

A Qualitative Approach to the Benefits of Meditation for Elderly Health

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Abstract

Analyzing the health benefits of meditation for the elderly through a qualitative approach, this study aims to provide readers with insights into the health benefits gained through meditation. The increase in life expectancy has led to a growing elderly population prone to physical and mental health decline, such as stress, sleep disturbances, and chronic diseases (hypertension, etc.). Meditation is known as a promising non-pharmacological intervention to improve quality of life. This study aims to deeply and holistically explore (qualitatively) the subjective experiences and meanings perceived by the elderly regarding the practice of meditation and its impact on their health. The method used is qualitative, involving a comparison of several books and journals. Several main themes regarding the benefits of meditation were found: (1) enhanced emotional well-being (sense of calm, reduced anxiety and stress); (2) improved physical quality (better sleep quality, reduced hypertension symptoms, increased energy); (3) strengthening of spiritual aspects (gratitude, feeling closer to God, life optimism); and (4) general improvement in quality of life (more harmonious social relations). Meditation provides significant holistic benefits for elderly health, encompassing physical, emotional, and spiritual aspects. These findings underscore the importance of incorporating meditation as a coping strategy and non-medical health promotion for the elderly population.

Keywords : Meditation; Elderly; Health; Qualitative; Stress; Spiritual Well-being.



INTRODUCTION

Aging is a time when individuals experience various processes of change in life. During this time, the elderly try to continue living a happy life. Health conditions in old age cannot be separated from one's lifestyle during youth (Bai et al., 2015; Shi et al., 2017). If a person cannot maintain their diet, mindset, and lifestyle when young, they will reap the impact upon entering old age. Health challenges often faced by the elderly include physical, cognitive, and psychosocial decline (for example, loneliness, stress, depression, chronic diseases such as hypertension, and sleep disorders).

The following is the opinion of Kane and Ouslander, quoted by dr. Pirma Siburian Sp. PD, who stated that there are 14 threats to the elderly that make them susceptible to diseases. They coined the term 14I, namely immobility (lack of movement), instability (unstable surface, easy to fall), incontinence (urination and bowel incontinence), intellectual impairment (intellectual impairment/dementia), infection, impairment of vision and hearing, taste, smell, communication, convalescence, skin integrity, impaction (difficulty defecating), isolation (depression), inanition (malnutrition), impecuniosity (having no money), iatrogenesis (suffering from diseases caused by drugs), insomnia

(sleep disorders), immune deficiency (decreased immunity), and impotence (Black et al., 2015; Li et al., 2025).

Meditation is an activity that creates a state of relaxation for the body and mind. Because of this, meditation is often considered a form of relaxation (Chételat et al., 2018; Fountain-Zaragoza & Prakash, 2017; Luque-Casado et al., 2019). A relaxed atmosphere is needed, especially for the elderly, so that they do not experience emotional tension that is very detrimental to health. In addition, it can hinder the arrival of the 5B—except for the last B (death), which is the prerogative of the Creator and cannot be intervened in by humans.

Meditation, as an ancient practice rooted in Eastern traditions, is now globally recognized as an effective complementary health intervention. [A Qualitative Approach to the Benefits of Meditation for Elderly Health] This intervention is defined as a systematic mental exercise that aims to train mindfulness to achieve mental clarity and emotional stability. In contrast to pharmacological approaches, meditation offers a non-invasive, low-cost pathway to manage a variety of health conditions (Hazlett-Stevens et al., 2019; Schlosser et al., 2019).

Scientifically, meditation—specifically the Mindfulness-Based Stress Reduction (MBSR) type—works through several key mechanisms that are highly relevant to elderly health. For stress regulation via the hypothalamic-pituitary-adrenal (HPA) axis, meditation moderates its activity, which is responsible for the stress response; decreased HPA activity results in lower levels of cortisol, a chronic stress hormone often exacerbated in aging and chronic diseases (Kim et al., 2025). Regarding brain plasticity, neuroimaging studies show that long-term meditation practices can increase gray matter density in areas responsible for attention, introspection, and emotion regulation, such as the prefrontal cortex and insula, with the potential to slow age-related cognitive decline. For parasympathetic activity, meditation shifts the body's autonomic balance from sympathetic nervous system dominance (fight-or-flight) to parasympathetic activation (rest-and-digest), contributing to decreased heart rate, muscle relaxation, and improved sleep quality—critical issues for the elderly.

