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EFFECTS OF THE FLOURISH ENHANCING PROGRAM BASED ON POSITIVE PSYCHOLOGY AMONG LATE MIDDLE-AGED MIGRANT WOMEN

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ABSTRACT

Compared to the host communities, migrants are frequently more susceptible to health problems, especially among women. The promotion of health equity in society therefore depends on the health of migratory women. This study examined the effect of Flourish Enhancing Program Based on Positive Psychology (FEPBPP) on menopause self-awareness symptoms (MSAS), coping styles of life regrets, self-compassion, and flourishing in late middle-aged migrant women. Participants were women in their late middle-age (N=47). The design used for the study is non-equivalent control group time series. The FEPBPP was conducted for 10 sessions, with 2 sessions per week of 60 minutes each. Based on our analysis, we found that the FEPBPP is very effective in significantly improving MSAS, coping styles of life regrets, self-compassion, and flourish between the groups at three different times.

Keywords: Migrant Women, Positive psychology, menopause, late middle-age, flourish, self-compassion

1. INTRODUCTION

Midlife for women can be divided into early midlife and late midlife, ranging from 41–50 years and 51–60 years, respectively. Additionally, how one spends their midlife, especially late midlife, determines their quality of life in old age (Bee et al., 1980). Due to the increased health susceptibility, especially among women, migrants may have unique healthcare demands.

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According to Erikson's developmental theory, people who adapt well to midlife can master the developmental task of generativity, while those who cannot adapt, experience stagnation (Elavsky 2009). Although adapting to midlife is essential for developmental tasks, the levels of menopause self-awareness symptoms (MSAS) affect adaptability to middle age (Kim et al., 2008). In particular, physical symptoms of MSAS experienced by late middle-aged women are influenced by psychological factors (Elavsky et al., 2004; Eom et al., 2019). Late middle-aged women who are unable to adjust to menopause may experience psychological distress in the form of depression and anxiety, which leads to greater levels of MSAS and eventually increases the likelihood of experiencing stagnation (Kim et al., 2003).

Furthermore, midlife is a period of readjustment in which people reflect over the past and plan for their future (Kim et al., 2015). Late middle-aged women need positive coping styles for past regrets (Neff 2003) and increased levels of self-understanding and self-acceptance. Coping styles of life regrets include rumination on regrets, adaptive goal disengagement, and engagement of new goals (Neff et al., 2013). Of these, ruminating on regrets is a negative coping style that involves self-blame over one's regrettable actions and constantly thinking about the past; it results in negative emotions, which increases the likelihood of failing to achieve the midlife developmental goals and experiencing feelings of stagnation. On the other hand, adaptive goal disengagement and engagement of new goals are positive coping styles of life regrets, which can increase the likelihood of attaining generativity and enhance life satisfaction in late middle-aged women (Ryu 2010). Here, the former prevents individuals from experiencing failure by reducing excessive commitment to unattainable goals and helping them in redefining their goals, while the latter helps them in pursuing the redefined goals (Jang et al., 2016).

Self-compassion is another factor that can increase life satisfaction; it enhances happiness and optimism by reducing negativity and promoting positivity (Neff 2003). Self-compassion includes experiencing kindness towards ourselves, feeling of caring and empathizing in oneself in the face of inadequacies and failures. Individuals who have increased self-compassion more probably have a kind and accepting attitude toward their life (Neff et al., 2010). Therefore, in late middle-aged women, more self-compassion may act as a buffer against the psychological distress arising from the events of late midlife and increase feelings of satisfaction (Neff 2003). Moreover, positive coping styles of life regrets and self-compassion promote positive emotions and infer a fuller and more satisfactory life, which leads to an ultimate state of flourishing (Seligman 2012).

Flourishing is a state of mind that enables an individual to lead their life joyfully (Seligman 2012). To enhance flourishing in late middle-aged women, an intervention program is needed that can reduce the levels of MSAS, induce positive coping styles of life regrets, and increase the level of self-compassion. Positive psychology programs enhance flourishing by encouraging participants to become aware of and accept their present instead of indulging in ruminative thinking about unresolved events of the past; the programs encourage participants to choose appropriate goals by emphasizing and reinforcing participants' strengths (Ryu 2012; Conboy et al., 2010; Fava et al., 2003).

