



GerPsych 2025

1st National Conference on Psycho-Gerontology

“Building an Umbrella of Care: Weaving Mental Health &
Well-being in Ageing Population” AIIMS, New Delhi

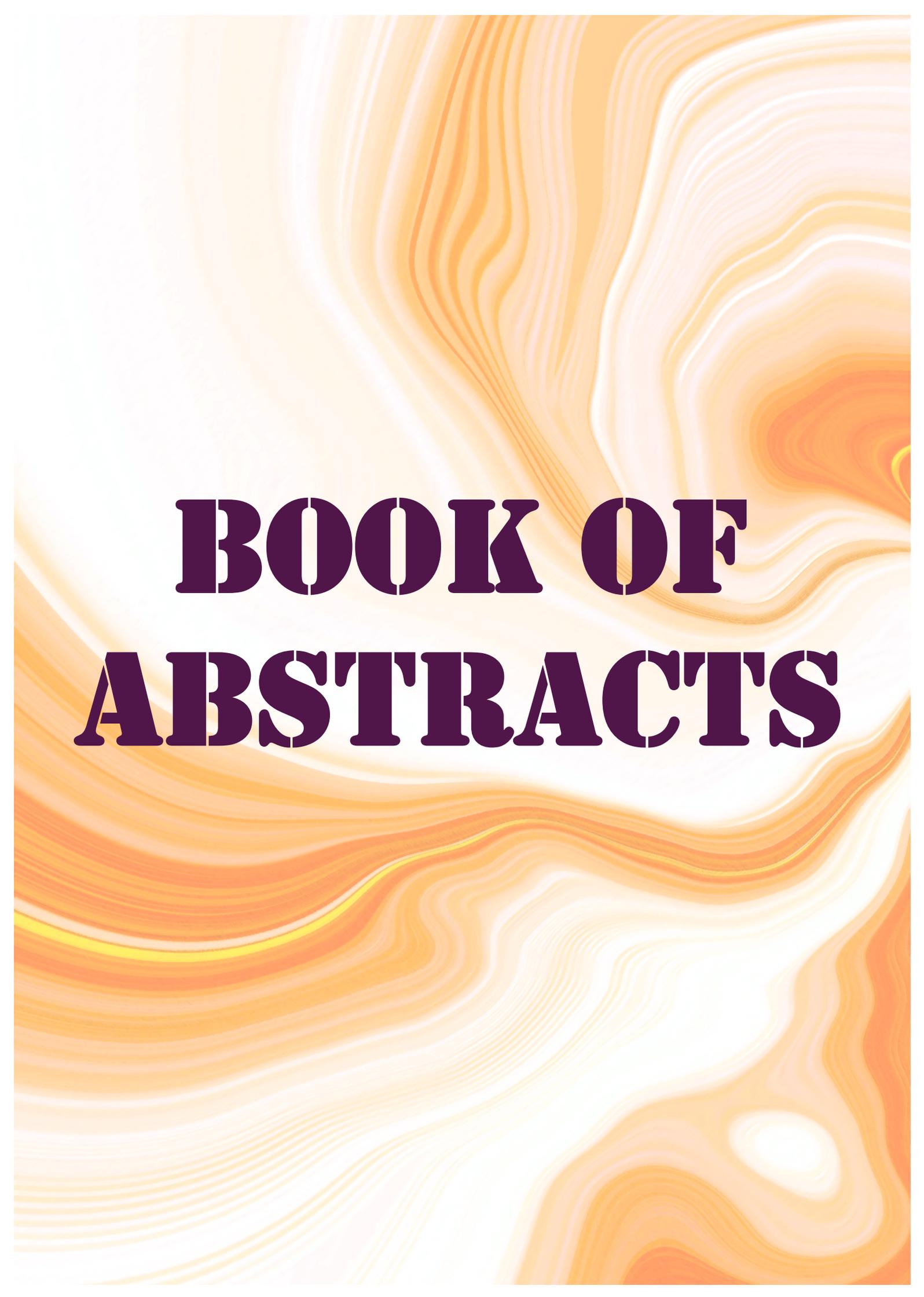
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Organized by:

**Department of Psychiatry and Geriatric Medicine
AIIMS, New Delhi**

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BOOK OF ABSTRACTS

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI



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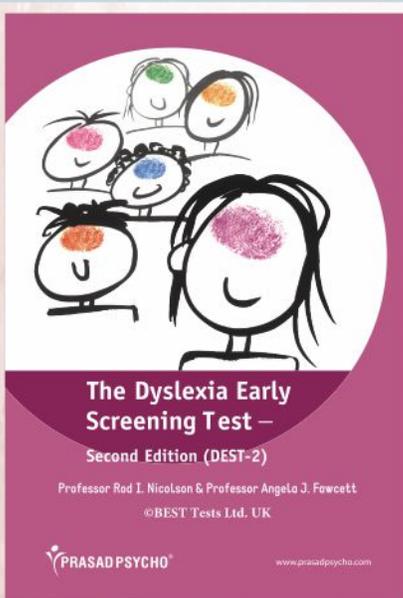
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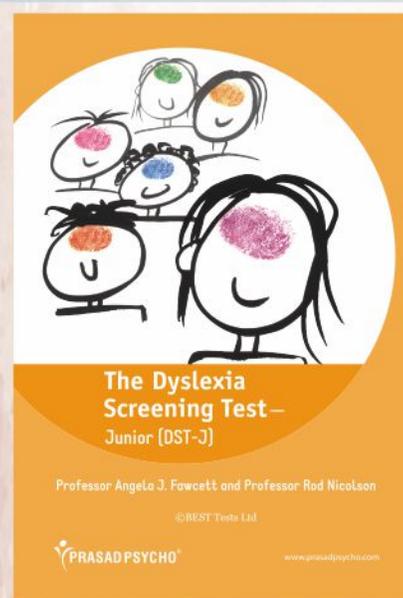


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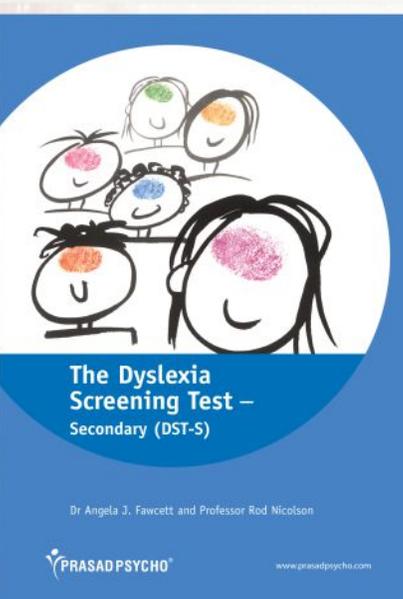


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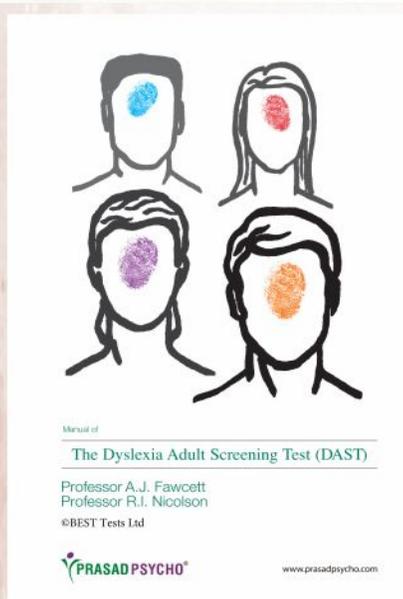


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ABOUT AIIMS, DELHI



AIIMS, Delhi was created in 1956 to serve as a nucleus for nurturing excellence in all aspects of health care. It was established as an institution of national importance by an Act of Parliament with the objects to develop patterns of teaching in Undergraduate and Post-graduate Medical Education in all its branches so as to demonstrate a high standard of Medical Education in India; to bring together in one place educational facilities of the highest order for the training of personnel in all important branches of health activity; and to attain self-sufficiency in Post-graduate Medical Education.

The Institute has comprehensive facilities for teaching, research and patientcare. As provided in the Act, AIIMS conducts teaching programs in medical and para-medical courses both at undergraduate and postgraduate levels and awards its own degrees. Teaching and research are conducted in 42 disciplines. In the field of medical research AIIMS is the lead, having more than 600 research publications by its faculty and researchers in a year. AIIMS also runs a College of Nursing and trains students for B.Sc. (Hons.) Nursing post-certificate) degrees.

ABOUT THE HOST

The conference is being held jointly by Department of Psychiatry and Geriatric Medicine and is being held at JLN Auditorium of All India Institute of Medical Sciences (AIIMS), New Delhi.