For seniors, meditation serves as a powerful self-management tool to address the three main pillars of the aging challenge. It effectively reduces symptoms of anxiety, depression, and loneliness for mental health, which are high risk factors for morbidity in the elderly. For chronic pain, practicing non-judgmental awareness of bodily sensations helps seniors transform their relationship with it, reducing the emotional anguish that accompanies physical pain. On a holistic level for quality of life, meditation supports successful aging by facilitating acceptance of physical and social changes, as well as enhancing interpersonal and spiritual connections.

Therefore, understanding the subjective experiences of the elderly in adopting and feeling the benefits of this intervention is crucial to optimize the implementation of meditation programs in the context of gerontology services.

RESEARCH METHOD

The study of meditation and aging underwent a significant shift in recent years. In addition to quantitative measurements such as depression scores or biomarkers, researchers expanded focus to the phenomenology and life experiences of the elderly. A recent qualitative literature review showed that meditation provided deep personal meaning for the elderly.

Recent qualitative studies confirmed that meditation, especially Mindfulness-Based Stress Reduction (*MBSR*), helped the elderly shift from reactivity to receptive, conscious responses to life's stresses (Sari & Hasan, 2024; Smith et al., 2023). Older adults reported "inner peace," which meant observing negative emotions without being overwhelmed, revealing increased emotional resilience to chronic illness and loss.

In contrast to quantitative studies, qualitative research captured elderly experiences with chronic pain (Tanaka, 2021; Jones & Lim, 2022). Meditating seniors described decreased suffering accompanying pain, viewing it as a physical sensation rather than a threat or part of self-identity. Regarding sleep, they reported that meditation calmed noisy thoughts before bed.

Qualitative studies emphasized meditation's role in social and existential aspects of aging (Breslin & Tan, 2022; Wang & Singh, 2020). Seniors noted that group meditation reduced social isolation and loneliness through authentic connections. Existentially, it fostered gratitude, spiritual connectedness, and a sense of purpose, which they considered essential to successful aging.

Recent literature confirmed that qualitative approaches provided thick descriptions beyond numerical data, highlighting meditation as a holistic tool for managing aging challenges.

RESULTS AND DISCUSSION

Analysis of recent qualitative studies on the experience of older people in meditation practice reveals that the benefits of these interventions are multifaceted and highly personalized. Recurring findings (key themes) from various studies are synthesized and grouped into three main domains:

Theme 1: Managing Emotional Suffering and Improving Cognitive Resilience

Qualitative literature consistently highlights the role of meditation in changing the relationship of seniors with their negative thoughts and emotions. Meditation does not relieve stress, but it changes the way it is experienced.

Non-Judgmental Acceptance: Seniors describe meditation as a tool to practice radical acceptance of unpleasant emotions, such as anxiety or grief related to chronic illness and loss. They reported a shift from reactivity (reacting directly to emotions) to conscious response (creating distance before acting).

Literary Synthesis (Smith et al., 2023; Sari & Hasan, 2024): The most important qualitative benefit is the ability to "pay attention to emotions without having to be the emotion itself," which effectively reduces perceived stress.

Clarity of Mind: The practice of meditation helps the elderly overcome "mind-chatter." These findings support the role of meditation in maintaining cognitive function, not only in memory tests, but in everyday subjective experiences.

Theme 2: Pain Transformation and Subjective Physical Quality of Life

The qualitative literature provides in-depth insights that go beyond the numerical pain scale, showing how meditation affects the personalized dimension of pain experience. Shifting Focus from Suffering to Sensation: Phenomenological studies show that the elderly who meditate can separate the physical sensation of pain from the emotional suffering that accompanies it. Meditation teaches them to observe sensations without labeling them as "bad" or "threatening."

Literary Synthesis (Tanaka, 2021; Jones & Lim, 2022): The pain itself may not go away, but the meaning of the pain changes, allowing the elderly to function better even if the pain remains. Improved Quality of Perceived Sleep: Older adults consistently associate meditation with deeper, more restorative sleep. This benefit was associated with a decrease in rumination (thoughts that are spinning) before bedtime, which was captured explicitly in qualitative data.

Theme 3: Existential Well-being and Social Connections

This domain highlights how meditation supports the elderly in achieving meaningful aging through spiritual and social aspects.

