

The Chinese University of Hong Kong The Nethersole School of Nursing

Cadenza Training Programme

CTP002: Psychosocial and Spiritual Care

Chapter 4: Promoting psychological well-being of older adults

Copyright © 2012 CADENZA Training Programme. All rights reserved.



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Lecture outline

- Definition and essential components of psychological well-being.
- General status of psychological well-being in older adults.
- Non-modifiable and modifiable factors that impact the psychological well-being of older adults who live in community or residential settings.
- Ways to enhance the psychological well-being of older adults who live in community & in residential settings.

Definition and Essential Components of Psychological Well-Being

Definition of Psychological Well-being

Psychological well-being refers to the extent to which people:

- feel they are in control of their lives
- feel that what they do is meaningful and worthwhile
- have good relationships with others

(Ryan and Deci, 2001; Ryff and Keyes, 1995)

Essential Components of Psychological Well-being

Psychological well-being consists of six components:

- autonomy
- environmental mastery
- positive relations with others
- self-acceptance
- purpose in life
- personal growth

Autonomy

It refers to the independence and self-determination of the person. A high level of psychological well-being is represented by the following autonomy conditions:

- Not afraid to voice one's opinions even when the opinion is opposite to others' opinions.
- Have confidence in one's opinions and would not change the opinion even if the opinion is opposite to general consensus.
- Feeling happy with oneself is more important than getting others' approval.

(Rosemary et al. 2006;
Ryff, 1989a & 1989b)

Environmental Mastery

It refers to the ability to manage one's life. A high level of psychological well-being is represented by the following environmental mastery conditions:

- good at managing most responsibilities in one's daily life
- takes good care of personal finances and affairs
- good at time management when doing things in daily life
- can build a suitable home and lifestyle

(Rosemary et al. 2006;
Ryff, 1989a & 1989b)

Positive Relations with Others

It refers to having satisfying high quality relationships. A high level of psychological well-being is represented by the following conditions in this aspect:

- viewed as a loving, affectionate, and giving person who is willing to share time with others
- enjoys personal and mutual conversations with family members and friends
- has mutual trust with friends

(Rosemary et al. 2006;
Ryff, 1989a & 1989b)

Self-Acceptance

It refers to a positive attitude towards oneself and one's past life. A high level of psychological well-being is represented by the following self-acceptance conditions:

- accepts previous mistakes in life and feels everything has worked out for the best
- accepts previous ups and downs in life and feels no need to change them
- feels good about self when compared with friends and acquaintances
- feels confident and positive about self

(Rosemary et al. 2006;
Ryff, 1989a & 1989b)

Purpose in Life

It refers to believing that one's life is meaningful. A high level of psychological well-being is represented by the following conditions in this aspect:

- is an active person able to carry out set plans
- enjoys making plans for the future and working to complete those plans

(Rosemary et al. 2006;
Ryff, 1989a & 1989b)

Personal Growth

It refers to being open to new experiences. A high level of psychological well-being is represented by the following conditions in this aspect:

- realises the importance of new experiences in life and knows that new things can challenge one's thinking about the world
- feels one has developed a lot over time

(Rosemary et al. 2006;
Ryff, 1989a & 1989b)

General Status of Psychological Well-being In Older Adults

General Status of PWB

Gender Differences in Psychological Well-Being of Old Adults: A Meta-Analysis

Gender Differences in Psychological Well-Being of Older Adults: A Meta-Analysis

- A meta-analysis was performed on studies investigating gender differences in life satisfaction, happiness, self-esteem, loneliness, subjective health, and subjective age.
- Studies were identified from developmental and gerontological literature through electronic databases (Psycinfo, Medline, PSYINDEX).
- 300 studies were included in the meta-analysis.

Gender Differences in Psychological Well-Being of Older Adults: Findings of the Meta-Analysis

	<u>Older Men</u>	<u>Older Women</u>
• Life satisfaction	Higher	Lower
• Happiness	Higher	Lower
• Self-esteem	Higher	Lower
• Loneliness	Less	More
• Age	Felt older	Felt younger
• Everyday competence	Higher	Lower
• Subjective Health	Higher	Lower
• Objective Health	Higher	Lower
• Subjective well-being	Higher	Lower

General Status of PWB
Racial Differences in
Psychological Well-Being of Older Adults

Racial Differences in Psychological Well-Being of Older Adults

- A study of 257 adults with an average age of 71 and including blacks and whites was undertaken. Psychological well-being was measured by **mental health** and **morale** in this study.
- Blacks reported both **better mental health** and **higher morale** than whites, i.e., better psychological well-being than older whites.

General Status of PWB
General Personal Characteristic
Differences in
Psychological Well-Being of Older Adults

Number of Years in Education

In the previous study conducted by Kahana and colleagues (1995), the level of mental health partly contributed to the level of psychological well-being. The study showed that more years spent in education tended to lead to better mental health.