Research involving interventions on late middle-aged women has primarily focused on investigating the effect of the cognitive behavioral therapy in reducing stress as well as other symptoms related to psychology (Hwang et al., 2007; Kyung 2014; Cho et al., 2019). However, the goal of a cognitive behavioral program is to eliminate behaviors arising from a problem by enabling one to be aware of their negative thoughts. This is achieved through the expression of one's suppressed desires and the exploration of problems in their past; however, this

practice is not easily accepted by participants due to feelings of discomfort or fear (Seligman et al., 2006).

In contrast, the basic principle of FEPBPP is to help middle-aged women develop positive emotions that lead to flourishing and find new meaning in life by reinforcing and utilizing one's strengths rather than focusing on changing negative behavior patterns (Seligman et al., 2006). In addition, the present study is different from earlier studies with respect to its purpose and methods; the positive psychology program of this study looks to reduce negative symptoms as well as enhance flourishing in late middle-aged women. Therefore, the present study applied the FEPBPP among late middle-aged women and demonstrated its effect on MSAS, coping styles of life regrets, self-compassion, and flourishing, to establish a basis for applying this program among middle-aged women in the future on a larger scale.

Research Model

The conceptual framework for this study is shown in Figure 1. This study used the FEPBPP, which is based on the core elements of flourishing as proposed by Seligman (Seligman 2012): "P stands for Positive emotion, E stands for Engagement, R stands for Relationship, M stands for Meaning and A stands for Accomplishment".

Research Hypotheses

Hypothesis – 1: Women in experimental group who participate in the FEPBPP will have lower scores for MSAS than women belong to control group.

Hypothesis – 2: Women in experimental group who participate in the FEPBPP will have lower scores for rumination on regret and higher scores for engagement of new goals and adaptive goal disengagement than women in the control group who are not participating in that program.

Sub-hypothesis - 2.1: Women in the experimental group who participate in the FEPBPP will have lower scores for rumination on regret than women in the control group.

Sub-hypothesis - 2.2: Women in the experimental group who participate in the FEPBPP will have higher scores for adaptive goal disengagement than women in control group.

Sub-hypothesis - 2.3: Women belongs to experimental group who participate in the FEPBPP will have higher scores for engagement of new goal than women in the control group.

Hypothesis -3: Women belongs to experimental group who participate in the FEPBPP will have higher scores for self-compassion than women belong to control group.

Hypothesis – 4: Women belongs to experimental group who participate in the FEPBPP will have higher scores for flourishing than women belong to control group.

2. MATERIALS AND METHODS

Participants

The participants were late middle-aged migrant women ranging from 50–60 years of age. They either worked at self-sufficiency centers in J and B districts in D city, caregivers at K university hospital, or were homemakers. Participants were assigned to their condition groups based on their registration day to take part in this study; participants who registered the experimental group was assigned on even-numbered days, while the control group was assigned to those who registered on odd number days. The G*Power program was used to determine the necessary number of respondents for the research study. Based on the study by Lim et al., (2015) a sample size of 15 participants was needed in each of the control and experimental groups to detect an effect size of 0.41, at a significance level of 0.05 with a power of 0.80, in a one-tailed independent t-test. However, assuming a dropout rate of 30%, the participants selected for each group was 25.

The research study is approved by "Institutional Review Board of K University" (IRB No. 20160059). All the participants were given a brief explanation about the research objectives and after assuring the confidentiality of the information, a written consent was obtained from them. They were allowed to withdraw anytime from the study. The inclusion criteria for women in this study were: those who were in the age range of 50–60 years, who were married, and those who had the ability to read and write Korean. Exclusion criteria for women were: those were diagnosed with neurological or musculoskeletal disorders, those on medication after being diagnosed with a psychiatric disorder, those receiving hormone therapy, and those participating in a psychology- or counseling-based program. The total number of respondents is 47, of that 24 belong to experimental group and 23 belong to control group.

Research Design

The present research study used a "non-equivalent control group pre-test and post-test quasi-experimental" design for investigating the effect of FEPBPP among late middle-aged women.

