

## **Toward a positive perspective for older adults – Psychological happiness for the elderly**

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**Abstract---**The current study aimed to reveal the older adults of psychological happiness of the elderly, as the psychological happiness scale was applied to a sample of elderly people of both sexes who were over 70 years old, consisting of 70 elderly people. We tried to conduct a comparative study between the sexes with regard to psychological happiness, and the study was applied to a group of elderly people in the state of Tipaza. The goal of studying psychological happiness is that it is the result of feeling or reaching the degree of satisfaction of the elderly person with his life or the quality of his life, or that it is the repeated feeling of pleasant emotions and feelings, in which there is a lot of joy and relaxation, and this means that happiness is a concept that is determined by the condition or nature of the elderly person, as he is the one who decides his happiness from his misery, or that the matter is entrusted to him, and the nature of his interaction with the surrounding circumstances and life situations that he goes through. We found that there are differences in the level of psychological happiness attributed to the gender variable in favor of men.

**Keywords---**psychological happiness, older adults, positive perspective.

### **1-Problematic:**

Happiness, in psychology, a state of emotional well-being that a person experiences either in a narrow sense, when good things happen in a specific moment, or more broadly, as a positive evaluation of one's life and accomplishments overall—that is, subjective well-being. Happiness can be distinguished

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both from negative emotions (such as sadness, fear, and anger) and also from other positive emotions (such as affection, excitement, and interest). This emotion often co-occurs with a specific facial expression: the smile. Some psychologists have suggested that happiness consists of three distinct elements: the pleasant life, the good life, and the meaningful life, as shown in **(Seligman, 2002; Seligman, Steen, Park, & Peterson, 2002)**.

The pleasant life is realized through the attainment of day-to-day pleasures that add fun, joy, and excitement to our lives. For example, evening walks along the beach and a fulfilling sex life can enhance our daily pleasure and contribute to the pleasant life. The good life is achieved through identifying our unique skills and abilities and engaging these talents to enrich our lives; those who achieve the good life often find themselves absorbed in their work or their recreational pursuits. The meaningful life involves a deep sense of fulfillment that comes from using our talents in the service of the greater good: in ways that benefit the lives of others or that make the world a better place. In general, the happiest people tend to be those who pursue the full life—they orient their pursuits toward all three elements **(Seligman et al., 2005)**.

Happiness is an enduring state of well-being involving satisfaction in the pleasant, good, and meaningful aspects of life. As we enter an aging society, interests in how to help the elderly live healthier and happier lives are very high. How satisfied are the elderly living in modern times with their lives? According to the 2022 World Happiness Report [3] recently released by the United Nations, in most countries, such as the United States, the United Kingdom, and Germany, the happiness index shows a U-shaped curve that decreases towards middle age and then rises as one enters older age.

In order to increase the level of happiness of the elderly, it is first necessary to identify the factors that affect the happiness of the elderly. In a number of studies, it has been shown that demographic and sociological factors such as income, gender, age, and education level : physical factors such as objective and subjective health status and physical activity : social factors such as social relationships, social status, and social support ; as well as depression, anxiety, and self-efficacy; and psycho-emotional factors such as perception of aging affect the happiness of the elderly.

Another concept that often appears as a factor that influences the happiness of the elderly is leisure. First, leisure activities themselves have a positive effect on the well-being of the elderly; In addition, happiness levels vary depending on what kind of leisure activities are performed and with whom; In addition, the frequency of leisure activities, leisure spaces and facilities, smartphones and internet use ; and so-called leisure resources such as leisure time and expenses also affect happiness. **(Arias-Monsalve, A.M.; and others.(2022):p85)**

One of the most significant factors affecting happiness in older adults is loneliness. As people age, their social circles tend to shrink due to retirement, loss of loved ones, or mobility limitations. Senior living communities provide a built-in support network, where residents can form meaningful friendships and engage in social activities. From group outings to game nights, these communities ensure that seniors remain connected and socially fulfilled. But a study involving participants from almost 150 countries identified a perceived fall in happiness between early adulthood and middle age.

However, respondents between the ages of 50-90 generally reported a steadily increasing quality of life. Researchers also discovered the factors contributing to older people's happiness differ vastly to that of their younger counterparts. Younger people tend to look for happiness in 'extraordinary experiences' – something outside the norm, such as travelling to a distant location. Older people are more likely to be content sharing 'ordinary experiences' with close friends and relatives. This implies that arranging major events and experiences for your older loved one might not be the key to keeping them happy. Instead, the focus should be on peaceful, familiar activities that can be shared with loved ones and that reinforce a sense of independence. **(Yujin Sun. 2023)**

There are many research hypotheses about psychological happiness among the older adults, which made us think of a real study on psychological happiness in Algerian society among the older adults.

