"To grow old with you": Mentally healthy behaviors of older adults

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Abstract

Relationships are experienced all throughout one’s lifetime with differing layers of complexities to maintain and make it last. Among older adult couples, relationships are found to be crucial attributions for being mentally healthy in their intrapersonal and interpersonal lives. There is a rich extant literature on relationships and mental health of older adults. However, this paper argues that there is still a research imperative to provide a more contextualized characterization pertinent to the mentally healthy behaviors employed by Filipino older adults in their more than 20 years of relationship. This phenomenological research underscored the typification of mentally healthy behaviors of older adult couples in long-term monogamous relationships. Guided by the inclusion and exclusion criteria, 22 participants (11 couples) were selected and interviewed. From the collective narratives, a framework, ‘Fixatives for mentally healthy long-term monogamous relationships’ was rendered with three themes; Character reservoir (Staying to fill you up), Emotional reservoir (Staying to lift you up) and Eternal reservoir (Staying to back you up). The findings showed that the success of a long-term monogamous relationship calls for a pledge of a lifetime commitment and being cognitively, emotionally, socially and spiritually invested to their spouses. The emergent framework may be used as a springboard for community-based programs such as family support sessions and other supportive interventions for older adults. The framework may also be used as a guide for strengthening mental health advocacy campaigns, end-of-life services and to encourage more older-adult studies to deeply enrich the research culture on the Filipino older adults.
‘To grow old with you’: Phenomenologizing Filipino older adults’ mentally healthy behaviors in long-term monogamous relationships

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Abstract

Relationships are experienced all throughout one’s lifetime with differing layers of complexities to maintain and make it last. Among older adult couples, relationships are found to be crucial attributions for being mentally healthy in their intrapersonal and interpersonal lives. There is a rich extant literature on relationships and mental health of older adults. However, this paper argues that there is still a research imperative to provide a more contextualized characterization pertinent to the mentally healthy behaviors employed by Filipino older adults in their more than 20 years of relationship. This phenomenological research underscored the typification of mentally healthy behaviors of older adult couples in long-term monogamous relationships. Guided by the inclusion and exclusion criteria, 22 participants (11 couples) were selected and interviewed. From the collective narratives, a framework, ‘Fixatives for mentally healthy long-term monogamous relationships’ was rendered with three themes; Character reservoir (Staying to fill you up), Emotional reservoir (Staying to lift you up) and Eternal reservoir (Staying to back you up). The findings showed that the success of a long-term monogamous relationship calls for a pledge of a lifetime commitment and being cognitively, emotionally, socially and spiritually invested to their spouses. The emergent framework may be used as a springboard for community-based programs such as family support sessions and other supportive interventions for older adults. The framework may also be used as a guide for strengthening mental health advocacy campaigns, end-of-life services and to encourage more older-adult studies to deeply enrich the research culture on the Filipino older adults.

Keywords: Aging, Filipino, long-term relationships, mental health, older adults

INTRODUCTION

Long-term relationships are crucial as supportive measures for the older adults who are in preparation for their end-of-life. The success of relationships is crucial as an end-of-life concern among older adults. Family functionality is encouraged to be optimized in their old age to reach end-of-life goals, whereas spousal/partner relationships can promote either the stability or decline of mental health (Feinstein et al., 2014; Hill & Rose, 2009; Raffaelli et al., 2012). More importantly, the support received from family members is vital to deal with mental health issues (Chang et al., 2017; Sheeber et al., 1997; Zhang & Li, 2011) and even physical health and health systems among the older adults (de Guzman et al., 2015; Given et al., 2001; Gooding et al., 2011; Lim et al., 2012) that are significant in handling relationships. Relationship among older adults in the existing literature covers a lot of social and emotional constructs, involving childhood adversities (Hu & Wei, 2001), quality of interactions (Zhang et al., 2021), sleep patterns of couples (Chen, 2015), and interactional processes (Luong et al., 2015).
In intimate and social relationships among older adults, there is still a need to ensure the quality and adequacy of care among family members which should have been deeply rooted in the unmet needs traced back in early life (Hu & Wei, 2021). Inclusively, the interactions with intimate spouses/or common-law partners were revealed to be measured of advanced quality, and that the excellence of connections with family members are directly related with the emotionality of the relationship (Zhang et al., 2021). Considering the age of the older adult population, sleep is an understandable concern and this was established by Chen (2015). Interestingly, the results pointed out an association of better sleep among married couple who attribute positive marital characteristics into their marriage. The research investigated the status role in marriage and the association to the quality of their relationship.