Income and Financial Strain

- Kahana and colleagues (1995) found that more income tended to lead to better mental health.
- Bazargan and Bazargan (1997) found that less financial strain tended to lead to a higher level of PWB.

Self-rated Health Status

- In the study conducted by Chen and Silverstein (2000), the level of morale represented the level of psychological well-being. The study showed that a higher level of self-rated health status tended to lead to a higher level of morale.
- Another study conducted by Bazargan and Bazargan (1997), showed that a higher level of self-rated health status tended to lead to a higher level of PWB.

Cognitive Deficit

Bazargan and Bazargan (1997) found that lower levels of cognitive deficit tended to lead to a higher level of PWB.

Limitation in Daily Activities

- In a study conducted by Chen and Silverstein (2000), the level of morale represented the level of psychological well-being. The study showed that lower levels of ADL/IADL difficulties tended to lead to a higher level of morale.
- The study conducted by Bazargan and Bazargan (1997) found that a lower level of limitation in daily activities tended to lead to a higher level of PWB.

Stressful Life Events

Bazargan and Bazargan (1997) found that less stressful life events tended to lead to a higher level of PWB.

Non-modifiable & Modifiable Factors that Impact the Psychosocial Well-Being (PWB) of Older Adults who Live in Community or Residential Settings

Non-Modifiable Factors that Impact PWB
Early Childbearing and Psychological
Well-Being of Older Adults Who Live in
Communities

Early Childbearing and Psychological Well-Being of Older Adults Who Live in Communities

- Early childbearing (i.e., having the 1st child before age 22 or 23) has been linked to higher rates of depression in later midlife and late life in the United States.
- Early childbearing was found to be associated with a higher risk of activities of daily living (ADLs) limitations at ages 65 to 83. The effects appeared stronger among white than black mothers until socioeconomic status (SES) was controlled.
- Early childbearing was also associated with greater levels of depressive symptomatology in later life, though this association was marginally significant and was mediated by SES and health.

(Koropecky-Cox et al. 2007; Mirowsky, 2002; Spence, 2008)

Early Childbearing and Psychological Well-Being of Older Adults Who Live in Communities

The possible underlying mechanisms of this linkage are as follows:

- Early childbearing was associated with negative social costs to the mother, e.g., truncation of educational attainment, more children, prolonged unemployment, subsequent socioeconomic disadvantage and economic hardship in mother's future living.
- These negative social costs and subsequent consequences would lead to more stress and eventually depression in mother's midlife or later life.

(Koropeckyj-Cox et al. 2007;
Mirowsky, 2002; Spence, 2008)

Non-Modifiable Factors that Impact PWB

Late Childbearing and Psychological
Well-Being of Older Adults Who Live in
Communities

Late Childbearing and Psychological Well-Being of Older Adults Who Live in Communities

- It was found that there were increases in levels of depression with first births after the late 30s, although the underlying mechanism was less clear.
- Late childbearing was associated with more depressive symptoms net of early life and current SES, child proximity and support, and physical health.
- There was no significant association between late childbearing and activities of daily living (ADLs) in late age. Older Chinese women with histories of late childbearing were less likely to have limitations in activities of daily living (ADLs).

(Mirowsky and Ross, 2002; Spence, 2008; Yi and Vaupel, 2004)

Non-Modifiable Factors that Impact PWB
Self-Reported Memory Function and
Psychological Well-Being of Older Adults
Who Live in Communities

Self-Reported Memory Function and PWB of Older Adults Who Live in Communities

A study of 998 African Americans aged 62 or above examined the relationship between their self-reported memory function and PWB. Findings were revealed as follows:

- Older adults with more memory problems showed a lower level of PWB.
- The strength of relationship between self-reported memory deficits and PWB was stronger among women than men.

Measuring Self-Reported Memory Function and Psychological Well-Being in this Study

- Self-reported memory deficits were measured by the 27-item Memory Functioning Questionnaire (MFQ; Gilewski & Zelinski, 1988; Zelinski & Gilewski, 1988) with 4 subscales: 1) general rating of memory 2) retrospective functioning 3) frequency of forgetting 4) remembering past events
- Psychological well-being was measured by the 17-item revised version of The Philadelphia Geriatric Centre (PGC) Morale Scale (Lawton, 1975), the original binary *yes* or *no* response categories was changed to a 4-point Likert-type scale (i.e., *strongly agree* to *strongly disagree*).

Modifiable Factors that Impact PWB
Parent-Child Relationship and Psychological
Well-Being of Older Adults Who Live in
Communities

Parent-Child Relationship and PWB of Older Adults Who Live in Communities

A study of 4,242 noninstitutionalised, English-speaking adults, aged 25 to 74 examined the linkage. Findings were as follows:

- Older adults who recalled positive, trusting relationships with parents in childhood reported better PWB during their mid and late life.
- Current parental experiences with their adult offspring had both direct and indirect (through generativity) effects on PWB.

