequently.

Third place in relevance included elements that were named in first place in the lists (despite their peripheral mentions) such as *laughter*, *heaven*, *home*, *siblings*, *lack of money* and *faith*. They expressed vital needs for happiness (*laughter*, *home* and *faith*) as well spiritual, social and material concerns (*heaven*, *siblings* and *lack of money*).

The terms named in second place on average in the lists and that occupied sixth and eighth place in relevance were *content*, *achieve your aspirations*, *peace*, *count*, *lack of medicine* and *God*. They indicated the greatest attribute of happiness (*content*), emotional and spiritual needs (*achieve your aspirations*, *feel peaceful* and *believe in God*) and the greatest concerns towards achieving happiness (“*Having monetary support and the lack of medicine*”). See [Table 3](#).

4. Discussion

These findings dissent from the results of other studies that discovered how to increase the happiness of the elderly at retirement age (Rodríguez, 2006; Alpass *et al.*, 2007; Aguilera and Torres, 2008; González-Quiñones and Restrepo-Chavarriaga, 2010; Requena, 2010; Gleibs *et al.*, 2011; Binder and Broekel, 2012; Chiang *et al.*, 2013; Plys and Bliwise, 2013).

They agree that focusing the source of happiness solely on children increases the risk of vulnerability as mentioned by other authors (Salgado de Snyder and Wong, 2006) or on the desire to perform altruistic acts of solidarity (Bazo, 2000; Rodríguez, 2006; Haski-Leventhal, 2009).

There are similarities with regards to health as reported by international (NIH, 2016) and domestic (INSP, 2016) institutions. The discrepancies with this study lie in the differences found in the gender function (Salgado de Snyder and Wong, 2006) and in the study that reports health as wellbeing (Aguilera *et al.*, 2010). On the other hand, our results agree with the studies of the meaning of wellbeing (Aguilera *et al.*, 2012) and of old age (Meneses *et al.*, 2013) and with the results of the world happiness reports (Helliwell *et al.*, 2012; Helliwell *et al.*, 2013; Helliwell *et al.*, 2015).

5. Conclusions

The objective of describing cultural meanings of the concept of happiness held by the elderly without social security retirement benefits was accomplished. The elderly did not find happiness through their friends, traveling, fun, parties, culture, art, sports, wellbeing, quality of life, personal development, active community participation or leisure. Their only refuge for avoiding despair is their children and their faith in God and The Virgen Mary. The “Elderly adult pension program” offers an opportunity for them to get by, to cover all household expenses, to buy medicine and lend support to siblings in worse shape than they are.

In light of the foregoing, we recommend designing programs and interventions for the children of the elderly living in poverty for the purpose of sensitizing and making them aware of the primary role they play in the lives and happiness of their parents.

This study contributes the cultural character of the word happiness and offers the knowledge that meaning systems grant access to the knowledge, experiences and needs of vulnerable cultural groups. We recommend the theoretical and methodological principles of this study for future research with other cultural groups, with the same concept or different concepts, for its theoretical and practical effectiveness. One of the limitations of this study includes not approaching it from a gender standpoint (that would require a minimum of 17 males and 17 females). Another limitation was not triangulating it with other kinds of cognitive and participative techniques.

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Table-1. Description of the participants.

Age	Gender	Education level	Marital status	Number of children	Diseases they have	Occupation	Years in this occupation	
62	Female	None	Married	2	High blood pressure	Merchant	40	
63		4 th grade elementary	Married	2	Back problems, sciatica and arthritis	Homemaker	40	
65		Elementary school	Single	0	Back and joint problems	Janitor	27	
66		None	Married	12	Back	Homemaker	50	
68		None	Widowed	9	Arthritis and colitis	Homemaker	50	
68		Elementary school	Married	8	Diabetes and high blood pressure	Homemaker	50	
77		None	Widowed	1	None	Homemaker	60	
78		Normal	Widowed	8	Asthma and osteoporosis	Homemaker	50	
78		Elementary school	Widowed	3	Osteoporosis and ulcer	Merchant	10	
80		Elementary school	Nun	8	Back and eye problems, and kidney failure	Homemaker	75	
68		Male	Elementary school	Married	3	Diabetes	Self-employed television repairman	55
73			Elementary school	Married	6	None	Paper bag printer at a factory	33
74	4 th grade		Married	8	None	Merchant	50	
78	Elementary school		Married	8	Diabetes	Carpenter	30	
82	None		Married	8	Infarcts	Steel mill mechanic	18	
84	Elementary school		Widowed	7	Heart	Homemaker	60	
85	None		Widowed	2	Eyesight and knees	Proofreader	60	

Source: Direct.

Table-2. Elements that stand out due to how frequently they are mentioned in the domain of happiness by the elderly with no social security retirement benefits.

Element	Frequency of mention	Meanings	Rating
Children.	52.9	Definition	Central element
Health.	41.2	Components	
Peace-of-mind, Happy.	35.3		
Family.	23.5		Practices
Joy, Love.	17.6		
Money, Home, Close-knit family, Pleasure, Living, Wellbeing, Life, Content.	11.8	Attributes	Peripheral elements
Accompanied, Home, Family life, God, Spiritually, Wife, Husband, Faith, The Virgin Mary, Obedience, Peace, Laughter, Loved ones, Having the basics, Work.	5.9	Requirements met	
Heaven, Sharing, Understanding, Counting, Feeling well, Being with them, Rest, Lack of money, Lack of medicine, Siblings, Medication, Not sick, No problems, Have everything I need, Live comfortably.	5.9	Expectations of government aid	

Source: Direct.

Table-3. Relevant elements in the happiness domain of the elderly without Social Security retirement benefits.

Element	Frequency of mention	Ranking	Average position in the lists	Relevance
Children.	52.9	1	2.78	2.78
Health.	41.2	2	2.71	5.42
Laughter, Heaven, Home, Siblings, Lack of money, Faith.	5.9	7	1	7
Happy.	35.3	3	2.5	7.5
Peace of mind.	35.3	3	3.17	9.51
Content.	11.8	6	2	12
Family.	23.5	4	3.25	13
Achieve your aspirations, Peace, Count, Lack of medicine, God.	5.9	7	2	14
Joy.	17.6	5	3	15
Money.	11.8	6	2.5	15
Close-knit family, Pleasure, Wellbeing, Life.	11.8	6	3	18
Love.	17.6	5	3.67	18.35
Work, The Virgin Mary, No problems, Live comfortably, Being with them, Wife, Husband.	5.9	7	3	21
Home, Living.	11.8	6	4	24
Have the basics, Loved ones, Medications, Not sick, Obedience, Coexistence, Feeling well.	5.9	7	4	28
Have everything I need, Understanding, Sharing, Rest, Accompanied, Spiritually.	5.9	7	5	35

Source: Direct.