



Positive Psychology Interventions: Modifiers of Interpersonal Needs, Gerotranscendence, and Well-Being in Geriatrics

***Dr. Usha Chivukula**

Assistant Professor, Department of Psychology St. Francis College, Begumpet, Hyderabad. *Corresponding Author

Tina Fernandes

Assistant Professor, Head of the Department Department of Psychology St. Francis College, Begumpet, Hyderabad.

Akanksha Agarwal

Post Graduate Student, Department of Psychology St. Francis College, Begumpet, Hyderabad.

ABSTRACT

The present study focuses on positive psychology interventions as the modifiers of Interpersonal Needs, Gerotranscendence and Well-Being in geriatrics. A multiphase sampling method was used to select 96 people between the age group of 60-90 years from Retirement homes and Old age homes of Hyderabad. The results revealed a significant correlation between Interpersonal Needs, Gerotranscendence and Well-Being. Significant difference was found between Interpersonal Needs, Gerotranscendence and Well-Being in Geriatrics living in old-age homes and retirement homes. Positive psychology interventions were found to significantly enhance Gerotranscendence and Well-Being and reduce feelings of perceived burdensomeness and thwarted belongingness in Geriatrics living in old-age homes and retirement homes. The study brought into light the need for encouraging elderly to practice simple positive psychology techniques to enhance their well-being and quality of life during

KEYWORDS : well-being, positive psychology, aging, geriatrics, old age, retirement, older adults, gerotranscendence, interpersonal needs.

The Indian geriatric population constitutes only upto 7% of the total population, yet serious consideration has not been given to their concerns and issue. Geriatric or aging population, are those adults over the age of 60 years (Govt of India, 1995; 2007). Statistical data has shown that 65% of the Indian geriatric population are dependent for their everyday care (Ministry of Statistics & Program Implementation Central Statistics Office, India, 2011). Due to transitions in the Indian society from the traditional joint family structure to nuclear family setting, there is an increased probability of the elderly to be exposed to economic, emotional and physical uncertainty in the years to come. Aging involves changing needs for support and assistance. Decreased functioning, coupled with unmet needs and feelings of failure during aging increases dependency and may give rise to feelings of loneliness (Dykstra, Tilburg, & Gierveld, 2005). Along with decreased functioning, dependency and seclusion, old age is also associated with changes in relationships, autonomy, roles of an individual and their status in society (Marty, 2011). Providing support to the elderly to achieve and enhance personal growth is substantial for their well-being (Roach, 2001).

Interpersonal needs comprise of two components: perceived burdensomeness and thwarted belongingness. Perceived burdensomeness refers to a self-view that one is defective and flawed, to the point of being a liability to others (Joiner, 2005). Significant correlation has been found between age and perceived burdensomeness, which suggested greater perceptions of burdensomeness reduces the sense of meaning in life, placing the elderly at risk for negative health outcomes, resulting in decreased mental well-being (Cukrowicz, Cheavens, Orden, Ragain, & Cook, 2013; Orden, Lynam, Hollar, & Joiner, 2006; Orden, Bamonti, King & Duberstein, 2012). However, fear of being a burden on others is not only felt by those who are terminally ill, but also by older adults who are presently healthy and living independently in the community (Malpas, Mitchell, & Johnson, 2012).

A new perspective to aging has emerged from the Tornstam's theory of Gerotranscendence (1989). The theory highlights a progressive change from an object-oriented view of the world to a more transcendental one, usually with increased life satisfaction. Cosmic transcendence is explained as a transition from seeing oneself as significant to an enhanced coherence with the world, as being a part of "the universe." Sadler, Braam, Groenou, Deeg and Geest (2006), found a relationship between loneliness and cosmic transcendence which is

a dimension of gerotranscendence scale. They found that when there are low levels of cosmic transcendence, there is low level of feeling of belongingness. Sood and Bakshi (2012) showed that social support plays a critical role in the lives of aged individuals and acts as a significant resource as they age. It generates the sense of self-worth and positive affect (Cohen & Syme 1985).

The concept of well-being encompasses the mental and emotional, social, spiritual, and physical dimensions of health viz. maintaining a healthy body and seeking care when needed, develop their potential, work productively and creatively, build strong and positive relationships with others, develop a set of values that help in seeking meaning and purpose and contribute to their community (Cooper, 2008). Well-being and health play an important role in old age. Kuria (2012), states that most age related changes have tendency of leading to psychosocial problems because when age related changes begin to manifest in the body system, hope is lost, disorganization of thoughts occurs, stress level goes higher and psychosocial problem would possibly set in.