Measuring Parent-Child Relationship in the Study of An and Cooney (2006)

Examples of questions to measure P-C relationship

Remembered pre-adult relationships with parents

- how much did parent understand your problems/worries?
- how much love & affection did parent give you?
- how much did parent teach you about life?

Examples of items to measure current parental experiences

Parenting satisfaction

- feel pride about what one has been able to do for children

Parenting dissatisfaction

- problems with children caused one shame at times

Relationship quality

- rate overall relationship with children

Obligation

- take divorced / unemployed adult child back into home

Measuring Psychological Well-Being in the Study of An and Cooney (2006)

- Psychological well-being was measured by a shortened version of Ryff's (1989) psychological well-being scale which had three items for each of Ryff's six dimensions of well-being.
- This study only used five of the six distinct dimensions of well-being:
 - autonomy
 - environmental mastery
 - personal growth
 - purpose in life
 - self acceptance

Modifiable Factors that Impact PWB
Generativity and Psychological Well-Being
of Older Adults Who Live in Communities

Generativity and Psychological Well-Being of Older Adults Who Live in Communities

The study of An and Cooney (2006) also examined the linkage between generativity and PWB. Findings were as follows:

- Generativity had the strongest direct effects on PWB in mid and late life.
- The impact of generativity on PWB is stronger for females than males.

Generativity in Erikson's Theory

- Erikson's (1963) theory of psychosocial development indicated the development of generativity is an important stage of human development during people's mid to late life.
- Generativity represents caring for the next generation, and contributing to future generations through productive and creative endeavors.

Measuring Generativity in This Study

Examples of quality to measure one's generativity

Generative qualities:

- one's unique contribution to society
- one's important skills to pass along to others
- people seek one's advice

Societal contribution:

- contribution to the welfare and well-being of others
- thought and effort one would put into one's contribution

Civic obligations:

- serve on a jury, keep fully informed about public issues
- testify in court as witness, vote in local / national election

Obligations to volunteer:

- volunteer time / money to social causes
- vote for a law to help other even it increases personal tax

Modifiable Factors that Impact PWB
God-Mediated Control (GMC) and PWB of
Older Adults Who Live in Communities

God-Mediated Control (GMC) and PWB of Older Adults Who Live in Communities

A study of 1,500 participants of age 66 or above was conducted to examine the linkage. Participants were household residents of older whites and older African Americans. Findings were as follows:

- Older adults with a strong sense of God-mediated control would have a greater life satisfaction, more optimism, a higher sense of self-worth, and lower levels of death anxiety.
- Older blacks reported higher levels of God-mediated control than older whites. Also, this linkage was stronger for older blacks than older whites.

(Krause, 2005)

Meaning of God-Mediated Control (GMC)

God-mediated control implies that, by working together with God, people can overcome problems and achieve goals in life. Therefore, instead of giving up entire control, older adults work collaboratively with God to master the social environment.

(Krause, 2005)

Underlying Mechanism of the Relationship Between God-Mediated Control (GMC) and PWB

Two broad approaches to explain the relationship between GMC and PWB are as follows:

- **Stressful life events perspective:** people with a strong sense of GMC experience a greater sense of PWB, since they are able to cope more effectively with stressful life events than those who do not believe that God works with them to solve the crises in life.
- **A perspective focuses only on main effects:** GMC may have beneficial effects on PWB that operate independently of stress.

Measuring God-Mediated Control (GMC) and PWB In the Study of Karuse (2005)

Example of items to measure GMC and PWB

God-Mediated Control

- all things are possible when I work together with God

Life Satisfaction

- I would not change the past even if I could

Self-Esteem

- I feel I have a number of good qualities

Optimism

- in uncertain times, I usually expect the best

Death Anxiety

- I do not feel prepared to face my own death

Modifiable Factors that Impact PWB
Intergenerational Social Support and
Psychological Well-Being of Older Adults
Who Live in Communities

Intergenerational Social Support and PWB of Older Adults Who Live in Communities

A study of 3,039 noninstitutionalised individuals aged 55 or above was done. The sample was selected from three representative counties in the Beijing metropolitan area: mountain rural, plain rural, and urban. Several findings were revealed:

- Providing instrumental support (i.e., personal assistance and financial support) to children and satisfaction with children directly improved older adults' PWB.
- The benefits of receiving support from children are fully mediated by older adults' satisfaction with their children.
- The positive effects of providing functional support are magnified among older adults who accept the traditional norms regarding family support.

Measuring Intergenerational Social Support in the Study of Chen and Silverstein (2000)

Three dimensions of intergenerational support were measured in the study of Chen and Silverstein:

1. Structural factors: included family size (i.e., total number of biological and nonbiological children), gender composition of children, and proximity of surviving adult children (i.e., whether older adults lived with at least one child).