Gratitude and Appreciation: Meditation fosters awareness of the present moment, which in turn increases gratitude and appreciation for the little things in life. For seniors facing loss, focusing on the present moment proves to be very therapeutic.

Reduces Social Isolation: Participation in meditation groups creates a supportive and non-judgmental community.

Literary Synthesis (Breslin & Tan, 2022; Wang & Singh, 2020): Older adults report that the connections formed in meditation groups are authentic and profound, far beyond ordinary social interactions, significantly reducing the feelings of loneliness and isolation often experienced in old age.

The results of this qualitative literature synthesis underscore that the benefits of meditation for older people are a holistic transformation at their level of life experience, which provides a richer understanding for designing effective and sensitive interventions. This discussion interprets three main themes synthesized from the recent qualitative literature on the benefits of meditation, placing them within the framework of aging theory to highlight the profound implications of these non-pharmacological interventions.

Meditation and the Theory of Psychosocial Aging

The findings regarding Theme 1 (Shift from Anxiety to Calmness) and Theme 3 (Existential Well-Being) are particularly relevant to the psychosocial theory of aging:

Socioemotional Selectivity Theory (SST): SST states that as we age, individuals tend to prioritize emotionally meaningful relationships and activities. Meditation, as

shown by the qualitative literature, facilitates focus on the present moment and gratitude, directly supporting the emotional goals emphasized by SST. By reducing emotional reactivity, meditation allows seniors to maximize their positive experiences.

Successful Aging Theory (Rowe & Kahn): This theory emphasizes active engagement with life, high physical and cognitive functioning, and minimizing the risk of disease.

Active Engagement: Theme 3 (Community Connection) findings suggest that meditation groups provide a platform for social engagement and meaning production, which are vital components of successful aging.

Cognitive and Emotional Function: Reduced anxiety (Theme 1) subjectively improves "high cognitive function" as the mind becomes clearer and focused.

Meditation and Chronic Disease Management (Adaptation)

The findings regarding Theme 2 (Pain Transformation and Subjective Physical Quality of Life) make an important contribution to understanding how the elderly adapt to the physical challenges of aging.

Stress and Pain Coping Model: Meditation serves as a transformative coping strategy. The qualitative literature suggests that meditation exercises non-judgmental awareness, which is different from avoidance or distraction coping strategies. By separating the sensation of pain from emotional suffering, meditation fundamentally alters the experience of chronic suffering. This is in line with the psychological model of pain which considers the perception of pain to be influenced by cognitive and emotional factors.

Sleep Implications: The reported improvement in sleep quality (Subtheme 2.2) is not only physical, but cyclically supports emotional resilience (Theme 1), as poor sleep is a major trigger for anxiety and cognitive decline in the elderly.

Contributions and Limitations of Qualitative Literature

This synthesis of qualitative findings proves that meditation is a holistic intervention that complements and enriches the quantitative evidence.

Contribution: Qualitative data provide the "how" and "why" behind the numbers: explaining how the elderly interpret the decline in cortisol (a physiological benefit) as "calm in the midst of a storm," and why they continue to meditate despite the physical pain.

Limitations: The qualitative literature review has limitations in terms of generalization (cannot be generalized to the entire elderly population) and potential participant bias (older adults who are motivated to meditate). Nonetheless, its richness and descriptive depth are invaluable for clinical program development.

Clinical Implications and Future Research

These findings imply that elderly healthcare providers should consider the integration of meditation as a key component in a care plan that focuses on quality of life,

not just prolongation of life. Further research needs to compare qualitative experiences between cultures (e.g., spirituality-based meditation vs. secular meditation) to enrich global gerontological understandings.

CONCLUSION

Based on a synthesis of recent qualitative literature, meditation emerged as a non-pharmacological intervention offering holistic benefits for older adults, enhancing emotional resilience, reframing chronic pain and sleep disturbances as manageable experiences, and bolstering existential well-being through gratitude and social connectedness, aligning with Socioemotional Selectivity Theory and the Successful Aging model. These findings positioned meditation—particularly Mindfulness-Based Stress Reduction (MBSR) and adaptations—as an essential self-empowerment tool for peaceful, mindful aging, warranting its systematic integration into geriatric and primary health services, including nursing homes, to address chronic pain, anxiety, and isolation, supported by staff mindfulness training and adaptive curricula for elderly limitations. Future research should employ qualitative longitudinal designs to track evolving impacts of meditation over time.

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