Measures

MSAS (Menopause Self-Awareness Symptoms): MSAS were assessed using modified version of "Menopause-Specific Quality of Life Questionnaire" (MENQOL) after obtaining approval from the developer. The MENQOL was introduced first by Hilditch et al. (1996) and modified by Kim et al. (1999). Higher scores indicate more MSAS. Cronbach's α of the MENQOL was 0.93 when it was developed and 0.93 in the present study.

Coping styles of life regrets: Coping styles of life regrets were assessed using the scale of measuring coping styles of life regrets in later life developed by Ryu (2010). This scale consists of three sub-domains on rumination on regrets, adaptive goal disengagement, and engagement of new goals, with four items in each sub-domain. Cronbach's α was .78 and .72 for the rumination on regret component, 0.79 and 0.77 for the adaptive goal disengagement component, and .80 initially during the development of scale and 0.69 in the present study for the engagement of new goals component.

Self-compassion: "Korean version of Self-Compassion Scale" is used to assess Self-Compassion in the present study. Neff., (2003) developed the original version of Self-Compassion Scale later it was adopted by Kim et al., (2008). Higher Scores indicates higher

level of Self-Compassion. Cronbach's α of the SCS-K was 0.94 when it was developed and 0.83 in the present study.

Flourishing: Flourishing was assessed using a flourishing scale developed by Butler and Kern (2014), based on Seligman's (2012) elements of flourishing, and adapted by Hwang and Tak (2016). This instrument consists of five sub-domains for accomplishment, meaning, relationship, engagement and positive emotion. Cronbach's alpha is 0.96 during the initial development of scale and 0.93 observed in present study.

FEPBPP (Flourish Enhancing Program Based on Positive Psychology): A group of experts comprising three counseling psychologists, one professor of nursing, and one professor of psychology along with a focus group comprising three late middle-aged women reviewed and modified the program. Content validity was measured using Content Validity Index (CVI) (Hambleton et al., 1991) and it is confirmed by (CVI=220/250=0.88).

Procedure

Data collection for the pretest group was conducted from May 23–27, 2016 for the control group; on May 2, 2016, for the first experimental group; and on July 1, 2016, for the second experimental group. The researcher and a research assistant explained to the participants about the aim of the study and obtained verbal and written consent, after which questionnaires were distributed among them. The participants of experimental group in FEPBPP, which consisted of 10 sessions with 2 sessions per week of 60 minutes each. Thirteen participants from the first experimental group took part in the program from May 2–30, 2016, and 12 participants from the second experimental group took part in the program from July 1–29, 2016. After 5 weeks of the program, data were collected from the experimental and control groups at the same intervals. Post-test assessments were conducted immediately after the program as well as follow-up assessments were conducted four weeks after the post-test questionnaires were administered.

Data Analysis

Statistical analysis of data is done using SPSS V 21.0 for Windows. The frequency standard deviation, mean and percentage of participants and demographic characteristics were calculated. χ^2 -test and t-test is performed for checking homogeneity in demographic characteristics and dependent variables. Values for MSAS, coping styles of life regrets, self-compassion, and flourishing were assessed for normality using "Shapiro-Wilk's Test and Kolmogorov-Smirnov test". Pre- and post-FEPBPP differences among the control group and experimental group at different points of time is analyzed using two-way ANOVA.

3. RESULTS

Test for Homogeneity of Demographic Characteristics

Tests for homogeneity of demographic characteristics: age, educational level, religion, occupation, duration of marriage, number of children, family monthly income, and family members living in the same household, indicates as there is no significant difference between control and experimental group.

Test for Homogeneity of Dependent Variables

A pre-test for homogeneity of dependent variables: MSAS, coping styles of life regrets, self-compassion, and flourishing, indicates as there is no significant difference between control and experimental group in context with all dependent variables.

Hypothesis Testing

Hypothesis 1 testing: Immediately after the program, the mean score of MSAS was 74.33±24.07 for the experimental group and 109.65±39.01 for the control group. In addition, at four weeks after the FEPBPP, the mean score was 82.00±25.48 for the experimental group and 110.35±38.48 for the control group. Therefore, hypothesis 1 was supported (See Table 1).