The extant literature also established that the social relationships diminished and became unsatisfying as they become older (Cumming & Henry, 1961), but contemporary research found contradicting results. Cloutier-Fisher and associates (2011) redounded that the older adults generally experience more nourishing and positive social relationships compared to adults who are of younger age. Older adults facilitate optimizing strategies towards positive social experiences and diminish negative experiences by circumventing conflicts, reciprocating positive treatment and higher tendencies for forgiveness between spouses/partners (Luong, et al., 2015). In contrast to younger adults, the older adults showed lower social risks based on life-span theory (Carstensen & Lang, 1996). Other research studies also emphasize that age is a crucial factor even in determining if couples in a relationship will engage in more risks that could jeopardize the marriage (Josef et al., 2016; Nicholson et al., 2005; Rolison et al., 2013), while Bonem et al. (2015) added engaging in relationship risks differ depending on age and diversified motivations. In addition, getting older is also in relation with the perception of having lesser opportunities in the future but lesser of risky social behaviors (Delaney et al., 2021). Other relational or relationship issues are raised in the existing literature such as how older adults suffer in social isolation due to the COVID pandemic where there struggled with communication and how social media technologies played a crucial role for the older adults’ well-being (Castillo, et al., 2021). Another would be the living arrangements of older adults that matter in their occupational activities. Thus, it was emphasized to help the older in monitoring health status, household headship, and employment opportunities, more specifically with household commercial engagement (Salas, et al., 2012).

Experiencing mental health issues may eliminate pleasant social experiences in relationships but family support protects the family members and serves as a buffer from negative or unpleasant societal conditions. While there is a rich repertoire of research findings that connect support emanating from the family members and mental health issues, there are no direct findings or clarity of specificity in terms of the stability of family relationships utilizing adaptive behaviors and to stay in monogamous relationships. Like the previous studies which proved that adaptive family relationships are buffers for stress and other mental health conditions, this paper aims to establish that mentally healthy behaviors employed in long-term monogamous relationships will cushion the build-up of mental health-related challenges that will promote the psychological well-being of older adults. To achieve this, a central question was answered; How does Filipino older adults typify their mentally healthy behaviors in long-term monogamous relationships?
The Philippines, which is culturally rich in external resources and in traditions, continues to practice a collectivist nature especially in family-related matters. Understanding the Filipino older adults’ perspectives and what mentally healthy behaviors they employ to handle their long-term monogamous relationships will be valuable knowledge for programs, psychosocial interventions and supportive measures in response to the projected growth rate of older adults in the Philippines for the next decade. This will be part of the promotion of their mental health, taking on the collectiveness of their narratives to help other older adults and to help the younger generation imbibe the same.

METHODS

Research Design

To characterize the long-term relationship experiences of Filipino older adults, phenomenology was utilized in this paper. Through phenomenological lens, the narratives of the participants were collectively captured to focus on their meaning-making on the mentally healthy behaviors in their long-term monogamous relationships. Embree (1997, as cited by Wojnar & Swanson, 2007) stated that phenomenology has seven unique perspectives. These are descriptive (transcendental constitutive) phenomenology, naturalistic constitutive phenomenology, existential phenomenology, generative historicist phenomenology, genetic phenomenology, hermeneutic(interpretive) phenomenology and realistic phenomenology (Wojnar & Swanson, 2007). For this study, the descriptive phenomenology or the psychological phenomenology (Creswell, 2012) was the most appropriate to use. Creswell (2012) explained that using psychological phenomenology, focused less on the interpretations of the researcher and more on the description of the experiences of the participants. In addition, Husserl (1989, as cited by de la Rosa, 2005), for his part explained that psychological phenomenology as a non-philosophical approach is to describe a phenomenon based on individual experiences.