The relationship between engaging in positive activities and improvements in well-being was mediated by perceived increases in satisfying experiences (Dickerhoof, 2007). Fredrickson et al (2008) showed that increases in positive emotion experienced as a result of a meditation activity fostered personal resources such as social relationships and physical health, increased life satisfaction. Positive Psychology Interventions (PPIs) as those that focus on positive topics; operate by a positive mechanism or target a positive outcome variable; and are designed to promote wellness rather than to fix weakness (Parks, 2013). PPIs involve simple, self-administered cognitive or behavioral strategies. Research revealed that PPIs resulted in increased sense of well-being, adaptive personality characteristics, positive social relationships, vitality, reduced symptoms of anxiety and depression and promoted well-being (Bolier, 2015; Wood, Froh & Geraghty, 2010; Sin & Lyubomirsky, 2009; Seligman, Rashid, & Parks, 2006)

There is a dearth of studies that show these variables together in the Indian context. The literature on gerotranscendence and mental, physical, and spiritual well-being is sparse and has not been used along with PPIs. This study was undertaken to examine the role that PPIs play on their interpersonal needs, aging patterns along with their well-being. It was also undertaken to examine whether there exists

any difference between the same in the population staying in retirement homes and in old age homes.

Objectives:

1. To assess the effect of Positive Psychology interventions on Interpersonal needs, Gerotranscendence and Mental, Physical and Spiritual well-being among geriatrics living in retirement homes and old-age homes.
2. To find a relationship between Interpersonal needs, Gerotranscendence and Mental, Physical and Spiritual Well-being in Geriatrics.
3. To find a difference between Interpersonal needs, Gerotranscendence and Mental, Physical and Spiritual Well-being in Geriatrics living in retirement homes and old-age homes.

Method

The study used a pretest- posttest, quasi-experimental design to assess the role of positive psychology interventions on interpersonal needs, gerotranscendence and mental, physical and spiritual well-being among geriatrics living in old-age homes; a place where older people stay together in large rooms and retirement homes; a group of flats or bungalows where all residents are older people. (Elderly Accommodation Counsel; EAC, 2015), A correlation design was also used to study the relationship between interpersonal needs, gerotranscendence and mental, physical and spiritual well-being in geriatrics where the sample was treated as the independent variable and interpersonal needs, gerotranscendence and mental, physical and spiritual well-being were treated as the dependent variables. A within group design was used to find the difference between interpersonal needs, gerotranscendence and mental, physical and spiritual well-being in geriatrics living in retirement homes and old-age homes.

The sample consisted of 96 physically independent older adults between the age group of 60-90 years living in retirement homes and old age homes selected from the Metropolitan city of Hyderabad. The sample technique used to employ the members of the sample group is of multiphase sampling. This sampling technique involved three stages. In the first stage, information about all retirement homes and old age homes in Hyderabad was collected through the internet. In the second stage, the retirement homes and old age homes were divided into area-wise clusters and some of the old-age and retirement homes were selected through a random sampling method. The retirement homes and old age homes were approached for a consent. In the next stage a purposive sampling technique was used to approach the participants and collect data.

Instruments

The Interpersonal Needs Questionnaire developed by Joiner, Orden, Witte, and Rudd (2009), Gerotranscendence Scale Revised (Cozort,2008) and Mental Physical and Spiritual Wellbeing Scale (Brodrick& Allen, 1995) were the instruments used for the purpose of the study

An Intervention Module was developed by collaborating positive psychology activities that focused on mindfulness, optimism, gratitude and happiness. The module was designed keeping in mind the requirements and limitation of the intended sample. It consists of four activities that last for a duration of 15 minutes and include breathing exercise, three good things today (Seligman, 2005), laughter therapy (Kataria, 1995) and positive affirmations (Hay, 2004).

Procedure:

The research was conducted in three parts, pre-test, intervention and post-test phase. After the administrative formalities, the pre-test was conducted. The intervention was administered to those who gave consent to attend the intervention regularly for a period of 30 days. In the post test phase all the scales were administered to the participants. Finally, 20 participants each from retirement home and old age home were administered the scales in the post-test phase. The data was statistically analyzed using IBM SPSS version 20.

