

**FLOURISHING IN LATER LIFE: A POSITIVE PSYCHOLOGY TRAINING  
FOR CARE-WORKERS**

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## **Abstract**

Most careworkers would agree that continued engagement is important and necessary for residents of a long-term care facility; however, the manner in which careworkers can plan activities in order to be engaging and motivating to residents is less certain. A program based on positive psychology is presented that aims to promote meaningful, engaging, and intrinsically motivating activities that can benefit any resident living in care. The program demonstrates positive psychology and self-determination theory to careworkers and the manner in which this knowledge can be applied to older populations. The program then informs careworkers how to facilitate interventions that promote gratitude, forgiveness, hope, altruism, and apply signature strengths to meaningful pursuits. These interventions can be implemented regardless of physical limitations and can help residents to flourish in long-term care.

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To Sarah, now that this work is finished I can start paying back the time and attention I owe you. It was all for you anyway. Now we can focus on how our family can flourish.

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## **Chapter One: Overview**

Over 30% of Canada's population is projected to be over the age of 65 by the year 2036 (Turcotte & Schellenberg, 2007). In the later stages of life, individuals seek to achieve ego-integrity, which is a sense of not only who they are but who they have been and how they will be remembered (Erickson, Erickson, & Kivnick, 1989). The possibility of leaving a meaningful legacy can motivate people to pursue and achieve purposeful goals while providing context to their current perceived selves (Cross & Markus, 1991). If older persons perceive this possibility to be lost or futile, they may experience existential despair, which could lead to more anxiety and uncertainty about the future and ambiguity of their current self-concept (Erickson et al., 1989).

The manual presented in this project outlines a series of workshops with the purpose of training care staff at long-term care facilities (LTCF) for older adults (Part II). The workshops aim to inform careworkers of a unique approach to program planning based on positive psychology. This approach presents intrinsically motivating activities with the intent to engage residents in LTCFs toward more meaningful experiences and improved subjective well-being while in care.

People's perception of aging and its limitations are likely to have been internalized throughout their life. These perceptions are shaped greatly by mainstream society. In the industrialized western society, old age is often equated with sickness; therefore, the young tend to be favoured (Burnstein, Crandall, & Kitayama, 1994). This narrative consequently makes the process of aging, something that everyone experiences, synonymous with loss, uselessness, and even death (Ponzo, 1992). As a result of this perspective on aging, care of older persons may become more focussed on keeping them

fed, warm, and content rather than meeting the higher need of self-actualization as described by Maslow (1970).

In their review of evidence-based practices for older adults, Myers and Harper (2004) indicated a need for more outcome-based research from a wellness paradigm that focuses on subjective well-being, not just on the treatment of pathologies. In the past decade or so, a significant amount of research, time, and resources has been dedicated to psychology and other helping professions from a wellness paradigm. Seligman & Csikszentmihalyi (2000) define positive psychology as “a science of positive subjective experiences, positive individual traits, and positive institutions” (p. 5) the study of which will ultimately lead to “the factors that allow individuals, communities, and societies to flourish.” (p. 5)

The term flourish has been chosen for this research because it suggests a goal that is deeper and vaster than mere pleasure. For the purposes of this project, flourish means to more than just experience feelings of positive well-being. Flourishing involves having positive emotions, engagement in activities, positive relationships, meaning and purpose, and a sense of accomplishment (Seligman, 2011). To flourish also includes applying signature strengths to a cause bigger than oneself so that fulfillment becomes a greater motivation than hedonic pleasure. In fact, positive psychology aims to understand and promote the exact opposite of hedonism. Eudaimonia is characterized by the feelings experienced when one is on the way to realizing human potential, intrinsic satisfaction, or self-actualization (Waterman, Schwartz, & Conti, 2008). Although seeking the pleasures of life is not shameful, positive psychology looks for treatments and interventions that provide a deeper sense of well-being.

As older generations transition into life in care, the hope is that they will not only be taken care of physically but that life can be pleasant, meaningful, and fulfilling. At the Covenant Health facilities in Lethbridge, Alberta, staff are dedicated to providing programs and activities that promote continued engagement in meaningful and enjoyable activities; however, participation in these programs is at times less than desirable. In particular, Covenant Health has instituted a Second Wind Dreams Program in which residents of their LTCFs are encouraged to identify a dream, wish, or goal that they would like to work towards or have happen. Covenant Health runs this program in the belief that all older persons, regardless of cognitive capacity, have the ability to dream. The belief is that by working towards the accomplishment of these dreams, the quality of life of each resident can be improved, as they are filled with hope, joy, and connection. The possible outcomes from this program are great, but participation in and enthusiasm for the program has been lower than expected. Currently, less than one resident per month is participating in the Second Wind Dreams Program.

### **Intent of Project**

The purpose of this project was to design a manual that equips careworkers with the knowledge, skills, and attitudes necessary to help residents of LTCFs become more engaged in recreational activities by drawing on positive psychology theory. The Flourishing in Later Life Workshop (FLLW) manual developed for this culminating project is a guide for facilitators to a series of workshops for long-term careworkers. The focus is on introducing a perspective of care from the wellness paradigm of positive psychology.

Themes of the workshops include self-awareness and aging, gratitude and forgiveness, engagement, and meaning. The goal of implementing FLLW is to assist careworkers in their efforts of encouraging residents to find and pursue more meaningful activities. As nurses and other staff members shift from a pathology paradigm to positive psychology, they should be able to better motivate residents to participate in the Second Wind Dreams Program and other recreational activities and programs.

The FLLW manual will first be offered to Covenant Health LTCFs in Lethbridge, Alberta. The manual and personal consultations will then be made available for other interested organizations. The workshop presented in this manual has the potential to inform nurses and staff at LTCFs about how to apply positive psychology to their activity and care planning. Seniors associations and day-centres for older adults will also be able to use positive psychology theory to enhance their programming. Counsellors may also implement more of these techniques in their work as they help older persons outside of long-term care cope and plan for major life decisions and changes like retirement or the death of a loved one.

This manual can help professionals and individuals find meaning and satisfaction not despite of age but because of it. The FLLW manual promotes a positive view on the aging process and the idea that flourishing in the later stages of life can be an achievable and desirable goal for all people.

### **Rationale**

Traditionally, the helping professions have focussed on identifying and describing pathologies and challenges with the intention of finding some sort of remedy or alleviation. Recently, the movement of positive psychology has looked beyond symptom

alleviation, not negating a need for it, but towards describing and encouraging optimal experiences (Seligman, 2006). Personal nursing care in a LTCF—viewed through the lens of the medical model—is important, as people tend to report mental health concerns less in their later years (Mickus, Colenda, & Hogan, 2000). The care given in most LTCFs is likely exceptional, and many residents may report contentment in their setting. However, from a positive psychology perspective, interventions can be planned and carried out that help residents to not just live in long-term care but also to flourish there.

The goal of LTCFs is to provide a high quality of life to their residents, a large part of which is dependent on participation and engagement in meaningful activities. The staff at LTCFs, such as at the Covenant Health facilities in Lethbridge, Alberta, are experiencing difficulties in engaging their residents in meaningful activities. In particular, the staff at Covenant Health would like to see an increase in the number of people who take part in the Second Wind Dreams Program. The reason for the lack of enthusiasm for this initiative is unknown, whether a matter of residents' level of motivation or the result of the theoretical approach to activity planning that is currently in effect at LTCFs run by Covenant Health. As outlined in the manual, the workshop is designed through the lens of positive psychology. The intervention can be planned in a way that is personalized and meaningful to each participant instead of merely prescribed. Not all residents suffer from the same illnesses or emotional issues, but they all can practice positive psychology based interventions, such as gratitude or flow, in a manner that is uniquely personal to them. The intervention will also be applicable and beneficial for all potential participants because positive psychology principles and interventions do not require a specific pathology to target. It is also possible to evaluate the workshop to

assess the value of implementing positive psychology techniques in a LTCF. Insights could also be gained concerning the connection between ideas such as:

(a) developmentally appropriate tasks in old age as per Erikson, Erikson, and Kivnick's (1989) stages of development, (b) successful aging, (c) happiness and meaning as described by positive psychology (Seligman, 2006), and (d) intrinsic motivation (Ryan & Deci, 2008).

### **Statement of Interest**

Learning about the pursuit of meaning and purpose in life resonated with me and brought me to read works by Frankl, Csikszentmihalyi, and Seligman. I began to realize that counselling is not only for those in dire need of a remedy or assistance but can also benefit the general population. The literature indicated that the research community is beginning to understand such abstract constructs as happiness, love, and meaning, which could have significant implications for all populations, healthy or not.

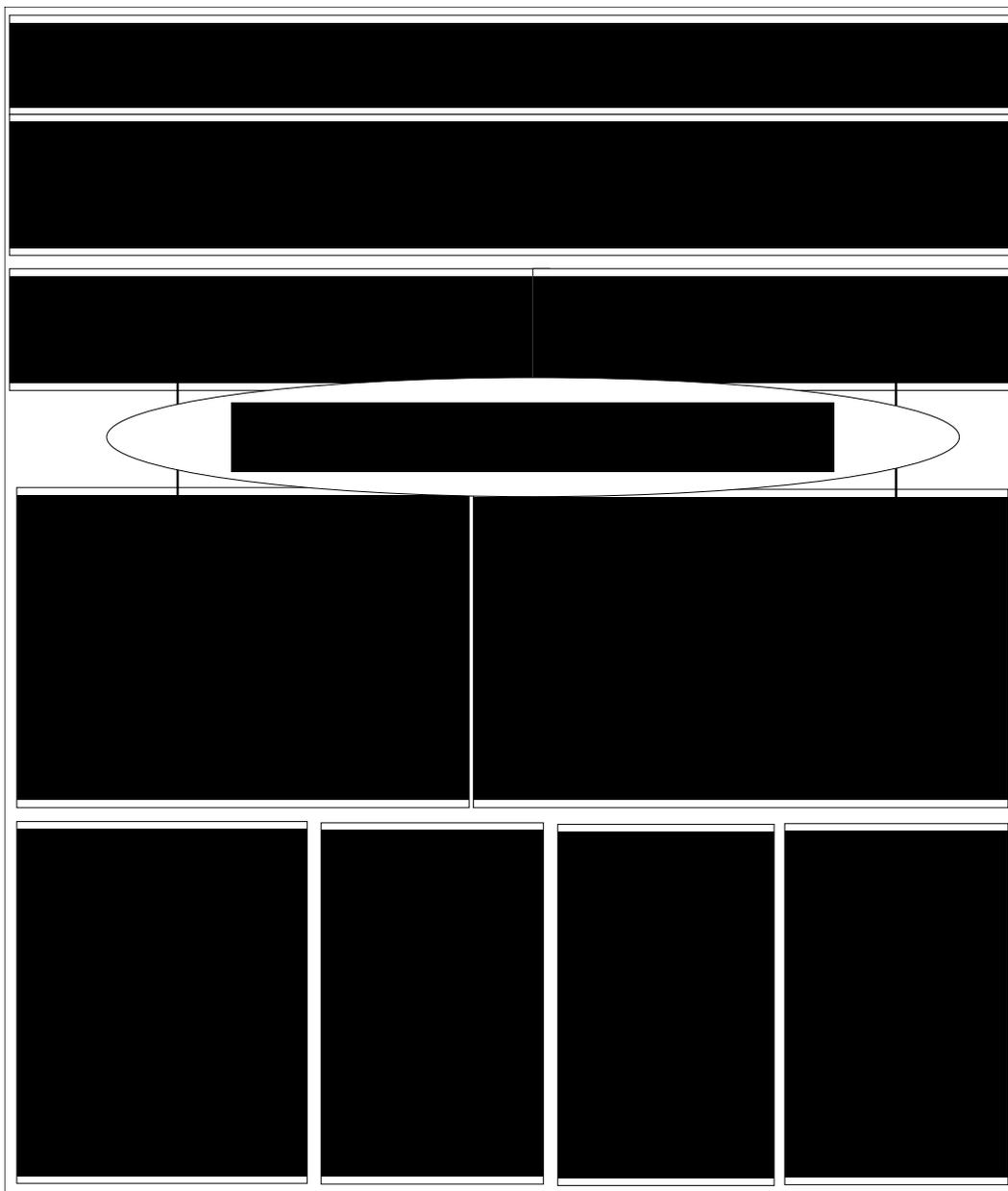
Society reveres youth, vitality, and industry. Naturally, when people reach the latter stages of life, these aspects—that society teaches people to venerate—will have most likely changed, depreciated, or disappeared. With baby boomers reaching more mature ages, significant existential anxiety can potentially present itself in which the older generations will struggle to find meaning in old age. If older people can be reminded of other aspects of their lives that have been equally or more meaningful than that which they have lost, and then use this positive reminder as motivation to engage themselves in significant daily activities, quality of life should increase.

## **Overview and Structure of Project**

This project involved a literature review and a manual for a series of workshops designed to train careworkers in positive psychology theory and practice. The workshop will initially be implemented in three separate LTCF settings run by Covenant Health Alberta. Covenant Health Alberta operates two long-term care facilities for older adults in Lethbridge, Alberta: St. Michael's Health Centre and St. Therese Villa. Covenant Health Alberta also runs a community living facility named Martha's House in the same city. I have been invited to give the FLLW at these sites in the future.

An important factor in selecting these sites is the recently implemented Second Wind Dreams Program that Covenant Health offers to their long-term care residents. The Second Wind Dreams Program is put in place to fulfill dreams that enhance the quality of life of those living in their healthcare facilities. Dreams range from being relationship based (reuniting friends), needs based (new assistive equipment), lifelong learning based (piano lessons), dreams for fun (hot-air balloon ride), and reliving meaningful memories. Covenant Health receives funds from community fund-raising and offers this program to anyone residing in one of their sites.

The FLLW can be offered in an intensive 4-hour workshop or as a four-session seminar. The workshop is designed to be experiential and collaborative. The FLLW manual is divided into four themes that are intended to reach the goals of helping careworkers understand positive psychology, help them understand the usefulness of the approach, and to teach them how to implement the approach in their work. Figure 1 illustrates the framework of the FLLW manual.



*Figure 1.* Flourishing in Later Life Workshop: Logic model.

*Note.* SDT = self-determination theory. LTCF = long-term care facility.

## **Definition of Terms**

*Altruism* is the intrinsic desire to be a part of something bigger than oneself.

*Eudaimonia* is the feeling, or feelings, experienced when one is on the way to realizing human potential, intrinsic satisfaction, or self-actualization.

*Flow* is the intrinsically rewarding or optimal state that results from intense engagement with daily activities.

*Flourishing* is the positive psychology term for optimal living. Flourishing consists of having positive emotion, engagement, connected relationships, meaning and purpose, and accomplishments.

*Flourishing in Later Life Workshop (FLLW)* is the name of the workshop that is presented in the manual (Part II) proposed in this project that will equip careworkers with the knowledge, skills, and attitudes necessary to help residents of LTCFs become more engaged in recreational activities by drawing on positive psychology theory.

*Forgiveness* is a positive psychological response to harm and involves: (a) empathy for the transgressor, (b) recognition of one's own personal flaws and shortcomings, (c) generous attributions and attitudes towards the behaviour of the transgressor, and (d) less ruminations.

*Gratitude* is the appreciation of that which is valuable or meaningful to one's self.

*Long-term care facility (LTCF)* is an institute in which older persons reside and receive day-to-day care (for the purposes of this study, long-term care facility is only in reference to centres where persons reside due to their age and not persons who reside there because of mental or physical disabilities).

*Possible selves* are the “personalized representations of one’s self in future states” (Cross & Markus, 1991, p. 230). They may include what one could become, what one would like to become, or what one is afraid of becoming.

### **Summary**

In this chapter, western society’s often negative perspective on aging was presented. An argument was then made for using a wellness paradigm, such as positive psychology, to see the opportunities for growth and happiness in old age. The FLLW manual was briefly introduced, which is comprised of a series of workshops that intend to equip long-term careworkers with the knowledge, skills, and attitude necessary for effectively facilitating meaningful activities. The following chapter presents the theory from which the FLLW manual is designed.

## **Chapter Two: Literature Background**

This chapter is divided into two sections: a) developmental aspects of aging and b) positive psychology. In the first section on aging, Erikson's (1964) model of lifespan development will be examined, including a review of how the seven psychosocial stages are reintegrated in old age. The concept of possible selves developed by Markus and Nurius (1986) is reviewed in relation to the hopes and fears of older adults. Successful aging and coping styles involved in the promotion of successful aging are then explained.

In the second half of the chapter, positive psychology is defined and key concepts are presented including flourishing, gratitude, forgiveness, flow, altruism, optimism, and strengths. This review intends to demonstrate a link between the research on old age and the application of positive psychology.

These theories provide the foundation upon which programs like the one presented in the FLLW manual are designed. The literature provided concepts that guide the program so that careworkers could learn to better facilitate activities that encourage flourishing in an LTCF.

### **Developmental Issues of Aging**

Erikson (1964) has provided perhaps the most comprehensive model of lifespan development. Erikson (1964) divided life into eight developmental stages in which humans must reconcile a psychosocial task. The eighth and final task of one's life is to achieve ego-integrity, or a sense that one's life had and has meaning, and to avoid despair (Erikson, 1964). This integrity comes from reviewing and coming to terms with one's life while revisiting the past stages (Erikson et al., 1989). Informants in a study by Erikson et al. (1989) tended to reflect positively on their lives despite having endured

significantly negative events in their past. This phenomenon suggests that the informants were able to use perspective to recast their painful experiences as meaningful and even valuable. Erikson et al. (1989) showed through extensive interviews that elders who had achieved this psychosocial task had integrated “hope, will, purpose, competence, fidelity, love, and care, into a comprehensive sense of wisdom” (p. 56). The integration of these virtues illustrates the wisdom associated with aging. Elders are not only able to accept the past and enjoy the present, but also hold hope for the future, whether it be through hope in the afterlife or optimism for his or her future generations. A fully integrated older adult “accept[s] his or her place in an infinite historical progression” (Erikson et al., 1989, p. 56). In other words, ego-integrity is having contentment in one’s past, meaning and purpose in the present, and hope for the future.

Although the final psychosocial task involves achieving ego-integrity, reconciliation and reintegration of the previous psychosocial themes lived may also take place (Erikson et al., 1989). In old age, these themes are reintroduced in a new set of circumstances allowing unique opportunities for growth. The following is a review of the psychosocial stages and how each can be reintegrated in old age.

**Generativity and stagnation: Care.** In middle adulthood, the stage of generativity vs. stagnation is characterized by the sense of a “direct responsibility for maintaining the world” (Erikson et al., 1989, p. 74). In later stages of life, however, the roles of grandparent, mentor, or aging parent offer new opportunities to experience a “grand-generativity” (Erikson et al., 1989, p. 74) by which the individual “incorporates care for the present with concern for the future—for today’s younger generations in their futures, for generations not yet born, and for the survival of the world as a whole” (p. 74).

