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Teaching Positive Thinking and Praying on Life Satisfaction in Elderly Women with Depression and Anxiety

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A B S T R A C T

The increase in the number of the elderly and their encountering various social challenges, financial constraints, reduced physical and mental health harms the elderly, and in parallel with these problems, their life satisfaction decreases. Therefore, the purpose of this study was to investigate the effect of teaching positive thinking and prayer on life satisfaction of elderly females with depression and anxiety referred to Imam Reza (AS) specialized and sub-specialized clinic in Shiraz (Iran). This is a quasi-experimental study with a pre-test-post-test design in which 83 elderly females with anxiety and depression who referred to the specialized and sub-specialized clinic of Imam Reza (AS) in Shiraz and had the lowest score in satisfaction with Life samples were obtained using convenience sampling method and randomly assigned to experimental and control groups. The data collection tool was Z-Form Demographic and Life Satisfaction Questionnaire. The experimental group received eight sessions of 90 minutes (once a week) of positive thinking and prayer training, but there were no interventions for the control group. Immediately and one month after the end of the training sessions, both groups were evaluated with the (Life Satisfaction Index) LSI-Z. The mean score of life satisfaction in the experimental group improved significantly from (7.6. 2.89) to (12.08 ± 2.44) from before to one month after the intervention. While in the control group, the mean score of life satisfaction increased from (7.38±3.6) to (9.29±3.7). Considering the time, group, and time in the group, there is a statistically significant difference between the two groups (P<001). The results showed that creating an attitude and cultivating positive thoughts as well as relying on spiritual beliefs leads to improved life satisfaction in the elderly.

Keywords: Life Satisfaction, The Elderly, Positive Psychological Interventions.

INTRODUCTION

The increase in the number of the elderly and their encountering various psychological and social challenges on the one hand and changes in culture, habits, and lifestyles, on the other hand, show the need for intervention and more attention to social and health services in the psychological issues of the elderly. Having a healthy and normal mind to succeed in life and achieve happiness is one of the goals of mental health to provide conditions that eliminate the destructive factors hurting the human psyche and deprive him of his inner comfort. In such a way that his comfort and well-being are provided, and they do not have any worries(Schaie & Willis, 2010). As changes occur in the aging process, happiness and satisfaction with one's life decrease, feelings of worthlessness, aging, and loss of strength and power become significant

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barriers to a satisfying life among the elderly(Celik, Celik, Hikmet, & Khan, 2018; Mollaoğlu, Tuncay, & Fertelli, 2010). Life satisfaction is an attitude that a person has about his life and can be a reflection of a person's feelings about his past, present, or future(Karimi, Nouhi, & Iranmanesh, 2018; Seddigh et al., 2020). People with high life satisfaction use more effective coping techniques in the face of unfortunate events and stress than others. These people feel committed and happy. Overall, life satisfaction leads to increased physical and mental health, which prolongs life(Erdogan, Bauer, Truxillo, & Mansfield, 2012; Unanue, Gómez, Cortez, Oyanedel, & Mendiburo-Seguel, 2017). The lifestyle of the elderly plays a significant role in their satisfaction. Economic, social, and cultural factors seem to overshadow the state of life satisfaction(Chehregosha et al., 2016; Gholizadeh & Shirani, 2010). Individual access to essential resources of their lives defined as the same material, social, or personal characteristics that the elderly belong to, can develop life satisfaction among them; all these can be defined as the crucial resources in promoting and maintaining the well-being of people because they help in achieving personal goals and meeting basic, physical, and psychological needs(Bishop, Martin, & Poon, 2006). Among the common problems of old age are chronic diseases and disabilities that harm life satisfaction(Mazloomy Mahmoudabad, Soltani, Morowatisharifabad, & Fallahzadeh, 2014).

