

Iranian Older People's Emotional Well-being in Long-term Care

Saeed Haghnia*

Faculty of Creative Arts and Industries, School of Architecture, University of Auckland, New Zealand

*Corresponding author: Saeed Haghnia, Faculty of Creative Arts and Industries, School of Architecture, University of Auckland, New Zealand, E-mail: shga230@aucklanduni.ac.nz

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Abstract

This paper investigates elderly people's emotional well-being in long-term care environments. It is to explore how architecture influences their well-being in a place.

While the literature on elderly people's well-being in a place is growing, moving to long-term care environments still maintains as a challenge for majority of older people. This unwanted relocation in old age might cause psychological issues for older people. In order to have more spirituality as a key factor of emotional well-being, older people need to have a successful aging, but how do they age successfully? There are different approaches to successful aging, but this paper will mainly focus on Erikson's psychosocial development model and Tornstam's theory of gerotranscendence, as two of the main approaches to this issue.

The population of Iran is getting old because of improvements in health system and the boost in the birth rate in 1980s, causing a wave in the population pyramid of Iran. Possibility of staying at home will probably decrease due to a number of reasons, such as: inappropriate level of safety in personal houses and lack of reliable 24 h in-place caregivers. This paper is looking for the way, in which older people's well-being gets increased in nursing homes and how architecture can facilitate this process.

As an early stage of an on-going research, this paper discusses the existing literature on the effects of nursing homes on elderly people's emotional well-being with a particular emphasis on Iranian aging population.

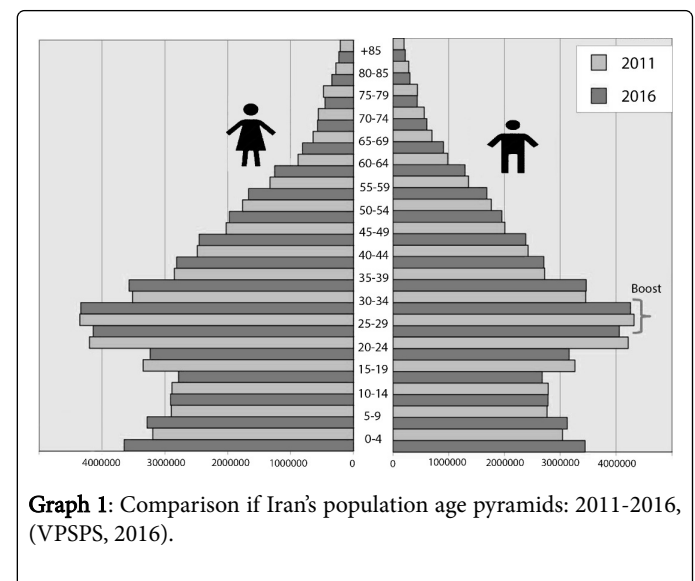
Keywords: Iran; Well-being; Nursing home; Successful aging; Gerotranscendence

Introduction

These days because of development in health system, life expectancy has been increased and majority of people die at old age. Based on WHO [1-12], between 2015 and 2050, the proportion of the world's population of older adults, those aged 60 or above, will nearly double from 12% to 22%. This global issue applies for Iran too, in where population is rapidly getting old (Graph 1). Because of the boost in the birth rate in 1980s, Iran's aging crisis will become more important in next 30 years, when the young generation becomes old.

Many of us probably still have our old parents or grandparents alive. We enjoy having them next to us and so they do, but it is not always like this for every old people. Many of old people can't stay in their own house for whole their life so they can't experience aging-in-place. Once elderly people face serious and unresolvable disabilities and health problems, they usually need 24 h care supports. Almost half of houses in urban areas of Iran are apartments and this portion is even more when it comes to major cities like Tehran, in where four out of five houses are apartments (VPSPS, 2016), where older people with physical disabilities can't easily live without others' assistance. Aging-in-place is probably a good scenario for many of older people, but sometimes because of some limitations it can't happen and they need to move to nursing homes to get the required cares. Despite of their

willing, older people will be taken to a new environment, what would have negative effects on their quality of life.



Graph 1: Comparison if Iran's population age pyramids: 2011-2016, (VPSPS, 2016).

