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Research Paper

Fostering Psychological Immunity and Successful Aging among Older Persons through Mindfulness-Integrated Cognitive Behaviour Therapy (MiCBT): Examining Their Relationship

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ABSTRACT

Population aging has increasingly shifted the focus of geriatric research from decline-oriented perspectives toward successful and healthy aging. The present study examined the effectiveness of Mindfulness-Integrated Cognitive Behaviour Therapy (MiCBT) in fostering psychological immunity and successful aging among older persons in urban Assam, while also exploring the relationship between these variables. A purposive sample of 200 older adults (94 males and 106 females) aged 60 years and above was selected from senior citizen clubs, community settings, and residential facilities. The study employed an experimental pre-post research design consisting of an experimental group and a control group. Participants were assessed using the Self-Immunity Scale and the Successful Aging Scale following screening through the Mini-Mental State Examination (MMSE) and General Health Questionnaire-12 (GHQ-12). The experimental group underwent a 10-week culturally adapted MiCBT intervention programme. Data were analysed using independent t-tests and Pearson Product–Moment Correlation Coefficients through IBM SPSS Statistics Version 24.

The findings revealed significant improvements in psychological immunity and successful aging among participants in the experimental group following the intervention. Significant enhancement was observed in resilience, self-reliance, hope, coping, mindfulness, healthy lifestyle, adaptive coping, and engagement with life. Correlation analysis further indicated significant positive relationships between psychological immunity and successful aging among older persons. The findings suggest that MiCBT serves as an effective mindfulness-based intervention for strengthening psychological resources and promoting healthier and more adaptive aging outcomes. The study highlights the importance of integrating culturally relevant and non-pharmacological psychological interventions into geriatric mental health care and community wellness programmes.

Keywords: *Mindfulness-Integrated Cognitive Behaviour Therapy (MiCBT), Psychological Immunity, Successful Aging, Older Persons, Mindfulness, Resilience, Geriatric Mental Health, Assam*

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Aging has traditionally been framed as an inevitable biological decline marked by deficits in physical, cognitive, and psychosocial functioning (Engelen et al., 2022; Finsterwalder, 2021). However, this deficit-oriented perspective is shifting toward a more holistic understanding of successful aging, which emphasizes on capacities like psychological immunity, resilience, emotional regulation, adaptive coping, social connectedness, cognitive vitality —as central to thriving in later life. Successful aging is defined as a multidimensional process that optimizes health, participation, and security for quality of life in later years—encompassing low disease/disability risk, high physical/cognitive function, and active life engagement (Rowe & Kahn, 1997; World Health Organization, 2002). The contemporary viewpoint identifies aging not merely as deterioration but as a dynamic process, where older adults can cultivate well-being amid challenges like loneliness, bereavement, reduced social engagement, shifting family roles, anxiety, depression, and cognitive decline (World Health Organization, 2017).

Globally, this redefined view gains urgency amid rapid population aging, driven by rising life expectancy and falling fertility rates (Naja et al., 2017). India demonstrates this demographic transition, with its elderly population projected to surge, amplifying demands on psychosocial and healthcare systems (UNFPA, 2012). In Northeast India, Assam stands out with one of the highest proportions of older adults, highlighting region-specific needs for interventions promoting healthy, meaningful aging amid cultural, socioeconomic, and geographic vulnerabilities.

Yet, as populations age rapidly worldwide—and especially in India and Assam—pressing questions arise: Are older adults truly aging healthily? What about their quality of life amid these shifts? Sure, challenges like physical frailty, loneliness, bereavement, shrinking social circles, shifting family dynamics, anxiety, depression, and cognitive fog are unavoidable parts of growing older. They creep in, testing our emotional and mental reserves.

But what if, instead of just reacting to these struggles, we flipped the script? Imagine building a protective shield around their well-being before the storms hit—strengthening psychological resilience, purpose, social bonds, autonomy, and joy through intervention modules for the community elder persons. This proactive approach aligns with the evolving view of successful aging (Rowe & Kahn, 1997; Engelen et al., 2022), empowering older persons in Assam to not just endure, but truly thrive.