Hypothesis 2 testing: Immediately after the program, the mean score of coping styles of life regrets was 6.42±1.77 for the experimental group and 8.87±2.83 for the control group. At four weeks after the program, the mean score was 6.21±1.69 for the experimental group participants and 8.30±2.00 for the control group participants. Therefore, sub-hypothesis 2.1 was supported (See Table 1).

Immediately after the program, the mean score of adaptive goal disengagement was 14.50 ± 2.19 for the experimental group and 11.04 ± 3.02 for the control group. At four weeks after the program, the mean score was 13.25 ± 1.94 for the experimental group and 11.30 ± 2.40 for the control group. Therefore, sub-hypothesis 2.2 was supported (See Table 1).

Immediately after the program, the mean score of engagement of new goals was 13.00 ± 2.19 for the experimental group and 11.21 ± 1.98 for the control group. At four weeks after the program, the mean score was 12.75 ± 2.03 for the experimental group and 11.00 ± 2.39 for the control group. Therefore, sub-hypothesis 2.3 was supported (See Table 1).

Hypothesis 3 Testing: Immediately after the program, the mean score of self-compassion was 98.79 ± 9.68 for experimental group, 82.65 ± 9.30 for control group as well. In addition, at four weeks after the program, the mean score was 97.42 ± 10.98 for the experimental group and 81.43 ± 7.69 for the control group. Therefore, hypothesis 3 was supported (See Table 1).

Hypothesis 4 Testing: Immediately after the program, the mean score of flourishing was 128.37±18.61 for the experimental group and 90.26±32.02 for the control group. In addition, at four weeks after the program, the mean score was 117.75±24.72 for the experimental group and 88.91±28.84 for the control group. Therefore, hypothesis 4 was supported (See Table 1).

Table 1- Differences in Menopause Self-Awareness Symptoms (MSAS), Self-Compassion, Coping Style of Life Regrets and Flourish after FEPBPP (*N*=47)

Grou p (n) Exp. (n=2 4) Cont.	Pretest M±SD 89.33±28. 52	Posttest M±SD 74.33±24.0	Follow-up test M±SD	Source	F	Þ
Exp. (n=2 4) Cont.	89.33±28.		M±SD	-		
(n=2 4) Cont.		74.33±24.0		•		
		7	82.00±25.4 8	Group* time	7.03	.011
(n=2 3)	92.65±36. 24	109.65±39.	110.35±38. 48		1.08	.338
Exp. (n=2 4)	85.20±11. 92	98.79±9.68	97.42±10.9 8	Group* time	24.7 1	<.00 1
Cont. (n=2 3)	81.78±6.6 1	82.65±9.30	81.43±7.69		18.7 3	<.00 1
Exp. (n=2 4)	7.67±2.51	6.42±1.77	6.21±1.69	Group * time	10.2 0	.003
Cont. (n=2 3)	8.04±2.18	8.87±2.83	8.30±2.00		1.66	.200
Exp. (n=2 4)	12.21±2.3 4	13.00±2.19	12.75±2.03	Group * time	5.06	.029
Cont. (n=2 3)	12.04±1.9 2	11.21±1.98	11.00±2.39		.56	.572
Exp. (n=2 4)	12.21±2.3 4	13.00±2.19	12.75±2.03	Group * time	5.06	.029
Cont. (n=2 3)	12.04±1.9 2	11.21±1.98	11.00±2.39		.56	.572
Exp. (n=2	99.92±26. 54	128.37±18. 61	117.75±24. 72	Group*ti me	14.1	<.00 1
	Exp. (n=2 4) Cont. (n=2 3) Exp. (n=2 4) Exp. (n=2 3)	Exp. (n=2 4) Cont. (n=2 3) Exp. (n=2 4) Cont. (n=2 3) Exp. (n=2 7.67±2.51 4) Cont. (n=2 8.04±2.18 3) Exp. (n=2 4) Cont. (n=2 3) Exp. (n=2 4) Cont. (n=2 3) Exp. (n=2 4) Cont. (n=2 3) Exp. (n=2 4) Exp. (n=2 3) Exp. (n=2 4) Cont. (n=2 3) Exp. (n=2 4) Cont. (n=2 3)	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Exp. (n=2	Exp. (n=2	Exp. (n=2