Based on my observations of many nursing homes in Iran and also elderly people's opinion, who live there, traditional model of nursing homes in Iran does not provide elderly people a good quality of life. If we accept having nursing homes in a society, they need to be changed

in order to make older people have a better experience of life in these environments. Elderly people need to live in a place, in which they maintain good quality of life.

There is a link between successful aging and spirituality, as a source of well-being in later life [8], which older people need in nursing homes. Architects can give "spirituality" as a gift to older people, who live in residential care environments. In order to approach this goal, at very early stage concept of "successful aging" should be defined for Iranian old people and then investigate on relationship between successful aging and spirituality for them.

Importance of Research on Older People's Life Quality

It is common in societies that older people's death is more expected than younger generations, then easier to deal with. We all have seen this generational inequity at funerals; if a young person dies, people at his funeral would probably show regret and call his death "unfair". A child's death would raise emotions the most and even if someone dies at his 60s, people would say he still had time to live, but when an old person dies, his death is by far easier accepted.

I believe, every single moment of life has an equal importance to be lived with life satisfaction. It does not matter if you are young or old. At least, as long as you are conscious about environment, you deserve a happy life because you are living in moment and you want to not only be "happy about life", but also be "happy in life". However, there is a controversial belief that considering the limits, health care of older people should have a lower priority than of younger people [13].

There is a TED's presentation by Kahneman [14], a well-known psychologist who talks about "the riddle of experience vs. memory"; distinguishing the difference between "experience of life" and "memory of life". He conducted an experience on two patient, who recently had a painful colonoscopy. Patient A had a short and very painful operation, while patient B's operation was longer, started with same pain, but as continued, experienced less pain. Patient B experienced more pain units than patient A, but surprisingly had a better memory of colonoscopy. Kahneman explains this paradox by distinguishing the difference between regulation of experiencing an event and the memory of it. Although patient A experienced pain for less period of time than patient B, happier ending of patient B's operation made a better memory of the event. If we consider "life" as an event, when it comes to being happy in life, it does not matter how much someone was happy about life; if an old person does not experience happiness at the moment of life, he/she would not have a pleasant memory of life, even if he/she had a pleasant life before. In short, elderly people's life quality has the same importance with any other age-groups.

Emotional Well-being in Old Age

Despite what is suggested in media about sadness and depression of elderly people, some research indicates that mental disorder rates are lower among old people. Some comprehensive interviews conducted with people from different age groups and found that older people are less likely to have interpersonal tensions with other people [15-17]. At first sight, this paradox can be explained in some ways. Zarit [18] answers this paradox in four categories: Firstly, older people with serious mental problems do not take participate in social surveys as much as normal elderly and they may not be honest in reporting symptoms. Secondly, people with serious mental problems background in their early life have a shorter life expectancy due to higher rate of suicide, [19], higher usage of alcohol, drug abuse and risky lifestyle that

makes them vulnerable to illness and diseases [20]. Thirdly, some pieces of research suggest that people, who have had experience of serious mental problems during their lives, recover or improve noticeably with treatment or time [21,22]. Finally, older generation may be less likely to report symptoms like depression, comparing to the younger generation, who are psychologically more sophisticated [23]. All four mentioned categories by Zarit emphasise on possible errors in the methodology of research and deny that older people might truly have higher emotional well-being than younger generation. What if this paradox is not only because of research methodology errors and older people are really happier than younger generations? Then how it can be explained?

Theories of Successful Aging

Rowe and Kahn [24,25], have made distinctions between usual aging and successful aging. They introduced three factors that facilitate a successful aging. The first factor suggested by Rowe and Kahn emphasizes on health. By having a healthy lifestyle elderly people can avoid many of serious illness. In other words, older people need to avoid illness and disabilities. Older people should learn new things and practice their mental capacity with puzzles or other challenges to maximize cognitive and physical functioning. In order to age successfully, older people need to maintain good relationships with friends and family and do activities that give their life a sense of purpose. Although few pieces of research show no evidence for positive effect of social support on older people's quality of life [4], the majority of research in this area suggest strong evidence of relationship between social support and quality of life [26,27].

