THE EVALUATION OF WELL-BEING, MEANING AND SPIRITUALITY IN SPECIAL POPULATIONS. – Tutor: Ruini Chiara, M-psi/08

Theoretical background

Recently researchers have focused on the investigation of mental well-being dimensions, grouping them into the categories of hedonia (positive emotions and satisfaction with life) and eudaimonia (meaning-making processes, goal setting, personal growth and self-transcendence) (Ruini, 2017). Studies documented that these concepts of well-being could be experienced with suboptimal physical conditions: people with chronic or progressive disease often experience personal growth, life satisfaction, positive relationships, as well as sense of meaning (Ryff, 2014). Meaning in life conceptualized as perceived coherence is associated with positive affect, improved relationships, and acceptance of one’s vulnerabilities (Park, 2010). The major sources of meaning investigated by researchers are personal values, including spirituality/religiousness (Park, 2010; Fisher, 2010). However, in most studies data were collected among healthy adults or individuals with cancer (Park, 2010), whereas these issues were only rarely investigated in the life stages of adolescence and older age. Spirituality has been described as a lifelong developmental process starting as a natural awareness in childhood and unfolding into a search for transcendental meaning; it may represent a source of resilience for adolescents, providing them with adaptive strategies in coping with adverse life events (Brooks, 2018). In older age, perceived meaning was associated with overall well-being and with the use of adaptive strategies in coping with aging related losses and death anxiety (Takkinen & Ruoppila, 2001). In the medical domain, spirituality foster well-being by providing meaning and acceptance of negative events, impaired functioning, disability and disease (Ruini, 2017). Little is known about the existential implications of progressive neurological diseases and disabilities in terms of spirituality, meaning and well-being, particularly among adolescents and older patients.

Aims and hypotheses

This project aims to explore the role of well-being and spiritual dimensions in the meaning-making process during adolescence and old age, and to investigate the role played by health conditions in the unfolding of this process. **Major aims:** (a) to advance knowledge on the process of meaning making in the underexplored life stages of adolescence and old age, through the comparative analysis of data collected in adolescents and elderly persons with and without disabilities; (b) to investigate the relationship of perceived meaning with distress, well-being and illness adaptation among persons with disabilities, taking into account specific disease features (chronic or progressive, with or without cognitive impairment).

Following few available data in literature, it is hypothesized that: a) the illness/disability may serve as a triggering event to elicit search for meaning and spirituality, and thus healthy participants would display less meaning, but more general well-being, compared to individuals with disabilities. b) among disable participants, those with higher well-being, spirituality and meaning would present a better adaptation to their clinical conditions; c) the presence of cognitive impairment may interfere with meaning making process, and thus moderate the level of experienced well-being.

Methods

**Participants**: The sample will include healthy participants and individuals with disabilities, including neurological/neuromuscular diseases (i.e., Parkinson’s Disease - PD and Duchenne syndrome), with or without cognitive impairments. These conditions have been selected since they are relatively underexplored, they may present different types of progressions and they may or may not include cognitive deterioration. The clinical sample will include 50 patients with PD and 50 adolescents with motor disabilities due to neurological or neuromuscular diseases. The healthy controls will include 50 adolescents and 50 older adults without a neurodegenerative disorder and without a serious clinical condition.
Inclusion criteria – Adolescents with motor disabilities: age 14-18; only for adolescents with intellectual disabilities: 59< IQ<70. Older adults with PD: age 50-80; score > 24 at Mini Mental State Examination; lack of severe cognitive impairments and serious psychiatric problems (e.g. DSM V bipolar disorder). Healthy controls: age 14-18 or 50-80; no history of neurodegenerative or chronic pathology.

Tools
participants will complete:
1) Demographic and clinical information and the Short Form Health Survey (SF-12- Ware et al., 1996), a 12 item scale measuring perceived physical and mental health on a four week recall period.
2) Meaning in Life questionnaire (MLQ- Steger et al., 2006), a 10-item scale assessing presence of and search for meaning
3) Positive and Negative Affect Schedule (PANAS-Watson et al., 1988), a 20-item scale measuring positive and negative affect
4) Satisfaction with Life Scale (SWLS- Diener et al.,1985), or Multidimensional Students’ Life Satisfaction Scale (MSLSS- Huebner & Gilman, 2002), for adolescents measuring the degree of individuals’ satisfaction with life
5) Spiritual Perspective Scale (SPS- Reed, 1987) a 12-item scale measuring spiritual behaviors and cognitions
6) Psychological well-being Scales (PWB- Ryff, 2014)- three 7-item subscales investigating self-acceptance, personal growth and environmental mastery as eudaimonic components of well-being

Procedures
Recruitment. Participants with PD will be recruited through general practitioners and patients’ associations. Healthy controls will be recruited in the local communities and will be matched for age and gender. Adolescents with and without disabilities will recruited in local schools and rehabilitation centers.

Declaration of commitment to requested ethical approval: The study will be submitted to the Department of Psychology Ethic Committee and to the local Ethics Committees of schools, institutions, hospital and rehabilitation centers where participants will be voluntarily enrolled. All participants will sign an informed consent and will be able to leave the project at any time.

Statistical analysis: Descriptive statistics and inferential methods (ANOVA, t-test, correlations, hierarchical and logistic regressions) will be used to analyze the relationships among variables within and across groups.

Expected results and implications
PD patients and adolescents with disabilities are expected to report higher levels of spirituality and meaning, compared to healthy groups, with a moderating role of cognitive impairments (when present). Higher levels of meaning and spirituality may be associated with more well-being in all participants and could result in a positive adaptation to illness within the clinical samples. This research project may allow to identify specific groups of vulnerable individuals, such as those presenting lower well-being, or those whose process of meaning making could be hampered by disabilities, cognitive impairments or other specific clinical conditions. The identification of such vulnerable conditions may allow to implement specific preventive intervention to promote well-being and address psychological distress.

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REFERENCES


PLAN OF ACTIVITIES

Project activities and training activities

The main activities of the trainer will consist of: a) recruiting participants (clinical and healthy samples) in collaboration with hospitals, rehabilitation centers and schools; b) administering them the psychometric instruments. The trainer will be supervised in each stage of the project and will be involved also in the following activities: Statistical analyses of data collected and discussion of main findings /Participation at national and international conferences and meetings concerning mental health, positive psychology, developmental psychology/ Scientific manuscript writing and submission to international peer-reviewed journals; /Editorial activities as reviewer for the journal: Applied Psychology, Health and Well-being; /Participation and organization of workshops, seminar and meetings related to diffusion of research findings; / Visit and training at international research centers with recognized expertise in positive psychology (i.e., University of Wisconsin; University of East London)

Timing of activities and feasibility of the project: Phase 1 (months 1-3). Project submission to the local Ethic Committee; preparation of privacy documentation and battery of instruments, contacts with recruitment sites. Phase 2 (months 4-10). Data collection, coding and storing. Phase 3 (months 11-12). Data analysis. Integration of the results into a comprehensive model of well-being and perceived meaning.

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