Department of Psychiatry at AIIMS had its humble beginnings in 1958, when Dr. Luvia Taylor Gregg initiated formal psychiatric teaching for MBBS students, a visionary step at the time. Under the leadership of stalwarts such as Prof. Wig and Dr. Satyanand, the department went on to establish India's first MD program in Psychiatry in 1964. Since then, it has set several national benchmarks: from initiating the first Child Guidance Clinic in Delhi and pioneering rural mental health outreach at Ballabgarh, to founding the National Drug Dependence Treatment Centre (NDDTC), now a WHO Collaborating Centre. The department integrates clinical excellence with cutting-edge therapies like rTMS, tDCS, and biofeedback and consultation-liaison services throughout the institute and has recently initiated the first DM program in psychosomatic medicine in the country. The department also runs dedicated OPDs in Neuropsychiatry, JP Narayan trauma Centre. At the newly opened National Centre for Ageing, the Psychiatry and Clinical Psychology faculty along with the residents manage 4-days OPD as well as in-patient admissions. The department remains at the forefront of education, research, and public mental health advocacy in the country.

Department of Geriatric Medicine reflects AIIMS' commitment to addressing India's demographic transition. What began as a weekly geriatric clinic in 1993 evolved into a full-fledged department in 2012, under the visionary guidance of Prof. (Dr.) A. B. Dey. With the launch of India's first dedicated Geriatric Medicine MD program, a specialized Memory Clinic, and inpatient services, the department now operates from the National Centre for Ageing (NCA), which is a I 200-bedded block dedicated to the older adults.

ABOUT NATIONAL CENTRE FOR AGEING



Credits: Dr. Hema Raja Rapu

The National Centre for Ageing at AIIMS, New Delhi, is a dedicated healthcare facility designed exclusively for senior citizens. Located on August Kranti Marg within the AIIMS campus, the centre offers streamlined, comprehensive medical services through a simple Aadhaar-based registration process. It boasts of integrated services (OPD and IPD) from various specialities including Geriatric Medicine, Psychiatry, Clinical Psychology, Surgery, Orthopaedics, Radiology, Surgery, Anaesthesia, Physical Medicine and Rehabilitation, Gynaecology, Neurology and Cardiology with more upcoming departments. The block also has private rooms, day-care beds, Intensive Care Unit and Operation Theatre services, Physiotherapy Unit along with various other facilities.

With dedicated registration counters and seamless referrals to relevant AIIMS departments when needed, the facility ensures efficient care for elderly patients. All prescribed tests and medicines are provided free of cost, making essential healthcare more accessible. The National Centre for Ageing serves as an important resource for timely diagnosis, treatment, and support in an elderly-friendly environment.

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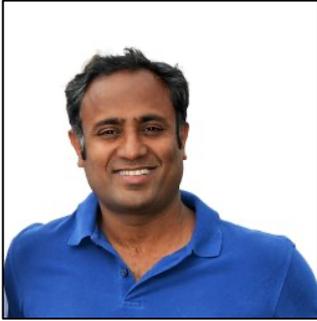
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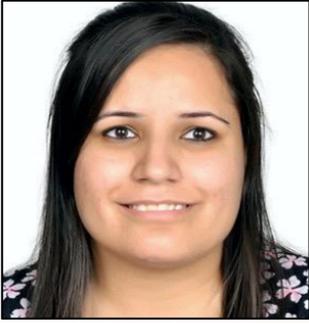


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28th November 2025

दिनांक/Dated :

MESSAGE



It is my privilege to extend warm greetings to all delegates attending geripsych2025: 1st National Conference on Psycho-Gerontology. This gathering represents a timely and essential step in advancing our understanding of the psychological, social, and neurobiological dimensions of aging, which is an area of growing national importance.

At AIIMS, New Delhi, we are deeply committed to strengthening geriatric care and mental health services for older adults. Our National Centre for Aging (NCA) stands as a testament to this commitment. The NCA is a dedicated geriatric block that caters comprehensively to the needs of the elderly through a multi-disciplinary, integrated model of care. It houses OPD and IPD services, private wards, a day-care centre, rehabilitation facilities, and multiple speciality clinics tailored to the complex needs of aging individuals. Importantly, eight beds have been earmarked for Psychiatry, ensuring that mental health is seamlessly embedded into the broader continuum of geriatric services. This infrastructure reflects our belief that healthy aging is best supported when physical, psychological, and social care come together under one cohesive system.

It is imperative to look at health as a continuum. The neurological, psychological, and social processes that shape early development also influence how we age. Likewise, lessons from geriatric research on resilience, adaptation, neuroplasticity, and the role of supportive environments offer insights that enrich care across all stages of life. Psycho-Gerontology stands at this important intersection, emphasising that mental health is an enduring thread woven through the entire human experience.

AIIMS, New Delhi have always championed interdisciplinary collaboration, and I am delighted to see experts from Psychiatry, Psychology, Neurosciences, Geriatric Medicine, Rehabilitation, and Social Work come together under one platform. Conferences such as this foster dialogue that transcends disciplinary boundaries, leading to innovations in care models, enhanced research partnerships, and more integrated, humane approaches to supporting older adults.