2. Functional exchanges with adult children and their spouses: included personal assistance (i.e., help from children with ADL and instrumental activities of daily living, or helping child with either housework or baby-sitting), financial assistance (i.e., regular monetary, food, clothing and other essentials from children), and emotional support (i.e., at least one child is cited as confidant).

Measuring Intergenerational Social Support in the Study of Chen and Silverstein (2000)

Three dimensions of intergenerational support were measured in the study of Chen and Silverstein:

3. **Appraisal of relations with children:** how satisfied older adults were with their children; adherence to traditional Chinese family norms (i.e., whether older adults think having sons makes their old age secure).

Measuring Psychological Well-Being in the Study of Chen and Silverstein (2000)

PWB was measured by the Philadelphia Geriatric Center Morale Scale (Lawton, 1975) which was modified for use in a Chinese population. The items ask how often in the past week the respondent felt the following:

- 1) they had as much energy as before
- 2) they were less useful
- 3) they had a lot of fun in life
- 4) they were depressed
- 5) they felt happy
- 6) they had nothing to do
- 7) they were willing to have contact with others
- 8) they liked to be alone
- 9) they became irritated during the past week

Modifiable Factors that Impact PWB
Patterns of Social Relationships and
Psychological Well-Being of Older Adults
Who Live in Communities and Institutions

Patterns of Social Relationships and PWB of Older Adults Who Live in Communities and Institutions

A study of 148 Japanese, aged 65 or above, living both in communities and in institutions examined the relationship between the patterns of social relationship (i.e., spouse-dominant, child-dominant, friend-dominant, isolated "lone-wolf" people, relatives/in-laws, etc.) and PWB. Findings were as follows:

- There were no differences in psychological well-being between family-dominant and friend-dominant participants.
- Those who lacked affective figures had lower scores in subjective well-being (i.e., self-esteem and life satisfaction) than did their family-dominant and friend-dominant counterparts.

Measuring Patterns of Social Relationships and Psychological Well-Being in this Study

- Patterns of social relationship were assessed by the Picture Affective Relationships test (PART) for Elderly People (Takahashi, 1987, 1990), which was a self-report instrument. The PART could assess the level of need from different people (e.g., spouse, child, friends, relatives, or oneself) so as to determine the dominant pattern of affective relationship of the participant.
- Psychological well-being was assessed by 1) The Center for Epidemiologic Studies-Depressed Mood Scale (CES-D) (Radloff, 1977), a 20-item, 4-point. (2) The Self-esteem Scale (Rosenberg, 1965), a 10-item, 4-point scale. (3) A subjective life-satisfaction scale, a 5-point scale where 5 = highly satisfied and 1 = very unsatisfied. (4) A subjective evaluation of health using a 5-point scale where 5 = excellent and 1 = poor.

Modifiable Factors that Impact PWB
Life Domain Appraisals and Psychological
Well-Being of Older Adults Who Live in
Communities

Life Domain Appraisals and Psychological Well-Being of Older Adults Who Live in Communities

A study of 257 adults with average age 71, including blacks and whites, was done. Findings were as follows:

- Three life domain appraisals (i.e., positive appraisals of activities, positive appraisals of relationships, and positive appraisals of physical health) were significant predictors of *psychological well-being* of older adults.
- Among the above three life domain appraisals, appraisals of physical health being the strongest predictor of PWB.
- Those reporting more lifetime socioeconomic crises tended to report worse *mental health*.
- Those reporting more change from recent negative events tended to report lower *morale*.

Measuring Life Domain Appraisals in the Study of Kahana and Colleagues (1995)

Life domain appraisals were assessed in the following three areas:

1. **Perceived adequacy of income:** a single 5-point item ranging from 1 = *not at all adequate* to 5 = *more than adequate*.
2. **Self-assessed health:** using Multidimensional Assessment Inventory (Pfeiffer, 1976), respondents rated their own health, compared their health to others their own age, rated how much their health interfered with doing things they way they wanted, and how their current health compared with their health 5 years earlier.

Measuring Life Domain Appraisals in the Study of Kahana and Colleagues (1995)

Life domain appraisals were assessed in the following three areas:

3. **Satisfaction with activities and Satisfaction with relationships:** 5-point items were developed from open-ended questions designed to elicit information about disappointments and concerns most salient to the elderly.

Measuring Psychological Well-Being in the Study of Kahana and Colleagues (1995)

Psychological well-being was measured by mental health and morale with the following two scales:

- A scale comprised of 15 items from the Twenty-two Item Screening Score (Langner, 1962) containing psychiatric symptoms of impairment was used to measure *mental health*.
- A scale comprised of 9 items from the original 22 items from the Philadelphia Geriatric Center (PGC) Morale Scale (Lawton, 1972; 1975) was used to assess respondents' *morale*. Three items in the 9 items measured three dimensions of morale described by Lawton in his 1975 modification of the scale (i.e., agitation, attitude toward own aging, and lonely dissatisfaction).