This sense of care ties directly to the positive trait of altruism and to eudaimonic activities, which will be discussed in detail in the section on self-determination theory.

The most salient facet of grand-generativity is the concern for children and grandchildren. Older people find great pride and meaning in voicing their children's successes. As they reflect on the guidance and care they gave their children at an earlier stage, they then find gratification in the sense that they were successful in their parenting. In Erikson et al.'s (1989) study, some informants found pride in the financial and educational achievements of their children, and others were quick to tout their children's parenting skills, presuming that the informants' influences were the reasons for their children's and grandchildren's successes. One informant reported having to leave college when she was pregnant with her daughter and, although she regretted not finishing her degree, she expressed pride and relief that her efforts enabled her daughter to finish college and to achieve success in academics (Erikson et al., 1989). Old age also provides a second chance at generativity as many grandparents who feel they were not the best parents may attempt to exonerate themselves by providing better care to their grandchildren (Erikson et al., 1989).

Grand-generativity not only gives more purpose to an older person's present life, it can also add hope to one's legacy. Informants expressed a desire to be remembered as "a loving grandfather" or a fountain of wisdom (Erikson et al., 1989, p. 95). The importance of caring for others and believing they have given sufficient care to others, especially their descendants, shows to be a salient aspect of ego-integrity in later life and should be considered when planning activities in LTCF. Regardless of physical or

mental losses, older persons can still be given opportunities to care for others, whether it is checking up on neighbours, caring for a small animal, or helping with menial chores.

**Intimacy and isolation: Love.** Young adults reconcile the need to be intimate while maintaining a level of isolation, which then hopefully leads to meaningful loving relationships. In old age, people must once again “reconcile a sense of closeness with the experience of being alone” (Erikson et al., 1989, p. 104). In the later stages of life, the loss of meaningful relationships—whether due to distance, sickness, or death—is inevitable. Older persons face continual loss and grief but can cope by finding satisfaction in past relationships and taking advantage of new ones.

As older people review their lives, they can find solace and satisfaction in past relationships. Often older persons will have a more favourable recollection of these relationships. Erikson et al. (1989) wrote that informants described their marriage in a positive manner, despite records that suggested marriage difficulties and dissatisfactions. This is another example of reframing past experiences to create a more positive and healthy self-narrative.

Despite losses, elders find love and intimacy through cultivating new support systems with relatives and friends that are still alive. Baltes and Baltes’s (1990) model of successful aging described a process of selective optimization or a pruning of social resources and connections. Older people may find new ways of experiencing intimacy with relatives and friends, but efforts tend to be focussed on those relationships considered most beneficial. In the setting of LTCFs, residents must maintain meaningful companionships in order to reconcile the isolation and loneliness that may accompany their new life in care.

**Identity and identity confusion: Fidelity.** In old age people revisit the identity and identity confusion stage of adolescence. In adolescence, individuals face the task of discovering, and even defining their identity through reconciling the confusion that inevitably arises in that pursuit (Erikson et al., 1989). In old age, a person can reflect and review previous dreams and goals and compare them to the reality of the life he or she has lived. Individuals find continuity in the narrative they have constructed throughout the years and now find themselves in the last chapter, a place to make a final attempt at revising what Erikson et al. (1989) call one's "existential identity" (p. 130). The reflection at this point is as much about who the person is as it is about who the person has been, and who they may yet become in old age. One informant in the study relied on her characteristic cheerfulness throughout the challenges in old age, holding faithful to that sense of self that she felt has always been a part of herself (Erikson et al., 1989).

The resolution of identity in old age also includes exterior judgments as individuals are concerned with how they will be remembered (Erikson et al., 1989). Reviewing the narrative they have been constructing all their lives and matching that with their values and hopes, they often make exclamations such as, "I hope I am remembered for my wit" (B. Ursaki, personal communication, December 26, 2012).

Another aspect of reaching integrity, in the review of identity throughout a lifespan, is the evaluation of the core beliefs and values that have guided the individual over the years. Older persons are likely to integrate those beliefs and values, along with the memories which were most meaningful in their lives, in order to construct the final sense of who they have been and how they will be remembered. Through the rich

meaning found in their life's story, older persons can achieve a clear sense of identity and ultimately ego-integrity.

**Industry and inferiority: Competence.** In a society that reveres industry and vitality, people strive to maintain a sense of competence despite physical losses experienced in old age. This task becomes salient first in childhood, when our learning accelerates rapidly and we acquire new skills every day (Erikson et al., 1989). A child's principal psychosocial task is to balance the sense of industriousness and achievement with the inferiority of mistakes and ineptitude (Erikson, 1964). In old age, an attempt is made to "integrate a sense of lifelong competence on which they will be able to draw in the years that remain" (Erikson et al., p. 149).

Despite the physical and mental losses anticipated with aging, older adults are still capable of learning and mastering new skills (Delahaye & Ehrich, 2008). Positive psychology and self-determination theory also suggests that gaining or maintaining competence is necessary for optimal living (Csikszentmihalyi & Rathunde, 1993; Deci, Eghrari, Patrick, & Leone, 1994). Erikson et al.'s research (1989) supported these assertions noting that participants described with great pride the satisfaction of mastering certain tasks in their lives, vocational and otherwise. These informants had also continued many of these activities in their old age, albeit in a modified manner (Erikson et al., 1989). This continuation of vocational activity was true of the men who worked virtually their entire adult lives as well as the women whose vocational work was cut short by having children (Erikson et al., 1989). They reflected on what they did well in their earlier years and then found new ways to continue to develop their lifelong sense of mastery (Erikson et al., 1989).

Other informants reported less pride in the quality of the work they did throughout their lives and more inferiority (Erikson et al., 1989). Some reported despair in the fact that they were never able to get ahead while others lamented vocational changes that were less than fulfilling. Another common source of inferiority reported by Erikson et al.'s (1989) informants was the lack of industriousness felt at retirement

Erikson et al. (1989) noted that a common theme in postretirement activities was one of intrinsic motivation. Older persons typically are liberated from the obligation of earning a living and can now focus their time and efforts on activities they really want to pursue. They are able to derive a sense of industriousness through participation in meaningful, intrinsically motivated activities as opposed to being ruled by extrinsic motivators common in the work settings of their younger years.

**Initiative and guilt: Purpose.** People in old age place great importance on having purpose. This task becomes evidently important to children who, in perpetual play mode, must reconcile the natural sense of initiative to pursue desirable activities with that of guilt in their interactions with others. Erikson et al. (1989) looked at lifelong expressions of playfulness as a rebalancing of this initiative and guilt in old age. Older adults reintegrate that which gave them purpose in their youth into their new situation in old age (Erikson et al., 1989). For some individuals, this includes sensory activities. In their youth, perhaps their preferred activities were listening to music or enjoying art. In old age, these people will reintegrate those activities albeit with some potentially necessary amendments due to physical or mental restrictions. Their activities can still be planned around aesthetic appreciation as the television or personal stereos can make up for not being able to stay seated at the symphony for an extended amount of time. Others

find great purpose in caring for others, as mentioned above in the section on grand-generativity.

Many people found a great sense of purpose and accomplishment in their work settings and through other vocational pursuits (e.g., knitting, woodwork, gardening, etc.; Erikson et al., 1989). Retirement often separates individuals from the arena in which their competence and initiative were most exercised. Others found that retirement freed them from an otherwise boring routine that allows them now to re-examine the initiative that exemplified their younger years (Erikson et al., 1989). Although the physical restrictions of age may impede individuals from pursuing these exact activities, they may find ways to compensate for those losses and still find enjoyment in a similar or related activity. For example, a great sense of purpose can be found from making something. This may require a letting go of the activity as individuals realize that they can no longer carry out the task in the exact way they could in their younger years. Erikson et al. (1989) illustrated, however, the importance of not letting guilt and uselessness impede an individual's initiative to engage in meaningful activities that can be a great source of pleasure.

Erikson et al. (1989) cited many ways by which older persons found purpose in their day-to-day lives. Some might find purpose in being with their grandchildren, not only for the connection and love felt but also for the excuse it gives them to do things that would otherwise be deemed inappropriate for a person of age to do; a person can feel confident and comfortable acting spontaneously when around children (Erikson et al., 1989). Others find purpose in the pursuit of knowledge (Erikson et al., 1989). Those who are curious could benefit from continuing their learning through travel, reading, or

dialogue with other enthusiasts of the subject matter; those who lack initiative at this stage may be feeling guilt and anxiety due to limitations of old age or to the memories of initiative not taken in the past (Erikson et al., 1989).

**Autonomy and shame: Will.** The reintegration of the autonomy and shame psychosocial tasks involves self-determination. Similar to the manner in which toddlers face the psychosocial task of learning to control their body and behaviour in order to have a sense of autonomy while avoiding the shame that accompanies their lack of ability or control, older individuals may struggle to maintain the same (Erikson et al., 1989). This is manifest in the life of an elder who strives to maintain self-determination despite any number of combinations of the physical and psychological struggles that accompany aging, such as difficulties hearing or seeing, lack of energy, arthritis and other acute illnesses, or memory loss and thought disorders. This self-determination can be seen as an assertive accommodation to aging and its possible disabilities.

As older persons revisit this psychosocial predicament, they are likely to experience shame due to their feelings of inadequacy in regards to their physical and mental limitations. One of Erikson et al.'s (1989) participants noted that she feared falling, not because of the pain but because of what it would look like to other people (p. 194). Therefore, the limitation itself is not the cause of shame but the meaning of the experienced limitation. Sometimes societal meanings can influence the individual as in the case of an elder who loses his driver's license (Erikson et al., 1989). The ability to drive in our society is synonymous with being an adult; therefore, the loss of that ability may signify a loss of autonomy and adulthood.

Autonomy is often maintained by living independently. Older people may think that if the life they know how to live changes drastically, they will be giving up all autonomy and rendered helpless. They may see any kind of assistance as embarrassing. Some will express that they do not want advice from younger people as a way to assert their self-sufficiency. Some older people, however, can see assistance as a way of balancing hopelessness and shame with will. For example, the knowledge that an adult child is there just in case may help the person take risks that she would not otherwise take if alone.

**Trust and mistrust: Hope.** This psychosocial stage involves an individual maintaining or regaining trust in the world around him or her. Infants are constantly reconciling their cautiousness and scepticism with a confidence in the world around them, which allows them to trust in their environment and gain belief and hope in the future (Erikson et al., 1989). In the last stage of life, however, older people tend to have developed a strong sense of hope and confidence (Moraitou & Efklides, 2013).

One example of this confidence in older people is their proclivity to spirituality and religion. Religion is often perceived as something that people can feel safe in believing as adherence to the belief in an afterlife often provides a sense of security. Many of the informants in Erikson et al.'s (1989) study admitted that their thoughts were more focussed on faith in God; yet others expressed a faith in concepts with less religious tones such as "immanent justice" (p. 222) or nature. Ultimately, they were coming to—or returning to—the belief and faith in a power greater than themselves, which will ensure them that things will be alright when they are no longer alive. Many informants, despite a lack of church attendance throughout their lives, were adamant that their

children go to church, which Erikson et al. (1989) attributed to a hope that if their children attend church then God will take care of them in their parents' absence.

In revisiting this psychosocial task, an older person attempts to balance a lifelong sense of security with the insecurity accompanying that which is incomprehensible in life and the universe. By achieving a confidence in their environment, their body, and their future, older people should be able to better balance the need for autonomy and the shame associated with inability as discussed earlier.

**Critiques of Erikson's theory.** Erikson's stages of psychosocial development are still widely accepted in developmental psychology but not without its critiques. Rattansi and Phoenix (1997) argued that Erikson's theory fails to comprehend the variety and fluctuation of identities. People carry multiple identities that may even contradict one another depending on the various social contexts they find themselves in throughout their lives (Weigert & Gecas, 2005).

Erikson's stages, although normative, may be defined through the ever-changing "socio-historical definitions of what it means to be a person" (Weigert & Gecas, 2005, p. 162). Holstein and Gubrium (2003) argued that each person's life can be reconstructed at any point in its course, despite the determined developmental stage. Weigert and Gecas (2005) added that "selves continually engage in the biographical work of telling, feeling, and enacting the institutional scripts available" (p. 169).

Although these critiques pose valid questions regarding the extent to which Erikson's stages of development are determined and fixed, they still allude to the social construction of development in which Erikson's theory plays a pivotal role. Whether the psychosocial tasks are entirely predetermined, entirely constructed socially, or

somewhere in between, evidence suggests that they are still relevant. Many older adults can characterize the last stage of their life by ego-integration or despair (Hearn, Saulnier, Strayer, Glenham, Koopman, & Marcia, 2011).

Hearn et al. (2011) were able to illustrate construct validity of the Self Examination Interview, which measures the extent to which an older individual is either integrated or despairing. They found integrated individuals to be realistic and self-aware. These individuals were also able to cite the factors which most influenced their character throughout their lives. They were also optimistic for their future and their legacy. In contrast, Hearn et al. found that despairing individuals differentiated significantly from the integrated group. Despairing individuals were depressed about disappointments and lacked a sense of belonging.

In addition to giving validity to the division between ego-integrity and despair, this research identified other psychosocial states in old age. In fact, two intermittent classifications were added to the scale to capture a greater breadth of the experiences of those in this developmental stage: (a) non-exploratory and (b) pseudo-integrated. Those who were characterized as adaptive, but not quite integrative, were categorized as nonexploratory. These individuals were generally content but closed down to further growth. They had successful lives and were satisfied in that regard, but they remained in their comfort zone and resisted introspection. Other individuals appeared to be integrated and optimistic, but their responses were rehearsed as they denied disappointments and missed opportunities in their lives. These individuals fell under the pseudo-integrated category.

In summary, the universality of Erikson's theory on psychosocial development has been questioned; however, recent research suggested that most older adults tend to fall into one of the four ego-integrity categories (Hearn et al., 2011). Since the construct validity of the ego-integrity vs. despair psychosocial stage has been recently illustrated, the relevance of Erikson's theory to this project is evident.

### **Possible Selves**

Self-concept is one's theory about oneself, the person one was in the past, is now, and can become in the future. A well-functioning self-concept helps make sense of one's present, preserves positive self-feelings, makes predictions about the future, and guides motivation. The contents of the future-oriented self-concept are referred to as possible selves (Markus & Nurius, 1986). Adults' possible selves have been associated with coping and aging. Possible selves are important because they guide people's behaviours in terms of what activities and goals they approach or avoid. For example, an older adult with a "financially dependent" possible self will attach a different meaning to moving in with his or her children than will an older adult without such a possible self.

Research suggested that older adults tend to have fewer possible selves than young adults (Cross & Markus, 1991), but the possible selves held reflect a variety of domains: health, family, leisure, lifestyle, and independence, for example (Frazier, Hooker, Johnson, & Kraus, 2000). However, health-related possible selves are the most often visualized by older adults. The maintenance of healthy possible selves is a significant predictor of successful aging through the promotion of health-enhancing and health-protecting behaviours among older adults (Frazier et al., 2000). Cross and Markus (1991) cited responses of older people in regards to their hoped-for selves, such as:

“being able to be active and healthy for another decade at least” (p. 237), “to be a loving grandparent” (p. 237), and “being able to sing or play the piano well for my enjoyment” (p. 237). As people in care consider—and are supported in considering—their hoped-for-selves, the assumption is that they will be motivated to pursue this ideal. Hoped-for-selves then can become resources and motivators (Cross & Markus, 1991). Markus and Nurius (1986) suggested that much of people’s actions and decisions can be seen as an attempt to either advance towards a hoped-for possible self or avoid a dreaded possible self. From this perspective, the decision whether or not to participate in the Second Wind Dreams Program could well be heavily influenced by the resident’s possible selves. If a resident hopes to be remembered for being a community leader, he or she might participate in the Second Wind Dreams Program if it appears to offer an opportunity to make that hope a reality. On the other hand, if individual residents dread not being able to take care of themselves or fear losing autonomy, they may assert that they are fine and that they do not need any further assistance.

### **Successful Aging**

There has been extensive research from various perspectives in the process of developing a definition for successful aging (Baltes & Baltes, 1990; Ponzio, 1992; Rowe & Kahn, 1997). From a more health-based approach, Rowe & Kahn (1997) define successful aging as “having low probability of disease and disease related disability, high cognitive and physical functional capacity, and active engagement with life” (p. 433). Ponzio (1992) argued that successful aging was less about remaining youthful and vital in old age and more about focussing on what is possible in terms of a person’s transition into old age.

If successful aging is merely the absence or low probability of being sick or disabled, then most people age successfully because many of the effects of aging have been exaggerated by societal biases (Rowe & Kahn, 1997). Using the term successful implies that a standard of normal aging has been met. But what of the individual who is sick or disabled? Is his or her success solely dependent on health or whether staying active is still a possibility? Ponzio (1992) defined the construct of successful aging as “staying vital longer by reaching for and emphasizing the positive aspects of life by seeing what is possible instead of what is typical or expected”(p. 210). From this approach, successful aging becomes less about a physician’s checklist and more about optimal experience, moving the construct closer to that of flourishing in old age.

Taking the previously mentioned definitions into account, this study focussed on a widely accepted framework that describes how one achieves successful aging through “selective optimization with compensation” (Baltes & Baltes, 1990, p. 21). Selection implies an adjustment of a person’s expectations in order to control their subjective sense of satisfaction. Older people will often prune their social environment so that they have fewer yet more strategic relationships; little energy is dispensed on relationships that do not yield positive results. Optimization is engaging in activities that are enriching and that maximize the resources available (Baltes & Baltes, 1990). An older person may need to use or to implement resources more efficiently in order to maintain function in the given task (Baltes & Baltes, 1990). Compensation in Baltes and Baltes’ (1990) model of successful aging results from a loss in ability and involves both psychological and technical compensatory tools and techniques so that a person’s goals can still be met. Older people find alternatives in order to preserve their preferred or essential activities

when needed. Leisure participation also plays an important role in successful aging as it leads to well-being, strengths, social networks, and social interaction (Coleman & Iso-Ahola, 1993). The setting and maintenance of meaningful goals can help motivate behaviours throughout all developmental stages, including that of old age (Ebner & Freund, 2007). As older persons select meaningful goals and pursue them using optimization of resources and compensation for age-related losses, they should age more successfully.

The prevailing message in society is that aging is a sickness and an undesirable inconvenience synonymous with death (Ponzo, 1992). Counsellors and other helping professionals have the opportunity to educate those within their realm of influence about aging successfully so that it becomes common and expected. An individual's perspective of the effects of aging can become a self-fulfilling prophecy; therefore, changing society's narrative towards a more positive paradigm could significantly influence people to age more successfully (Levy, 2009).