Participants and Study Site

The following inclusion criteria were the bases for the selection of the participants following the purposive sampling technique: (1) Ages 60-75 years old, living together in a monogamous relationship, (2) Without any diagnosed cognitive, mental disorders and terminal illnesses and (3) can understand English, Filipino or the Bicol Dialect. The study was conducted in Legazpi city in the Bicol Region, Philippines focused on the towns (barangays) with the highest number of older adult residents. From the four clusters of towns with the most populous older adults were identified. The selection was a total of eleven (11) couples or 22 participants. Table 1 is the composite table showing the demographic profile of the participants.
Table 1:
Demographic Profile of Filipino older adults n= 22

<table>
<thead>
<tr>
<th>Profile</th>
<th>F</th>
<th>%</th>
<th>Profile</th>
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<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td>Religion</td>
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<td></td>
</tr>
<tr>
<td>60-65</td>
<td>5</td>
<td>22.73</td>
<td>Catholic</td>
<td>22</td>
<td>100</td>
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<tr>
<td>66-70</td>
<td>7</td>
<td>31.81</td>
<td>Marital Status</td>
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<tr>
<td>71-75</td>
<td>10</td>
<td>45.46</td>
<td>Married</td>
<td>22</td>
<td>100</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td>Number of years Married</td>
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<td></td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>50</td>
<td>20-30</td>
<td>4</td>
<td>18.18</td>
</tr>
<tr>
<td>Female</td>
<td>11</td>
<td>50</td>
<td>31-41</td>
<td>6</td>
<td>27.28</td>
</tr>
<tr>
<td>Highest Educational Attainment</td>
<td></td>
<td></td>
<td>42-53</td>
<td>12</td>
<td>54.54</td>
</tr>
<tr>
<td>Elementary</td>
<td>6</td>
<td>27.28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>9</td>
<td>40.90</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational</td>
<td>1</td>
<td>4.54</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College</td>
<td>6</td>
<td>27.28</td>
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</tbody>
</table>

Data Measures and Data Gathering Procedure

The research instrument prepared to gather significant information was of two parts: Part 1 was for the socio-demographic profiling and the second part was the guide for the semi-structured interview. To capture the narratives of the older adults, certain a priori codes was identified from the existing literature to generate a semi-structured interview guide addressed the central question, “How does Filipino older adults typify their mentally healthy behaviors in long-term monogamous relationships?” A sample of the interview schedule is illustrated in Table 2. After the participants gave written informed consent to participate in this study, another consent was secured to audiorecord the interviews. The interviews were conducted based on the participant’s availability and in their place of convenience and confidentiality, and these were either done in the participants’ homes or the assigned office of the coordinated senior citizen officer in their respective barangays. Letting the participants decide where they want to be interviewed was crucial in promoting a well-conducive environment for receptive discussions as well as accessibility and comfort for the older adults.

Table 2:
Interview schedule

<table>
<thead>
<tr>
<th>Type of Question</th>
<th>Sample Interview Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductory</td>
<td>How do you describe yourself as a spouse?</td>
</tr>
<tr>
<td>Transitory</td>
<td>What are the highlights of your relationship?</td>
</tr>
<tr>
<td>Key/Core</td>
<td>What are the easiest and most difficult parts in maintaining your relationship?</td>
</tr>
<tr>
<td></td>
<td>What personality qualities of your spouse helped in maintaining your relationship?</td>
</tr>
<tr>
<td>Closing</td>
<td>What are your aspirations/wishes for your long-term relationship?</td>
</tr>
</tbody>
</table>

Moreover, the data-collection period started while there were still precautions due to the ongoing COVID-19 pandemic, thus, the mode of interview process will comply with the restrictions involving vulnerable groups. The interviews lasted for 45 minutes to one (1) hour depending on
the participants’ flow of responses and availability. The researcher retained field notes in every interview and asked probing questions to further investigate emergent issues. For the mode of analysis of this phenomenological research, the interviews which were audio-recorded (if permission from the participants was granted) were individually transcribed, to form the field texts. Double-checking procedures were done to ensure the quality regulation of transcripts and thematic analysis was done via repertory gridding. Cautious analyses through a within-and-across table were facilitated to identify data categories and the appearance of recurring themes. These recurring themes were further analyzed through a tabular form authenticated through correspondence and member checking techniques to closely evaluate accurateness that enabled the analyses.

**FINDINGS**

From the cool and warm analyses of the narratives provided by the older adult participants, three prominent findings emerged. These findings illuminated the defining aspects of mentally healthy behaviors which the older adults employed which made their long-term monogamous relationships work out. This framework, Fixatives for Mentally Healthy Long-term Monogamous Relationships (Table 3) comprise of mentally healthy behaviors which are crucial for the success of their spousal relationships. The older adults described their pledge for commitment by looking past flaws and lapses but focusing more on the strengths of one’s character (Character reservoir: *Staying to fill you up*), on how they make sure their spouses are protected, contented and celebrated (Emotional reservoir: *Staying to lift you up*) and the importance of being cognitively, socially and spiritually available for each under to go through end-of-life concerns (Eternal reservoir: *Staying to back you up*).