Psychological Immunity and Successful Aging

Psychological immunity encompasses the internal psychological resources that enable individuals to effectively manage stress and adapt to life's challenges (Oláh, 2000). In aging, it acts as a vital buffer against psychosocial and physical hurdles in later life. Older adults with stronger psychological immunity excel at regulating emotions, adapting to evolving roles, and sustaining motivation amid decline or loss. This shields them from distress while preserving a profound sense of meaning and purpose (Rachman, 2016). Indeed, research shows that those high in resilience, optimism, and self-efficacy enjoy greater life satisfaction and view their aging more positively (Musich et al., 2021).

Interventions for Elderly

Systematic reviews highlight non-pharmacological interventions like mindfulness, life review, supportive counselling, psychoeducation, and reminiscence therapy as effective for boosting well-being, mood, memory and life satisfaction among older adults (Bolier et al.,

2013; Sin & Lyubomirsky, 2009). Programs targeting loneliness prevention, art therapy and community activities involving nature or animals further enhances connectedness and vitality (Iwano, Kambara, & Aoki, 2022). Group-based formats are noted to shine here, fostering social bonds, reducing isolation and uplifting mood without labelling participants as "distressed" (Cattan et al., 2005)—instead, they empower thriving in communal settings, which are cost-effective, culturally adaptable, and sustainable (Dickens et al., 2011).

Vipassana meditation's timeless principles have proven to cultivate equanimity, acceptance of impermanence, and resilience amid life's losses—thereby reducing psychological distress, anxiety and unhelpful habits (Bowen et al., 2006; Kumar, 2002). Vipassana offers older adults a gentle, experiential path to inner peace, but its intensive retreats can be inaccessible to the elderly which gives way to utilisation of Mindfulness-Integrated Cognitive Behaviour Therapy (MiCBT).

Mindfulness-Integrated Cognitive Behaviour Therapy (MiCBT)

Mindfulness-Integrated Cognitive Behaviour Therapy (MiCBT), developed by Cayoun (2011), which seamlessly blends Vipassana-inspired body-focused mindfulness with CBT tools like exposure, cognitive restructuring, and behavioral activation. It is delivered flexibly in community groups or outpatient sessions, MiCBT builds psychological immunity without pathologizing aging—promoting emotional regulation, quality of life, and successful aging (Cayoun et al., 2012; van Gordon, Shonin, & Griffiths, 2016).

Relevance of the Study

Despite the rapidly growing elderly population, limited research explores structured mindfulness-based interventions like MiCBT to bolster psychological immunity and successful aging in Northeast India—particularly their interconnected effectiveness and relationship among older adults.

Operational Definition

- **Psychological Immunity** is defined as an individual's ability to withstand, manage, and recover from psychological stress and adversity through the effective use of internal psychological resources (Choomchom, 2004).
- **Successful aging** refers to a multidimensional process of positive adaptation in later life, encompassing physical, psychological, social, and existential well-being (Reker, 2009).
- **Mindfulness-Integrated Cognitive Behaviour Therapy (MiCBT)** refers to a structured, manualized, and time-bound psychotherapeutic intervention delivered over 10 sessions across 10 weeks, integrating principles of mindfulness practices and cognitive-behavioural techniques.

Objectives

To fulfill the aim of the study, following objectives were taken up.

1. To determine the effect of Mindfulness-integrated Cognitive Behaviour Therapy (MiCBT) on Psychological Immunity and Successful Aging among older persons in the experimental and control groups.
2. To assess the relationship of Psychological Immunity, along with their respective dimensions, with Successful Aging and its dimensions among older persons.

Hypothesis

- **H1:** There will be a significant difference in psychological immunity between the experimental and control groups of older persons.
- **H2:** There will be a significant difference in successful aging between the experimental and control groups of older persons.
- **H3:** There will be significant relationship between psychological immunity and its dimensions with successful aging and its dimensions among older persons.