In summary, various definitions and frameworks have been established in attempt to describe how individuals can age successfully. The common thread among these theories is the engagement in meaningful activities (Stevens-Ratchford, 2011). The pursuit of goals is also a key aspect of aging successfully (Ebner & Freund, 2007). In essence, successful aging describes resilience when facing the inevitable changes and challenges associated with aging (Baltes & Baltes, 1990). The guiding framework adopted for this study was that successful aging results from the selective optimization of activities and adaptive compensation for the losses experienced in the aging process. Successful aging is a concept and cause that counsellors can and should promote as all

humans inevitably age; someone needs to spread the message of how to do so successfully.

### **Promoting Successful Aging**

Through various longitudinal studies Martin-Joy and Vaillant (2010) developed and validated a hierarchy of coping styles or adaptive defenses that make resilience in old age more likely. The most adaptive coping styles were suppression, anticipation, and sublimation.

Martin-Joy and Vaillant (2010) argued that suppression has the strongest correlation with adult adjustment despite the fact that clinicians tend to see this as pathological. Suppression, as described by Martin-Joy and Vaillant (2010), parallels the learned optimism techniques of Seligman (2006). In order to cope effectively, an individual must see negative life experiences as less pervasive, less permanent, and not personal. An individual using this technique might view moving to long-term care as an opportunity to meet new friends as opposed to losing autonomy.

Along the same lines of optimism, anticipation is also an adaptive coping style to improve resilience (Martin-Joy & Vaillant, 2010). By being more future-minded, participants in Martin-Joy and Vaillant's (2010) studies were able to adjust more positively to the aging process. An example of anticipation could be an older adult setting a goal to visit a grandchild's graduation in another province.

Sublimation is another mature defense identified by Martin-Joy and Vaillant (2010) and is directly related to the Csikszentmihayli's (1990) concept of intense engagement in activities, which he calls flow. Sublimation includes "expressing conflict through creative activities such as art, music, writing and scientific study" (Martin-Joy &

Vaillant, 2010, p. 371). Essentially, engagement in a creative activity provides valuable psychological reserves in later life. Older adults might use sublimation through gardening or other hobbies.

In addition to the coping styles presented by Martin-Joy and Vaillant (2010), Hill (2011) developed a strategy framework for what he called positive aging in order to help older persons recruit these same psychological reserves when faced with declines and losses that come with aging. Hill's (2011) framework is comprised of four characteristics: mobilizing latent resources, psychological flexibility, affirmative decision making style, and a propensity to generate an optimistic response to stressors inherent in age-related decline. He suggested three intervention strategies that elicit sources of meaning that can be recruited when one is faced with the deficits of age-related decline. These strategies, based on positive psychology principles that will be discussed in the next section of the chapter include: gratitude, altruism, and forgiveness (Hill, 2011). These are core concepts in positive psychology as they correlate with positive emotions, relationships, and meaning and will be reviewed later in detail (Lyubomirsky, 2011). The strategies were designed to help people of a greater age "to respond flexibly in age related transitions, to engage affirmative decision making processes, and to cultivate an optimistic view by reframing the deteriorative processes of aging in such a way that preserves life satisfaction" (Hill, 2011, p. 72).

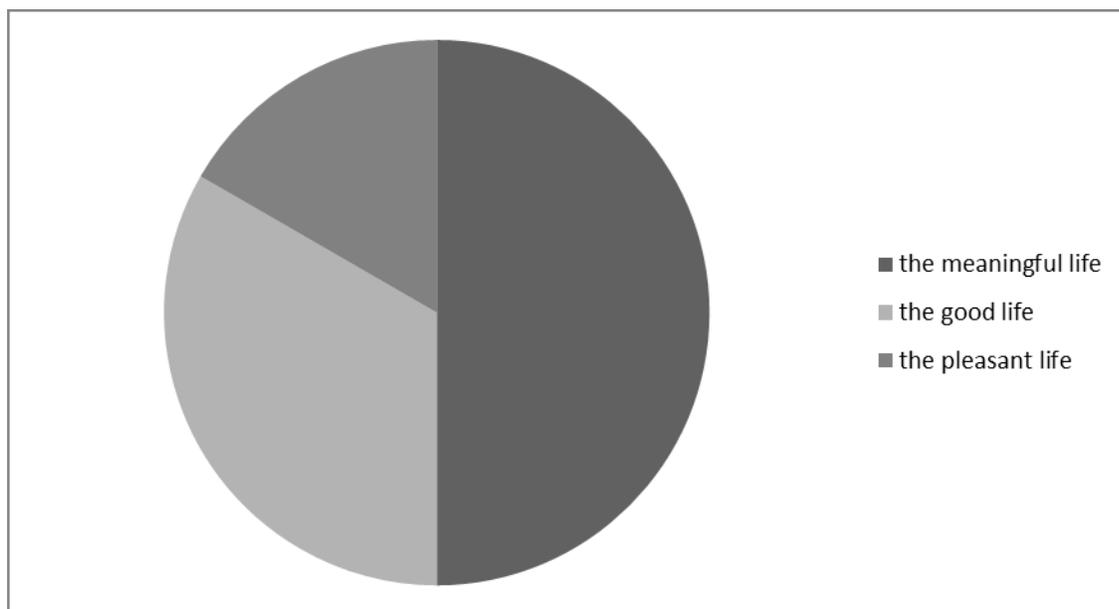
### **Positive Psychology**

Instead of focussing on illness, deficiency, and pathology, positive psychology is the devotion of research and practice to understanding and promoting optimal living. Positive psychology is a branch of psychology whose objective is to achieve and develop

“a scientific understanding and effective interventions to build thriving in individuals, families, and communities” (Seligman & Csikzentmihalyi, 2000, p.13). This relatively new approach to psychology aims not to deny or minimize the reality of pathology but to “begin to catalyze a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities.” (Seligman & Csikszentmihalyi, 2000, p. 5). Given these definitions, positive psychology provides an appropriate direction for the discussion of flourishing in the context of long-term care institutions. Whether a person is flourishing depends greatly on subjective well-being. Seligman (2002) categorized subjective well-being in three levels or “lives” (p. 14). The “pleasant life” (Seligman, 2002, p. 14) is the pursuit of hedonically satisfying and pleasurable experience such as enjoying music, food, or sex. The “good life” (Seligman, 2002, p. 14) is when people know their signature strengths and are engaged in activities that allow them to experience more flow or active engagement in work, leisure, and relationships. The third category, associated with true eudaimonic well-being is the “meaningful life” (Seligman, 2002, p. 14) in which people apply their signature strengths towards a meaningful purpose greater than themselves. Although flourishing can and should involve all three levels of subjective well-being, the focus should be on promoting the meaningful life as it affects well-being the greatest and for the longest period of time (Seligman, 2002).

Figure 2 illustrates a rough visual representation of the priorities suggested for positive activities. Meaningful activities will provide the most positive outcomes and should be prioritized as such. Although applying signature strengths to meaningful pursuits is the most beneficial sort of activity, a time and place for applying signature

strengths to a leisure activity also exists. Finally, the proverbial cherry on the top involves pleasurable experiences like special meals, songs, or trips. By applying all forms of happiness promoting activities, within the suggested ratio, people should flourish regardless of age or setting.



*Figure 2.* Flourishing: The ratio for the priorities of positive pursuits.

*Note.* Based on the work of Seligman (2002).

Looking through this lens, I will review research that describes the positive subjective experiences of older adults, positive individual traits that are common among older persons, and the ways in which long-term care institutions can be more positive in their activity planning. Positive psychology does not ignore disability or pathology, but “it does indicate that much can be learnt from focusing on goals beyond mere symptom alleviation and disability management” (Stirling, 2010, p. 31). Age-related decline in health, for example, is clearly evident and inescapable; however, a positive approach to aging puts focus on living well despite potential disabilities. A qualitative study in Spain

(Prieto-Flores, Fernandez-Mayoralas, Rosenberg, & Rojo-Perez, 2010) found older people, the majority of whom lived in senior centres, to be concerned with their decline in health and losses in the social domain. Interviewees, however, also reported concern with more positive aspects of aging, such as continuous personal growth and development, value of life experience, “being able to weigh things fairly, and the possibility of doing new activities” (Prieto-Flores et al., 2010, p. 1496). They also reported an increase in ability to enjoy their families as well as having more freedom (Prieto-Flores et al., 2010).

Prieto-Flores et al.’s (2010) research showed that people in the later stages of life are not solely concerned with their health and that a need exists to extend the focus beyond the medical model of health care in order to improve quality of life for older people. Myers, Sweeney, and Witmer (2000) described various aspects of life outside of physical health, such as emotional, spiritual, and psychological well-being. In the later stages of life, these areas could be continually developed and nurtured by helping professionals (Myers, Sweeney, & Witmer, 2000). This notion supports the previously mentioned proposal that gerontological counsellors and long-term care facilitators do more than just maintain a normal quality of life among the aged but enhance that which makes life worth living or, in other words, promote flourishing in older age (Brink, 2009).

The promotion of flourishing may not be a difficult or unnatural task. Self-determination theory proposes that humans have a natural tendency to grow, succeed, and flourish (Ryan & Deci, 2008). The motivation to flourish includes extrinsic and intrinsic reasons. Extrinsic motivators, such as wealth, fame, and pleasure, do not correlate

strongly with long-term well-being (Lyubomirsky, 2011). Intrinsic motivators, however, such as the pleasure one gets from the task itself or the sense of satisfaction in completing a task, does correlate with long-term well-being (Waterman et al., 2008). Intrinsic motivation refers to factors that are internal, subjective, and meaningful to the individual (Ryan & Deci, 2008).

Seligman (2011) presented five measurable elements of well-being or flourishing that human beings tend to pursue when free to do so: positive emotion, engagement, relationships, meaning and purpose, and accomplishments (PERMA). These elements are exclusive in that they can be defined and measured independently from one another. Each one of these elements can be pursued and worked on separately or in combination with others. The following is a brief description of each element.

Positive emotion includes the concepts of happiness and life satisfaction. Although feeling happy and positive is of utmost importance and constitutes a pleasant life, these feelings are not sufficient for what Seligman (2002) calls the meaningful life in which a person's signature strengths are used towards a greater cause or purpose. These meaningful pursuits should then be the goal of a "positive institution" (Seligman & Csikszentmihalyi, 2000, p. 5). Institutions for the aged population should enable residents' character strengths. An enabling environment or positive institution will be the guiding framework for the discussion on intervention strategies later in this review.

The second element of flourishing is engagement or flow. This is a subjectively measured experience of having time slow down during an activity or being completely absorbed by a task (Seligman, 2011). Engagement can be beneficial with menial activities alone such as crossword puzzles or knitting but the benefits multiply when the

activity is meaningful. Being engaged in meaningful activities is pivotal among the aged population as illustrated by the fact that it is the ubiquitous element present in the various frameworks and studies conducted on successful aging (Stevens-Ratchford, 2011).

Meaningful activities, for the purposes of this study, will be defined as the pursuit of eudaimonic or intrinsically rewarding goals.

Relationships are another important element of flourishing. Connection with others is one of the three most powerful motivators of human behaviour (Deci et al., 1994). The motivation to connect with others is maintained in old age. In a qualitative study, Webster (2008) illustrated that relatedness and connection are extremely significant indicators of successful aging. Baltes and Baltes (1990) conceptualized successful aging as adaptation to age-related decline through selection, optimization, and compensation. Selection refers to reducing choices, optimization refers to notion that practice of a function preserves that function, and compensation refers to the preservation of a function through alternative means or technology. This framework can be used to illustrate how older adults optimize their relationships, most notably through the process of selection. In the social sphere, selection is exemplified by an older person's pruning of his or her social environment. This pruning allows the individual to devote more energy and resources to meaningful relationships. It is as if, in response to waning resources, the older adult focuses his or her energy on that which is most likely to add to his or her well-being; quality human connection.

Another element of flourishing is meaning and purpose. This refers to "belonging to and serving something that you believe is bigger than the self" (Seligman, 2011, p. 74). Given that older adults are typically in a stage of life-review, meaning and purpose

becomes all the more relevant in later life (Erikson et al., 1989). Meaning for an individual may include spirituality or religion, family, nature, or any other cause that is bigger than the self.

The final element of flourishing is accomplishment or achievement which can be pursued independently, even when there is not much meaning or positive emotion involved. For example, someone might be motivated to win a game merely for the sake of winning and not for some deeper purpose. Erikson et al. (1989) proposed that in old age people seek to assert a sense of lifelong competence and mastery. Older adults are still able to learn new skills as well (Delahaye & Ehrich, 2008).

By taking both Seligman's (2011) model for flourishing and Erikson et al.'s (1989) theory of development into account, the PERMA framework for flourishing should apply to older adults. Anchored in this theoretical connection, the following constructs form the basis for interventions that can increase or improve positive emotion, engagement, relationships, meaning, and achievement that can promote flourishing in old age.

**Gratitude.** Some of the most common positive psychology interventions are gratitude based. Gratitude has broadly been defined as “the appreciation of that which is valuable or meaningful to oneself” (Sansone & Sansone, 2010, p. 18) and, more specifically, an appreciation of benefits received (Nelson, 2009). In Bono and McCullough's (2006) review, they argued that gratitude served three moral functions: a moral barometer, a moral motive, and a moral enforcer. Gratitude acts as a moral barometer in that it is the response when one perceives that he or she is the beneficiary of moral behaviour (Bono & McCullough, 2006). Gratitude functions as a motivator in that

a grateful person is motivated to act prosocially toward the benefactor and others (Bono & McCullough, 2006). Gratitude can be an enforcer as it reinforces the prosocial behaviour of the benefactor making it more likely that he or she will behave morally in the future (Bono & McCullough, 2006). Bono and McCullough also contended that gratitude may be able to offer protection against psychiatric disorders and that it negatively relates to resentment and depression.

Hill (2011) included gratitude as a strategy in his framework for positive aging and he proposed that gratitude can “assist individuals in focusing on positive attributes of events or circumstances even when those events have been associated with objective loss” (p. 73); he also related gratitude to the cognitive behaviour therapy principle of reframing maladaptive thoughts through reconstrual. Hill (2011) specifically cites gratitude journaling as a potentially effective intervention and indicates a need for research to evaluate the effectiveness of gratitude interventions within an older population.

Although gratitude research specifically among older people is lacking, in the past decade, significant advancements have occurred in the validation of using gratitude-based interventions in general heterogeneous populations. The first time that gratitude interventions were experimentally tested was by Emmons and McCullough (2003). The researchers conducted three separate studies that tested if a simple self-guided gratitude intervention would lead to heightened well-being. The gratitude intervention consisted of encouraging participants to write down five things for which they were grateful before going to sleep each night for 2 weeks (Emmons & McCullough, 2003). Although the first two studies used samples from an undergraduate population, the second study

included 65 people with congenital or adult onset neuromuscular disorders (Emmons & McCullough, 2003). The results indicated that the gratitude intervention indeed increased subjective well-being in comparison to the other control groups as well as increasing positive affect while lowering reports of negative affect (Emmons & McCullough, 2003). These studies initiated the discussion on gratitude and its effectiveness as a psychological intervention as they were the first to empirically demonstrate how gratitude, after mediational analyses, was shown to be uniquely responsible for the positive outcomes.

Aside from the improvement in subjective well-being and positive affect, another relevant finding came from the third study in which Emmons and McCullough (2003) also asked participants to describe their sleep patterns. The gratitude group reported longer and higher quality sleeping patterns while they were exercising the gratitude intervention of “counting their blessings” (Emmons & McCullough, 2003, p. 1). Sleep quality is an important area for further research specifically with older persons as sleep quality has been purported to predict quality of life in older people (Hoch., Reynolds, Buysse, Monk, Nowell, & Dew, 2001). Nursing staff at LTCFs can use this evidence to encourage gratitude interventions to help residents improve their sleep patterns.

Gratitude interventions not only increase positive effects, but the increase is sustained over longer periods of time (Boehm, Lyubomirsky, & Sheldon, 2011). A noteworthy aspect of this study was the cultural comparisons made between the Anglo-American and Asian-American participants who each represented approximately half of the sample. Although the gratitude intervention increased subjective well-being in both cohorts, the result was not as pronounced among Asian-Americans (Boehm et al., 2011).

The effectiveness of the intervention could vary across cultures, which could include among other distinctions, ethnicity, gender, sexual orientation, or in the case of this review, age. Although results varied across cultures to some extent, the positive effects of gratitude interventions are still evident. This suggests that cultural differences may impact the effects of a gratitude intervention but may still be appropriate.

Gratitude strengthens social relationships (Algoe, Haidt, & Gable, 2008). The more gratitude expressed by participants, the more integrated and connected they were to their new friend a month later. The authors concluded that through their findings, gratitude could empirically be linked with improving problems with integration and cooperation in a group (Algoe et al., 2008). Algoe et al. (2008) argued that the results indicated that gratitude is more than just repayment or appreciation for benefits received; gratitude is about building and promoting relationships in order to protect oneself during difficult times and to flourish during better times.

With a correlational link illustrated and a causal effect plausible, gratitude as a gateway to stronger relationships is important to consider in regards to older individuals. Self-determination theory suggests that relatedness or connection with others is one of the three most important and powerful motivators of human behaviour (Deci et al., 1994). In a qualitative study, Webster (2008) illustrated that relatedness and connection are extremely significant indicators of successful aging. Older adults adapt better to the age-related decline by pruning their social environment so that they can devote their energy to more meaningful relationships (Baltes & Baltes, 1990). Further research could substantiate whether gratitude promotes the building of more meaningful pruned relationships among older people.

In an experiment, Bartlett and DeSteno (2006) showed that feeling grateful can motivate people towards prosocial behaviour even when it is costly in time or just generally and hedonically unpleasant. Participants who were grateful spent twice as much time helping an unknown confederate than the control group (Bartlett & DeSteno, 2006). Altruistic pursuits can bolster subjective well-being and lessen negative feelings, such as death anxiety; therefore, gratitude as a motivator to help others becomes an even more effective intervention to increase happiness in an LTCF (Van Hiel & Vansteenkiste, 2009). This is significant for older populations because those who are more active in prosocial activities, such as volunteering, are likely to be more socially connected and that connection can be a source for resiliency for older adults when in long-term care (Ostir, Ottenbacher, & Markides, 2004).

Watkins, Grimm, and Kolts (2004) examined how a person's gratitude affects his or her ability to recall positive memories. Participants who scored higher on the gratitude, resentment, and appreciation test were more likely to recall positive memories and more likely to view their positive and negative events in a positive light (Watkins et al., 2004). Consequently, the expression of gratitude should assist in making the life-review process more positive. This suggests that gratitude interventions are an appropriate and effective approach to gaining contentment in the past, which in part constitutes flourishing.

In their review of effective gerontological practices, Myers and Harper (2004) found that life review therapy was one of the most proven techniques appropriate for helping older clients. This corroborates with Erikson's (1964) theory that the psychosocial task in the last stage of life is ego-integrity, which is achieved through life

review. A possible negative consequence from life review therapy, however, is the recalling of negative events or emotions, which may lead the client towards despair and depression. Watkins et al.'s (2004) research suggested that being grateful increases positive reminiscence and decreases recollection of negative memories. This implies that gratitude could make life review therapy more effective and that gratitude is a significant element of achieving contentment in the past so that one can flourish in the present.