**Table 3:**
*Fixatives for mentally healthy long-term monogamous relationship*

<table>
<thead>
<tr>
<th>RECURRING THEMES</th>
<th>COLLECTIVE DESCRIPTIONS</th>
</tr>
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<tbody>
<tr>
<td><strong>Character reservoir: Staying to fill you up</strong></td>
<td>These are mentally healthy behaviors of older adult couples who pledged a lifetime commitment to spouses in completing and complementing each other’s lapses, omissions, looking past each other’s mistakes and to focus more on how to build, trust, and make the relationship work.</td>
</tr>
<tr>
<td><strong>Emotional reservoir: Staying to lift you up</strong></td>
<td>These are mentally healthy behaviors of older adult couples who gave sacred importance in their relationship and making sure to make their spouses feel protected, feel happier, become contented and celebrated in the relationship.</td>
</tr>
<tr>
<td><strong>Eternal reservoir: Staying to back you up</strong></td>
<td>These are mentally healthy behaviors of older adult couples to be cognitively, socially available and spiritually supportive to their spouses, from the start of the relationship, until their children have left and they only have each other to end-of-life preparations.</td>
</tr>
</tbody>
</table>
Character reservoir: *Staying to fill you up*

During the interviews, the older adult participants eagerly shared about their collective perspectives on what mentally healthy behaviors they employed to make their relationship work for the 20 years and more of being together. Talking about their marital experiences, the high and low points of their marriage made them reflective of how they were able to strengthen the resolve of their marriage. They shared that it was important that in their relationship, they are able to admit and compensate for their personal flaws that may affect or are affecting their marriage. In their narratives, they are mindful of their pledge of commitment they made to God and to themselves when they got married and how they carried that pledge to remind them when faced with difficulties or challenges in their relationship. They first acknowledged their negative traits and continued to share that they do not prolong being upset with their spouse or children, in verbatim, one participant expressed; “I am sensitive. I am quick to be offended but my anger easily passes, in the morning, I’m not angry anymore, even with my children, when I get angry, in the morning, it’s gone” (couple 1).

Another participant shared that it is important for spouses to know how to balance and complement each other’s lapses and omissions. This way, the spouses will not harbor ill-feelings towards each other. Thus, grudges or wanting to hurt back the spouse will not be a customary relationship practice. Instead, trust will be built in the relationship, a give-and-take attitude will be a distinct characteristic among the spouse. As one couple who has been married for 53 years already shared; “Give and take, follow, respect. If I don’t want something, to follow it. In the same manner, if she does not want to do something, I follow, we trust each other, because if you do not trust each other, it is not helpful in the relationship” (couple 5). Part of this is learning to be patient with each other, to talk about what needs to be worked out, to understand that if one is angry, the other will be calm and vice-versa. “The only thing needed is patience, to be patient with each other, to talk the proper talk. To stop if both are angry because nothing will be resolved if both are mad and the ending will affect the children” (couple 3).

The foregoing narratives show how important character investment in a relationship is. They stay in the relationship to fill each other up. As collectively described by the older adult couples who pledged a lifetime commitment to spouses, a crucial fixative for having a mentally healthy long-term monogamous relationship is to employ mentally healthy behaviors of completing and complement each other’s lapses, omissions, looking past each other’s mistakes and to focus more on how to build, trust and make the relationship work.

Emotional reservoir: *Staying to lift you up*

From the shared verbalizations of the older adult couples who gave sacred importance in their relationship, they also employ mentally healthy behaviors to make sure that their spouse feels protected, feels happier, becomes contented and celebrated in the relationship. They give importance to physical and emotional attachment and attraction to each other, regardless of their aging appearances. They maintain their physical attraction and secure their attachment, which is achieved through continuously being physically and emotionally involved.
“Even if we are already old, we still sleep together. Because that is the most important for spouses, you are there for each other; you can monitor each other, talk to each other. Your spouse will be the last person you will see before you sleep and the first person you will see when you wake” (couple 7).

“We still sleep together, because how will you know, if she slept in another room, and had a heart attack, you cannot tell. How can you sleep well if you are thinking about your spouse, it’s scary to think that no one will look after her” (couple 9).

Other older adult couples revealed that they are proud of having non-violence, non-aggressive treatment to each other. That the absence of domestic violence in their relationship crystallized their culmination of love and respect for each other. “In my 38 years of marriage, I have never been abused or hurt in any way whether physical or emotional” (couple 10). “I have such high love for my spouse, I have not even thought of hurting her or to physically express my anger to her. I will tell her to wait first because I am getting angry, and I leave first. She knows too, she stops with her arguments” (couple 11).