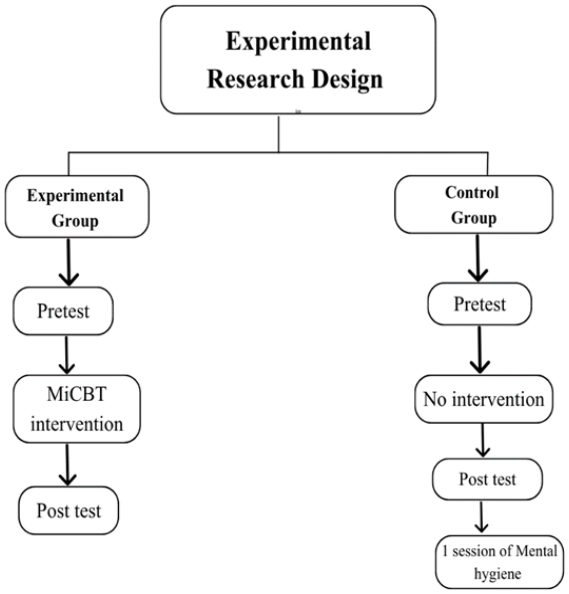
Sample and Sampling Method

Based on purposive sampling method, 200 older persons (94 males, 106 females) were selected for the study from the community/neighbors, senior citizen club, senior's library and senior's residential facility of the localities.

Research Design

This experimental pre-post design featured an MiCBT intervention group and no-intervention control group, manipulating the independent variable (treatment) to assess its impact on dependent variables (psychological immunity, successful aging); group differences in pre- to post-test changes evaluated intervention effects.

Figure 1 Diagrammatic Representation of the Research Design of the Study



Inclusion and Exclusion Criteria

- **Included:** Ages 60+ any gender, community/residential/club attendees, no major illness, presence of physical mobility, mobile phone availability, 10th-grade+ education, Assamese/English comprehension, able to give consent.
- **Excluded:** MMSE <23 (cognitive impairment), GHQ-12 ≥3 (distress/mental risk), major mental/serious medical illness (e.g., terminal, impairments, bed-bound), <7/10 sessions attended, unwilling participants, does not have access to audio devices/ mobile phone.

Materials Used

- **Sociodemographic details** were used to understand the participants' backgrounds which includes identifying the sex, age, relationship status and education.
- **Screening Tools**: To ensure that the participants did not had any psychological distress and cognitive impairment, they were screened everyone with the Folstein Mini-Mental State Examination (MMSE; Folstein et al., 1975), a quick 30 item-questionnaire where scores ≥24 indicate no impairment; reliable with $\alpha > 0.71$). They were also screened using the General Health Questionnaire-12 (GHQ-12; Goldberg et al., 1998) to spot any distress ($\alpha = 0.892$).

Key Assessment tools

- **Psychological immunity** was measured using the 15-item Self-Immunity Scale (Choochom, 2013), tapping inner strengths like mindfulness, self-reliance, hope, resilience, and coping.
- **Successful aging** was measured with Reker's 14-item Successful Aging Scale (2009), focusing on healthy habits, adaptive coping, and life engagement.

Ethical Consideration

Ethical approval was obtained from Gauhati University's Institutional Ethics Committee, with permissions secured from Dr. Bruno Cayoun for the MiCBT protocol and institutional heads of the senior's club for participant access. All participants received full study information during orientation, were provided with written informed consent and could withdraw voluntarily without penalty at any time; confidentiality was maintained throughout.

Procedure

Participants (aged 60+) were recruited via orientation programs held at senior clubs/residential homes. Participants were selected for the experimental group, i.e. 10 week MiCBT intervention group based on their willingness to join for the program. Participants who were not willing to participate for the intervention or attended less than 7 sessions of the intervention were put in the control group. Assessment was done for both the groups pre intervention, i.e. before starting the program and post intervention, i.e. after 10 weeks or completing of the intervention. The control group did not receive any intervention during the 10-week study period. Following the completion of the post-assessment, participants in the control group were provided with a 60-minute session on mental hygiene as an acknowledgment and gratitude for their time and participation in the study.

MiCBT Intervention Description

The 10-week group program, titled "Wellness Program for Older Persons," was delivered weekly by the researcher, adapting Cayoun's (2015) *Mindfulness-Integrated CBT for Well-Being and Personal Growth* (Wiley Blackwell) for Indian seniors. Cultural tweaks used local illustrations/analogies, with cognitive energizers, short films, and videos introducing mindfulness, emotional regulation, kindness, compassion, and communication—making sessions engaging and accessible. Audios and handouts for daily practices which were translated into local Language-Assamese were given to the participants during the MiCBT intervention.