RESULTS

The results attempted to find out if the pre-and post-test groups significantly differed on interpersonal needs, gerotranscendence, and mental physical and spiritual well-being. A paired t-test was con-

ducted. The results of paired t-test with corresponding M and SD are presented in Table-1

Table 1

Differences in interpersonal needs, gerotranscendence, and mental physical and spiritual well-being before and after treatment among geriatrics.

	Paired Differences			t-value	Df
	Mean	Std. Deviation	Std. Error Mean		
PB	20.00	14.70	2.32	8.61**	39
TB	4.03	7.34	1.16	3.47**	39
COS	1.60	2.45	.39	4.00**	39
COH	2.58	2.46	.39	2.40*	39
SOL	-7.40	3.46	.55	9.48**	39
MWB	6.30	3.55	.56	11.27**	39
PWB	1.53	2.42	.38	3.80**	39
SWB	3.28	4.21	.67	1.67	39

Note: PB= Perceived Burdensomeness, TB= Thwarted Belongingness, COS= Cosmic transcendence, COH= Coherence dimension, SOL= Solitude dimension, MWB= Mental Well-Being, PWB= Physical Well-Being, and SWB= Spiritual Well-Being,

The results of the paired-samples t-test indicated a significant difference in perceived burdensomeness $t(39) = 8.61, p < .01$, thwarted belongingness $t(39) = 3.47, p < .01$, cosmic transcendence $t(39) = 4.00, p < .01$, coherence transcendence $t(39) = 2.40, p < .05$, solitude transcendence $t(39) = 9.48, p < .01$, mental well-being $t(39) = 11.27, p < .01$, physical well-being $t(39) = 3.80, p < .01$, no significant difference was observed in spiritual well-being $t(39) = 1.67$, before and after the intervention among geriatrics.

Inter-Correlations were conducted to find the relationship between Interpersonal Needs, Gerotranscendence and Mental Physical Spiritual Well-Being. The results are presented in Table-2

Table 2

Correlation Measures of Interpersonal Needs, Gerotranscendence and Mental Physical Spiritual Well-Being.

	PB	TB	COS	COH	SOL	MWB	PWB	SWB
PB	1	.33**				-.18	-.31**	-.18
TB		1	-.15			-.34**		
COS			1				-.16	.37**
COH				1		.17		
SOL					1		.17	
MWB						1		.28**
PWB							1	
SWB								1

Note: PB= Perceived Burdensomeness, TB= Thwarted Belongingness, COS= Cosmic transcendence, COH= Coherence dimension, SOL= Solitude dimension, MWB= Mental Well-Being, PWB= Physical Well-Being, and SWB= Spiritual Well-Being,

N= 96, ** $p < .01$, * $p < .05$

The results showed a significant negative correlation between mental well-being and thwarted belongingness ($r = -.34, p < .01$). Physical well-being was negatively correlated with perceived burdensomeness ($r = -.31, p < .01$). A significant positive correlation was found between spiritual well-being and cosmic transcendence ($r = .37, p < .01$). Significant positive correlation was also found between perceived burdensomeness and thwarted belongingness ($r = .33, p < .01$).

The results of the One- Way Analysis of Variance of geriatrics living in retirement homes and old-age homes by Mental Physical and Spiritual Well-Being, Interpersonal Needs and Gerotranscendence presents in Table-3

Table 3

One- Way Analysis of Variance of geriatrics living in retirement homes and old-age homes by Mental Physical and Spiritual Well-Being, Interpersonal Needs and Gerotranscendence.

Variable	Groups				One-Way Anova		
	Retirement home (n=42)		Oldage home (n=54)		Mean Square		
	M	SD	M	SD	Between	Within	F (1,94)
MWB	30.81	6.62	25.31	4.50	713.28	30.53	23.36**
PWB	33.19	5.26	33.43	4.96	1.31	25.91	.05
SWB	34.48	8.70	33.09	8.12	45.23	70.16	.65
PB	48.55	16.76	54.11	13.26	731.25	221.53	3.30
TB	30.81	10.13	34.67	9.09	351.48	91.35	3.85*
COS	29.93	3.38	30.67	3.39	12.87	11.48	1.12
COH	16.17	2.46	17.17	2.37	23.63	5.80	4.07*
SOL	22.43	3.72	21.33	3.22	28.34	11.90	2.38

Note: MWB= Mental Well-Being, PWB= Physical Well-Being, SWB= Spiritual Well-Being, PB= Perceived Burdensomeness, TB= Thwarted Belongingness, COS= Cosmic transcendence, COH= Coherence dimension and SOL= Solitude dimension.