Zarit [18] criticizes Rowe and Kahn emphasis on maintaining health. He believes, although having a healthy lifestyle is useful in preventing diseases and disabilities, older people with a healthy lifestyle can get sick too and there is a risk that placing too much emphasis on maintaining health, may lead to "blaming of victim", what means holding elders responsible for their health. In Zarit's view, another problem with Rowe and Kahn work is the assumption that in order to have a successful aging, health is a key factor. However, people with serious illness and disabilities can still be "useful" for their community. Actually, when people get 80, almost everyone has at least one serious health problem [28]. Creating conditions that enable older people to have a good "quality of life" even if they suffer illness and disabilities, may be the real challenge for successful aging. Zarit's attitude toward successful aging seems to be more comprehensive because it covers more elderly people, for whom good quality of life should be provided in order to give them the opportunity to have successful aging. In other words, older people should not be responsible for providing requirements of their successful aging.

Baltes [29,30], has a different approach to successful aging. He believes, successful aging happens during a process, which he calls "selective optimization compensation" (SOC). As an example, he introduces Artur Rubenstein, a famous pianist, who continued performing concerts and playing piano in his 80s, despite vision lose and other health problems. In an interview, Artur explains strategies that help him do this task. He "Selected" a few musical pieces for practicing that helped him remember the music and play it at a higher level. To "Optimize" his performance, he practiced those "Selected" musical pieces more often. Since he could not anymore play as fast as when he was young, he purposely slowed down before the musical piece reached a fast portion, so it would seems that he is playing fast when he reached the fast portion.

The SOC model helps us answer the question that why older people report higher level of well-being than younger generation. While younger generation are emotional and easily get effected by life's crisis, older people have learnt during their life that how should they manage and "Optimize" their feeling of well-being even if they face disappointment and serious problems in their lives. They have become experts at managing their lives and do not let events bother them easily [18]. The SOC model can be extended to social interactions to explain the process, in which people "Optimize" their "Selected" social interactions with other people, with whom they feel more comfortable. That is what Carstensen [31] and her colleague have done; they applied SOC model in social interactions of elderly people and explained that as people get older, they become more aware that they have a limited time so they manage their social activities in such a way that they have more positive interactions and avoid activities that bother them.

Some other pieces of research [32,33] emphasise on different types of control strategies for bothering events. They believe, the type of control strategy that people choose, shifts with aging. Younger generations usually use primary control strategies, which involve modifying the event. On the other hand, older people are more likely to choose secondary control mechanisms (management of feelings and expectations). [34], calls the first strategy adjusting the situation (changing threatening stimulus), and calls the second strategy adoption to the situation by having control on cognition.

Another explanation for higher level of well-being reported by older people is defining a key psychological task for elders to have integrity or despair in their late life [35,36]. Based on Erikson's theory, older people need to find a meaning or purpose in their lives. Considering that, they turn inward and start accomplishing their life. If they are successful in being satisfied with their lives, they become assistants for young generation and will have integrity, but if they fail, they will experience despair because of living a life with little meaning and purpose.

Erikson's Psychosocial Development Model

Erik Erikson's psychosocial development model (Table 1) [9,10] is a great contribution to understanding the concept of life cycle and determines its every stages' psychological challenges for human. His wife, Joan Erikson argues in the life cycle completed: extended version [35], Erik's primary psychosocial development model had seven stages. He was asked to present this new model to a number of psychologists and while driving to train station, Joan and Erik had a conversation about the model. They remembered Shakespeare's "Seven ages of man", in which he describes seven stages of human life cycle and then they noticed that Shakespeare neglected to include the "play stage", stage three in their model. Considering that both models had seven stages, they started to think that something should be missed in Erik's work. His psychosocial model jumped from "intimacy" to "Old age"; so they included the new seventh stage "adulthood" followed by "Old age" and in this way his eight stages of the life cycle completed.

Joan and Erik believe, in order to have a successful aging, older people need to maintain successful in all eight psychosocial challenges [35], which needs an undeniable involvement with social interactions in old age for elderly people to have a successful aging. However, there is an argument against this point of view [11], which will be discussed.