So our questions were:

- \* Are there differences in the level of psychological happiness in the older adults due to the gender variable?
- \* Are there differences in the level of psychological happiness among spinsters due to the residence variable - in homes and nursing homes?

### **2- Study hypotheses:**

There are statistically significant differences in the level of psychological happiness among the elderly due to the gender variable.

There are statistically significant differences in the level of psychological happiness among spinsters due to the residence variable in favor of those residing in homes

### **3- Study objectives:**

The current study aims to reveal:

- Differences between elderly men and elderly women in the level of psychological happiness
- \*Differences between the elderly in the level of psychological happiness according to residence, i.e. those who live in their homes with their children and grandchildren and others who have been placed in nursing homes.

### **4- The importance of the study:**

Despite the significant increase that has characterized this century in the number of elderly people and the accompanying economic, medical and social problems, elderly care programs are a problem with diverse trends, as there is a belief and illusion that the elderly represent one age group

Therefore, our study is of such importance that it makes us talk about a group that the majority see as a group whose role in life has ended and which has become a burden on others and is even waiting for death.

### **5- Study terms:**

#### **1-5-hapiness:**

\* the term happiness is interchangeable with “subjective well-being,” which is typically measured by asking people about how satisfied they feel with their lives (evaluative), how much positive and negative emotion they tend to feel (affective), and their sense of meaning and purpose (eudaimonic). In her 2007 book *The How of Happiness*, positive psychology researcher Sonja Lyubomirsky elaborates, describing happiness as “the experience of joy, contentment, or positive well-being, combined with a sense that one’s life is good, meaningful, and worthwhile.” (Argyle, M. 2001:p24)

\* Happiness, bliss, contentment, felicity imply an active or passive state of pleasure or pleasurable satisfaction. Happiness results from the possession or attainment of what one considers good: the happiness of visiting one's family. Bliss is unalloyed happiness or supreme delight: the bliss of perfect companionship. Contentment is a peaceful kind of happiness in which one rests without desires, even though every wish may not have been gratified: contentment in one's surroundings. Felicity is a formal word for happiness of an especially fortunate or intense kind: to wish a young couple felicity in life.

(Seligman et al., 2005).

\*Waldinger and Schulz (2023) argue that we must consider both the immediate and the long term when attempting to understand happiness.

Hedonic happiness is a moment-to-moment, temporary, and transient experience of joy. It concerns having a good time now and is firmly rooted in the present. On the other hand, eudaimonic happiness involves a “deep wellbeing in which a person feels that their life has meaning and purpose”

(Waldinger & Schulz, 2023, p. 18)

In conclusion Happiness includes both momentary positive emotions and a deeper sense of meaning and purpose in life. Sometimes these parts are split up in to hedonia (pleasure) and eudaimonia (more

like thriving or flourishing), but most of the time when people say "happiness", they are talking about the combination of both.

### **2-5- older adults:**

The idea of old age changes a lot from one culture to another. The United Nations helps set a global standard for what it means to be old. Their rules guide many countries and groups.

The United Nations says old age starts at 60. This age mark is key for planning social security and healthcare all over the world.

(Hutchinson, C., Allen, H. & Ledgeway, T. 2011)

### **\*Medical Classifications of Elderly Populations**

The medical world divides elderly people into different groups based on age and health. This helps doctors give the right care to each group. It makes sure older adults get the support they need.

Aging is complex, and each stage brings its own health challenges. The World Health Organization has set age categories for older adults. This is key to understanding their varied needs.

Young-Old (60-69 Years)

People between 60 and 69 years old are called young-old. They usually have good health but might start to see signs of aging. Doctors focus on preventing diseases and treating early symptoms in this group.

Middle-Old (70-79 Years)

Those in their 70s are in the middle-old category. They often have more health problems and age-related issues. Care for them includes managing diseases, helping with daily tasks, and supporting their independence.

Very Old (80+ Years)

People aged 80 and up are in the very old category. They face big health challenges like frailty and cognitive decline. Their care focuses on improving their quality of life, managing complex health issues, and providing support.

Knowing these medical classifications is vital for quality care in elderly populations. It helps doctors tailor care to meet the specific needs of each age group. This way, they can help older adults stay healthy and independent.