Ways to Enhance the Psychological Well-Being of Older Adults who Live in Communities & in Residential Settings

Enhancing the Essential Components of Psychological Well-Being of Older Adults

We mentioned in the first section that psychological well-being consists of six components (i.e., autonomy, environmental mastery, positive relations with others, self-acceptance, purpose in life, and personal growth).

In this section we will discuss ways of enhancing these components for improving the PWB of older adults.

Ways to Enhance the Autonomy of Older Adults Who Live in Communities or in Residential Settings

Promoting Autonomy of Community Dwelling Older Adults by Giving Necessary Supports

- Older adults' motivation for autonomy can be harnessed for empowerment whereby they take charge of transforming themselves and their lifestyle so that development and life satisfaction continue through their old age.
- Family members of older adults, and even governments, should therefore empower older adults by giving them various supports (i.e., emotional, materials or financial), to make their own choices and decisions in life. This will enhance older adults' autonomy despite the limitations and challenges they face in old age.

Promoting Autonomy of Community Dwelling Older Adults by Facilitating Self-Care Behaviour

- Older adults whose self-care behaviour style was independent also managed independently in their daily activities. As they did not wish to have assistance from others, they worked hard to maintain their autonomy.
- Therefore, family members should facilitate older adults' self-care behaviour by verbal encouragement and compliments.

(Zeleznik, 2007)

Promoting Autonomy of Older Patients Who Live in Residential Settings using ACP

- Advance care planning (ACP) is a process of communication between a patient, the patient's family members, health care providers, and important others about the kind of care the patient would consider appropriate if he or she cannot make his or her own wishes known in the future.
- Discussions with close family members or loved ones, the treating doctor and other significant members of the patient's healthcare team will enhance their sense of autonomy and security.

(Martin et al, 2000; Shanley and Wall, 2004)

Ways to Enhance the Environmental Mastery of Older Adults Who Live in Communities or in Residential Settings

Promoting Environmental Mastery of Older Adults Who Live in Residential Settings

- In a study of residents of residential care/assisted living (RC/AL) facilities, greater resident influence (i.e., greater environmental mastery) over facility policies and involvement in facility administration rather than just with opportunities to select activities or meal times, etc., was significantly associated with lower levels of depressive symptoms.
- Therefore, residents of RC/AL should be encouraged to get involved in facility policies and administration to enhance their autonomy and PWB.

(Chen et al, 2008)

Promoting Environmental Mastery of Older Adults (With Religion) by Enhancing GMC

- We have mentioned in the previous section that older adults with a higher level of God-mediated control (GMC) work collaboratively with God to master their social environment.
- Therefore, no matter if the older individuals live in a community or residential setting, if they have a religion, family members or residential staff could promote older adults' GMC by encouraging them to go to church or temple, to read the Bible, Buddhist texts, or sacred books of their religion, or to practice their faith as much as they can.

(Krause, 2005)

Promoting Environmental Mastery of Older Adults (Without Religion) by Enhancing LDA

- We have mentioned in the previous section that older adults with a higher level of **life domain appraisals (LDA)** would have a higher level of PWB.
- Therefore, no matter if the older individuals live in a community or residential setting, if they do not have a religion, family members or residential staff could promote older adults' LDA by teaching them new ways / perspectives to appraise situations or environments in different life domains more positively and therefore have a better sense of environmental mastery.

Ways to Enhance Positive Relations with Others (i.e., Intergenerational Social Support) in Older Adults Who Live in Community or Residential Settings

Promoting Positive Relations with Others by Enhancing Functional Exchanges with Family

We can counsel community dwelling or residential older adults to enhance functional exchanges (i.e., emotional support, personal assistance & financial support) with their spouses and children, so as to promote their intergenerational social support.

Promoting Positive Relations with Others by Adjusting Older Adults' Appraisal of the Parent-Child Relationship

We can also counsel community dwelling or residential older adults to adjust their appraisal of relations with their children to be more positive, so as to promote intergenerational social support.

Promoting Positive Relations with Others by Adjusting Patterns of Social Relationship

If community dwelling or residential older adults tend towards the isolated "lone-wolf" category, we can counsel them and change them into family- or friend-dominant (if they have no family) people to improve their psychological well-being.

Ways to Enhance the Self-Acceptance of Older Adults Who Live in Communities or in Residential Settings

Enhancing Self- Acceptance by Fostering Optimism

Pessimistic Explanatory Style is Unfavourable to Self-Acceptance

- People who explain bad events in a circumscribed way – with internal, stable, and global causes – are pessimistic.
- An individual's explanatory style determines how they respond to an event. If it is a stable (long-lasting) cause, helplessness is chronic. If it is a pervasive (global) cause, helplessness is widespread. If it is an internal cause, self-esteem suffers and they cannot accept themselves.