I congratulate the organising committee for their vision, dedication, and commitment to bringing this conference to fruition. I am confident that the discussions held here will contribute meaningfully to national priorities, inform policy, and strengthen both community and clinical responses to the mental health needs of our ageing population.

I extend my best wishes for the success of the conference and hope it inspires continued collaboration in shaping a healthier, more inclusive future for all generations.

(Prof. M. Srinivas)

Director

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DEPARTMENT OF PSYCHIATRY
All India Institute of Medical Sciences

Dr. Pratap Sharan
Professor & Head



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Message from the Prof. Pratap Sharan, Head, Department of Psychiatry



I am delighted to welcome all delegates and participants to GeriPsych 2025, the 1st National Conference on Psycho-Gerontology, themed "Building an Umbrella of Care: Weaving Mental Health & Wellbeing in the Ageing Population" jointly organised by the Departments of Psychiatry and Geriatric Medicine, AIIMS New Delhi. This conference marks an important step towards deepening our understanding of the biopsychosocial dimensions of ageing.

Ageing is not merely a biological process but a profound human experience that encompasses identity, connection, and meaning. While advances in medicine have increased longevity, challenges such as loneliness, cognitive decline, bereavement, and caregiver stress remind us that emotional well-being in later life requires sustained and compassionate attention.

To address these challenges, our team of psychiatrists and clinical psychologists run 4-days OPD at the National Centre for Ageing and we also have in-patient services for the elderly requiring acute and long-term care.

Through this conference, we aim to strengthen interdisciplinary collaboration among clinicians, psychologists, researchers, and community partners to create care models that are preventive, person-centred, and culturally attuned. This gathering also celebrates the strengths that accompany ageing: wisdom, resilience, and perspective qualities that enrich individuals, families, and communities. Recognising and nurturing these aspects is central to building an inclusive mental health framework for our society.

I commend the organising committee for their vision and dedication in bringing together such a distinguished panel of experts. I am confident that the insights and discussions generated here will inspire innovation in research, policy, and clinical practice, ultimately enhancing the dignity and quality of life of our older adults.

Dr. Pratap Sharan
Organizing Chairperson

Message from Dr. Naveet Wig

Organizing Chairperson, Geripsych 2025

Professor & Head of the Department of Medicine, (AIIMS, New Delhi)



It is my honour to welcome you all to the 1st National Conference on Psycho-Gerontology. For those of us who work with older adults every day, this gathering feels especially meaningful. It brings together not just professionals, but a community of people who believe that ageing deserves attention, respect, and scientific curiosity. In geriatric medicine, we often say that every elderly person carries a lifetime of stories, moments of joy, loss, resilience, and change. Yet, despite this richness, the emotional and psychological aspects of ageing have long remained in the background of healthcare conversations. Psycho-gerontology helps bring these aspects forward. It reminds us that memory, identity, relationships, and mental well-being matter just as much as managing chronic illnesses or physical frailty.

At AIIMS, we see the realities of ageing in all their complexity. A simple clinical visit often reveals layers beneath the surface: the loneliness behind a medical symptom, the anxiety behind a cognitive concern, the caregiver's silent exhaustion. These experiences show us that geriatric care cannot be confined to prescriptions and procedures alone. It must also listen to fears, to hopes, to the need for dignity.

This conference is an important step toward building that more attentive, holistic approach. The range of topics and diversity of professionals joining us highlight a powerful truth: caring for older adults is, and must be, a shared effort. When specialists from mental health, neuroscience, medicine, rehabilitation, and social sciences converge, we create possibilities that none of us could achieve in isolation.

I congratulate the organisers for bringing this vision to life, and for recognising the urgent need to strengthen India's understanding of mental health in older age. I hope the conversations over the next few days challenge us, inspire us, and encourage new collaborations that continue well beyond this event. Thank you for being part of this important beginning. I wish you all an enriching and memorable conference.

Warm, Regards

Dr. Naveet Wig

Message from Prof. Prof Rajesh Sagar

Organizing Co-Chairperson, Geripsych 2025

Professor, Psychiatry, Dept. of Psychiatry, (AIIMS, Delhi)



It is my privilege to extend a formal welcome to all delegates, resource persons and distinguished guests attending **Geripsych 2025: 1st National Conference on Psycho-gerontology**. This conference represents a significant step forward in our collective endeavour to enhance understanding, research and clinical practice in the domain of mental health and ageing. With India experiencing a rapid demographic transition, the need to prioritise geriatric mental health has never been more compelling. The deliberations held here are expected to contribute meaningfully to service development, policy orientation and capacity building across disciplines.