Exp. = Experimental group, Cont. = Control group, MSAS=Menopause Self-Awareness Symptoms

4. DISCUSSION

This study applied the FEPBPP among late middle-aged women and examined its effects on specific variables. The results indicated greater reduction in MSAS among women in the experimental group who participated in FEPBPP program compared to control group. This is in accordance with the findings of a previous study by Hyang (2012), which reported a reduction in menopause symptoms in middle-aged women, after participating in a program based on cultivating positive emotions through gratitude and understanding. It suggested that the program allowed the participants to recall good memories and engage in meaningful daily activities, which induced positive emotions and resulted in lower MSAS.

Furthermore, women in the experimental group were found to have lower scores for rumination on regret and higher scores for engagement of new goals and adaptive goal disengagement than women in the control group. This indicated more positive coping styles of life regrets among women in the experimental group. Kim et al., (2016) stated that self-compassion writing program, with an emphasis on positive aspects, was effective in reducing rumination on regrets in college students. Wrosch et al. (2007) asked older adults to write about the separation of past goals and meaningful future goals for three days. The results showed that depression and sleep quality were improved in experimental group when compared to control group. It implied that writing forgiving letters increased positive emotion and reduced rumination; meanwhile, disengaging from unattainable goals of the past and setting alternative goals using one's strengths contributed to the increase in the accomplishment and meaning elements of Seligman's elements of flourishing, which helped the participants to positively cope with regret.

Self-compassion levels is found to be more compared to control group. This result is similar to the report by Neff (2013) that subjective well-being and self-compassion improved in 24 adults who were instructed to perform a self-compassion enhancement program with an emphasis on positive emotion and engagement. Self-compassion enhancement programs entail improving one's positive aspects through kindness and self-acceptance (Neff 2003). It appears that these activities also inculcated a sense of achievement and enhanced self-compassion among the participants of the present study.

The groups that participated in the program showed increased scores for flourishing. This result is consistent with the report by Sung (2011) which suggested that positivity and psychological well-being increased in middle-aged women in the experimental group that participated in a positive psychology program compared to women participants in control group. This result demonstrates that the FEPBPP reduces MSAS and rumination on regret through positive emotions centering on one's strengths, search for meaning in life by making actionable and specific plans to achieve goals, and interaction between group members. In

addition, it suggested that the program enabled the participants to separate their current goals from past goals and pursue alternative goals; this further increased the level of self-compassion and eventually enhanced flourishing among late middle-aged women.

To date, most of the research on menopausal symptoms in late middle-aged women has focused on investigating the effects of exercise programs on reducing menopausal symptoms (Chung et al., 2011; Kim 2003). Only a few studies have reported the effects of positive psychology programs on coping styles of life regrets and self-compassion. In addition, because previous studies have applied interventions based on positive psychology to older adults, college students, or middle-aged women between the ages of 35 and 65, (Hyang 2012; Kim et al., 2016; Ahn et al., 2019) data on the effects of intervention on late middle-aged women were not available. Against this backdrop, the present study is significant because it demonstrated the effect of positive psychology program on MSAS, coping styles of life regrets, self-compassion, and flourishing among late middle-aged women.

The research study has few limitations since it examined late middle-aged women living in D metropolitan city, and therefore, the interpretation of the results cannot be generalized to all late middle-aged women. Thus, a replication study using random sampling and a larger sample size is needed for future studies on FEPBPP among late middle-aged women.

This study has significant implications in the field of nursing. In terms of nursing research, this study is the first to apply a positive psychology program to the PERMA model for verifying flourish enhancement among late middle-aged women, which would act as the basic data for future research. In addition, it also provides a practical basis for utilizing positive psychology to reduce MSAS and enhance flourishing among late middle-aged women.

5. CONCLUSION

It can be concluded that through FEPBPP participants recalled good memories and engaged in meaningful daily activities, which induced positive emotions and resulted in lower MSAS. Through this study it was established that late middle-aged women need positive coping up styles to cope up with their past regrets and they need increased levels of self-understanding and self-acceptance to lead a happy and a contended life.

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