In regards to the application of gratitude interventions with older populations, little research has been published. Lau and Cheng (2011) took a convenience sample of 83 Chinese people in the later stages of life and separated them into three groups. In one group the participants were asked to express gratitude, in another they reported their hassles, and in the third they reported significant life events. Lau and Cheng measured the effects of each manipulation in relation to death anxiety, using the Death Anxiety Scale. The results showed that the gratitude condition lessened death anxiety and negative effect but did not significantly increase positive effect unlike the other studies previously discussed. This result could be explained by the cultural differences illustrated in the Boehm et al. (2011) study that was reviewed earlier. This is the first and, as far as I can tell, only study that specifically examined the effects of gratitude interventions with older people. Although Lau and Cheng's study (2011) was short term and should be repeated to examine long-term effects as well as the effects within other cultures outside of China, the study did give promising credence to the effectiveness and appropriateness of gratitude interventions for older people. The implications of Lau and Cheng's study (2011) are that gratitude interventions could be effective not only in

helping older individuals be content with their past but possibly to have more hope in the future, or at least less fear for their future.

Gratitude has been recommended by many religions and by self-help authors for years, but only in the last 10 years has research been able to empirically validate the benefits of gratitude interventions. Studies now support that gratitude interventions can benefit an individual by enhancing positive affect, decreasing negative affect, improving sleep, and enhancing overall subjective well-being over a significant period of time (Boehm et al., 2011; Emmons & McCullough, 2003). Gratitude interventions have also demonstrated potential for increasing prosocial behaviours, such as integrating into a group and helping others (Watkins et al., 2004). Gratitude interventions have also been shown to influence more positive recollections about the past (Bartlett & DeSteno, 2006). All of these benefits have the potential to positively enhance the lives of our ever aging population in the western world. Further research is needed to verify the application of gratitude interventions with older individuals. One outcome of using a gratitude intervention that has been empirically supported with an older population is the lessening of death anxiety, which has important implications for future care of those in the later stages of life (Lau & Cheng, 2011).

Although gratitude interventions such as gratitude journals, counting your blessings, and gratitude nights have begun to be quantifiably supported in the last decade, an absence of qualitative research—which would increase understanding of the lived experience of a gratitude intervention—exists. Gratitude is a subjective experience and more research is needed to obtain subjective qualitative data to support the effectiveness

of the interventions. An evaluation of the FLLW would aim to gain insight into the experience of participating in a gratitude intervention in an LTCF.

An absence in the research applying gratitude interventions to older populations also exists. With life expectancy rising and baby boomers aging, the most effective and cost efficient forms of caring for their psychological needs must be found. The use of gratitude interventions could provide a simple and brief way to help older people increase their subjective well-being, prevent future psychological distress such as death anxiety (Lau & Cheng 2011), and increase the effectiveness of life review therapy (Watkins et al., 2004). Gratitude appears to be a key element of flourishing in old age as it increases positive emotion, improves relationships, and meaning in one's life. To paraphrase Cicero (as cited in McCullough, Kilpatrick, Emmons, & Larson, 2001), people may find that gratitude is not only the greatest of virtues but the grandparent of all the others.

**Forgiveness.** Bono and McCullough (2006) defined forgiveness as a “positive psychological response to interpersonal harm” (p. 148). Bono and McCullough also added four key factors, amenable to change, that affect forgiveness: (a) empathy for the transgressor, (b) recognition of one's own personal flaws and shortcomings, (c) generous attributions and attitudes towards the behaviour of the transgressor, and (d) less ruminations. In short, someone who forgives is more likely to feel empathy, humility, and optimism and to ruminate less. The benefits of prosocial and altruistic traits—such as empathy and humility as well as optimism—will be discussed in the next sections.

Ruminating is one of the key features of depression as described in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000). The fact that ruminations and forgiveness are negatively correlated

implies that forgiveness and its interventions should be effective tools to decrease, prevent, or treat depression. Various physical and mental health implications are associated with being forgiven. Sustained hostility and blame towards others has been shown to be harmful to both physical and psychological health (Williams & Williams, 1993). Improvements to the cardiovascular and nervous systems can occur even by merely imagining forgiving the trespasses of another (Witvliet, Ludwig, & Bauer, 2002). In a study on reminiscence, which is key to the development stage of later life, the memory of forgiven transgressions elicited less cardiovascular activity than those that were not forgiven, suggesting that forgiveness can help manage stress levels (Lawler et al., 2003). Forgiveness can also lead to other positive behaviours and thought patterns such as optimism, self-efficacy, higher perceived social and emotional supports, and for some, a greater communion with God. All have been shown to correlate with better health (McCullough, Pargament, & Thoresen, 2000).

Forgiveness has been shown to be associated with a greater sense of purpose and self-acceptance (Aschleman, 1996). If older adults can also find a greater sense of purpose in their life through forgiveness, that same sense of meaning and purpose could be the informing and motivating factors towards change (Peavy, 2004). Even the most physically incapacitated person, regardless of age, should benefit from pursuing a meaningful forgiveness-based intervention as it could increase positive emotion, improve relationships, and give people a greater sense of purpose.

**Flow.** Csikszentmihalyi (1990) used the word flow to describe the intrinsically rewarding or optimal state that results from intense engagement with daily activities. Csikszentmihalyi and Rathunde (1993) stated that experiencing flow on a regular basis is

fundamental to life satisfaction and happiness. Flow happens when there is a balance between the challenge of an activity and the skill of the actor (Csikszentmihalyi, 1990). Flow is also characterized by intense concentration, time distortion (or the feeling of time flying), confidence, and less self-awareness (Csikszentmihalyi, 1990). In a Goldilocks fashion, an activity must provide the right amount of challenge in relation to a person's skill level; if the activity is too difficult then anxiety is produced and if the task is too easy then the individual loses interest and grows apathetic (Csikszentmihalyi, 1990).

Csikszentmihalyi and Rathunde's (1993) research showed that those individuals who experience flow on a regular basis report higher levels of life satisfaction. Therefore, flow has been included as a key component of the construct of flourishing in positive psychology and in this current project. According to self-determination theory, a sense of competency is one of three key motivators of human behaviour and also correlates significantly with subjective well-being (Ryan & Deci, 2008). Waterman (2005) argued that challenging activities that require competence are closely linked with eudaimonia, which is the higher state of happiness associated with fulfilling personal potentials. Eudaimonia is the opposite of hedonism, which is considered a lower form of happiness and deals with more immediate gratification. One study demonstrated that the eudaimonic benefits of a sense of competency are applicable to older populations because being seen as capable and responsible lead to feelings of self-worth (Webster, 2008). Although flow is clearly an integral part of optimal living, the majority of the research on flow has been with samples of younger and middle-aged adults (Payne, Jackson, Noh, & Stine-Morrow, 2011). The importance of flow in old age, however, becomes unclear especially when selective engagement is taken into account. In old age, people tend to

selectively allocate their resources in a way to conserve valuable energy and cognitive reserves (Hess, Germain, Swaim, & Osowski, 2009). This phenomenon is evident when researchers have attempted to test the cognitive capacity of older people and found that they will often give up or underperform (Hess et al., 2009). Older people assess the personal meaningfulness of a task as a far more important factor than younger people (Halama, 2005). This suggests that if flow is going to be measured or assessed in older populations, the meaningfulness of the task needs to also be taken into consideration, not just the challenge to skill ratio.

The state of flow has been empirically demonstrated among older populations (Voelkl, 1990). Of course, the range of abilities and interests is vast among those in the later stages of their lives, which makes putting all older people in one homogenous group dangerous and negligent. Older people with higher fluid abilities experience higher levels of flow during cognitively challenging activities, as expected from previous research on flow (Payne et al., 2011). The same study found that those with lower fluid abilities did not experience flow in the cognitive activities but did experience flow in the noncognitive tasks (Payne et al., 2011). Payne et al.'s (2011) results suggested that to experience flow in older age, skill and challenge should be matched; the results also suggested that some older individuals can still be engaged intensely in cognitively challenging tasks. The effects of the flow experience in later stages of life have not been studied in great depth; however, one study showed that older people who experienced higher levels of flow also reported higher levels of positive affect (Love-Collins, Sarkisian, & Winner, 2009). The majority of people in this study experienced flow at least one time per week, and women reported more flow-like experiences than men

(Love-Collins et al., 2009). This study was unable to make a definitive conclusion about the effects of experiencing flow on the happiness of older people because a strong link between flow and life satisfaction was not revealed (Love-Collins et al., 2009). The findings of this study suggested that in order to increase life satisfaction, the quality—rather than the quantity—of flow experiences is most important (Love-Collins et al., 2009). This result can be explained by Baltes and Baltes's (1990) concept of selective engagement in that older people will seek out and gain more benefits from fewer but more meaningful engaging activities.

Flow correlates strongly with happiness in individuals and contributes to flourishing by increasing engagement. In the later stages of life, however, a selective optimization of activities—those that are more personally meaningful yet still match challenge with skill level—has the greatest effect on the life satisfaction of an older person. Although flow needs to be considered in the planning of activities for people in an LTCF, a theoretical mechanism needs to be in place to ensure that activities are meaningful as well. Positive psychology, along with postmodern approaches to therapy (e.g., logotherapy, narrative therapy), could provide an appropriate theoretical approach to increasing the meaningfulness of activity in long-term care.

**Altruism.** As previously mentioned, intrinsically motivated activities are linked with higher subjective well-being (Ryan & Deci, 2008). Altruism is the intrinsic desire to be a part of something bigger than oneself. Altruism is often considered the motivation behind volunteerism, which can be a source of meaning and purpose in a person's life even if he or she is experiencing poor health due to age or disease (Hill, 2011). Older individuals are just as likely to volunteer as any other age group, and they tend to

dedicate considerable portions of their time in their volunteering efforts (Turcotte & Schellenberg, 2007). Older adults dedicated an average of 250 hours in the same year, which is approximately 100 hours more than the average younger person (Turcotte & Schellenberg, 2007).

In a Dutch study on ambitions in later life (Van Hiel & Vansteenkiste, 2009), the attainment of intrinsic and altruistic goals, such as assisting people in need or being involved in the community, was positively correlated with subjective well-being and ego-integrity as well as lower death anxiety. The pursuit of extrinsic goals, such as getting rich or famous, was associated positively with despair and negatively with death acceptance (Van Hiel & Vansteenkiste, 2009). This study suggested that through volunteering and pursuing other intrinsically motivated activities, older persons are more likely to have ego-integrity, satisfy psychological needs, and to experience more satisfaction in their day-to-day lives (Van Hiel & Vansteenkiste, 2009). Older adults can satisfy the need to feel competent and connected by volunteering, and they are likely to benefit psychologically and physically for their altruistic involvement. Regardless of age, people who apply their signature strengths to purposes greater than themselves are likely to have lives that are enriched with meaning, and they are likely to move closer towards eudaimonic well-being and self-actualization (Seligman, 2002).

**Optimism.** The development of optimism for the future is one of three elements of the model for flourishing in old age thereby warranting a review on the extensive research that has been carried out so far on the construct of optimism. For example, in his book *Learned Optimism*, Martin Seligman (2006) displayed some of the positive outcomes association with optimistic thinkers. Optimism negatively correlates with

depression and a number of infectious diseases, yet positively correlates with achievement, healthy habits, and immune system strength. Recent research has supported and amplified his findings. Dispositional optimism was shown to be directly related to health optimism, which leads to better subjective and objective health (Ruthig, Hanson, Pedersen, Weber, & Chipperfield, 2011). In addition to good health, optimism is linked to increased subjective well-being, an increase in resilience to the effects of aging, more positive attitudes during the early stages of dementia, and an increase in engagement in healthy behaviours (Baldwin, 2010; Ruthig et al., 2011; Wolverson, Clarke, & Moniz-Cook, 2010; Wrosch & Scheier, 2003). As good physical health is a key element of successful aging (Baltes & Baltes, 1990), the fact that optimism was shown as the most significant personality characteristic in the motivation of older individuals to participate in health promoting behaviours is noteworthy (Holahan, Holahan, & Suzuki, 2008). By merely having a more optimistic point of view, the participation and motivation of a resident of an LTCF should increase.

Although optimism is a trait, Seligman (2006) effectively teaches the way optimism can be learned. If long-term care facilitators wish to increase participation in planned activities, including health promoting behaviours such as exercising, then interventions for developing and maintaining optimism in their centres must be considered. The lack of optimism or hopelessness comes from believing that one's actions and decisions do not matter and can be exacerbated by negative life events and a loss of dependence (Seligman, 2006). Older persons in general are more likely to experience negative life experiences such as bereavement and loss. Those living in an LTCF also lose much of their independence upon institutionalization and, therefore,

quality of life tends to decrease because of this loss (Kostka & Jachimowicz, 2010). As dependence on others increases and negative life events escalate, the propensity for hopelessness at this stage of life can easily be imagined.

Seligman (2006) wrote that people's optimism, or lack thereof, is directly related to their explanatory style or the way in which they explain to themselves why events happen to them. Events are explained by how personal, permanent, and pervasive these events seem to the individual (Seligman, 2006). For example, if a negative event happens in Harold's life, his explanatory style will affect his belief of whether the event was his fault or not (i.e., personal), his perception of how long the negative repercussions will last (i.e., permanence), and his judgment of the degree of devastation (i.e., pervasiveness). If Harold believes that the negative event will persist, that it will affect all aspects of his life, or that it was his fault, he is likely to give up and lose hope, which as mentioned before can lead to more sickness, less happiness, and even an earlier death.

With the losses and difficulties inevitably associated with aging and moving into long-term care, an optimistic explanatory style can help a resident be more involved, more active in health promoting behaviours, more prepared to cope with loss, and more likely to live longer. The key to attaining and maintaining an optimistic outlook is a person's explanatory style. If older persons in LTCF can learn to view negative events as temporary, impersonal, and localized rather than permanent, personal, and pervasive, they will be able to benefit from the power of optimism. They can be drawn to living with positive emotion, engagement, connection, meaning, and accomplishment instead of being driven by a past filled with regret, disappointment, and hopelessness.

The concepts of gratitude, forgiveness, flow, altruism, and optimism should be effective strategies to help older persons flourish in LTCFs. Through gratitude and forgiveness, they should be able to engage in life review and gain more contentment and integrity in their past. By experiencing flow and engaging in meaningful activities such as volunteering or self-actualization, older people have an increase in subjective well-being in their day-to-day lives. Finally, as older people adopt a more optimistic perspective, they should gain hope for their future and the future of the world that they will eventually leave behind.

### **Strengths**

Positive psychology includes the study of positive individual traits, strengths, and virtues (Seligman & Csikszentmihalyi, 2000; Sheldon & King, 2001). Seligman (2011) wrote of signature strengths that provide a person with a sense of ownership, a feeling of excitement while displaying it, a rapid learning curve, and a sense of yearning to use that strength often. People who use their signature strengths feel invigorated instead of exhausted when using them, and they feel joy and zest when creatively pursuing personal projects that revolve around their strengths (Seligman, 2011). In relation to the elements of flourishing, the application of signature strengths encapsulates and increases each element.

Older adults have and are able to continually develop these positive traits. Stirling (2010) wrote that later life should be seen “as an opportunity for the development of positive psychological traits (i.e., future focus, capacity for reflection, and responsiveness in relationships) and humanitarian competencies” (p. 3) such as prosocial behaviours and investment in the community. The following are common strengths

possessed by older persons and are valuable in the discussion of identifying signature strengths.

**Cognitive strengths.** A Statistics Canada report (Turcotte & Schellenberg, 2007), entitled *A Portrait of Seniors in Canada*, noted that as the baby boomers enter their senior years, older persons will differ greatly from their past and even current cohorts. This is important when examining the future of the baby boomer generation. In 2003, the rate of illiteracy among senior citizens was over 50% while only one quarter of persons between the ages of 54 and 64 showed the same low literacy scores (Turcotte & Schellenberg, 2007). Between 1990 and 2004, the percentage of men 65 or older with less than a high school education dropped from 62.7% to 46.6% (Turcotte & Schellenberg, 2007). At the same time, twice as many men aged 54 to 64 had university degrees compared to the older generation and three times as many women had degrees (Turcotte & Schellenberg, 2007). This report pointed to a drastic increase in the education and literacy levels of tomorrow's older generation (Turcotte & Schellenberg, 2007).

Older people are also capable of learning new skills with efficiency. This was made evident from an Australian study in which people from the ages of 55 to 75 and over (15% of the participants were over 75, but exact ages were not reported) were taught the craft of woodturning successfully (Delahaye & Ehrich, 2008). This is just one example of how older adults can learn new skills effectively.

**Emotional strengths.** Elder individuals in general show strong interpersonal and self-regulatory skills (Isaacowitz, Vaillant, & Seligman, 2003). One of the strengths of older people is the increased ability to regulate their emotions (Strongman & Overton,

1999); however, whether or not these are skills that people naturally develop over time and with practice is speculative. Given that older people have been developing and practicing for a longer period of time than most, they naturally become experts in those areas. Older people experience less stress in their day-to-day lives; six out of 10 people over the age of 55 reported that their lives were not stressful compared to only three out of 10 people between the ages of 25 and 54 (Turcotte & Schellenberg, 2007). This lack of stress may be due to their increased ability to regulate emotions (Strongman & Overton, 1999).

**Social strengths.** Older people tend to be involved in volunteer work and altruism. One study contended that older people are “actively looking for ways to be meaningful to others” (Janssen, Van Regenmortel, & Abma, 2011, p. 151). Older people who volunteer are also likely to be more socially connected (Ostir et al., 2004). The ego-integrity versus despair stage in later life (Erikson et al., 1989) is characterized by an attempt to make sense of one’s life and to understand one’s purpose as one reviews his or her life. Erikson et al. (1989) argued, however, that the basic strength of this stage in life is that of wisdom. Wisdom is unique to other human strengths in that it “facilitates an integrative and holistic approach toward life’s challenges and problems” (Scheibe, Kunzmann, & Baltes, 2007 p. 121). Wisdom involves being aware that one’s own well-being is connected to the well-being of others. Wisdom is incompatible with hedonism in that wise people are more likely to “contribute to, rather than consume, resources” (Scheibe et al., 2007, p. 121). Due to their acquired wisdom, elder people should be more holistically oriented, socially aware, and selfless in general comparison to other age groups.

**Values.** In their qualitative study of the aspects of quality of life among older adults, Prieto-Flores et al. (2010) found that the most important values for older people varied somewhat; however, they were able to identify six key themes: (a) family, (b) health, (c) social relationships, (d) peacefulness, (e) intergenerational relationships, and (f) joy of life. Other important values of persons of a greater age include those of time, connections, gratitude, responsibility, patience, endurance, and civility (Paden-Levy, 2004). These values reflect more intrinsically based motivations and, therefore, suggest that the FLLW manual's approach to goal setting in LTCFs should be appropriate among older individuals.