(Hutchinson, C., Allen, H. & Ledgeway, T. 2011)

In psychology, older adults are generally defined as individuals aged 65 and older, representing a developmental stage characterized by complex physical, cognitive, and social transitions. This phase often involves managing changes in health, social roles (such as retirement), and support systems, making it a focus for neuropsychology to optimize well-being

### **Applied study:**

#### **1- The approach used:**

In this study, we aim to investigate the differences between males and females residing in homes and nursing homes in terms of their levels of psychological happiness. This led us to adopt a descriptive comparative approach in order to compare the various variables.

#### **2- Research sample:**

The study sample consisted of 70 men and women from Tipaza Province who were randomly selected. The sample included both sexes, as well as individuals living in private homes and those residing in nursing homes. The following table presents the characteristics of the sample.

Table No. (1): Shows the characteristics of the research sample:

		Repetitions	Percentage
Sex	Male	28	%38,88
	Female	44	%61,11
Residence	At home	50	%69,44
	In nursing homes	22	%30,55
Total	72	72	100%

**Study tool:****A- Psychological happiness scale:**

The Rosemary Abbott Scale (2006) was used to measure feelings of psychological happiness. Its psychometric properties were translated into Arabic and validated by Somaya Ahmed El Gamal. The scale consists of 42 items designed to assess psychological happiness, distributed across six dimensions, with seven items for each dimension: independence, environmental mastery, personal development, positive relationships with others, purpose in life, and self-acceptance.

The scale is a self-report instrument in which respondents indicate their answers using a six-point Likert scale: strongly disagree, moderately disagree, slightly disagree, slightly agree, moderately agree, and strongly agree. Scores are assigned as 1, 2, 3, 4, 5, and 6 for positive statements, and in reverse order for negative statements. The total score ranges from 42 to 252, with higher scores indicating a higher level of psychological happiness, as shown in the following table.

Table No. (2): Shows the distribution of phrases on the psychological happiness scale.

Factors	Phrases
Autonomy	.7 46 45 44 43 42 41
Environmental empowerment	.14 413 412 411 410 49 48
Personal development	.21 420 419 418 417 416 415
Positive relationships with others	.28 427 426 425 424 423 422
Purposeful life	.35 434 433 432 431 430 429
Self-acceptance	.42 441 440 439 438 437 436

**4- Statistical tools:**

The SPSS statistical software was used to analyze the research data using appropriate statistical techniques in accordance with the study hypotheses. Specifically, the independent samples *t*-test was employed to examine differences in psychological happiness scores according to gender and educational level.

**Hypothesis testing:****Presentation and discussion of the results:****1- Presenting and discussing the results of the first hypothesis:**

There are statistically significant differences in the level of psychological happiness among older adults based on gender.

Table No. (3): The result of applying test (T) to study gender differences in the scores of the Psychological Happiness Scale

Sex	Sample	Arithmetic average	Standard deviation	T value	degree of freedom	Level of significance
Male	28	104.18	8,19	14.221	70	Not significant
Female	44	97.33	7,05			

The results presented in the table above indicate that the mean score of the male sample on the psychological happiness scale was 104.18, with a standard deviation of 8.19. In contrast, the mean score of the female sample was 97.33, with a standard deviation of 7.05. Although there is an apparent difference between the two means (6.85), this difference is not statistically significant. This was confirmed by the calculated *t*-value of 1.422, which did not reach the level of statistical significance.

These findings indicate that the second hypothesis was not supported. Accordingly, the null hypothesis is accepted, suggesting that there are no significant gender-based differences in psychological happiness among the study participants.

There are few studies examining gender differences in mental health, happiness, and their related factors among older adults using structural equation modeling (SEM) in Iran. Therefore, this study aimed to evaluate the factors affecting mental health and happiness in the elderly through SEM, with a focus on gender differences.

A cross-sectional study was conducted in 2019 in Karaj, Iran, involving 739 older adults. Sociodemographic variables, the Symptom Checklist-90-Revised (SCL-90-R), and the Oxford Happiness Inventory were used to assess the relationships between happiness, mental health, and sociodemographic factors. Statistical path analysis was performed using LISREL 8.8 and SPSS 17.

### Results:

Overall, 55.5% of the participants were female. Significant gender differences were found in both mental health (SCL-90-R scores,  $p = .000$ ) and happiness ( $p = .000$ ). The fit indices indicated good model fit and meaningful relationships among variables in both men ( $\chi^2 = 3.2$ ,  $df = 1$ ) and women ( $\chi^2 = 5.4$ ,  $df = 2$ ).