The study by Li, Ford, Zhao, and Mokdad (2009), showed that having chronic diseases or having health risk factors leads to dissatisfaction with life in people, and it is speculated that these diseases may cause changes in personality, feelings, and adaptation style. Researches have shown that everyone's perception of old age has a close relationship with their sense of well-being and health. Negative stereotypes (such as disability, memory loss, slow walking, and etcetera) can harm the attitude of the elderly while highlighting the positive aspects of aging can create a positive effect on their attitude toward themselves. Observations showed that older people have a more negative attitude towards themselves compared to young people, and their negative self-concept increases as they age(Kotter-Grühn & Hess, 2012). In a long-term study of 516 elderlies, the results showed that as they age, positive self-concept decreases, and as a result, their planning for the future decreases. Their well-being is also reduced(Kotter-Grühn & Smith, 2011). Recent studies have shown that there is a positive relationship between positive perceptions and attitudes toward aging, life satisfaction, and successful aging and health(Wurm, Warner, Ziegelmann, Wolff, & Schüz, 2013). Elderly mental health professionals cite five main reasons for positivist psychology in the elderly population: first, the society's over insisting the negative aspects of old age; second, giving negative attributes to the elderly, like decreased thinking and cognitive abilities; third, researchers largely ignore underlying factors in examining aging capabilities; fourth, there is very little research evidence that emphasizes the capabilities of individuals in old age; and fifth, positive psychology can contribute to the well-being and psychological health of the elderly so that they can focus on their weaknesses and disabilities(Kashaniyan & Khodabakhshi, 2015). During a research, Suh, Choi, Lee, Cha, and Jo (2012), examined the relationship between knowledge and attitudes toward aging with life satisfaction in Korean elderly, and concluded that knowledge and attitudes toward aging are important to life satisfaction and nurses' educational interventions that lead to increased knowledge can be effective in improving their life satisfaction. Positive thinking seeks to see the bright and useful half in every situation and make the person productive and creative. Positive thinking is associated with positive emotions and structures such as optimism, hope, happiness

and well-being. Positive thinkers find the stressful situation less of a threat and adapt effectively to it(Naseem & Khalid, 2010). Optimists are people who expect pleasant events to happen, despite bad conditions, their attitudes and moods remain positive, while pessimists expect ominous events and negative emotions such as depression, anxiety and anger persist(Sharot, 2011). Positive thinking leads to better life satisfaction, less depressive symptoms, and less negative emotions(Odou & Vella-Brodrick, 2013). Having a purpose and meaning in life has a positive relationship with psychological factors and leads to the adjustment of the elderly, life satisfaction, psychological well-being, social support and the reason for surviving in them(Zanjiran, Borjali, & Kraskian, 2015).

Studies have found that religion is closely related to life satisfaction(Krause & Bastida, 2011). Prayer is one of the most common religious practices among the elderly that can be effective in treating depression and is also positively associated with reducing stress and increasing well-being(Maciejewski et al., 2012). The more spiritual beliefs an elderly person experiences, the more pleasure and peace he experiences, and as a result, he achieves higher psychological well-being and life satisfaction(Jafari & Hesampour, 2017). Kashaniyan and Khodabakhshi (2015), measured the effect of positive psychology group interventions on the meaning and satisfaction of life in the elderly and found that these interventions lead to improved quality of life and meaning and life satisfaction in the elderly.

Rahimi Pour and Karami (2014), showed that there is a significant relationship between psychological well-being, spiritual intelligence, and life satisfaction, so that the higher the spiritual intelligence of the elderly, the greater their psychological well-being and life satisfaction. Also Jamalzadeh and Golzari (2014), found that hope and positive thinking have led to increased happiness and life satisfaction in elderly females living in nursing homes. Positive psychology tries to use the positive abilities and capacities of human beings to empower people in the face of problems and in the light of spirituality to improve attitudes and increase life satisfaction in the elderly. Previously, studies were conducted in the country in the field of positive psychology and spirituality; however, there is a limited number of studies that have been effective in changing negative attitudes in the elderly through positive thinking and combining with spiritual therapy to improve life satisfaction in the elderly. Therefore, this study aimed to investigate the effect of positive thinking and prayer education on life satisfaction in elderly females with anxiety and depression referred to Imam Reza Clinic in Shiraz (Iran).