RESULTS

Statistical analysis was done through IBM SPSS Statistics version 24. Descriptive statistics were computed to summarize the demographic characteristics of the participants. To examine the effectiveness of the MiCBT intervention, repeated-measures analyses were conducted to compare pre and post-intervention scores across the experimental and control groups. Pearson's Correlation analyses were carried out to examine the associations among psychological immunity and successful aging.

Table 1 Demographic Profile of Participants in Experimental and Control Groups

Variable	Category	Experimental Group (N=100) (frequency)	Control Group (N=100) (frequency)
Sex	**Male**	51	41
	Female	49	59
Age (in years)	**61–70**	69	69
	71–80	29	29
	Above 81	2	2
Marital Status	**Unmarried**	5	7
	Married	80	67
	Divorced	0	6
	Widow	15	18
	Widower	0	2
Level of Education	**High School**	35	41
	Diploma	0	2
	Bachelor's Degree	57	53
	Postgraduate Degree	8	4

Table 1 presents the demographic profile of participants in the experimental and control groups. Both groups showed comparable distribution across sex, age, marital status, and educational level. The majority of participants belonged to the 61–70 years' age group and were married. Most participants possessed bachelor's level education, indicating adequate comprehension and participation in the MiCBT intervention. The similarity in demographic characteristics across the groups suggests comparability of the sample and minimises the influence of demographic differences on the study outcomes.

Table 2 Independent t-tests showing differences in overall and sub-scales of psychological immunity between experimental and control groups

Psychological Immunity	Phase	Experimental Mean	SD	Control Mean	SD	t	p
Overall Psychological Immunity	Pre	44.99	11.32	52.69	6.11	5.985	0.000
	Post	61.41	5.44	48.82	7.17	-13.998	0.000
Subscales: Resilience	Pre	9.55	3.19	11.42	2.00	4.967	0.000
	Post	13.00	2.47	10.54	2.55	-6.926	0.000
Subscales: Self-reliance	Pre	9.62	3.40	11.19	2.26	3.845	0.000
	Post	12.74	2.42	10.48	2.13	-7.006	0.000
Subscales: Hope	Pre	10.58	3.64	12.92	2.52	5.284	0.000
	Post	14.46	2.96	11.35	2.48	-8.050	0.000
Subscales: Coping	Pre	8.47	2.80	9.89	2.74	3.621	0.000
	Post	11.52	2.42	9.17	2.29	-7.047	0.000
Subscales: Mindfulness	Pre	6.77	2.55	7.27	3.35	1.188	0.236
	Post	9.69	3.50	7.28	3.17	-5.106	0.000

The findings revealed significant differences in overall psychological immunity between the experimental and control groups during both pre-test ($t=5.985$, $p<0.01$) and post-test ($t=-13.998$, $p<0.01$). Although the control group initially demonstrated higher psychological immunity scores ($M=52.69$, $SD=6.11$) compared to the experimental group ($M=44.99$, $SD=11.32$), the experimental group showed marked improvement following the MiCBT intervention during post-intervention ($M=61.41$, $SD=5.44$) compared to the control group ($M=48.82$, $SD=7.17$).

Significant improvements were also observed across the dimensions of resilience, self-reliance, hope, and coping during post-intervention. Resilience was significantly higher in the experimental group ($M=13.00$, $SD=2.47$) compared to the control group ($M=10.54$, $SD=2.55$), with $t=-6.926$, $p<0.01$. Similarly, self-reliance improved significantly in the experimental group ($M=12.74$, $SD=2.42$) compared to the control group ($M=10.48$, $SD=2.13$), with $t=-7.006$, $p<0.01$. Hope was also significantly higher in the experimental group during post-intervention ($M=14.46$, $SD=2.96$) compared to the control group ($M=11.35$, $SD=2.48$), with $t=-8.050$, $p<0.01$. Coping showed significant improvement in the experimental group ($M=11.52$, $SD=2.42$) compared to the control group ($M=9.17$, $SD=2.29$), with $t=-7.047$, $p<0.01$.

For mindfulness, no significant difference was observed during pre-intervention ($t=1.188$, $p>0.05$). However, during post-intervention, mindfulness was significantly higher in the experimental group ($M=9.69$, $SD=3.50$) compared to the control group ($M=7.28$, $SD=3.17$), with $t=-5.106$, $p<0.01$.