Similarly, there are also a handful of participants who gave importance to family time and recreational activities, celebrating small wins, small progress and achievement. They created family traditions to gather and spend time as a family especially in church activities and important family occasions. One couple, shared that having 10 children, it was customary to gather and celebrate, that it was always the perfect time to get together and talk about family concerns, even tensions, which ends up with eating and laughing and forgiving each other. “Because we have 10 children, there are always quarrels, differences, you cannot take that away, what is important is that we communicate, we forget and that there is always food to make us happy” (couple 8).

**Eternal reservoir: Staying to back you up**

The older adult couples also illuminated their mentally healthy behaviors as being cognitively and socially available and spiritually supportive to their spouses. They employed this from the start of their relationship, until their children have left home for their independent lives. They shared that as aged couples there is an eternal comfort of knowing that they have each other until the end-of-life preparations. They emphasized the cruciality of one’s faith, praying and asking for God’s mercy; “To keep the faith to the Lord, to pray, He should be the only one to call” (couple 2).

“First, to put God in the center. In all things, God should be the center of a home, because if we do not have faith in God, the relationship and the family will be a mess. Also patience should be intact. It does not mean that you had a misunderstanding, that you quarreled, you want to separate already. To love your spouse in the worst possible circumstance, you should be there for your spouse, to be united in whatever decision, to be supportive in whomever the spouse deals with and to have faith in your spouse” (couple 7).

To be cognitively and socially available especially in times of weakness of the spouse is also described as equally important in a relationship. “In situations, because you are in a relationship, the support should be there, because you chose your spouse, then you should be wherever your relationship will lead you to. If you need to decide about something, do not decide without consulting your spouse to avoid disagreements. You need to talk about it first, whether it is about
your relationship or your family. You and your spouse should be the first ones to agree with each other” (couple 9).

The rest of the participants also talked about death and dying as culmination of their long-term relationship. “I want us to be forever, like sometimes, we talk about death because we will all die eventually, that if I would have my way, I want us to die together. But if God has other plans and my spouse will die ahead of me, that we will wait for each after in the after-life” (couple 4). “Until death, we will still be together, that is what we promised to each other” (couple 6). The older adults collectively expressed that they want their own versions of forever, to die together, to reach the peak of their lives hand in hand. They aspire to back each other up, in sickness and in health, until death they are parted.

DISCUSSION

In this phenomenological study, the collective experiences of the older adult couples rendered a framework, Fixatives for Mentally Healthy Long-Term Monogamous Relationships which highlighted important descriptions of a successful relationship with character reservoir, emotional reservoir and eternal reservoir. The findings are in concurrence with existing literature pointing out that quality of interactions is important in relationships (Zhang et al., 2021) attributable to positive treatment, and higher tendencies for forgiveness among spouses (Luong et al., 2015). Further, the framework proved to be aligned with what Lecee and associates (2015) redounded that as older adults age, they give more importance to their relationships. As captured in the narratives, the older adult couples are cognitively, emotionally, socially and spiritually invested as they continue with the long years of being together.

The findings of this study are in appropriate relative positions with the intergenerational family systems theory which involves familiarity and attachment, steadiness of relationship quality surpassing through generations in a personal and interpersonal levels of social functioning. Additionally, the IFST theory highlights that purposeful family relationships such as having stable closeness, individuality and self-autonomy will provide an ideal growth within the family system (Perosa et al., 2002). This theory supports the belief that there is an additional family developmental stage which comprises of renegotiation and the expiry of the ordered control boundary in the family. (Williamson, 1991 as cited by Ng & Smith, 2006). Laguilles-Villafuerte and De Guzman (2021) also highlighted the importance of family systems and IFST to support older adults in their felt death anxiety and interment stress. All of which were illuminated in the narratives of the older adult couples.

The first of these three Fixatives for Mentally Healthy Long-Term Monogamous Relationships is the Character reservoir, where the older adult couples are staying in the relationship to fill each other up. This is collectively described as mentally healthy behaviors of older adult couples who pledged a lifetime commitment to spouses in completing and complementing each other’s lapses, omissions, looking past each other’s mistakes and to focus more on how to build, trust, and make the relationship work. Staying together for more than 20 years, they have grown into such maturity towards each other and their relationship that they can look past their spouse’s lapses and omissions, focused on making their relationship last. Sharing a long history of interdependent life experiences (Hoppmann & Gerstorf, 2009), the spouses have learned to adjust and adapt to each
other’s personality without ensuing conflicts or tensions. Additionally, the older adult couples were able to incorporate their spouse’s characteristics to their individual traits (Ayotte et al., 2013) that these were no longer struggles in keeping their relationship stable and sturdy.