### **Summary**

This chapter reviewed the literature on developmental issues of aging, successful aging and how to promote it, resilience in old age, and the way positive psychology-based interventions could be beneficial in the encouragement of flourishing in old age. In the later stages of life, people strive to make sense of their existence in order to reach ego-integrity (Erikson et al., 1989). As older adults gain this sense of meaning, they gain resilience which allows them to transition through the aging process more successfully (Martin-Joy & Vaillant, 2010). Successful aging was reviewed and defined as selective optimization of resources with compensation (Baltes & Baltes, 1990). Hill's (2011) model for promoting successful or positive aging through positive psychology-based interventions—such as gratitude, altruism, and optimism—was presented. These theories and interventions provide the substance for the FLLW manual presented in this project.

### **Chapter Three: Methods**

The purpose of this chapter is to describe the process used to complete the literature review as well as the development of the FLLW. A description of the search terms used to find relevant literature is included in this chapter.

#### **Search Terms**

Specific questions regarding older adults and positive psychology guided this literature review. More specifically, this review aimed to understand current research on the application of positive psychology principles to an older population, especially those living in care. The following questions guided the literature search:

1. What are the issues of aging?
2. What is successful aging and how is it promoted?
3. What is positive psychology?
4. How has positive psychology been applied to older adults and how could it be further applied to the same population?

For the literature review of this project, the PsycInfo database was used. Search terms included various combinations of the following: aging, quality of life, happiness, flow, positive psychology, gratitude, forgiveness, self-determination theory, and successful aging. Age limits (i.e., 65 and older) were also used to narrow the search. In addition, I searched for specific articles that were cited within the articles found in the PsycInfo database. Furthermore, I reviewed books that were central to the theoretical framework of the program being planned. Key works on developmental theory, positive psychology, and postmodern counselling also guided the literature review.

In order to understand issues of aging, I studied Erikson et al.'s (1989) developmental model in detail, as presented in their book *Vital Involvement in Old Age*. I searched for additional articles to support Erikson's theory of developmental tasks and made connections between the developmental stages and positive psychology constructs such as hope, flow, and meaning. I also used "Erikson" in the title line of a PsychInfo search to find criticisms of and contemporary reflections on his theory.

Successful aging was the second construct to review in the literature. By entering successful aging in a PsychInfo search, I found multiple frameworks with Baltes and Baltes (1990) and Rowe and Kahn (1997) being the most cited authors on the subject. In order to review the degree to which the topic of promoting successful aging has been represented in the research, I conducted a PsychInfo search using the terms evidence based and counselling with the 65 and older age limit. Myers and Harper's (2004) review of evidence-based practices for older adults was the only relevant article retrieved from that search. Successful aging is often described as resilience in the transition of aging; another search using the terms promoting resilience with the same age limit resulted in finding the research by Martin-Joy and Vaillant (2010).

To review the research on positive psychology, I studied books by Seligman (2002, 2006), Csikszentmihalyi (1990), and Lyubomirsky (2007). I also searched for research that was cited in these books. A search using the term positive aging led to Hill's (2011) framework. I also conducted PsychInfo searches on constructs like gratitude, flow, forgiveness, altruism, and hope with and without the age limits.

## **Designing the Workshop**

The concept for the FLLW manual and workshop came from my experiences participating in a study in which career counselling theory and practices were taught to teachers who then implemented those theories in the K-12 curriculum (Bernes & Rhodenizer, 2011). By equipping the teachers with these skills, dozens of unique interventions were designed and implemented in lesson and unit plans across all age groups and subjects, thus influencing hundreds of students. In a similar fashion, the FLLW was designed to train careworkers on positive psychology theory and practices so that a larger number of older adults could be reached and influenced over time.

Informed by the literature, I also consulted with individuals who represented Covenant Health management, staff, and residents. From them, I learned of the Second Wind Dreams Program, which funds the fulfillment of the dreams of Covenant Health residents. Although they had been experiencing great success, management was interested in improving this program and the quality and meaning of the dreams selected by residents in it.

**Framework.** Seligman's (2011) well-being theory and PERMA model provided the basic framework for the FLLW. The workshop presented in the FLLW manual is designed to present these five elements (positive emotion, engagement, positive relationships, meaning, and accomplishment) to careworkers and help them implement them into the care they provide to residents.

**Designing the sessions.** For convenience of the careworkers who would attend, the workshop sessions are designed to fit into a lunch-hour break. The material spans four sessions so that careworkers can apply what was learned and then return to the next

session with questions, comments, and/or suggestions. The sessions are planned to be both instructional and interactive. As the careworkers are the true experts in their field, they are the ones who will brainstorm how to apply the FLLW theory into their work

### **Summary**

In this chapter, the methods for reviewing the literature were discussed. The literature for this project was rooted in developmental aging theory, successful aging, and positive psychology. The design of the workshop, and its sessions, was also outlined. The manual aims to be used to train careworkers who will then apply the concepts learned to their work. By equipping the frontline workers with the tools to increase well-being in a LTCF it is expected that more residents will be reached over time.

## **Chapter Four: Synopsis**

This chapter contains a detailed description of the FLLW manual. The projected outcomes of the workshop, as well as its strengths and limitations, will be discussed. A description of the plan of dissemination and reflections from the author will also be provided.

Myers and Harper (2004) have called for more evidence-based practices from a wellness paradigm. Hill (2011) has argued for the implementation and evaluation of more positive, meaning-finding interventions for our ever-growing, aged population with “age specific material” (p. 75) and “a curriculum that is manageable by an older person with cognitive deficits” (p. 75). I have proposed a model based on positive psychology meant to intrinsically motivate older persons towards positive eudaimonic activities, such as altruistic acts (e.g., mentoring), acts of gratitude (e.g., gratitude letters), and forgiveness. In this chapter, I will discuss a suggested way to implement such an undertaking.

### **Overview of Manual**

With this project, my aim is to develop a manual designed to teach positive psychology theory and interventions to those who care for older people living in long-term care. The workshop outlined in the manual is recommended to be evaluated in its implementation stage, which will gauge the effect for change it could have on the Second Wind Dreams Program and other activity planning in LTCFs.

The FLLW manual is recommended to be offered as a 4-part series of professional development workshops, but it could also be presented in one intensive session. The first offering will be for all staff and volunteers at St. Therese Villa and St.

Michael's. Staff will not be required to take the workshop, but the Second Wind Dreams committee expect that staff will be interested in participating (J. Marietta, personal communication, February 20, 2013). According to the committee, participation could possibly range from 15 to 40 in each centre. If interest remains, additional workshops will be offered in order to obtain a higher number of participants and questionnaires completed.

The workshop can be offered over four 1-hour long sessions or in one intensive session. It is designed to be experiential and collaborative. The workshop is divided into four themes that are intended to reach the goals of helping careworkers understand positive psychology, comprehend the usefulness of the approach, and implement the approach in their work.

In the first session, participants will reflect on their own preconceived ideas about aging and the aged. An open discussion will follow about the views society has of older adults and the concerns when working with this population. Positive psychology and the definition of flourishing will be introduced, as well as Hill's (2011) framework for positive aging. This discussion is followed by another on the strengths of older adults. The first session closes with examples of meaningful goals and activities that have come out of the Second Wind Dreams Program.

The second session focuses on interventions based on gratitude and forgiveness. These interventions help increase positive emotions, improve relationships, and deepen meaning in one's life (Seligman, 2011). This session introduces Erikson et al.'s (1989) developmental theory and the concept of life review as a developmentally appropriate and necessary task. The second session includes a discussion of potential barriers or

difficulties that might cause one to avoid a life review or to dislike the process of life review. Interventions on gratitude and forgiveness will be introduced and modelled. These interventions are to help people have more positive and meaningful recollections of their life story.

The focus of the third session is on engagement in activities. Self-determination theory, and how it relates to older adults, will be introduced. Research on well-being will be shared as well as research on the construct of flow and the manner in which flow pertains to this population. The benefits of altruism will also be discussed. Participants will brainstorm ideas on how these theories can be implemented in their setting.

The final session focuses on meaning and brings together the theories learned in the previous sessions. A review of concepts learned and a lecture on possible selves will follow. The idea of leaving a legacy will also be discussed, and participants will be introduced to an intervention designed to help older adults consider that which is most important to them when making goals or planning their days. A final discussion on the implementation of these principles will ensue, and time will be given for an evaluation.

### **Projected Outcomes of Workshop**

As the FLLW manual is delivered and implemented, staff and volunteers are expected to feel more confident in their approach to helping residents pick and pursue meaningful goals. I anticipate that staff will have a greater ability to assist in the planning and execution of resident-centred goals. Expected outcomes among the residents include an increase in participation in meaningful activities while in care, the establishment of more meaningful goals, and a greater sense of satisfaction and subjective well-being.

Depending on the interventions carried out, various potential outcomes could be experienced by resident participants. Residents may be more motivated to participate in health promoting behaviours (Ebner & Freund, 2007; Holahan et al., 2008). Physical and mental health could be increased (Worthington, Sandage, & Berry, 2000). Residents may be able to better manage their stress (Lawler et al., 2003). Residents may also experience increased resilience, subjective well-being, and improved sleep patterns (Emmons & McCullough, 2003; Martin-Joy & Vaillant, 2010). In essence, by participating in the positive interventions outlined in the FLLW manual, a resident could age more successfully by building resilience (Baltes & Baltes, 1990) and flourish in old age (Hill, 2011; Seligman, 2006).

### **Target Population**

The target population for participation in the FLLW includes all careworkers, staff, and volunteers of LTCFs. This population can range in age from 18 to 65 and in education level from secondary, to postsecondary, to graduate studies. Indirectly, the resident population is likely to be effected by this workshop as staff implements the approach.

### **Strengths**

The FLLW manual presents an applied, positive psychology-based approach to activity planning for older adults living in long-term care. This approach is unique but relatively easy to understand. The principles taught in the workshop should be easy for staff to implement. The approach should increase positive emotion, engagement, relationships, meaning, and accomplishments because it is based on Seligman's (2011) work on well-being and flourishing. By having residents work on these five elements,

their well-being should increase. For example, the focus on meaningful engagement could facilitate the identification of activities that have a longer lasting positive effect on the residents. Activities of this nature may also benefit the organization as they tend to be economical in terms of both time and money (e.g., gratitude interventions, altruistic pursuits, etc.). Positive psychology principles can be applied to both clinical and nonclinical samples, meaning that regardless of a resident's current level of well-being, these interventions can be applicable and effective in improving his or her quality of life.

### **Limitations and Areas of Future Research**

The FLLW manual is limited in that the approach has not been evaluated for outcomes. Evidence does not yet exist to demonstrate that training careworkers on positive psychology interventions can improve the quality of life for residents. An area for future research would be a comprehensive program evaluation as outlined in Appendix A.

### **Knowledge Transfer**

After staff and volunteers receive training from the FLLW manual, it is important to note that assumptions should not be made about the newly learned techniques and their immediate implementation. Even if participants find the workshop to be useful, they may not implement the activities right away. For the initial workshop with Covenant Health, I will provide additional consultation to help staff implement the theories of the FLLW manual in their work. Future facilitators of the FLLW may wish to include post-workshop consultations in their services. The workshop manual will be printed and distributed to Covenant Health management. The plan of dissemination will include submitting articles to scholarly journals and presenting at academic conferences. The

FLLW manual will also be shared with organizations such as the Lethbridge Senior Citizens Organization, Nord-Bridge Senior Citizens Organization, and other LTCFs in Southern Alberta.

### **Reflections**

Resources are limited in LTCFs, which means that facility administrators are always looking for cost-effective ways to provide the best care possible to their residents. The positive psychology research suggests that by implementing more intrinsically motivating and satisfying activities, which also tend to be less expensive, a LTCF could help residents have a sense of purpose, engagement, and well-being that lasts (Lyubomirsky, 2011). Research does not yet exist that validates the effectiveness of teaching positive psychology-based interventions to careworkers; however, the literature suggested that a program such as the one outlined in the FLLW manual should benefit both staff and residents at LTCFs at a relatively low cost.

My greatest concerns are that residents will not respond to the interventions. If this does occur, it will most likely be the result of the selective optimization principle of successful aging (Baltes & Baltes, 1990). In other words, if residents decide that the intervention is not meaningful or if they see it as too challenging, then they will likely prune the activity and withdraw (Payne et al., 2011). I am fairly confident, however, that interventions based on constructs such as gratitude, forgiveness, and altruism will be meaningful to older populations. People are intrinsically motivated to pursue activities that provide a sense of autonomy, competence, and connection (Ryan & Deci, 2008). My confidence is supported by the research available on the developmental psychology of

aging, which suggests that positive psychology-based interventions should result in a sense of ego-integrity and successful aging (Baltes & Baltes, 1990; Erikson et al., 1989).

### **Summary**

Most careworkers would agree that continued engagement is important and necessary for residents of an LTCF, but the best way in which careworkers can plan activities that will be engaging and motivating to residents is not certain. In the later stages of existence, meaning in life becomes not only important to an older person, but it becomes more evident. Older persons can be apt at identifying that which is most meaningful and precious to them. By using concepts promoted by positive psychology, careworkers should be able to better understand that which gives meaning to their residents; therefore, activities and goals can be set to motivate the residents to engage in meaningful activities that put their signature strengths towards a meaningful purpose. As residents become more engaged, the goal is that they will find contentment in the past, happiness in the present, and hope in the future while in care.

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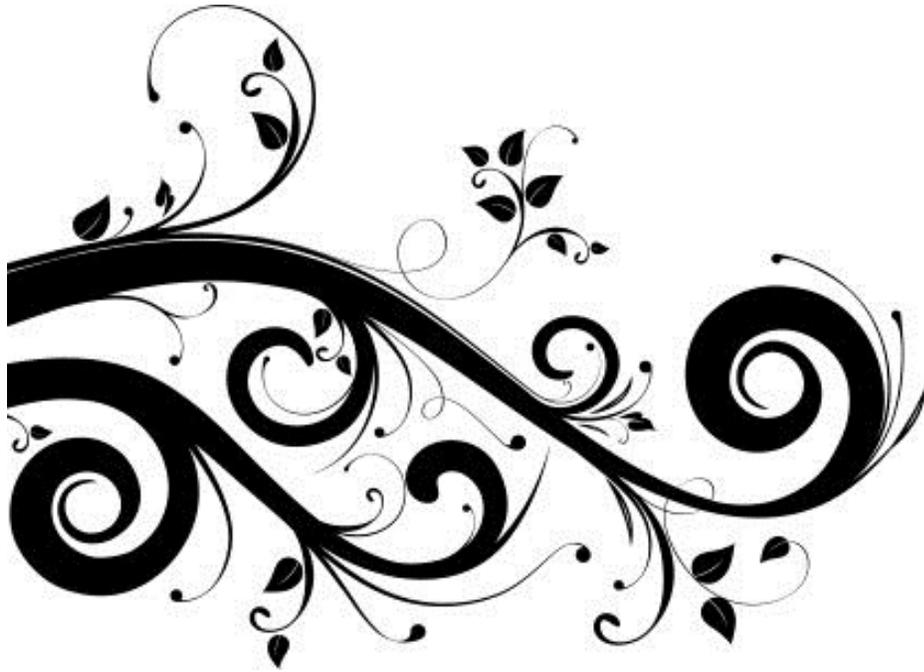
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**Facilitator's Manual**

Flourishing in Later Life: A Positive Psychology Training for Careworkers



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Master of Education Project

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## Preamble

Statistics Canada (Turcotte & Schellenberg, 2007) reported that by the year 2036, more than 30% of Canada's population will be over the age of 65. As Canada's population ages, there is likely to be an increase in people living in long-term care. Some view living in care and aging itself as an unwanted but perhaps necessary outcome that must be endured. Whether living in long-term care or not, it is the opinion of the author that older adults are capable of flourishing. The definition of flourishing for the purposes of this project has been adapted from Seligman (2011). To flourish in later life is to have positive emotions, engagement, positive relationships, meaning and purpose, and accomplishment (PERMA). The Flourishing in Later Life workshop contained in this manual aims at training long-term careworkers in positive psychology-based interventions with the purpose of helping residents flourish in care.

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In-text: (Rhodenizer, Z., 2013)

Rhodenizer, Z. (2013). Flourishing in later life: A positive psychology training for care workers (Master's project). University of Lethbridge, Lethbridge, AB, Canada.

### **Limitations**

This program is limited in that the approach has not been empirically evaluated. Although the interventions presented in this program have been shown to increase subjective well-being, there is no guarantee that by training careworkers in the area of positive psychology, an improvement in quality of life will occur for residents specifically. This program does not encompass every theory, principle, or intervention from the positive psychology movement.

## **Introduction**

This manual contains training material that introduces positive psychology theory and interventions to those who give care to older adults. Although careworkers labour diligently at attending to the medical and physical needs of residents, often it becomes difficult to motivate residents to pursue goals that would meet higher psychological needs. The basic care of older adults is of utmost importance; however, this training focuses on helping residents flourish while in care as opposed to merely surviving comfortably.

Positive psychology is the science of optimal human experience (Seligman & Csikszentmihalyi, 2000). Essentially, it involves a concerted effort at empirically validating and accurately describing the best experiences life has to offer. Since roughly the turn of the millennium, positive psychology has succeeded in using sound scientific research to describe such subjective and abstract concepts as gratitude, love, and happiness. Not only has this movement better described optimal living, it has provided evidence as to how to best achieve it.

The positive psychology movement has identified certain activities and interventions that correlate strongly with increases in well-being over time. Many of these activities are presented in the workshop contained in this manual. The Flourishing in Later Life workshop consists of four themes: self-awareness and aging, gratitude and forgiveness, engagement, and meaning.

## **Rationale for the Workshop**

Older adults in care are likely to deal with losses both physical and emotional. Many careworkers will attest, however, that a large portion of residents will pass their time in care relatively without incident. Nevertheless, we must not confuse the absence of illness with well-being. Neutral is certainly preferred over “bad,” but what about “excellent,” “amazing,” or “meaningful”?

Working towards various tasks provides meaning and purpose throughout our lives (Super, 1990). In the later stages of life, people tend to be very apt at understanding what is meaningful to them and what is not (Erikson, Erikson, & Kivnick, 1989). If an older adult is to engage in an activity, it will likely need to be meaningful (Baltes & Baltes, 1990). Long-term careworkers will plan events, activities, and encourage goal setting in order to provide purpose to a resident’s life and to make them happier. Often these plans miss the mark and participation wanes.