These findings suggest that MiCBT significantly enhanced psychological immunity and its related dimensions among older persons by strengthening resilience, self-reliance, hope, coping abilities, and mindfulness. Therefore, the hypothesis, **H1: There will be a significant difference in psychological immunity between the experimental and control groups of older persons**, was accepted.

Table 3 Independent t-tests showing differences in overall and sub-scales of successful aging between experimental and control groups

Successful Aging	Phase	Experimental Mean	SD	Control Mean	SD	t	p
Overall Successful Aging	Pre	54.28	10.23	61.87	11.86	4.846	0.000
	Post	79.58	12.46	55.62	11.32	-14.235	0.000
Subscales- Healthy Lifestyle	Pre	15.97	4.58	18.29	4.25	3.712	0.000
	Post	23.96	4.86	16.63	4.15	-11.478	0.000
Subscales- Adaptive Coping	Pre	18.64	5.09	20.99	4.67	3.403	0.001
	Post	26.87	4.69	18.57	4.40	-12.913	0.000
Subscales- Engagement with Life	Pre	19.67	5.62	22.59	5.00	3.884	0.000
	Post	28.75	8.06	20.42	5.43	-8.574	0.000

The findings revealed significant differences between the experimental and control groups in overall successful aging during both pre-test ($t=4.846$, $p<0.01$) and post-test ($t=-14.235$, $p<0.01$). During post-intervention, the experimental group obtained a substantially higher mean score ($M=79.58$, $SD=12.46$) compared to the control group ($M=55.62$, $SD=11.32$), indicating the positive impact of MiCBT on successful aging.

Significant improvements were also observed across all dimensions of successful aging. In healthy lifestyle, the experimental group scored higher during post-intervention (M=23.96, SD=4.86) compared to the control group (M=16.63, SD=4.15), with a significant difference (t=-11.478, p<0.01). Similarly, adaptive coping showed significant improvement in the experimental group (M=26.87, SD=4.69) compared to the control group (M=18.57, SD=4.40), with t=-12.913, p<0.01. Engagement with life was also significantly higher in the experimental group during post-intervention (M=28.75, SD=8.06) compared to the control group (M=20.42, SD=5.43), with t=-8.574, p<0.01.

These findings suggest that MiCBT significantly enhanced healthy lifestyle practices, adaptive coping abilities, and engagement with life among older persons, thereby fostering successful aging. Hence, the hypothesis, **H2: There will be a significant difference in successful aging between the experimental and control groups of older persons**, was accepted.

Table 4 Pearson Product–Moment Correlation showing relationship between psychological immunity and successful aging among older persons for experimental group

Experimental Group								
Variables	**Resilience**	**Self-reliance**	**Hope**	**Coping**	**Mindfulness**	**Healthy Lifestyle**	**Adaptive Coping**	**Engagement with Life**
Resilience	1							
Self-reliance	.486**	1						
Hope	.274**	.471**	1					
Coping	0.126	.221*	0.094	1				
Mindfulness	0.105	-0.140	-.258**	.326**	1			
Healthy Lifestyle	0.178	.365**	.261**	0.119	0.071	1		
Adaptive Coping	0.179	.280**	.249*	0.018	0.069	.516**	1	
Engagement with Life	.226*	.305**	0.116	0.040	0.108	.441**	.490**	1

Table 5 Pearson Product–Moment Correlation showing relationship between psychological immunity and successful aging among older persons for control group

Control Group								
Variables	**Resilience**	**Self-reliance**	**Hope**	**Coping**	**Mindfulness**	**Healthy Lifestyle**	**Adaptive Coping**	**Engagement with Life**
Resilience	1							
Self-reliance	.384**	1						
Hope	.540**	.499**	1					
Coping	-0.170	-0.089	-.215*	1				
Mindfulness	-.444**	-.462**	-.570**	.266**	1			

Control Group								
Variables	**Resilience**	**Self-reliance**	**Hope**	**Coping**	**Mindfulness**	**Healthy Lifestyle**	**Adaptive Coping**	**Engagement with Life**
Healthy Lifestyle	.340**	.391**	.482**	-0.039	-.218*	1		
Adaptive Coping	0.039	0.129	.201*	0.114	-0.092	0.171	1	
Engagement with Life	.236*	.370**	.408**	0.082	-.293**	.275**	.204*	1

The findings revealed significant positive relationships between psychological immunity and successful aging among older persons in both experimental and control groups. In the experimental group, resilience was positively associated with self-reliance (r=0.486), while healthy lifestyle showed strong positive relationships with adaptive coping (r=0.516) and engagement with life (r=0.490). In the control group, resilience demonstrated a strong positive relationship with hope (r=0.540), and self-reliance was positively associated with hope (r=0.499).