Path analysis revealed that education had the strongest positive direct effect on happiness for both men ( $B = .13$ ) and women ( $B = .16$ ). In contrast, mental health problems showed the strongest negative direct effect on happiness in men ( $B = -.33$ ) and women ( $B = -.26$ ). Distance from home to healthcare centers also negatively affected happiness in men ( $B = -.13$ ) and women ( $B = -.11$ ). Age was the only variable that influenced happiness both directly and indirectly among women, with a negative effect ( $B = -.188$ ).

This study presents an empirical model illustrating the relationships between happiness, mental health, and related factors among older adults. The gender-based path analysis suggests that age negatively affects happiness in older women but not in older men (Alipour, A. , & Noorbala, A. 1999).

The results indicated differences in the mean scores of the research sample on psychological adjustment according to age group. Participants aged 66 years and above recorded the highest mean scores compared to the other age groups. Similarly, the overall scale score—particularly in the social and functional dimensions—showed higher mean values for this age group. In addition, individuals who were not working demonstrated higher mean scores than those who were employed. The findings also highlighted variations related to the sources through which psychological happiness was achieved.

### 1- Presenting and discussing the results of the second hypothesis:

**There are statistically significant differences in the level of psychological happiness among the elderly due to the residence variable**

Sex	Sample	Arithmetic average	Standard deviation	T value	Degree of freedom	Level of significance
At home	28	21.970	3,111	2,799	70	Not significant
In nursing homes	44	25,010	4,570			

The results of this table showed that the mean score obtained from the application of the self-esteem scale for the male sample was estimated at 21.970, with a standard deviation of 3.111. In contrast, the mean score of the female sample on the same scale was 25.010, with a standard deviation of 4.750. As observed, there appears to be a difference between the two means (3.04); however, this difference is not statistically significant. This was confirmed by the calculated *t*-value of 2.799, which is an insignificant value. Therefore, the null hypothesis is accepted, indicating that there are no differences among the elderly due to the residence variable.

In Korea, alongside the rapid aging of the population, older adults' living arrangements have changed in various ways. In particular, the happiness of older adults living alone warrants attention because they are more vulnerable to unhappiness than those living with their families. This study reports the level of happiness among older adults in Korea and examines the potential mediating roles of depressive symptoms, current health status, socio-physical environment, social support networks, and social activities across three different living arrangements: older adults living alone, with their spouse, or with their family.

#### Method:

Data for this study were extracted from secondary data obtained from the 2017 Korean Community Health Survey, a non-experimental, cross-sectional survey conducted among Korean individuals aged 65 and above ( $n = 14,687$ ). The chi-square test, one-way ANOVA, and logistic regression were used to explore the factors related to happiness among the three groups.

#### Results:

The findings revealed a significant difference in the happiness index among older adults living alone ( $6.22 \pm 2.11$ ), those living with their spouse ( $6.76 \pm 1.99$ ), and those living with their family ( $6.46 \pm 1.94$ ) ( $F = 88.69$ ,  $p < .001$ ). According to the logistic regression results, older adults living alone (odds ratio [OR] = 0.75, 95% confidence interval [CI] = 0.57–0.99) and those living with their family (OR = 0.80, 95% CI = 0.65–0.99) demonstrated greater happiness as the frequency of contact with their family increased. Older adults living with their spouse showed increased happiness when contact with friends was more frequent (OR = 0.69, 95% CI = 0.56–0.84). (Moon JH, Kim D. 2018)

It was recognized that the factors influencing happiness differed according to older adults' living arrangements, suggesting that happiness could be enhanced through interventions that consider their specific circumstances, including living conditions. This may be explained by the social support received by elderly individuals residing with their families, who often treat them with special care and involve them in important decisions. This makes them feel valued and indispensable regardless of age, thereby increasing their level of psychological happiness—especially in extended families where grandchildren are present.

Handy's study also indicated that family and financial crises, along with psychological stressors in the lives of older adults, such as fear, tension, and anxiety in their work environment, may be direct contributing factors. A sense of security is essential for maintaining interaction, harmony, and motivation at work. The absence of security or fear of the future can lead to psychological pressure and instability, negatively affecting well-being (Tomioka K, Kurumatani N, Hosoi H. 2018).

### **General conclusion**

The aim of this study was to explore the feelings experienced by older adults, both men and women, with particular emphasis on psychological happiness, which reflects life satisfaction and the ability to adapt psychologically and socially. It was hypothesized that there would be differences in these levels between males and females, as well as between those living with their families and those residing in nursing homes. The findings indicated that older adults living with their families demonstrated higher levels of psychological well-being. This was attributed to the social support they receive within the family environment, including care, understanding, and emotional closeness. Such support helps them feel valued and significant in society and in the lives of their children and grandchildren, thereby giving their lives greater meaning and enhancing their desire to continue living.

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