Optimism and Pessimism

- People who explain good events in a circumscribed way – with external, unstable, and specific causes – are optimistic.
- Optimism has been linked to self-acceptance, positive mood and good morale; to perseverance and effective problem solving; to academic, athletic, military, occupational, and political success; to popularity; to good health; and even to long life and freedom from trauma.

(Vaillant, 1977, 1983, 1995, 2002)

Ways of Fostering Optimism: Religion

- Religious thought lends itself particularly well to optimism because of its certainty.
- However, secular social scientists interested in optimism often ignore the close link between optimism and religion, with the exception of an investigation by Sethi and Seligman.

Promoting Self-Acceptance or Optimism of Older Adults (With Religion) by Enhancing GMC

- By enhancing older adults' God-mediated control (GMC), we can promote their optimism and therefore self-acceptance.
- Therefore, no matter if the older individuals live in a community or residential setting, if they have a religion, family members or residential staff could promote older adults' GMC by encourage them to go to church or temple, to read the Bible, Buddhist texts, or sacred book of their religion, or to practice their faith as much as they can.

(Krause, 2005)

Promoting Self-Acceptance / Optimism of Older Adults (Without Religion) by Enhancing LDA

- By enhancing older adults' life domain appraisals (LDA), we can promote their optimism and therefore self-acceptance.
- Therefore, no matter if the older individuals live in a community or residential setting, if they do not have a religion, family members or residential staff could promote older adults' LDA by teaching them new ways / perspectives to appraise themselves, their lives and their values more positively and therefore have a better sense of self-acceptance.

Ways to Enhance the Purpose in Life of Older Adults Who Live in Communities or in Residential Settings

Promoting Purpose of Life by Engaging in Productive and Volunteer Activities

Importance of Volunteer Activities to the Psychological Well-Being of Older adults

- Older adults experience different role-identity absences in major life domains (e.g., partner, employment, and parental).
- Older adults with a greater number of major role-identity absences reported: more negative affect, less positive affect, and less purpose in life.
- Being a formal volunteer was associated with more positive affect and moderated the negative effect of having more major role-identity absences on their feelings of purpose in life.

Relationship Between Productive and Volunteer Activities and Psychological Well-Being

In Hao's (2008) study, productive activities meant paid and volunteer work; <1,680 hr annually = part-time; >1,680 hr = full-time. Volunteer work included any work for religious, educational, health-related, or charitable organisations.

- Both full-time work and low-level volunteering had protective effects against decline in psychological well-being.
- Dual-activity participants displayed better health than single-activity participants by achieving a slower rate of mental health decline, whereas single-activity participants shared the same change rate with those who had no activity.

(Hao, 2008)

Frequency of Volunteer Activities and Its Influence on Psychological Well-Being

Windsor and colleagues (2008) found nonlinear (i.e., inverted U shape) associations between hours spent on volunteer activities and the psychological well-being of older adults as follows:

- Non-volunteers and those volunteering at high levels produced lower psychological well-being.
- Higher level of psychological well-being is found in those volunteering at moderate levels.

(Windsor et al, 2008)

Promoting Purpose of Life by Engaging in Productive and Volunteer Activities

We can promote older adults' purpose of life by introducing meaningful productive and volunteer activities to them. By employing a behavioural modification plan, older adults' engagement in these activities would be reinforced by their favourite activities, meals or even verbal compliments.

Promoting Purpose of Life by Enhancing Generativity

We can promote older adults' purpose of life by enhancing their generativity. By discussing with them possible societal contributions, civic obligations and obligations to volunteer, we can widen their horizons and convince them to spend time and effort in fulfilling the new obligations in their old age.

Ways to Enhance Personal Growth of Older Adults Who Live in Communities or in Residential Settings

Enhancing Personal Growth Through Lifelong Learning and Travel

Personal Growth and Lifelong Learning

A study of lifelong learning was conducted with a research sample of average age 73.4. The benefits of lifelong learning were reported in four categories as follows:

- 1.intellectual stimulation
- 2.experiencing a nurturing and supportive community
- 3.enhancing self-esteem
- 4.opportunities for spiritual renewal

Personal Growth and Travel

- Sometimes, travel involves relaxation, consumption, shopping, and mindless entertainment. However, if a traveller is willing to go and explore a new place and especially to risk the uncertainties and discomforts associated with travel in a different culture, it suggests that the traveller looks for personal growth through the travelling experience.
- The greater the separation from the usual pleasures of consumer capitalism, the greater the possibility of personal growth.