METHODOLOGY

This investigation is a quasi-experimental study of pre-test-post-test type and with a control group conducted on elderly females with anxiety and depression referred to Imam Reza (AS) specialized and sub-specialized clinic in Shiraz (Iran) from January 2016 until April 2018. Among the mentioned elderly through available sampling, 83 people with the lowest score in the Z Life Satisfaction Scale of the elderly were randomly assigned to the experimental (41) and control (42) groups with informed consent. The researcher told the participants that all information received would be confidential, and their names will remain disclosed. The inclusion criteria were: obtaining the lowest score on the Life Satisfaction Scale for the elderly

Z, people 60 years and older, not having psychotic and well-known personality disorders such as obsessive-compulsive disorder, etcetera, having literacy, willingness to participate in the study, and attendance at similar training classes and two sessions of absence in training sessions were also criteria for exclusion from the study. The research instrument was the demographic characteristics questionnaire and life satisfaction of the elderly Z. The demographic characteristics questionnaire included information on age, education, occupation, monthly income, and residence status. The Life Satisfaction Scale (the revised Z index) was designed in (1969 by Wood. et al). This 13-item scale is a short form in which there is a one-dimensional structure for measuring life satisfaction in old age, and there is no subscale defined for it. Five questions out of the total have a negative charge, and the rest have a positive one. The answers were in the form of options; I do not know (neither agree nor disagree), agree, disagree. A three-point Likert scale of 0-1-2 was used to score the answer to each question. Overall, the life satisfaction score is set on a scale of 0-26. For interpreting the scores, the designer of this scale considered the scores (≤12), (13-21), (22-26) as indicative of low, medium, and high satisfaction levels, respectively. It is worth noting that a higher score indicates greater life satisfaction(Wood, Wylie, & Sheafor, 1969). In Iran, the validity and reliability of this questionnaire were obtained by Tagharrobi et al. (2011), in Kashan city. The reliability coefficient of the questionnaire was calculated 79% and 78% using Cronbach's alpha test and halving and retesting. The construct validity and retest method were used to determine its validity, and the result was 0.93. After organizing the introductory session for the members, prayers and positive thinking were held in a group manner for the experimental group in 8 sessions (one and a half hours per week), but the control group received no intervention. Religious psychotherapists also assisted in conducting one of the sessions. In the training sessions, first, there was a prayer ceremony and, then topics such as the definition of positive thinking and ways to strengthen it, thinking and how to form thoughts, identifying and combating negative thoughts, recounting memories, thanksgiving, forgiveness, the effect of prayer on mental health and its relationship with optimism, life satisfaction, and purpose and meaning, were presented in the form of lectures, group discussions, questions and answers, and homework. At the end of the study, the researcher gave all the taught topics to the control group. Both groups were evaluated immediately and one month after the intervention, with a questionnaire of life satisfaction of the elderly, and finally, the data were analyzed statistically by SPSS software version 21. Data analysis in the descriptive part included standard deviation, mean and frequency, and its percentage. In the inferential section, the Bonferroni post hoc test was used to compare life satisfaction scores from repeated measures analysis of variance and pairwise comparison of times.

RESULTS

All participants in this study were female. Evaluation of the data was in two stages (immediately and one month after the intervention). The results of demographic characteristics showed that the majority of them lived with their spouses (47%), (81%) housewives, and (90.4%) non-university education) and (79.5%) had incomes below two million Tomans.