N= 96, **p<.01, *p<.05

The results revealed a significant difference in mental physical spiritual well-being- mental dimension (F= 23.36, p< .01), interpersonal needs- thwarted belongingness dimension (F= 3.85, p< .05), and gerotranscendence- coherence dimension (F= 4.07, p< .05) among geriatrics living in old-age homes and retirement homes. The mean scores revealed that mental well-being is higher in geriatrics living in retirement homes (M= 30.81, SD= 6.62) than in old age homes (M= 25.31, SD= 4.50). The mean scores on the dimension of thwarted belongingness was higher for geriatric living in old age homes (M= 34.67, SD= 9.09) as compared to retirement homes (M= 30.81, SD= 10.13). The mean scores on coherence dimension was higher in geriatric living in old age homes (M= 17.17, SD= 2.37) than retirement homes (M= 16.17, SD= 2.46).

DISCUSSION

The study revealed that Positive Psychology interventions had a significant effect on Interpersonal needs, Gerotranscendence and Mental, Physical and Spiritual well-being. A high significant difference was noted on the dimension of mental well-being revealing that positive psychological interventions indeed enhance mental well-being, Research (Seligman et al., 2006; NIH, 2008; Bolier, 2015) also stated that positive psychology interventions reduce anxiety and depression leading to increased mental well-being. A significant difference in

perceived burdensomeness substantiates that practicing and participating in positive psychology interventions reduces feelings of worthlessness and burden. Wood et al., (2010) state that positive psychology interventions help developing positive social relations thereby decreasing the feelings of burdensomeness.

The study brought into light significant association between Interpersonal needs, Gerotranscendence and Mental, Physical and Spiritual well-being. Perceived burdensomeness was found to be negatively correlated with physical well-being suggesting that when there is an increased feeling of burden, there is a decline in the physical health in geriatrics. Cohen and Syme, (1985) stated that social support increases sense of self-worth and positive affect and is an important factor for physical health. Thwarted belongingness and mental well-being were found to be negatively correlated, when feelings of loneliness and isolation increase, there a decrease in the mental well-being of geriatrics. A study by Kalpakci et al., (2014) suggests that conflictual family relations and thwarted belongingness contribute to decreased mental well-being. The dimension of cosmic transcendence was found to be positively correlated with spiritual well-being suggesting that during old age one's view transcend from material possessions to superior universal possessions, thus enhancing the spiritual sense of an individual.

Among geriatrics living in old-age homes and retirement homes- significant differences were observed on the dimension of mental well-being dimension; thwarted belongingness dimension; and coherence dimension. Geriatrics living in retirement homes were found to have enhanced mental well-being than geriatrics living in oldage homes. Age effects the physical well-being of the elderly, declined physical functioning and well-being is an important characteristic of old age (Marty, 2011), similar results were observed in the present study where no differences were observed on physical well-being geriatrics living in retirement homes and oldage homes.

Aging encompasses decreased functioning, increases dependency, unmet needs, and failure like feelings, give rise to feelings of solitude (Dykstra, Tilburg, & Gierveld, 2005). The need for support and assistance is augmented at this stage of life. To help the elderly achieve satisfaction and bring about meaning in their life it is important to assist them to enhance their health and well-being and enrich the aging process. Positive psychology interventions can play a great role (Seligman et al., 2006; Wood et al., 2010; Bolier, 2015) in such circumstances. While most of the research (Lynn & Adamson, 2003; Morrison, 1997; Norman, 1982) focused on illness and death, positive aspects such as well-being and golden years of aging ought to be encouraged. The findings of the present study will be helpful for clinicians, social workers, caregivers and other professionals to understand the role PPIs play on the interpersonal needs, aging and well-being in old adults so that they can incorporate these activities and in-turn motivate and enhance their living years. The results will provide guidelines for the state and national programs aimed at developing policies for the aged. It will also help them in effective implementation of health and security schemes. The study paves a way for cross-cultural or cross-sectional research, as the present scenario perceives increasing geriatric population, and disintegration of the traditional joint family living arrangement across cultures.

UN Secretary General Kofi Annan (2010), while referring to the ageing population had observed: "With age, human beings gain immeasurable depth and breadth of experience and wisdom. That is why older persons should not only be respected and revered but they should be utilized as the rich resource to society that they are".

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