Erikson's psychosocial development model determines "integrity vs. despair" as the main psychological challenge for "old age". He believes, there should be opportunity under favourable conditions for all human

beings to let the integrative experience of earlier stages come to fruition. For example, elders can and need to maintain generative function, as adulthood's psychological challenge. The basic strength of Erikson's adulthood stage is "Care"; elders need to maintain care functions, such as taking care of younger generations. They also need to maintain generative in other aspects. However, because of older people's physical condition, as a limit for communicating with younger generations [37], and also changes in lifestyle and relocation in old age some elders are prevented from having the minimum involvement with their friends and family members, what is essential for having a lively life, based on Erikson's theory. When an elder does not have the opportunity to maintain generative, even if he has a potential ability of generative functions, it would not help him with this psychological challenge. However, there is a difference between people's level of need for some integrities like being generative. For example, in some cultures it is common to feel responsible to be generative for many generations after them, but in contrast, in current Western cultures people are unable to demonstrate responsibility for even one more generation [38].

"Integrity vs. despair", is determined as the main psychological challenge of "Old age" in Erikson's model. He believes, elderly people, who are able to achieve ego integrity will have life satisfaction in their final stage of life [9]. The output of ego integrity in "Old age" is determined as "Wisdom", the basic strength of Erikson's eight and final stage of life. Based on Erikson's theory, in order to have life satisfaction in "Old age", it is essential for elders to have roles, in which they can use their wisdom, as the final achievement of life cycle. During the past, elders were usually considered as symbol of "Wisdom" [39], but this imagination have been changed and elders are more considered as symbol of "Shame" [36], who can't take care of themselves and handle their basic needs. This is what made Joan Erikson add the "Ninth stage" to Erik's psychosocial development model.

One Stage after Eighth

Joan says when Erik wrote the life cycle completed [40] his ninth decade of life had not begun yet and he had not faced unresolvable difficulties that are correlated with aging. After Erik's death, Joan started writing an extended version of the life cycle completed [36], in which she added the ninth stage. Joan believes, "Despair" that was a psychological challenge in eight stage is much closer to elders in ninth stage, when independence and control are challenges for them and their self-confidence has been weakened. She when affected by serious health problems-describes how an elder in the ninth stage, who suffers from unresolvable health problems, fails in achieving ego integrity for all challenges of earlier seven stages.

She starts from "Basic mistrust vs. trust" and explains how older people in ninth stage start to mistrust their own capabilities. It does not matter how powerful muscles has someone had in earlier ages, by getting to 80s and 90s body functions start to weaken and doing basic daily activities become a challenge. That is when hope easily gives way to despair. Elderly people in ninth stage "no longer trust in their autonomy over their bodies and life choices... remember how it feels, how it always felt, to want everything your way", but now for every choice other more powerful elements, like lawyers, doctors and even their own grown children get into the act. Older people in ninth stage, who used to take leadership roles in their early life, now have to carry out some projects that are barely satisfying and obey others for almost all activities. That is when sense of guilt shows its brutal reality in absence of initiative. Older people in ninth stage also fail in challenge

of “Industry vs. inferiority” when correlated disabilities of aging make them unable to be competent, even if they are full of new ideas and creativity. “Identity confusion” happens for elderly people in ninth stage, who are not able to play roles that give them purpose in life and they start to question themselves that what position they are supposed to take in this period of life. Older people in ninth stage may not be able any longer to keep contact with others in such a way that they used to contact, what causes “Isolation” as a result of difficulties for social interactions. For older people with serious disabilities “Generativity” would be a challenge and they are no longer expected to

take participate in major activities that causes sense of “Stagnation”. Ability to see, look, listen, hear and remember is essential to show “Wisdom”, but these sort of functions have already weakened at ninth stage and that makes it difficult for elderly people to maintain wise. Concept of “Despair” in ninth stage is also different from eight stage. “Despair” in eight stage refers to the understanding that there is no enough time to start a new life and have integrative experiences, but in ninth stage challenges of handling basic needs may demand elders’ all attention and they may have no more concern about despair in their life.