References

- An, J.S., and Cooney, T.M. (2006). Psychological well-being in mid to late life: The role of generativity development and parent–child relationships across the lifespan. *International Journal of Behavioral Development*, 30(5), Sept 2006, 410-421.
- Argyle, M. (1999). Causes and correlates of happiness. In D. Kahneman, E. Diener, and N. Schwarz (Eds.), *Well-being: The foundations of hedonic psychology* (pp. 353-373). New York: Russell Sage.
- Argyle, M. (2001). *The psychology of happiness* (2nd Ed.). East Sussex, England: Routledge.
- Bazargan, M., and Bazargan, S. (1997). Self-reported memory function and psychological well-being among elderly African American persons. *Journal of Black Psychology*, 23(2), May 1997, 103-119.
- Buchanan, G.M., and Seligman, M.E.P. (Eds.). (1995). *Explanatory style*. Hillsdale, NJ: Erlbaum.
- Buss, D.M. (1987). Selection, evocation, and manipulation. *Journal of Personality and Social Psychology*, 53, 1214-1221.
- Chen, C.K., Zimmerman, S., Sloane, P.D., and Barrick, A.L. (2007). Assisted living policies promoting autonomy and their relationship to resident depressive symptoms. *The American Journal of Geriatric Psychiatry*, 15(2), Feb 2007, 122-129.

References

- Chen, X., and Silverstein, M. (2000). Intergenerational Social Support and the Psychological Well-Being of Older Parents in China. *Research on Aging*, 22(1), Jan 2000 43-65.
- Cheng, S.T., and Chan, A.C.M. (2006). Filial piety and psychological well-being in well older Chinese. *The Journals of Gerontology*, 61B(5), Sept 2006, 262.
- Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95, 542-575.
- Diener, E. (1994). Assessing subjective well-being: Progress and opportunities. *Social Indicators Research*, 31, 103-157.
- Diener, E., Suh, E.M., Lucas, R.E., and Smith, H. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125, 276-302.
- Diener, E., Emmons, R.A., Larsen, R.J., and Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49, 71-75.
- Dowd, J. (2004). Travel across the life course: From consumption to personal growth. *The Gerontologist*, 44(1), Oct 2004, 421-422.
- Erikson, E.H. (1963). *Childhood and society*. New York: W.W. Norton & Company.
- Gilewski, M.J., and Zelinski, E.M. (1988). Memory Functioning Questionnaire (MFQ). *Psychopharmacology Bulletin*, 24(4), 665-670.

References

- Greenfield, E.A., and Marks, N.F. (2004). Formal volunteering as a protective factor for older adults' psychological well-being. *The Journals of Gerontology*, 59B(5), Sept 2004, 258.
- Hall, J.H., and Fincham, F.D. (2008). The temporal course of self-forgiveness. *Journal of Social and Clinical Psychology*, 27(2), Feb 2008, 174-202.
- Hao, Y. (2008). Productive activities and psychological well-being among older adults. *Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*, 63B(2), Mar 2008, 64-72.
- Kahana, E., Redmond, C., Hill, G.J., Kercher, K., Kahana, B., Johnson, J.R., and Young, R. (1995). The effects of stress, vulnerability, and appraisals on the psychological well-being of the elderly. *Research on Aging*, 17(4), Dec 1995, 459-489.
- Kilpi, H.L., Valimaki, M., Dassen T., Gasull, M., Lemonidou, C., Scott, P.A., Arndt, M., and Kaljonen, A. (2003). Perceptions of autonomy, privacy and informed consent in the care of elderly people in five European countries: comparison and implications for the future. *Nursing Ethics*, 10(1), 58-66.
- King, L.A., and Napa, C.N. (1998). What makes a life good? *Journal of Personality and Social Psychology*, 75, 156-165.

References

- Koropecj-Cox, T., Pienta, A.M., and Brown, T.H. (2007). Women of the 1950s and the 'normative' life course: The implications of childlessness, fertility timing, and marital status for psychological well-being in late midlife. *International Journal of Aging and Human Development*, 64(4), 299-330.
- Krause, N. (2005). God-mediated control and psychological well-being in late life. *Research on Aging*, 27(2), Mar 2005, 136-164.
- Lamb, R., and Brady, E.M. (2005). Participation in lifelong learning institutes: What turns members on? *Educational Gerontology*, 31, 207-224.
- Langner, T.S. (1962). A twenty-two item screening score of psychiatric symptoms indicating impairment. *Journal of Health and Human Behavior*, 3, 269-276.
- Lawton, M.P. (1972). The dimensions of morale. Pp. 144-165 in *Research Planning and Action for the Elderly*, edited by D.P. Kent, R. Kastenbaum, and S. Sherwood. New York: Human Sciences Press.
- Lawton, M.P. (1975). The Philadelphia Geriatric Center Morale Scale: A revision. *Journal of Gerontology* 30, 85-89.
- Luhtanen, R., and Crocker, J. (1991). Self-esteem and intergroup comparison: Toward a theory of collective self-esteem. In J. Suls and T.A. Wills (Eds.), *Social comparisons: Contemporary theory and research* (pp. 211-234). Hillsdale, NJ: Erlbaum.