The research put forth by the positive psychology movement provides insight as to which activities are more likely to be meaningful to older adults. Often, the motivation for setting certain goals at any age involves the possibility of a payoff such as food, money, or sex. These pursuits provide hedonic pleasure and are very effective motivators if instant results are desired. The drawback is that the positive effects of hedonic pleasure are very temporary and short-lived (Lyubomirsky, 2011). These activities can be very pleasing in the short-term but do not provide a deep, intrinsic sense of satisfaction. Eudaimonia is the opposite of hedonism. Eudaimonic well-being refers to the intrinsic sense of fulfillment and meaning (Waterman, Schwartz, & Conti, 2008). This type of well-being lasts much longer and can benefit older people in many aspects of their lives (Webster, 2008).

Although the research provides strong evidence that these interventions can increase an individual’s well-being, there is not a study yet that evaluates a program for older adults in care like the one proposed in this manual. The Flourishing in Later Life Workshop is the first to attempt to bring positive psychology to the long-term care of older adults.

As this program is delivered and implemented, staff and volunteers are expected to feel more confident in their approach to helping residents pick and pursue meaningful goals. It is anticipated that staff will have a greater ability to assist in the planning and executing of resident-centred goals. Expected outcomes among the residents include an increase in participation in meaningful activities while in care, setting of more meaningful goals, and a greater sense of satisfaction and subjective well-being.

Depending on the interventions carried out, there are various potential outcomes that could be experienced by resident participants. Residents may be more motivated to participate in health promoting behaviours (Ebner & Freund, 2007; Holahan, Holahan, & Suzuki, 2008). Physical and mental health could be increased (Worthington, Sandage, & Berry, 2000). Residents may be able to better manage their stress (Lawler et al., 2003). Residents may also experience increased resilience, subjective well-being, and improved sleep patterns (Emmons & McCullough, 2003; Martin-Joy & Vaillant, 2010). In essence, by participating in the positive interventions outlined in this manual, a resident could age more successfully by building resilience (Baltes & Baltes, 1990) and flourishing in old age (Hill, 2011; Seligman, 2006).

*Theme #1: Self-Awareness and Aging*

# **Theme #1:**

# **Self-Awareness and Aging**

**Session length:** 50 minutes

## *Theme #1: Self-Awareness and Aging*

### **Synopsis**

The first session has the participants reflect on their own preconceived ideas about aging and the aged. There will be an open discussion on how society views older adults and what the concerns are when working with this population. Positive psychology and Seligman's (2011) model of flourishing will be introduced. There will be discussion on the strengths of older adults and then the facilitator will close with examples of meaningful goals and activities that have come out of the Second Wind Dreams Program.

### **Session objectives**

- 1) Participants will give their informed consent (Appendices B and C).
- 2) Participants will evaluate their views on aging and the aged.
- 3) Positive psychology theory will be presented.
- 4) Participants will assess the current state of activity planning in their setting.

### **Materials checklist**

- ✓ white board, projector, computer, pens
- ✓ blank name tags
- ✓ TedX video – Jane Fonda <http://tinyurl.com/mqe3ka5>
- ✓ informed consent (Appendices B and C)
- ✓ PERMA handout (Appendix D)

### **Advance preparations**

- ✓ Have a consent form and pen on the table in front of each chair.
- ✓ Have TedX Video cued and loaded on the screen.
- ✓ Have tables set up so that all participants can see the speaker and the screen.
- ✓ Have participants make name tags.

*Theme #1: Self-Awareness and Aging*

**Session Plan**

<b>Activity</b>	<b>Time</b>	<b>Objective</b>	<b>Supplies</b>	<b>Instructions</b>
Review informed consent	5 minutes	1	<ul style="list-style-type: none"> <li>Informed consent (Appendices B and C), pens, name tags</li> </ul>	Read informed consent with participants and have them sign.
Introduction	5 minutes		<ul style="list-style-type: none"> <li></li> </ul>	Introduce yourself and acknowledge the hard work and abilities of the participants
Discussion	10 minutes	2	<ul style="list-style-type: none"> <li></li> </ul>	Ask questions (found below in facilitator suggestions) to have participants reflect on their perspectives of aging.
Video	5 minutes	2	<ul style="list-style-type: none"> <li>TedX Jane Fonda Talk</li> </ul>	Show video
Successful aging lecture	5 minutes	2	<ul style="list-style-type: none"> <li></li> </ul>	See facilitator suggestions
Positive Psychology lecture	10 minutes	3	<ul style="list-style-type: none"> <li>PERMA handout (Appendix D)</li> </ul>	See facilitator suggestions
Program outline	5 minutes		<ul style="list-style-type: none"> <li></li> </ul>	See facilitator suggestions
Conclusion	5 minutes	4	<ul style="list-style-type: none"> <li></li> </ul>	See facilitator suggestions

*Theme #1: Self-Awareness and Aging*

**Facilitator suggestions**

1) Introduction:

As a facilitator, it is important to gain the trust and attention of the participants. Introduce yourself briefly, mentioning any relevant experience, education, or personal interests that relate to the topic of caring for older persons. Acknowledge the participants' experience and expertise. This workshop is not aimed at changing the way they practice but merely to introduce a new perspective on activity planning in long-term care facilities.

2) Open discussion of perceptions of aging and older persons:

Engage the participants in evaluating and discussing their perceptions of the aging process and older people. Use questions such as:

- ✓ What are your greatest worries about growing old?
- ✓ Is there a specific age that you dread reaching? Why?
- ✓ How do most people view older people?
- ✓ What are the limitations of being old?
- ✓ What strengths do older people have?
- ✓ How might your perspectives as careworkers differ from most? How is it the same?

Explain how perceptions of aging can become a self-fulfilling prophecy. If we dread turning 80 our whole lives then our 80<sup>th</sup> birthday is likely going to be a difficult day. How might our biases toward aging and older people affect the service we give? How does it affect the way we plan activities? How are the planned activities received in general?

\*Show: Jane Fonda – Life's Third Act

Debrief the video: What are reactions to the staircase metaphor? Does this conflict with how we, or society, tend to think?

3) Developmental theory/Successful aging:

What does it mean to age successfully? Research describes successful aging as compensating for losses and selectively optimizing resources (Baltes & Baltes, 1990). Our first reaction to this model might be to think of the physical resources that we use in

<p><i>Theme #1: Self-Awareness and Aging</i></p>
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care facilities to help keep residents as healthy, safe, and comfortable as possible (i.e., wheelchairs, etc.). This is important work. (Stress that they are doing well in this regard). But outside of keeping them warm and fed, what are the higher, emotional, psychological, and developmental needs of residents?

Erikson's (1964) model of developmental stages tells us that in our later years, we attempt to make sense out of our lives and reach ego-integrity. Aging will inevitably bring losses in various aspects of one's life but not to the human spirit. Older people gain a wisdom that helps them understand what is most important and meaningful in their lives.

4) Flourishing/Positive Psychology/ Self-determination Theory:

Positive psychology is the study of optimal experience. Human beings of all ages and kinds want to do well and flourish. We want to be content with our past, experience flow and happiness in the present, and have hope and optimism for the future. Flourishing means having **p**ositive experiences, **e**ngagement in activities, **p**ositive **r**elationships, **m**eaning and purpose, and **a**ccomplishments (PERMA).

Society paints a picture of how happiness is achieved, and they have it all wrong. Fancy cars, diamond rings, and expensive trips are examples of hedonic pleasure. The research shows that hedonic pleasure will increase our happiness for a very limited amount of time, and we will return to our default setting. Because of our insatiable need for bigger, better, and more, pursuing hedonic pleasures is not only ineffective but can lead to addiction and other personal problems. Eudaimonic pleasure comes from activities that help us feel connected to something bigger than ourselves. It comes when we apply our signature strengths to a meaningful cause. This is the key to flourishing in old age. Self-determination theory tells us that free of coercion, people tend to be innately motivated to do well and flourish. There are three factors that motivate us to flourish and if those areas are lacking we tend to experience apathy and depression or anxiety. Those factors are: 1) competence; 2) autonomy; and 3) connection. All of these factors can and should be pursued in old age.

5) Outline of the following sessions:

Flourishing involves having positive emotions, engagement in our activities, positive relationships, meaning and purpose, and achievement. Each of the following sessions will explain activities that can be planned to target these five areas. There will activity

## *Theme #1: Self-Awareness and Aging*

ideas that should intrinsically motivate residents to participate. These activities tend to be very meaningful and emotionally beneficial, and they are also relatively inexpensive to implement.

### **Conclusion**

Given the theory on positive psychology and how it relates to activity planning in a long-term care facility, what are you currently doing that promotes flourishing? What could be done better?

Why is this important? Some of the interventions we will learn in the coming sessions have benefited older adults by

- ✓ increasing subjective well-being,
- ✓ increasing motivation to participate in health promoting behaviours,
- ✓ promoting better management of stress, and
- ✓ increasing resilience.

Points to remember from this session:

- 1) Our perspectives on aging affect the service we give and the activities we plan. It will also affect how we cope with our own aging.
- 2) Despite losses associated with aging, the human spirit continues to develop and grow.
- 3) Positive psychology is the study of optimal human experience. Not just living comfortably but flourishing.

*Theme #2: Gratitude and Forgiveness*

# **Theme #2:**

# **Gratitude and Forgiveness**

**Session length:** 50 minutes

## *Theme #2: Gratitude and Forgiveness*

### **Synopsis**

The second session focuses on the using elements of one's life story to increase positive emotion and meaning, while also potentially improving relationships. This session introduces Erikson et al.'s (1989) developmental theory and the concept of life review as a developmentally appropriate and necessary task. There will be a discussion of potential barriers or difficulties that might cause one to avoid life review or dislike it. Interventions on gratitude and forgiveness will be introduced and modelled. These interventions are to help people have more positive and meaningful recollections of their life story.

### **Session objectives**

- 1) Participants will connect the concepts of life review with gratitude and forgiveness.
- 2) Participants will know how to facilitate a gratitude visit.

### **Material checklist**

- ✓ paper and writing utensils for all participants
- ✓ computer, projector, screen
- ✓ gratitude and forgiveness handouts (Appendix E)

### **Advance preparations**

Prepare someone to share a gratitude letter (preferably with the recipient there as well).

*Theme #2: Gratitude and Forgiveness*

Activity	Time	Objective	Supplies	Instructions
Review from last session	5 minutes			See facilitator suggestions.
Life review	5 minutes	1		Present Erikson's psychosocial stages of development.
Gratitude & Forgiveness	5 minutes	1		Present research on Gratitude and Forgiveness.
Interventions	15 minutes	2		See facilitator suggestions.
Gratitude Visit	15 minutes	2	<ul style="list-style-type: none"> <li>• Gratitude and forgiveness handouts (Appendix E)</li> </ul>	Model a gratitude night for participants.
Conclusion	5 minutes			See facilitator suggestions.

**Session Plans**

**Facilitator suggestions**

1) Review:

Positive interventions are about helping people to flourish. Our definition of flourishing in old age is having **p**ositive experiences, **e**ngagement in activities, **p**ositive **r**elationships, **m**eaning and purpose, and **a**ccomplishments (PERMA). When people are doing well they have a sense of contentment in the past, happiness and flow in the present, and hope and optimism in the future. Today we focus on a way to take meaningful experiences from a resident's past and use it to promote flourishing.

## *Theme #2: Gratitude and Forgiveness*

### 2) Erikson's theory of life review:

To understand life, people tell stories. Erik Erikson's theory suggests that each stage of life has a developmental task. In the last developmental stage of life older adults seek ego-integrity or a sense that their life had meaning. They achieve this ego-integrity by engaging in a life review that helps them integrate their past, present, and future into a meaningful whole.

Everybody has a story to tell and some say our stories are our most valuable assets. Our meaningful past experiences provide context for our lives. This could explain why Life-Review Therapy is one of the most effective therapies for older adults. Life-review therapy is not just reminiscence.

How difficult is it to get a resident to tell his/her story? If they are telling their stories, who is listening?

For the most part, they tend to do well in finding meaning out of their past experiences and in framing past events positively. Some may not be willing or able to engage in a life-review. What could be a barrier to engaging in life review? (regrets, negative experiences, etc.)

### 3) Gratitude and forgiveness:

Practicing gratitude can help people find the positive in past events, even if they involved a loss (Hill, 2011). Gratitude is the feeling and expression of appreciation of positive events while forgiveness is a positive psychological response to interpersonal harm (Bono & McCullough, 2006). By eliciting the events and people for which residents are grateful, the life-review process is initiated.

Gratitude in itself can benefit anyone who practices it. Gratitude can lessen death anxiety, promote healthier behaviours, and even improve sleep. In term of the PERMA model of flourishing, studies show that gratitude increases positive emotions over long periods of time and promotes prosocial behaviour.

Forgiveness can lead to positive behaviours and thought patterns such as optimism, self-efficacy, higher perceived social and emotional supports and, for some, a greater communion with God. All have been shown to correlate with better health (McCullough, Pargament, & Thoresen, 2000).

## *Theme #2: Gratitude and Forgiveness*

Forgiveness has been shown to be associated with a greater sense of purpose and self-acceptance (Aschleman, 1996).

4) Interventions based on these concepts can help older persons find more meaning and contentment in their past experiences as they conduct a life review.

Gratitude journals – Write down three things for which you are grateful each night. The key is to revisualize and re-experience these events.

Gratitude letters – Reflect on someone in your life who really helped you out. Maybe they are not aware of the impact their actions have had on you. Write a letter expressing your gratitude to them in detail. If possible, arrange for that person to attend a meeting in which gratitude letters are read aloud to the whole group. For the purposes of the training, only one guest should be invited but further gratitude visits could be planned in the future.

Forgiveness letters – Forgiveness is for you not the other person. It is about letting go of the pain caused by resentment. Write a letter to someone who has wronged you and let go of the pain. Accept that what is done is done. This does not mean you have to be happy with what happened or resolve any accountability. Maybe you can put yourself in that person's shoes to understand why he or she did it.

If previously arranged, have a participant model a gratitude visit by reading out a letter of gratitude. Debrief with participants by asking what it was like to both read and hear the letter. What emotions could you hear expressed in the letter? What values (i.e., courage, faith, vulnerability, etc.) did the reader express in the letter?

### **Conclusion**

Gratitude and forgiveness interventions are inexpensive, easy to plan, and can be meaningfully beneficial experiences for residents in long-term care. There are therapists trained in life-review therapy as well as personal historians that can help facilitate the telling of one's story, which the final developmental task of one's life.

### **Advance Preparation for next session**

Arrange for someone to take the Signature Strength Inventory before next session.

*Theme #3: Signature Strengths*

# **Theme #3:**

# **Signature Strengths**

**Session length:** 50 minutes

### *Theme #3: Signature Strengths*

#### **Synopsis**

The focus of the third session is on experiencing engagement or flow in the present. Self-determination theory, and how it relates to older adults, will be introduced. Signature strengths will be discussed and assessed. The benefits of altruism will also be discussed. Participants will brainstorm ideas on how these theories can be implemented in their setting.

#### **Session objectives**

- 1) Participants will be introduced to the concept of flow.
- 2) Participants will understand the difference between hedonic and eudaimonic well-being.
- 3) Participants will assess their signature strengths.
- 4) Participants will consider how to apply their signature strengths in their daily activities.
- 5) Participants will brainstorm activities based on altruism and flow.

#### **Material checklist**

- ✓ computer, projector, screen
- ✓ VIA Signature Strengths Inventory (<http://tinyurl.com/lrp5gy5>)
- ✓ Brief Signature Strengths Assessment (Appendix F)

#### **Advance preparation**

Have signature strength inventory and positive psychology website prepared, perhaps with a participant who has previously signed on and taken the strengths inventory.

*Theme #3: Signature Strengths*

**Session Plans**

<b>Activity</b>	<b>Time</b>	<b>Objective</b>	<b>Supplies</b>	<b>Instructions</b>
Review/Discussion of engagement	10 minutes	1, 2		See facilitator suggestions.
Discussion of motivation (Self-Determination Theory)	10 minutes	1	<ul style="list-style-type: none"> <li>• Motivation Handout (Appendix G)</li> </ul>	See facilitator suggestions.
Signature Strengths Assessment	15 minutes	3	<ul style="list-style-type: none"> <li>• VIA Strength Assessment (Appendix F)</li> </ul>	See facilitator suggestions.
Application of Signature Strengths	10 minutes	4	<ul style="list-style-type: none"> <li>• Paper, pens, whiteboard, markers, erasers</li> </ul>	Have participants brainstorm in groups and then share ideas. Record ideas on whiteboard.
Conclusion	5 minutes			See facilitator suggestions.

<i>Theme #3: Signature Strengths</i>
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**Facilitator suggestions**

## 1) Review/discussion on engagement:

Gratitude, forgiveness, and life-review are effective ways to make sense out of one's life story and to find contentment in the past, even when one has experienced trauma and tragedy. Human adaptation allows us to bounce back from the worst of tragedies, but it also tends to make positive events feel regular or neutral in time (i.e., the excitement of a new iPhone only lasts so long). As discussed last session, gratitude interventions can increase our subjective well-being over longer periods of time. This is because gratitude elicits a more internal, eudaimonic well-being.

Another practice that can help elicit and sustain well-being is flow. Flow is a concept that describes the feeling of intense engagement in a task. People have described flow as having time "fly-by." Flow happens when an activity is meaningful and when one's skill is matched with the difficulty of the task. If the task is too difficult, the individual is likely to experience anxiety and give up. In contrast, if the task is too easy then the individual is likely to feel apathy and lose interest. Older adults can and still experience flow on a regular basis. Playing games, knitting, gardening, and art are just some of the examples of activities that often provide a sense of flow to older adults.

## 2) Motivation:

So, how do you motivate someone to have more flow in their life? Left to our own devices, free of the influences of society, illness, or age, human beings have a natural propensity to do well. This is because of the innate desire to have autonomy, competence, and connection which drives peoples to flourish (Ryan & Deci, 2008).

"Autonomy" is feeling that you are in control of your life and that your input matters.

How can residents in long-term care retain a sense of autonomy?

As older adults engage in life review and reflect on what is most important to them, their values tend to emerge and, with a little guidance, they can set meaningful goals for themselves rather than have goals prescribed by a careworker.

### *Theme #3: Signature Strengths*

“Connection” is feeling like you are a part of something greater than you are (i.e., family, community, club, team, country, universe, etc.).

We are hard wired for human connection. Regardless of age, humans need to feel like they are a part of a greater whole. In long-term care, some residents may not be as connected to their families as they once were. Interventions involving altruism can provide a sense of belonging, purpose, and competence as residents work alongside others to benefit the lives of another person or group.

Competence is feeling like you are good at something and that what you are doing matters, practicing your signature skills, being in the state of flow.

#### 3) Signature Strengths:

Things we are good at and we like doing. Things that give us a sense of ownership (“This is the real me”), a feeling of excitement while displaying it, a rapid learning curve as the strength is first practiced. Signature strengths provide a sense of yearning to find new ways to use it, a feeling of inevitability in using the strengths (“try to stop me”), and invigoration rather than exhaustion while using them. They involve the creation and pursuit of personal projects that revolve around them and incite feelings of joy, zest, enthusiasm, and perhaps even ecstasy.