Old age								Integrity vs. Despair	
								WISDOM	
Adulthood								Generativity vs. Stagnation	
								CARE	
Young adulthood								Intimacy vs. Isolation	
								LOVE	
Adolescence								Identity vs. Identity Confusion	
								FIDELITY	
School age								Industry vs. Inferiority	
								COMPETENCE	
Play age								Initiative vs. Guilt	
								PURPOSE	
Early childhood								Autonomy vs. Shame	
								WILL	
Infancy								Basic Trust vs. Basic Mistrust	
								HOPE	

Table 1: Erikson's psychosocial development stages

Joan Erikson well-demonstrates correlated problems for elders in ninth stage to achieve integrity for psychological challenges of all earlier stages, but is there any solution? How can elders have the opportunity to success in mentioned challenges? To help them trust their abilities, have sense of autonomy, be initiative, to be competent in old age, to have identity and intimacy, to maintain generative and finally have sense of integrity in order to have life satisfaction in their last stage of life cycle. Joan suggested a solution: “for every city to have parks-fine, well-guarded parks-available to all. In the middle of each park could be a residence for elders. When able, they could take short walks or rides in wheelchairs within the park with their relatives and friends, who could also visit, sit, and talk with them on terraces and decks. We all could speak to them and hear their stories, learning what

they still have to offer of their wisdom”. This imagination of a pleasant situation for older people is highly valuable because it is proposed by someone, who has already reached her “Ninth stage” and is well-aware of elders’ demands for life satisfaction. This description looks like a dream (based on Erikson's theory), but does not necessarily means it can easily come true. If we accept Erikson's psychosocial development model, Elderly people in old age should have the opportunity to success in all eight psychological challenges. It becomes important to be considered while designing a nursing home (a new residential environment) for them in order to facilitate their successful aging.

In Iran, elders used to be head of communities and centre of major decisions in the past, but this role has been shifted to other generations [41]. Under certain circumstances, like health problems and having no

one in their own home to give them 24 h care, they are forced to - sometimes despite their willing-move to nursing homes, in where they have to obey fixed daily schedules and have less possible independency. In traditional models of nursing homes they are not involved in social activities; they have no opportunity to maintain generative or have a sense of identity. Considering the fact that by current situation sometimes elders have no other option, but moving to nursing homes, these environments should give them the opportunity to be successful in most of psychological challenges and following that, achieve as much integrity as possible in their old age.

Dementia

Dementia is a possible scenario for those older people in ninth stage. Relationship between dementia and elderly people's quality of life has been vastly studied [42-44]. Although dementia is a possible health problem for older people, this research will not emphasise on it. Instead, it will be considered as an undeniable part of old age for a number of old people

Theory of Gerotranscendence

The theory of gerotranscendence in school of gerontology was for the first time proposed by a Swedish gerontologist, [11], as a shift from materialistic theories to a more cosmic approach to successful aging. In his view, theory of gerotranscendence "was developed from the unsatisfying mismatch of common theoretical assumptions within gerontology" [45] believes, people usually consider every stages of their life as the best period and to take steps forward. He believes for improving elders' life satisfaction and to understand the meaning of old age we should ask older people, not just relies on middle-aged desk theoreticians. He conducted a research to understand the concept of loneliness in old age and he found that despite common belief, elders do not suffer loneliness more than the young generation and retirement shock is not a common crisis in old ages, what is in contrast with common assumptions.

Theory of gerotranscendence is in contrast with majority of other theories of gerontology [46], in which continuity and stability of psychosocial challenges are key concepts rather than change and development. Tornstam [45] claims there is continuous development into old age. Based on gerotranscendence theory, we should not merge mid-life's values (e.g. productivity), expectations and activity patterns to old age and define these values and expectations as successful aging; so "withdrawal" in old age should not be considered as a negative point, but a natural process. In this theory, an older person, during process of aging, needs to let every situation that is not under his control go to enjoy life by getting freedom of adulthood's definitions of success and failure. Gerotranscendence would be re-evaluating and re-considering the life. Based on gerotranscendence theory, "elder people allow themselves to be foolish and playful, which may result in a sense of freedom [and withdrawal]". There are some criticisms on "Letting go" aspect of gerotranscendence [47] that say this theory is "Withdrawal" from usual engagements of life activities, what is admired by Erikson [35] in his book *Vital involvement in old age* in order to have a successful aging. However, Tornstam [45] does not agree with their opinion and believes this theory describes a developmental pattern beyond concepts of activity and dis-engagement in old age.