The second of three Fixatives gave meaning on the Emotional reservoir which is defined as mentally healthy behaviors of older adult couples who gave sacred importance in their relationship and making sure to make their spouses feels protected, feels happier, becomes contented and celebrated in the relationship. Among the older adult participants, no one expressed anxiety or depressive feelings within the marriage. This can be better explained with the established associations between well-being and social relationships (Antonucci et al., 2001), as such the participants felt the emotional availability of their spouses and their relationship kept them contented with their physical attraction and of how their spouses took care and gave attention to their feelings. As they grow older together in their marriage, there had been an achievement of emotional quality that is advantageous on how they show affection to each other. Liu and Waite (2014) established that marital quality increases as the couple ages and this was very much elucidated in the narratives of the participants.

The final Fixative focused on the mentally healthy behaviors of older adult couples to be cognitively, socially and spiritually supportive to their spouses, from the start of the relationship, until their children have left and they only have each other to end-of-life preparations. It was evident in the disclosures of the older adults that Bowen’s Family Systems Theory (1913-1990) was applicable even in the context of Filipino couples. The cognitive, social and spiritual connection with their spouse is so strong that makes them interdependent yet continuously balanced as they continue to become functional and focused on achieving the optimal process of harmonious aging. There are already embedded relationship patterns and behaviors (Haefner, 2014). There were also ruminations of death and dying, wanting to be forever together and of keeping the faith for each other, even in the after-life. The older adults are aware that at their age, death and dying is inevitable. Bradley and Cafferty (2010) emphasized that attachment issues are highlighted in the course of life of older adults. Without a support system and illness and the eventual death of a spouse are associated with loss and vulnerability (Michael Bradly & Cafferty, 2001).

By and large, the three fixations illustrate how important commitment, trust, respect and patience are mentally healthy behaviors of older adults in long-term relationships. These have been emphasized in the existing research, while this present study contextualized the Filipino older adults, specifically the Bicolanos, are globally in-tune in terms of mental health matters in relationships. Moreover, using the Bicolano perspective, the older adult couples ingrained an adjusted and adapted married life, not mainly because of the children, but because of the quality of spousal relationship they have.

CONCLUSION

This phenomenology study attempted to capture how older adult couples typified mentally healthy behaviors in their long-term monogamous relationships. Even though the perspectives on this was concentrated with the 22 participants or 11 couples, the findings are still substantial and worthy of moderate generalizations based on their collective disclosures. This research produced a
framework on Fixatives for Mentally Healthy Long-term Monogamous Relationships that is distinguishably illuminated the older adult couples’ characterization of mentally healthy behaviors they employed that gave meanings to their long-term monogamous relationships.

Undeniably, the evidenced framework may be applied as a foundation that is heedful in encapsulating the essence of the lived realities among Filipino older adult couples. Additionally, the findings of this research may contribute in the field of Gerontology, Developmental Psychology and Ageing studies as important psychological constructs with the three types of characterizations. Further, the findings of this research support the paradigm shift on old age, not as successful aging but towards harmonious aging. Contextually, the findings also gave a glimpse of importance of research focus on Filipino older adults, considering the dearth of existing literature in the Philippines. Considering the growing population among the older adults as well as the fact that they still belong the working force in most of the government and private agencies in the Philippines, it will be helpful to craft appropriate mental health programs in the workplace aligned to the characterization of the older adults on handling mentally healthy relationships with their spouses.

Finally, the findings generated in this study surfaced the Bicolano’s context that reflected their mental health in long-term relationships. The model, Fixatives for Mentally Healthy Long-term Monogamous Relationships, conceptualized in this research may assist as a framework for different professionals and academicians working directly or indirectly with older-adult population. Those who are working in the field of geriatrics and gerontology, especially the researchers with an interest in gerontological psychology or educational gerontology. This study also hopes to underwrite in accumulating a more tailored method in the geriatric psychiatry or special fields of medicine for looking into the importance of spousal/partner relationships as an important emotional and social buffer in threatening or intimidating stresses of older adults, most especially in a health crisis or traumatic incidents.

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