Table 1. Frequency distribution (%) of demographic variables of the elderly in experimental and control groups

Variable		Groups		*P*-value
		Control n (%)	Experimental n (%)	
Residence	With child	9 (10.8)	9 (10.8)	0.74
	alone	12 (14.5)	15 (18.1)	
	With spouse	21 (25.3)	17 (20.5)	
Occupation	housewife	35 (44.33)	29 (36.7)	0.06
	retired	4 (5.1)	11 (13.9)	
Income	Below 2 million Tomans	33 (45.2)	25 (34.2)	0.1
	Above 2 million Tomans	5 (8.6)	10 (13.7)	
Education	Nonacademic	40 (48.2)	35 (42.2)	0.13
	Academic	2 (2.4)	6 (7.2)	

Table 2. Comparison of the mean score of life satisfaction in the control and experimental groups before the intervention

	group		Index	p-value
Life satisfaction	Experimental (Mean± SD)	Control (Mean± SD)	T=0.3	0.76
	7.6±2.89	7.38±3.6		

As can be seen, the independent t-test did not show a significant difference between the mean scores of life satisfaction in the control group (7.38) and the experimental group (7.6) before the intervention (P› 0.05).

After the intervention, the comparison between the experimental and control groups in the times immediately and one month after the intervention shows a significant difference, and the increase in mean scores of life satisfaction is more pronounced in the experimental group.

Table 3. Intergroup comparison of life satisfaction scores immediately and one month after the intervention

time	Index t	Group(Mean ± SD)		p-value
		Experimental	Control	
Immediately after the intervention	6.52	12.05±2.21	8.31±2.94	P‹0.001*
one month after the intervention	4.02	12.08±2.44	9.29±3.7	P‹0.001*

Also in Table (4), the process of changes in the mean scores of life satisfaction within the two groups using analysis of variance with repeated measures showed that these changes in the mean score of life satisfaction in the elderly over time regardless of the separation of patients into two control and experimental groups were significant (P<0.001). Besides, it showed that except time, the control and experimental groups had a meaningful difference in the mean score of life satisfaction (P<0.001). And, obviously by considering both time and group factors (due to the difference in scores in three-time intervals and the two control and experimental groups), the effect of time in the group is significant (P<0.001). The mentioned test calculates the meaningful difference between the two groups and according to the impact of time, group, and time in the group (P<0.001). This finding indicates better mean scores of life satisfaction among the elderly in the experimental group, and they experienced a more pronounced recovery after performing a positive thinking and prayer intervention.

Table 4. Comparison of changes in life satisfaction scores before, immediately, and one month after the intervention in experimental and control groups

Time	Groups	Mean ± SD[1]	Time*	Group*	Time/group*
Before the intervention	Control	7.38±3.6	*P*-value <0.001 F= 36.19	*P*-value <0.001 F= 21.72	*P*-value <0.001 F= 36.19
	Experimental	7.6±2.89			
Immediately after the intervention	Control	8.31±2.94			
	Experimental	12.05±2.21			
one month after the intervention	Control	9.29±3.7			
	Experimental	12.08±2.44			

*Analysis of variance of repeated measures test.
1: Standard Deviation

The results of the Bonferroni post hoc test to compare the mean score of life satisfaction between the two times show that there is a significant difference between the life satisfaction score of the times before and immediately after the intervention in the experimental group (P<0.001) and between two times before and one month after the intervention (P<0.001).

Table 5. Evaluation of pairwise comparisons of life satisfaction scores before, immediately after, and one month after the intervention in experimental and control groups

Groups	Times comparison	Mean Difference	SE[1]	*P*-value*
Control	Before and immediately	0.92	0.58	0.36
	Before and one month	1.91	0.81	0.07
	Immediately and one month	0.98	0.58	0.3
Experimental	Before and immediately	4.45	0.51	<0.001
	Before and one month	4.48	0.58	<0.001
	Immediately and one month	0.03	0.15	1