Gerotranscendence implies four main assumptions: 1) More affinity with younger generations -which is similar to Erikson's concept of "Generativity" function and less interest in unpleasant social

interactions. 2) A level of cosmic awareness, in what religion can be an effective factor [48]. 3) Being less self-occupied and more selective in the choices of social activities. 4) Less interest in materialistic dimension of life and more attracted to solitude and meditation [49]. It works with acceptance of the reality that there are some situations, which are not under elders' control, so they need to let those concerns go in order to experience life satisfaction.

Some strengths of the gerotranscendence theory have been endorsed by some scholars [50], such as its relation with real experiences of older adults, the new proposed prospect on the developmental and situational shift in the lives of the older people. This theory has also been adopted and applied in a number of contexts (guidelines for nursing home) [51,52]. Gerotranscendence theory is not limited with a specific culture, since it has been studied across different cultures, such as Iranians, in which a positive relationship between gerotranscendence and life satisfaction of both religious and secular elders has been found. However, based on Lewin and Thomas study, "Gerotranscendence" was not common for the studied older people; while those who showed gerotranscendence, had a higher level of life satisfaction. In other words, gerotranscendence is not a definite fact for majority of older people, but studies show that gerotranscendence in old age has a positive effect of the level of life satisfaction.

On the other hand, Tornstam has failed to provide a clear definition of gerotranscendence [50]. In Wadensten's [51] view, "aging theories can be divided into two main categories: biological theories and psychosocial theories", but they can't be considered separately. Because what happens to body during the aging process affects psychosocial aspects of aging, such as cognitive functions, behaviour, roles and coping abilities. Joan Erikson [35] questions common usage of the term "gerotranscendence" and believes when gerontologists use this term they do not pay enough attention to positive spiritual gifts that old age leaves behind, "perhaps they are just too young". For instead, she suggests using "gerotranscendence", which refers to both soul and body and challenges it to rise beyond correlated disabilities with aging, what hold someone back from growth. She emphasises ninth stage of life cycle, in which older people suffer from serious and unresolvable disabilities that makes it impossible for them to achieve gerotranscendence. Because she believes it would only happen, if it is optional, not when someone has no other choice, but letting everything go and "Withdraw" life's engagements. She, as someone in ninth stage, proposes "gerotranscendence" and says she still wants to have lively life; while gerotranscendence is limited only to experiences of withdrawal, "gerotranscendence" is regaining of lost skills, like play, joy and song, a major stage beyond fear of death.

Religiosity has a potential to be a source of inner strength for older people with its physical and mental benefits [53]. When older people understand they are at final stage of their life span, they need to accept it as a not-bad event. Otherwise, they will face stress and anxiety in result of getting closer to the end of life. They can deny concept of death or accept it as a not-bad event, in what religiosity can be one of the effective factors.

Even if it is possible to give older people the opportunity to success all psychological challenges of Erikson's psychosocial development model, when they face disabilities as a result of ninth stage, they can't maintain that vital involvement anymore. When they enter ninth stage, are they mentally ready for gerotranscendence process? Are they ready to let every unpleasant situation that is not under their control go and enjoy this withdrawal?

Defence mechanisms of ego and social adaptation

Considering defined characteristics of gerotranscendence concept, this theory can partly be explained by Anna Freud's [54] theory of "ego defence mechanisms". Being less afraid of death seems to be a psychological adoption in result of denial defence mechanism. However, Torstam [55] calls this process a result of wisdom in old age, but suggests no explanation about its regulation and how wisdom can lead to less afraid of death? Or why do not denial have same function? In Torstam's view [45], gerotranscendence has nothing to do with defence mechanisms and coping strategies. Instead, he calls it a shift in developmental process of ego, but does not clearly distinguishes differences between coping strategies and process of gerotranscendence [56]. Furthermore, defence mechanisms are a result of ego development process [57] and there would be no wonder if denial, as one developed defence mechanisms in old age, plays role in being less afraid of death.