Therefore, the **hypothesis, H3**: **There will be significant relationship between psychological immunity and its dimensions with successful aging and its dimensions among older persons,** was accepted.

DISCUSSION

The findings of the present study revealed that Mindfulness-Integrated Cognitive Behaviour Therapy (MiCBT) had a significant positive impact on psychological immunity and successful aging among older persons. Significant differences were observed between the experimental and control groups in overall psychological immunity during post-intervention, indicating that participants who underwent MiCBT demonstrated greater resilience, self-reliance, hope, coping abilities, and mindfulness. These findings suggest that MiCBT enhanced emotional regulation and adaptive functioning, enabling older persons to cope more effectively with age-related stressors and psychosocial challenges. Similar findings have been reported in earlier studies which found that mindfulness-based interventions improve resilience, emotional regulation, and psychological well-being among older adults (Gallegos et al., 2013; Hofmann et al., 2012).

The study also found significant improvement in successful aging among participants in the experimental group following the intervention. Dimensions such as healthy lifestyle, adaptive coping, and engagement with life showed marked enhancement during post-intervention compared to the control group. These findings indicate that MiCBT may promote healthier behavioural practices, improved coping strategies, and greater participation in meaningful life activities. Previous research has similarly demonstrated that mindfulness-based and cognitive behavioural interventions contribute positively to quality of life, coping, and successful aging in later life (Bolier et al., 2013; Sin & Lyubomirsky, 2009).

Correlation analysis further revealed significant positive relationships between psychological immunity and successful aging among older persons. Dimensions of

psychological immunity, particularly resilience, self-reliance, and hope, showed positive associations with healthy lifestyle, adaptive coping, and engagement with life. This suggests that stronger psychological resources contribute to better adjustment and more adaptive aging outcomes. These findings are consistent with the Psychological Immunity Theory proposed by Attila Oláh, which emphasizes the role of protective psychological resources in promoting resilience, emotional stability, and adaptive functioning (Oláh, 2005).

Overall, the findings highlight the effectiveness of MiCBT as a structured mindfulness-based intervention for enhancing psychological strengths and promoting successful aging among older persons. The study underscores the importance of integrating non-pharmacological psychological interventions into geriatric mental health care to foster healthier, more meaningful, and adaptive aging experiences.

CONCLUSION AND RECOMMENDATIONS

The findings of the study revealed that Mindfulness-Integrated Cognitive Behaviour Therapy (MiCBT) significantly enhanced psychological immunity and successful aging among older persons. Improvements were observed in resilience, self-reliance, hope, coping, mindfulness, healthy lifestyle, adaptive coping, and engagement with life. Significant positive relationships were also found between psychological immunity and successful aging, highlighting the importance of psychological strengths in promoting healthier and more adaptive aging outcomes. The study further suggests the importance of incorporating culturally relevant elements and simple modifications within mindfulness-based interventions to enhance acceptance and relatability among older persons. Integrating culturally familiar narratives and reflective teachings from the Bhagavad Gita may help older adults connect more meaningfully with concepts of acceptance, resilience, and emotional balance while coping with suffering arising from declining health, family conflicts, bereavement, or circumstantial losses. The Bhagavad Gita emphasizes that suffering often arises from attachment, craving, and aversion, and that inner balance can be achieved through awareness and self-understanding. As reflected in the teaching, *"From attachment arises desire, and from desire arises anger and suffering"* (Bhagavad Gita, Chapter 2, Verse 62–63), individuals may reduce emotional distress by learning to observe experiences with greater acceptance rather than reacting with excessive craving or resistance. Such culturally meaningful integration aligns closely with the principles of MiCBT, which encourage mindful awareness, equanimity, and adaptive coping, thereby supporting emotional well-being and healthier aging among older persons.

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