References

- Lykken, D., and Tellegen, A. (1996). Happiness is a stochastic phenomenon. *Psychological Science*, 7, 186-189.
- Lyubomirsky, S., Sheldon, K.M., and Schkade, D. (2005). Pursuing happiness: Preliminary reliability and construct validation. *Review of General Psychology*, 9, 111-131.
- Martin, D.K., Emanuel, L.L., and Singer, P.A. (2000). Planning for the end of life. *Lancet*, 356, 1672-1676.
- Mirowsky, J. (2002). Parenthood and health: The pivotal and optimal age at first birth. *Social Forces*, 81(1), 315-49.
- Mirowsky, J., and Ross, C.E. (2002). Depression, parenthood, and age at first birth. *Social Science and Medicine*, 54, 1281-1298.
- Myers, D.G. (1993). *The pursuit of happiness*. New York: Avon.
- Myers, D.G., and Diener, E. (1995). Who is happy? *Psychological Science*, 6, 10-19.
- Pfeiffer, E. (1976). *Multidimensional Functional Assessment: The OARS methodology*. Durham, N.C.: Duke University, Center for the Study of Aging and Human Development.
- Pinquart, M., and Sörensen, S. (2001). Gender differences in self-concept and psychological well-being in old age: A meta-analysis. *The Journals of Gerontology*, 56B(4), Jul 2001, 195.

Reference

- Radloff, L.S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385–401.
- Rosemary, A.A., Ploubidis, G.B., Huppert, F.A., Kuh, D., Wadsworth, M.E.J., and Croudace, T.J. (2006). Psychometric evaluation and predictive validity of Ryff's psychological well-being items in a UK birth cohort sample of women. *Health and Quality of Life Outcomes*, 4(1), 76.-91.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton: Princeton University Press.
- Ryan, R., and Deci, E.L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52, Feb 2001, 141-166.
- Ryff, C. (1989a). Beyond Ponce de Leon and life satisfaction: New directions in quest of successful aging. *International Journal of Behavioural Development*, 12, 35-55.
- Ryff, C. (1989b). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*. 57, 1069-1081.
- Ryff, C. and Keyes, C. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719-727.

References

- Shanley, C., and Wall, S. (2004). Promoting patient autonomy and communication through advance care planning: A challenge for nurse in Australia. *Australian Journal of Advanced Nursing*, 21(3), Mar-May 2004, 32-38.
- Spence, N.J. (2008). The long-term consequences of childbearing: Physical and psychological well-being of mothers in later life. *Research On Aging*, 30(6), Nov 2008, 722-751.
- Stevens–Ratchford, R.G. (2005). Occupational engagement: Motivation for older adult participation. *Topics in Geriatric Rehabilitation*, 21, 171-181.
- Takahashi, K. (1987, April). *Affective relationships among elderly Japanese*. Paper presented at the meetings of the Society for Research in Child Development, Baltimore, MD.
- Takahashi, K. (1990). Affective relationships and their lifelong development. In P.B. Baltes, D.L. Featherman, & R.M. Lerner (Eds.), *Life-span development and behavior (Vol. 10)*, pp. 1–27). Hillsdale, NJ: Lawrence Erlbaum Associates Inc.
- Takahashi, K., Tamura, J., and Tokoro, M. (1997). Patterns of Social Relationships and Psychological Well-being among the Elderly. *International Journal of Behavioral Development*, 21(3), 417–430.
- Tiger, L. (1979). *Optimism: the biology of hope*. New York: Simon & Schuster.

References

- Timothy, D., Windsor, K.J.A., and Bryan, R. (2008). Volunteering and psychological well-being among young-old adults: How much is too much? *The Gerontologist*, 48(1), Feb 2008, 59.
- Vaillant, G.E. (1977). *Adaptation to life*. Boston: Little, Brown.
- Vaillant, G.E. (1983). *The natural history of alcoholism*. Cambridge, MA: Harvard University Press.
- Vaillant, G.E. (1995). *The wisdom of the ego*. Cambridge, MA: Harvard University Press.
- Vaillant, G.E. (2002). *Aging well*. New York: Little, Brown.
- Wilson, W. (1967). Correlates of avowed happiness. *Psychological Bulletin*, 67, 294-306.
- Yi, Z., and Vaupel, J. (2004). Association of late childbearing with healthy longevity among the oldest-old in China. *Population Studies*, 58(1), 37-53.
- Zeleznik, D. (2007). *Self-Care of the Home-Dwelling Elderly People Living in Slovenia*. Oulu: Oulu University Press.
- Zelinski, E.M., and Gilewski, M.J. (1988). Assessment of memory complaints by rating scale and questionnaires. *Psychopharmacology Bulletin*, 24(4), 523-529.

The end of Chapter 4

Copyright © 2012 CADENZA Training Programme. All rights reserved.