Trace of some other ego defence mechanisms, such as identification and repression can probably be found in: affinity with younger generation and less self-occupation features of gerotranscendence. Based on gerotranscendence theory, older people tend to have more interaction with younger generations, which can be in result of their desire to attach to something positive (identification). Their desire to be less self-occupied can be in result of blocking negative thought from awareness (repression).

Reducing unpleasant social interactions and being more selective in social activities can be explained by SOC model, as a social adaptation strategy, in which older people tend to optimise their social interactions by being more selective. In other words, they avoid those social activities that bother them and instead, they tend to do more pleasant interactions in order to approach social adaptation.

Gerotranscendence and Religiosity in Old Age

Many pieces of research suggest that religiosity in old age can be a source of inner strength for coping both mental and physical problems [58,59]. For Iranian elderly people religiosity has a positive effect on their spirituality and life satisfaction [60,61], while no major research shows strong connection between religiosity and physical activities improvement for Iranian elderly people [62].

Considering the effect of believing in a beyond-life on older people's spirituality, religiosity facilitates gerotranscendence for them [63]. Religious people, who believe in next life, consider "Death" as a change, not an ending. Having said that, they would easily accept the change of life values and "Withdraw" some involvements to have more joy in their last stage of life.

Some research suggest positive connection between religiosity and having less fear of death [64], but it still remains a question that to what extent Iranian older people are religious and does religiosity noticeably facilitate their gerotranscendence? Lewin and Thomas [49] did not find gerotranscendence as a common process among Iranian older people (who lived in Sweden), but those who were religious, showed more gerotranscendence. However, they studied on older people, who did not live in Iran and their finding can't be generalized for all Iranian elderly people.

Iranian Older People in Nursing Homes

In Iran, same as many other countries, older people who face serious unresolvable health problems and need 24 h care, need to go to

nursing homes. This unwanted relocation in old age can cause serious psychological issues for the elderly [64]. Nursing homes in Iran have problems in both terms of quality and quantity. According to my observation, Kahrizak complex of Tehran, as one of the comprehensive supportive institutes for older people in Iran, does not offer residents a good quality of life. Majority of elderly people in Kahrizak complex complain about its situation and request more facilities and social support in order to have a minimum life quality. As an example for nursing homes' problems in term of quantity, Hormozgan province of Iran with a population of about 1.6 million has only one nursing home, which capacity is less than 90 residents (Author's observation, November 2014).

Researchers have been working on increasing Iranian elders' quality of life in nursing homes. Some studies have been done on providing elders with physical exercises [65,66], social support [67] and trainings [68] and their effect on life quality of nursing home residents. However, there is still need for more research on this issue and study Iranian elders, as a unique group of people.

Life quality of nursing home residents in Iran have been vastly investigated [69-71], in which majority suggest a clear need for improvement. Salarvand et al. [72] asked elderly people in nursing homes express their emotional feeling about their environment. Despite very few cases, who expressed happiness about the new place, majority of residents mentioned sense of being useless (identity vs. role confusion), sense of being isolated (intimacy vs. isolation) and sense of having no power in making decisions (autonomy vs. shame), which causes lower spirituality, lack of self-confidence, sense of loneliness, disappointment and frustration, depression and missing friends and family.

Summary

Erikson's psychosocial development model and theory of gerotranscendence, as two important approaches toward successful aging, have not got enough attention in Iranian nursing homes' architecture. Erikson's theory is important because it categorises main psychological challenges of older people in order to age successfully. On the other hand, theory of gerotranscendence has a different story to, which is a shift from materialistic theories to a more cosmic view.

Moving to retirement villages in order to intentionally withdraw stress can be considered as an example of gerotranscendence in old age, but when disabilities and health problems force older people to stay at nursing homes, it would not be an optional decision anymore. On the other hand, because of some other factors (e.g. religion), gerotranscendence in nursing homes should still be considered as a probability.

Studying on older people's requirements for having a successful aging in nursing homes based on Erikson's psychosocial development model, while keeping possibility of gerotranscendence in mind, is important to understand how nursing home environments can facilitate their successful aging and increase their spirituality

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