Martin Seligman (2002) identified some common signature skills that people tend to have. By taking the pen and paper Brief Strengths Test (Appendix F) or the online version (<http://tinyurl.com/lrp5gy5>), which can be dictated, residents could identify their own signature skills and think of ways that they could use those skills in their daily activities.

#### 4) Signature Strengths Assessment:

Have participants complete the brief signature strengths assessment. Explain how activities will be more meaningful and pleasing when based on signature strengths.

#### 5) Application of signature strengths:

<i>Theme #3: Signature Strengths</i>
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Discuss potential activities that could be done for each signature strength:

- |   |   |
|---|---|
| 1. Curiosity/Interest in the World              | 13. Fairness                              |
| 2. Love of Learning                             | 14. Leadership                            |
| 3. Judgment/Critical Thinking/Open-Mindedness   | 15. Self-Control                          |
| 4. Ingenuity/Originality/Practical Intelligence | 16. Prudence                              |
| 5. Social Intelligence/Emotional Intelligence   | 17. Humility                              |
| 6. Perspective                                  | 18. Appreciation of Beauty and Excellence |
| 7. Valor and Bravery                            | 19. Gratitude                             |
| 8. Perseverance                                 | 20. Hope/Optimism                         |
| 9. Integrity                                    | 21. Spirituality/Sense of Purpose         |
| 10. Kindness and Generosity                     | 22. Forgiveness                           |
| 11. Loving and Allowing Oneself to be Loved     | 23. Playfulness and Humour                |
| 12. Citizenship                                 | 24. Zest/Passion                          |

### **Conclusion**

- ✓ Not all goals, activities, or pursuits are equal when it comes to increasing well-being
- ✓ Activities involving one's signature strengths will have longer lasting effects
- ✓ Residents (like everyone) need a sense of autonomy, competence, and connection
- ✓ Flow happens when skill matches difficulty of a task

*Theme #4: Meaning*

# **Theme #4:**

# **Meaning**

**Session length:** 50 minutes

<i>Theme #4: Meaning</i>
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**Synopsis**

The final session focuses on meaning and brings together the theories learned in the previous sessions. There will be a review of concepts learned and then a lecture on possible selves. The idea of leaving a legacy will also be discussed. There will be a final discussion on how these principles can be implemented and time for an evaluation.

**Session objectives**

- 1) Participants will be introduced to the concept of possible selves.
- 2) Participants will be introduced to and discuss the Legacy Exercise.
- 3) Participants will brainstorm ways to implement what they have learned in the workshops.
- 4) Participants will evaluate the Flourishing in Later Life Workshop.

**Material checklist**

- ✓ computer, projector, screen
- ✓ Legacy Exercise (Appendix H)
- ✓ workshop evaluation questionnaire (Appendix I)
- ✓ Action Plan handout (Appendix J)

**Advance preparation**

Perhaps ask careworkers in advance for an example of a resident who has learned helplessness living in long-term care.

<i>Theme #4: Meaning</i>
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**Session Plans**

<b>Activity</b>	<b>Time</b>	<b>Objective</b>	<b>Supplies</b>	<b>Instructions</b>
Review previous session	5 minutes		•	See facilitator suggestions.
Discussion of legacies and possible selves	10 minutes	1	•	See facilitator suggestions.
Legacy Exercise	15 minutes	2	• Legacy Exercise (Appendix J)	See facilitator suggestions
Action Plan	15 minutes	3	• Action Plan (Appendix K)	
Conclusion	5 minutes		•	See facilitator suggestions.
Evaluations	5 minutes	4	• Workshop questionnaires (Appendix C)	Collect evaluations before participants leave

<i>Theme #4: Meaning</i>
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**Facilitator suggestions**

- 1) Review of concepts learned: ego-integrity, life review, flourishing, gratitude, forgiveness, flow, altruism, eudaimonia, etc.
- 2) Legacies and Possible Selves: Older people tend to think less and less about the future. This is understandable and normal. One meaningful motivator that often influences behaviours is one's possible self, or the future-oriented self-concept. For older individuals, their possible selves might include the prospect of establishing, building, or refining one's legacy. On the other hand, it may include a more pessimistic narrative like being stuck, helpless, or dependent. Someone's possible self that includes being healthy and active will guide them to act differently than someone whose possible self-concept is that he or she is frail, sick, and waiting to die. To help residents have a more optimistic possible self, they can consider the legacy they could leave behind.

It is true that there may not be as much time left in this life for these individuals, but people will often dream about how they would like to be remembered. Thinking back to previous sessions, the telling of one's life story is one of the most developmentally appropriate and beneficial behaviours in which an older person can be engaged. By telling their story, their legacy can be established and passed on. Life stories can be recorded through various media including written narratives, scrapbooks, audio or video interviews, online blogs, or a creative combination.

- 3) Legacy Exercise: Have participants engage in the legacy exercise. Explain that when implementing this intervention it is best to have already established a relationship of trust and comfort with the resident. It is also important to remind residents that their ideas will be respected and honoured, that they are in a safe place, and that being "realistic" is not the goal. This is an exercise in idealism, dreaming, and hope.

Introduce the intervention by saying, "Imagine that your great-great grandchildren are doing family history and are searching for interesting and meaningful information that will connect them to their past. Imagine that they are now searching for information about you. What would you hope that they find? Without any barriers, what would be

<i>Theme #4: Meaning</i>
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the absolute best and most favourable information they could find out about your life?  
What do you want to be remembered for?"

What is the importance of \_\_\_\_\_?

- a) Save time for reflection. Ask questions like:
- b) How might they react to learning this about you?
- c) How would they find this information?
- d) What can you be doing now to support the evidence?
- e) What can you be doing to make it even better?

Very meaningful goals can be set to help residents leave their desired legacy to their peers, their family, and to the world. Some residents may have goals to tell or record their stories while others may wish to live their legacy and add to it by accomplishing new objectives. These will be highly personal and unique, but activities such as scrapbooking, blogging, doing family history, or writing an auto/biography also have the potential to be very rewarding in themselves. Other ideas might be having residents telling one another an abbreviated life story and then writing a hypothetical obituary for each other.

- 4) Action Plan: Remember that older adults are most benefited by meaningful, intrinsically motivating goals. They are inclined to have a deep desire to make sense of their lives and tell their life stories. Expressing gratitude and forgiveness can increase positive emotions while initiating the life-review process. Being engaged in life-review process is beneficial in itself.

Given what we have learned and discussed throughout our sessions, how can you now implement this in your work?

Have participants brainstorm ideas in their tables for 3 minutes and then have each table present one idea to the whole group.

*Theme #4: Meaning*

**Conclusion**

- ✓ Even if someone is in the later stages of life, establishing a legacy can be a powerful motivator to engage in activities
- ✓ Regardless of the activity, it is the process of or the engagement (flow) in the activity that really benefits residents.

Are there any questions, concerns, or comments?

Distribute the workshop evaluation questionnaires (Appendix D).

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## Appendices

### Appendix A: Program Evaluation

This section describes a potential model for evaluation of the Flourishing in Later Life Workshop if it were ever requested. The purpose of evaluation is to provide information for actions such as decision making, strategic planning, reporting, or program modification. A program is evaluated in order to be proved viable and to improve. The Nonprofit Development Institution (2004) stated, “Effective program evaluation is a systematic way to improve and account for public health and social service actions by involving procedures that are useful, feasible, ethical, and accurate” (p. 3). Program evaluation includes systems of feedback from all program stakeholders so that outcomes can be measured (Nonprofit Development Institution, 2004). Outcome measurement is “a systematic way to assess the extent to which a program has achieved its intended results” (Bolan, Francis, & Reisman, 2000, p. 9). Multiple data gathering methods may be used in order to reach the goals of gaining insight, changing practice, assessing effects, and affecting those who participate (Nonprofit Development Institution, 2004). As outcomes of the FLLW manual have yet to be measured and as the workshop involves various stakeholders, a mixed method program evaluation approach should be used to evaluate the outcomes of the FLLW manual. The model for program evaluation of social services published by the Nonprofit Development Institution (2004) is recommended as a framework for this evaluation.

This framework was developed as a guide to public health professionals and is applicable to this research given the nature of the setting. The framework comprises six steps: (a) engage stakeholders; (b) describe the program; (c) focus the evaluation design; (d) gather credible evidence; (e) justify conclusions; and (f) ensure use and share lessons learned. These steps, as seen in Table 1, provide a guide for planning an effective program evaluation.

Table 1

#### *Framework for Program Evaluation*

<b>Steps</b>	<b>Description</b>	<b>Activities</b>	<b>Participants</b>
Step 1: Engage stakeholders	Ensure that perspectives of those who are invested in the program are heard	Focus groups, ask for input in workshop, questionnaires	Staff, volunteers, residents
Step 2: Describe the program and evaluation.	Describe needs, activities, expected effects, logic model	Program should be described in details to management and key stakeholders	Management, key stakeholders
Step 3: Focus evaluation design.	Assess the issues of greatest concern.	Define users, questions, methods	Program Facilitator (continued)

Table 1

Continued

Step 4: Gather credible evidence.	Collect well-rounded data.	Define indicators and sources. Collect qualitative and quantitative data. Plan logistics.	Program facilitator, workshop participants, focus group participants, key stakeholders
Step 5: Justify conclusions.	Link conclusions with data gathered.	Analysis, synthesis, judgment, recommendations	Program facilitator, key stakeholder
Step 6: Ensure use and share lessons learned.	Informed decision making	Follow-up, dissemination	Program facilitator, key stakeholders

*Note.* Based on the report “Program evaluation: A primer for non-profit organizations,” by Nonprofit Development Institution (2004).

Each evaluation method has its benefits and limitations; therefore, a mixed methods approach should be implemented. The program evaluation should implore observation methods, which will be used to evaluate changes among the staff and volunteer population over time. Methods to use include resident focus groups (Appendix E) and staff participant questionnaires (Appendix D) and then supporting that information with observations of activity participation in the given facility.

The post-workshop evaluation consists of observing residents who have participated in the intervention for six months following the workshop and conducting focus groups with these same residents. As more residents decide to participate in interventions after the FLLW, they will be interviewed for a post-workshop evaluation (Appendix I). The interview answers will provide data about the extent of change experienced as a result of the FLLW. Ideally, enough residents will go through the program to form a focus group so that individuals are more likely to self-disclose. When a comfortable group of participants have something in common, they are more likely to disclose the information desired in the evaluation (Krueger & Casey, 2000). If the focus group does not have enough resident participants, participants should be interviewed individually.

The focus group should be used to help participants feel more comfortable in disclosing their perspectives (Krueger & Casey, 2000). The facility itself could assist in recruiting participants from their pool of residents who have been affected directly from the implementation of the FLLW manual’s interventions. If there are more than 10 potential participants, randomly selecting participants for a focus group is an option so the group is not too large, or two groups could be held. Participation in the focus group will be limited by potential participants (i.e., only those residents who have participated in the interventions learned and implemented by staff after the FLLW) and by those who are willing and able to participate (e.g., over time some may not be well enough to participate due to health, mobility, or death). The focus group should be organized at a time most convenient to the participants.

If not enough participants fit the criteria for the focus group, individual interviews will be necessary. Regardless of whether interviews are conducted individually or in group it is recommended that the focus of the interview be on understanding the lived experience of each participant as well as the manner in which they make sense of that experience. The interviews should not be just information retrieval but rather should be interpretively active, meaning-making endeavours (Holstein & Gubrium, 1995).

Questions that guide the focus group discussion should be open ended and easy to understand, with the intention of eliciting responses that describe the participants' perception of their lived experiences (Munhall, 1994). Questions at the beginning should be more general and then work towards focussing the discussion on more specific and useful information (Krueger & Casey, 2000). All participants should be involved in constructing meaning from the discussion through questions such as "What was this like for you?" (Holstein & Gubrium, 1995) and "How do you make sense of that experience" (Holstein & Gubrium, 1995; Munhall, 1994).

### **Ethical Considerations**

For the implementation of this manual, the ethical considerations include an informed consent (Appendix B) that details the risks and benefits of participating in the workshop, the plan to maintain confidentiality, and the plan for a potential program evaluation. When implementing a workshop like the one presented in the FLLW manual, it is ethically imperative that the interventions within the workshop be based not only on theory but on measurable evidence. Evidence needs to support that the probable benefits of an intervention are proportionately greater than its risks (Sinclair & Pettifor, 2001). Given that this approach is new, empirical evidence is lacking. A mixed methods program evaluation, as outlined by the Nonprofit Development Institute (2004), is recommended to assess the value of this workshop. By taking these points into consideration the workshop and the follow up evaluation of its effects can be implemented in an ethical manner.

**Informed consent.** To ensure that all participants understand the risks and benefits of participating in the workshop, an informed consent (Appendix B) with details of the workshop should be presented to the staff of the LTCF in advance. If a program evaluation is to be undertaken, it is likely that residents will be asked to participate in a focus group. Residents should be given an informed consent form prior to the interview (Appendix C). According to Sinclair and Pettifor (2001), "Full and active participation as possible from others in decisions that affect them [and] respecting and integrating as much as possible their opinions and wishes" (p. 49) are all ethical obligations. If conducting a program evaluation, informed consents should be collected at the end of the first workshop or interview. After that, a participant's attendance will be considered continual consent to participate.

**Participant evaluations.** If one intends to conduct an evaluation of the program, a mixed-methods program evaluation is recommended for this workshop. Part of this evaluation includes a questionnaire (Appendix I) that careworkers receive after

participating in the fourth session so that the evaluator can measure outcomes. This will provide breadth in representing the overall reaction to the material (Fitzpatrick, Sanders, & Worthen, 2003; Krueger & Casey, 2000). The questionnaire intends to inform the evaluation as to the extent to which staff members: (a) understand the theory, (b) believe the material to be useful, (c) plan to implement the theories, and (d) change their perceptions towards older persons and activity planning. Through the analysis of the questionnaire, inferences will be able to be made about the attitudes of the sample population (Creswell, 2009). Purposive sampling is a nonprobability sampling method in which specific individuals are chosen to participate (Plowright, 2011). In the case of this evaluation, the value will be in surveying only those individuals who participate in the workshop. For example, there are over 500 staff members currently between the St. Therese Villa and St. Michael's centres in Lethbridge, AB. If 50 staff participate in the workshop, only those 50 will be asked to participate in the evaluation.

Economically, the use of a questionnaire has advantages, such as a rapid turnaround in data collection (Creswell, 2009). The questionnaires can be collected and interpreted by calculating the mean scores, which will provide a general representation of staff's reactions to the workshop. The questionnaire is cross-sectional in that it will be collected at one point in time for each group that participates in the FLLW. An open-ended question for respondents to report how they foresee themselves implementing the theories into their work will also be on the questionnaire.

The questionnaire is comprised of seven questions with the responses being on a 5-point Likert scale (Appendix I). Responses range from completely disagree, somewhat disagree, not sure/no opinion, somewhat agree, to completely agree. Questions are brief and succinct (e.g., I participated in the workshop, I think participation in daily activities will increase due to this approach, etc.). The questionnaire instructs participants to circle the statement with which they most agree. Questionnaires will be preplaced at each seat and will be collected immediately after the workshop is completed.

**Risks and benefits of participating.** The workshop facilitator has an ethical obligation to ensure that participants understand the purposes, procedures, risks, and benefits of participating in the workshop and its evaluation. This information will be given and explained to participants through the informed consent form (Appendix B).

Benefits to staff participants in this workshop and evaluation include professional development regarding a new perspective on activity planning. Residents may benefit from the staff's new approach in that they will have a chance to have meaningful discussions about their goals and perhaps think of new goals or activities they would like to set. The organization itself may benefit from this new approach to goal setting and to facilitating daily activities. Risks to the participants include the dedication of time to the workshop. Another potential risk is that participants may not fully agree with the theories presented and, consequently, feel discouraged or hopeless.

Participants should be ensured that their confidentiality will be kept. In order to provide anonymity and confidentiality, all data should be collected anonymously and stored securely. Names should not be recorded on the questionnaire (Appendix I). All

questionnaires should be stored in a locked cabinet. Residents and staff should be able to express their opinions on either the workshop or the evaluation—or both—candidly and without fear of reproach from the facilitator or the hosting organization.

## **Appendix B: Informed Consent Form for Workshop Participants**

Flourishing in Later Life Workshop: A Positive Psychology Training for Careworkers

Name: _____
Organization: _____
Date: _____

You have been invited to participate in the Flourishing in Later Life Workshop. This workshop is a professional development opportunity for those who give care to older adults living in long-term care facilities. The workshop comprises four sessions that last an hour each. Below is a description of the goals of the workshop as well as the risks and benefits of participating in it. You are at liberty to discontinue your participation at any time. If you decide not to participate in this session or subsequent sessions, your information will not be stored. By attending subsequent sessions and by signing the informed consent below, you are giving consent for every session of this workshop.

### **What are the goals for the *Flourishing in Later Life Workshops*?**

This set of workshops is to present an alternative approach to activity planning in long-term care facilities. The goals include:

- To present how Positive Psychology theory can be implemented in long-term care facilities for older adults
- To promote meaningful and beneficial activity planning and goal setting in long-term care facilities for older adults

### **What are the benefits and risks of participating in the workshops?**

These workshops provide an alternative perspective to care giving and activity planning in long-term care facilities which should improve the lives of residents by helping them find more meaningful pursuits. By implementing the theory from these workshops residents may: report an increase in subjective well-being; increase pro-social behaviours; engage in more health promoting behaviours; and be more engaged in activities.

Although this perspective can provide new ideas it does not answer every issue faced in a long-term care facility. Possible risks of participating in these workshops include not agreeing with the material and subsequently feeling frustrated, or hopeless.

**Will my personal information be kept private?**

Yes. All consent forms will be stored securely in a locked cabinet. All evaluations will be anonymous and stored securely.

**What are the expectations for participants?**

You are invited to participate by attending the four workshops. Your attendance at all four sessions is asked, however there are no requirements or obligations to do so.

**What are the expectations for the group facilitators?**

The group facilitator will present the material as a suggestion based on positive psychology research. The facilitator will be open to participant suggestions and criticisms.

**What are the qualifications of the group facilitator?**

(Add facilitator's qualifications here. It is recommended that the group facilitator have a background in counselling and a knowledge of both positive psychology and issues of aging).

**I am aware of the contents of this form. I would like to participate in these workshops.**

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Appendix C: Informed Consent Form for Resident Participants

Flourishing in Later Life Workshop: A Positive Psychology Training for Careworkers

Name: _____
Place of Residence: _____
Date: _____

You have been invited to participate in the evaluation of the Flourishing in Later Life Workshop. This workshop is a professional development opportunity for those who give care to older adults living in long-term care facilities. You are invited to join a focus group to discuss the activities offered at your place of residence. Below is a description of the risks and benefits of participating in this focus group. You are at liberty to discontinue your participation at any time.