*Analysis pairwise comparisons Bonferroni
1: Standard Error

CONCLUSION

The present study showed that positive thinking and prayer education has been effective in increasing life satisfaction among the elderly females with anxiety and depression referred to Imam Reza (AS) specialized and sub-specialized clinic in Shiraz. The control group also experienced a slight improvement in their life satisfaction, which could be due to empathy and participation with other elderlies in the community and seeking to attend religious places and praying to God, which has inseparable roots in the culture of the elderly in Iran. The results of the present study are consistent with studies by Ferguson and Goodwin (2010), and Carson, Muir, Clark, Wakely, and Chander (2012), that believe positive interventions are effective on mental well-being, which in turn leads to life satisfaction, hope, improvement of positive emotions, reduction of depression and pessimism symptoms, and the purposefulness of the elderly life. The current study of spiritual therapy in the form of prayer was effective in improving the life satisfaction of the elderly. In agreement with this finding Hadjizadeh Meimandi and Barghamadi (2010), and Cowlishaw, Niele, Teshuva, Browning, and Kendig (2013), revealed that there is a meaningful relationship between spirituality and life satisfaction

in the elderly. Life satisfaction is higher among the elderly who practice religious beliefs more. A study by Maheshwari and Singh (2009), conducted on 154 elderly Indian pilgrims shows that there is a positive correlation between religiosity, happiness, and life satisfaction. However, people who have a strong religious background, so that they had long associations with religion and religious deeds are much more satisfied with their lives. The combination of positive thinking and spirituality also influences the satisfaction of the elderly in the experimental group. Thus Nezhadi and Kefayati (2014), concluded that there is a significant relationship between spirituality, religion, and compatibility with optimism. Many people find meaning in religious beliefs that help them understand suffering, meaning, and purpose; it also helps people deal with the instabilities of life. Ghufran (2011), in his study, found out that Muslims who attempted to perform religious deeds and prayers in groups had more life satisfaction than the group with no religious belief or did not perform religious acts orderly; he believes that performing religious acts in a group form can increase life satisfaction and mental wellbeing among the elderly. Lim and Putnam (2010), and Park, Roh, and Yeo (2012), believe that religion has close contact with life satisfaction, and people with stronger religious beliefs are more satisfied with their lives. There is a positive effect between meditation, prayer, and the quality of life of people, people who believe in prayer in daily life are more satisfied and have physical and mental balance. Optimism leads to life satisfaction by increasing the level of mental health(Poursardar, Poursardar, Panahandeh, Sangari, & Abdi, 2013). Also, optimism and perception of health and social support are variables that have a powerful and positive relationship with life satisfaction in the elderly(Dumitrache, Windle, & Herrera, 2015; Heo & Lee, 2010). The study by Ghodsbin, Safaei, Jahanbin, Ostovan, and Keshvarzi (2015), showed that positive thinking education had positive effects on the spiritual well-being and quality of life of patients with coronary artery disease. In the present study, the elderly in the experimental group showed an improvement in their life satisfaction after receiving the educational intervention, although they had low life satisfaction from the beginning. In explaining the above finding, one can say that paying attention to the characteristics and positive aspects of behaviors instead of focusing on their weaknesses and negative dimensions is significant. When a person has a positive evaluation of himself, others, and life, he feels more valuable. For them to reach such a view, they must be aware, respect, and feel satisfied with their positive qualities, abilities, beauties, and talents(Ho, Yeung, & Kwok, 2014) tested Positive thinking interventions in Hong Kong seniors. They found that these interventions could reduce depression, increase life satisfaction, give thanks, and mental happiness. Religion and spirituality are also important in old age, and older people are more inclined to religious beliefs to seek more power and support for spiritual strength(Rykkje, Eriksson, & Raholm, 2013). Because religion can have a positive value in filling the emptiness in life, facing stress, adapting to the situation, and giving meaning to life and death(Headey, Schupp, Tucci, & Wagner, 2010), the people in charge should use positive thinking and spirituality education to improve the life satisfaction of the elderly referred to nursing clinics and residents of nursing homes. Thus, these strategies can work as low-cost interventions in the elderly community.

Education-based positive educational interventions can improve the knowledge of the elderly and change their attitude towards old age. And it can strengthen self-confidence and cognition of negative patterns of his life. Besides, having religious beliefs or accepting a superior force in facing problems and stress acts as a strong shield and can work to improve life

satisfaction. This study had limitations, including the fact that the follow-up periods were short and that the male elderly did not participate in the study.

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