#### **What are the goals for the evaluation of the *Flourishing in Later Life Workshops*?**

This focus group intends to describe the experience of residents who have participated in activities and interactions planned by care staff after receiving the Flourishing in Later Life training.

#### **What are the benefits and risks of participating in the focus group?**

Being involved in a focus group can provide an enriching conversation where people with similar experiences can connect and enjoy each other's company. This is also an opportunity to give feedback to improve the activity planning in your place of residence.

One of the risks of participating in a focus group is that the facilitator cannot control what others say. It is possible for participants to disagree or offend one another. The facilitator is willing to discuss any concerns about the focus group before and after the session.

#### **Will my personal information be kept private?**

Yes. All consent forms will be stored securely in a locked cabinet. The focus group interview will be recorded and stored securely with the facilitator. Only the facilitator and other collaborators will see the recordings. All participants are asked to maintain the confidentiality of other participants. The facilitator is not responsible for any break in confidentiality by other participants.

#### **What are the expectations for participants?**

You are invited to participate by attending the focus group for approximately one hour. You are asked to be open, honest, and respectful to the other participants.

**What are the expectations for the group facilitators?**

The group facilitator will ask the questions and guide the discussion. He will also be available for discussion prior and after the session.

**What are the qualifications of the group facilitator?**

(Add facilitator's qualifications here. It is recommended that the group facilitator have a background in counselling and a knowledge of both positive psychology and issues of aging).

**I am aware of the contents of this form. I would like to participate in these workshops.**

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Appendix D: PERMA Handout

What does it mean to flourish in old age? By encouraging the following five elements of well-being, residents of long-term care facilities can flourish.

<b>Positive Emotions</b>	happiness and life satisfaction; subjectively reported (from resident's perspective)
<b>Engagement</b>	being absorbed by a task; subjectively reported in retrospection (after the task)
<b>Relationships</b>	connecting with other people
<b>Meaning</b>	belonging to and serving something that you believe is bigger than the self
<b>Achievement</b>	the pursuit of accomplishments and victories

The following list gives a few examples of activities for helping increase or improve the elements of flourishing. The letters in bold next to the description of the activity indicate the element/s that it best targets (**P** = positive emotion; **E** = engagement; **R** = relationships; **M** = meaning; and **A** = achievement).

**Kindness Exercise** – Do something nice for someone else completely unexpectedly (**P, R, M**)

**Gratitude Exercises (Appendix G)** – Express gratitude to someone who helped you. (**P, R**)

**Starting a Hobby or Project** – Find a project with a difficulty level that matches your skill level. Work on it daily. (**E, A**)

**Practice Religion or Spirituality** – Make an extra effort to consider life, the universe, and/or God and the role you play in it all. Read spiritual affirmations or scriptures. Share this with others in a respectful manner. (**M, R**)

**Break Tasks into Smaller Pieces** – Find a task that is overwhelming and divide it into smaller more achievable tasks. Plan a schedule to tackle each smaller task and then stick to it. (**A, E**)

**The Legacy Exercise (Appendix J)** - Dream about how you would like to be remembered by your posterity. (**M**)

## **Appendix E: Gratitude and Forgiveness Handout**

### **Gratitude Visit**

Modified from Dr. Martin Seligman's *Flourish: A Visionary New Understanding of Happiness and Well-being* (2011).

#### **Procedure:**

Have residents think of someone who is still alive, who lives close enough to be able to visit the centre, and who has done something to or for the resident which changed the resident's life for the better. Organize a night when the invited guests can come. Have residents write a letter of gratitude using the script found below. Make sure the letters are finished by the date of the Gratitude Visit.

Decide on an order of presentation and have each resident and his/her guest come to the front of the room so that everyone can hear and see (arrangements for a microphone may be necessary). Have the resident read the letter out loud to the guest and then have them talk about what they are feeling for each other in the moment. Have all residents complete this process.

**Note:** It is fine if people want to come and witness the gratitude night even if they have not written a letter. You may want to limit the number of letters read to 5–10. Too many letters might result in a saturation of gratitude and a diminishing return of positive emotions. If the resident would prefer to write a letter to someone who has passed or cannot attend then honour that request. Perhaps the resident can first explain to the group who that person was so that the group can feel that person's presence with them.

#### **Script:**

Close your eyes. Call up the face of someone who years ago did something or said something that changed your life for the better. Someone who you never properly thanked; someone you could meet face-to-face next week. Got a face?

Your task is to write a letter of gratitude to this individual and deliver it in person. The letter should be concrete and about 300 words: Be specific about what he/she did for you and how it affected your life. Let him/her know what you are doing now, and mention how you often remember what he/she did. Make it sing!

Once you have written the testimonial and, if it is possible, call the person and tell him/her you'd like to visit him/her, but be vague about the purpose of the meeting; this exercise is much more fun when it is a surprise. When you meet him/her, take your time reading your letter. Notice his/her reactions as well as yours. If she interrupts you as you read, say that you really want her to listen until you are done. After you have read the letter (every word), discuss the content and your feelings for each other.

### **“What Went Well” Journal**

Keep a journal in which you record three things that went well that day and why they went well. The entries do not have to be monumental life changing effects. Examples might include, “the nurse spent extra time with me today,” or, “I received a call from my granddaughter.” Next to each entry, write down why this happened. For example, if you wrote that the nurse spent more time with you, the reason could be “because she cares about me.” Write about how God or your higher power plays a role in the blessings you receive each day. Entries should be made often enough to make you think and foster awareness but not too often to avoid saturation of the effects. Three entries per week might be a great place to start.

### **Forgiveness Letter**

Write a hypothetical letter to someone who has trespassed you in your life. Acknowledge your emotional reaction to the wrongdoing. Focus on the specific behaviours that hurt you as opposed to the person. Make the choice to forgive and explain your reasons why (i.e., I need to be free of this weight, I want peace, etc.). Consider the perspective and vulnerabilities of the other person. Make a commitment to pass forward mercy and empathy to others rather than pain and resentment. Reflect on how it feels to let go of the grudge. What is the meaning of the suffering you experienced and overcame? Reflect on how forgiving others brings peace to yourself. You may want to share the letter and reconcile with that person if possible.

## Appendix F: Signature Strengths Assessment

Adapted from Seligman (2011)

Have residents answer each item and tally their scores. If needed, a staff-member or volunteer may need to dictate and act as scribe for the resident. This is a brief version of the Values in Action Signature Strengths test. A more in depth assessment can be found at [www.authentic happiness.org](http://www.authentic happiness.org). The virtues are organized in six clusters.

### Wisdom and Knowledge

#### 1. Curiosity/Interest in the World

a) The statement “I am always curious about the world” is \_\_\_\_\_

- Very much like me 5
- Like me 4
- Neutral 3
- Unlike me 2
- Very much unlike me 1

b) “I am easily bored” is \_\_\_\_\_

- Very much like me 1
- Like me 2
- Neutral 3
- Unlike me 4
- Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your curiosity score.

#### 2. Love of Learning

a) The statement “I am thrilled when I learn something new” is \_\_\_\_\_

- Very much like me 5
- Like me 4
- Neutral 3
- Unlike me 2
- Very much unlike me 1

b) "I never go out of my way to research a new topic" is \_\_\_\_\_

Very much like me 1

Like me 2

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your love of learning score.

### 3. Judgment/Critical Thinking/ Open-mindedness

a) The statement "When the topic calls for it, I can be a highly rational thinker" is

\_\_\_\_\_

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) "I tend to make snap judgments" is \_\_\_\_\_

Very much like me 1

Like me 2

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your judgment score.

### 4. Ingenuity/Originality/Practical Intelligence/Street Smarts

a) "I like to think of new ways to do things" is

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) “Most of my friends are more imaginative than I am” is

Very much like me 1

Like me 2

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your ingenuity score.

### 5. **Social Intelligence/ Personal Intelligence/ Emotional Intelligence**

a) “No matter what the social situation, I am able to fit in” is

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) “I am not very good at sensing what other people are feeling” is

Very much like me 1

Like me 2

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your social intelligence score.

### 6. **Perspective**

a) “I am always able to look at things and see the big picture” is

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) “Others rarely come to me for advice” is

Very much like me 1

Like me 3

Neutral 3

Unlike me 4

Very much unlike me 5

Total your scores for these two items and write it here. \_\_\_\_\_

This is your perspective score.

## **Courage**

### **7. Valor and Bravery**

a) “I have taken frequent stands in the face of strong opposition” is

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) “Pain and disappointment often get the better of me” is

Very much like me 1

Like me 3

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your valor score.

### **8. Perseverance/Industry/Diligence**

a) “I always finish what I start” is

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) "I get sidetracked when I work" is

Very much like me 1

Like me 2

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your perseverance score.

### 9. Integrity/Genuineness/Honesty

a) "I always keep my promises" is

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) "My friends never tell me I'm down to earth" is

Very much like me 1

Like me 2

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these two items and write here. \_\_\_\_\_

This is your integrity score.

## Humanity and Love

### 10. Kindness and Generosity

a) "I have voluntarily helped a neighbour in the last month" is

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) "I am rarely as excited about the good fortune of others as I am about my own" is

Very much like me 1

Like me 2

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these items and write here. \_\_\_\_\_

This is your kindness score.

### 11. Loving and Allowing Oneself to Be Loved

a) "There are people in my life who care as much about my feelings and well-being as they do about their own" is

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) "I have trouble accepting love from others" is

Very much like me 1

Like me 2

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your loving and being loved score.

## **Justice**

### **12. Citizenship/Duty/Teamwork/Loyalty**

a) "I work at my best when I am part of a group" is

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) "I hesitate to sacrifice my self-interest for the benefit of groups I am in" is

Very much like me 1

Like me 2

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your citizenship score.

### **13. Fairness and Equity**

a) "I treat all people equally, regardless of who they might be" is

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) "If I do not like someone, it is difficult for me to treat him or her fairly" is

Very much like me 1

- Like me 2
- Neutral 3
- Unlike me 4
- Very much unlike me 5

Total you score for these two items and write it here. \_\_\_\_\_

This is your fairness score.

#### 14. Leadership

a) "I can always get people to do things together without nagging them" is

- Very much like me 5
- Like me 4
- Neutral 3
- Unlike me 2
- Very much unlike me 1

b) "I am not very good at planning group activities" is

- Very much like me 1
- Like me 2
- Neutral 3
- Unlike me 4
- Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your leadership score.

### Temperance

#### 15. Self-control

a) "I control my emotions" is

- Very much like me 5
- Like me 4
- Neutral 3
- Unlike me 2
- Very much unlike me 1

b) "I can rarely stay on a diet" is

- Very much like me 1
- Like me 2
- Neutral 3
- Unlike me 4
- Very much unlike me 5

Total your score for these items and write it here. \_\_\_\_\_

This is your self-control score.

#### 16. Prudence/Discretion/Caution

a) "I avoid activities that are physically dangerous" is

- Very much like me 5
- Like me 4
- Neutral 3
- Unlike me 2
- Very much unlike me 1

b) "I sometimes make poor choices in friendships and relationships" is

- Very much like me 1
- Like me 2
- Neutral 3
- Unlike me 4
- Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your prudence score.

#### 17. Humility and Modesty

a) "I change the subject when people pay me compliments" is

- Very much like me 5
- Like me 4
- Neutral 3
- Unlike me 2
- Very much unlike me 1

b) “I often brag about my accomplishments” is

- Very much like me 1
- Like me 3
- Neutral 3
- Unlike me 4
- Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your humility score.

### **Transcendence**

18. Appreciation of Beauty and Excellence

a) “In the last month, I have been thrilled by excellence in music, art, drama, film, sport, science, or mathematics” is

- Very much like me 5
- Like me 4
- Neutral 3
- Unlike me 2
- Very much unlike me 1

b) “I have not created anything of beauty in the last year” is

- Very much like me 1
- Like me 3
- Neutral 3
- Unlike me 4
- Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your appreciation of beauty score.

19. **Gratitude.**

a) “I always say thank you, even for the little things” is

- Very much like me 5
- Like me 4
- Neutral 3

Unlike me 2

Very much unlike me 1

b) "I rarely stop and count my blessings" is

Very much like me 1

Like me 2

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your gratitude score.

## 20. Hope/Optimism/Future-mindedness

a) "I always look on the bright side" is

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) "I rarely have a well-thought-out plan for what I want to do" is

Very much like me 1

Like me 2

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your optimism score.

## 21. Spirituality/Sense of Purpose/Faith/Religiousness

a) "My life has a strong purpose" is

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) "I do not have a calling in life" is

Very much like me 1

Like me 2

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your spirituality score.

## 22. **Forgiveness and Mercy**

a) "I always let bygones be bygones" is

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) "I always try to get even" is

Very much like me 1

Like me 2

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your forgiveness score.

## 23. **Playfulness and Humour**

a) "I always mix work and play as much as possible" is

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) "I rarely say funny things" is

Very much like me 1

Like me 2

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your humour score.

#### 24. **Zest/Passion/Enthusiasm**

a) "I throw myself into everything I do" is

Very much like me 5

Like me 4

Neutral 3

Unlike me 2

Very much unlike me 1

b) "I mope a lot" is

Very much like me 1

Like me 2

Neutral 3

Unlike me 4

Very much unlike me 5

Total your score for these two items and write it here. \_\_\_\_\_

This is your zest score.

### Summary

Rank your scores from highest to lowest.

#### Wisdom and Knowledge

1. Curiosity \_\_\_\_\_
2. Love of Learning \_\_\_\_\_
3. Judgment \_\_\_\_\_
4. Ingenuity \_\_\_\_\_
5. Social Intelligence \_\_\_\_\_
6. Perspective \_\_\_\_\_

#### Courage

7. Valour \_\_\_\_\_
8. Perseverance \_\_\_\_\_
9. Integrity \_\_\_\_\_

#### Humanity and Love

10. Kindness \_\_\_\_\_
11. Loving \_\_\_\_\_

#### Justice

12. Citizenship \_\_\_\_\_
13. Fairness \_\_\_\_\_
14. Leadership \_\_\_\_\_

#### Temperance

15. Self-Control \_\_\_\_\_
16. Prudence \_\_\_\_\_
17. Humility \_\_\_\_\_

#### Transcendence

18. Appreciation of Beauty \_\_\_\_\_
19. Gratitude \_\_\_\_\_
20. Hope \_\_\_\_\_
21. Spirituality \_\_\_\_\_
22. Forgiveness \_\_\_\_\_
23. Humour \_\_\_\_\_
24. Zest \_\_\_\_\_

Typically you will have five or fewer scores of 9 or 10, and these are your highest strengths—at least as you self-reported on them. Circle them. Your low scores (4–6 or lower) are your weaknesses.

## Appendix G: Motivation Handout

Self-Determination Theory (SDT) tells us that we have natural or intrinsic tendencies to behave in effective and healthy ways. Everyone wants to flourish and if given the chance they will naturally gravitate to behaviours that will encourage well-being.

There are **3** conditions that most effectively and intrinsically motivate people:

**Autonomy** – Everyone wants to feel like they have at least some control in their lives. We want to feel like our input matters. If we feel like we have no autonomy we tend to be hopeless and pessimistic.

How can I help residents regain a stronger sense of autonomy? \_\_\_\_\_

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**Connection** – Human beings are wired for connection. From cradle to grave we need attachment, especially in our principle relationships. If we feel isolated we tend to be depressed and unmotivated.

How can I help residents connect more with each other, their loved ones, and myself? \_\_\_\_

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**Competence** – We all want to feel like we are good at something. That we can be depended on and that we are capable. If we feel incompetent then we feel overwhelmed by new or difficult tasks.

How can I help residents gain or maintain a sense of competence? \_\_\_\_\_

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## Appendix H: Legacy Exercise Handout

**Preparation:** Invite 1–5 residents to participate in the Legacy Exercise. Tell them that it is a chance to tell their stories and hear the stories of others. Remind residents that while doing this exercise their ideas and feelings will be honoured and that the goal of the exercise is not to be realistic; rather it is to dream big. Try and establish a relationship of trust among the participants (if in a group setting). You may also want to provide paper and pens for participants or have someone record participants’ responses (if you do plan on recording the conversation make sure to follow your organization’s and/or your professional policies on informed consent and confidentiality).

**Script:** “Imagine that your great-great grandchildren are doing family history, searching for interesting and meaningful information that will connect them to their ancestors. Imagine that they are now searching for information about you. What would you hope that they find? If there weren’t any barriers, what would be the absolute best and most favourable information they could find out about your life. What do you want to be remembered for? Don’t get caught up in logistics of how they would find the information, assume they have a crystal ball.”

**Reflection:** Have participant/s reflect on each person’s legacy. Look for the values expressed in their stories (e.g., “I can see family is very important to you”). Ask questions like:

What is the importance of \_\_\_\_\_?

How might your descendants react upon learning these things about you?

How might they find this information? (This could motivate them to record their life story if they haven’ already)

What can you be doing now to live your own legacy?

What can you be doing to make it even better?

Wrap-up by asking participants what the experience was like to share their stories and dreams. Thank them for the privilege of hearing their stories.

### Appendix I: Workshop Evaluation Questionnaire

Circle the statement that you agree with most.

1. I participated in the workshop.	I attended one session	I attended two sessions	I attended three sessions	I attended all four sessions	I am not sure
2. The ideas in the workshop were useful.	Completely disagree	Somewhat disagree	Not sure/no opinion	Somewhat agree	Completely agree
3. By applying the theories learned in these workshops the lives of residents here will improve.	Completely disagree	Somewhat disagree	Not sure/no opinion	Somewhat agree	Completely agree
4. Applying these theories will help the residents find more purpose.	Completely disagree	Somewhat disagree	Not sure/no opinion	Somewhat agree	Completely agree
5. Participation in activities will increase due to this approach	Completely disagree	Somewhat disagree	Not sure/no opinion	Somewhat agree	Completely agree
6. Goals of residents will increase in meaning due to this approach	Completely disagree	Somewhat disagree	Not sure/no opinion	Somewhat agree	Completely agree
7. I understood the theories presented	Completely disagree	Somewhat disagree	Not sure/no opinion	Somewhat agree	Completely agree

How could you see yourself using this approach to help residents flourish?

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## **Appendix J: Interview and Focus Group Questions**

(For residents)

Have staff at your home helped you set a new goal or start a new activity?

What was your experience?

What was the goal that you set?

What made you want to set that as a goal?

How has your life at [name of centre], if at all, changed since working towards your goal?  
How so?

When you are working towards your goal what are your days like? How does that differ from your days before you were working towards your goal?

What are you looking forward to?

What are some meaningful past experiences in [name of centre] that you would like to share?

Flow is a name for the state of “losing track of time” because you are so engaged in an activity. When, if at all, do you experience flow? What are you doing to achieve flow? Have you experienced more or less flow since you started working towards your goal?