Geripsych 2025 has been envisioned as a platform for academic enrichment, professional dialogue and scientific exchange. The programme encompasses keynote addresses, invited lectures, symposia, workshops and free-paper presentations, providing a comprehensive view of contemporary advancements in psycho-gerontology. The distinguished faculty, along with the diverse body of participants, reflects the breadth of expertise and shared commitment to improving outcomes for older adults.

The successful organisation of this conference has been made possible through the cooperation and support of many individuals and institutions. I record my deep appreciation for the scientific and organising committees, faculty members, volunteers, partners and sponsors who have contributed to every stage of planning and execution. I also extend my gratitude to all delegates for their presence, engagement and enthusiasm.

It is my sincere hope that the interactions fostered through this meeting will stimulate further inquiry, collaboration and innovation in geriatric mental health care. I wish all participants a productive, intellectually rewarding and memorable experience.

Message from Prof. Sujata Satapathy

Organizing Co-Chairperson, Geripsych 2025

Professor, Clinical Psychology, Dept. of Psychiatry, (AIIMS, Delhi)



Dear Delegates, Greetings and a warm welcome from the organizing team! As you know, the evidence-based research in psychology has gone a long way to prove the efficacy and effectiveness of a wide array of psychosocial, cognitive, and behavioural services to all segments of the population, including older adults. The subfield of geriatric psychology addresses the unique challenges of aging, such as cognitive changes, mental health issues, elderly abuse, and social isolation, through a range of bio-psychosocial approaches.

Concurrently, the last few decades also witnessed a sea change in the approach of non-mental health professionals to adopt and integrate various short-and long-term psychological treatments along with pharmacotherapy for ensuring well-being and better quality of life for the geriatric populations. Thus, the overall reach of research and clinical practice in this field has far-reaching implications in bringing out positive outcomes for geriatric populations with lifestyle diseases, chronic and acute illnesses, patients going through various medical procedures, patients with mental and substance use disorders, and engaging older adults in activities of the country's economic growth and social changes. Therefore, indigenous psychological-cognitive and culture-specific interventions for older adults are the need of the hour. And to my understanding, there is an urgent need to develop Indian psychotherapeutic health intervention models to increase the scope of such services for our elders.

In such a scenario, I am extremely pleased to know that the first national conference on geriatric psychology intends to collate, relate, and promote all such issues in our country. The theme tracks and wide ambit of topics covered during this conference will indeed go a long way in increasing the credibility of research and clinical practice in this field in India.

We are extremely happy to receive such an overwhelming response from all over the country for this event. I hope that the GeriPsy-25 would provide a strong forum for students, professionals, and academicians to work towards the evidence-based practice, research and psychotherapy training in geriatric mental health.

I wish a happy, vibrant, and successful professional experience to all of you!!

**Warm Regards,
Dr. Sujata Satapathy**

Message from Prof. Avinash Chakrawarty

Organizing Co-Chairperson, Geripsych

Professor, Department of Geriatric Medicine, AIIMS, Delhi)



It is my pleasure to welcome you to **GeriPsych 2025**, the 1st National Conference on Psycho-Gerontology. This meeting brings together a community of professionals who share a deep commitment to improving the lives of older adults in India.

At the National Centre for Ageing, we see every day that ageing is far more than a biological process; it is a journey shaped by memories, relationships, resilience, and the desire to remain connected and valued. Longevity alone is not enough; emotional well-being, dignity, and support are equally essential. While advances in medicine have allowed people to live longer, these added years bring new questions. How do we ensure that an older adult does not feel alone in a crowd? How do we support someone who is grieving a lifelong partner or struggling with a memory that slips just a little more each day? How do we create systems that value dignity as much as diagnosis?

These are the questions that bring us together today. This conference gives us an opportunity to strengthen the bridge between geriatric medicine and mental health. By working together with clinicians, psychologists, researchers, nurses, and community partners, we can build compassionate, person-centred care models that honour both the medical and emotional needs of our older adults.

I extend my heartfelt appreciation to the organising committee for their dedication and vision. I hope the discussions and ideas shared over these three days spark new collaborations and light the way for innovative, compassionate, and person-centred care for India's ageing population.

Thank you for being here, and I wish you an enriching and meaningful conference.

Warm regards,
Prof. Avinash Chakrawarty

“Message on Behalf of Organizing Committee”

Dr. Swati Kedia Gupta

Organizing Secretary, Geripsych 2025

*Assistant Professor, Department of Psychiatry & National Centre for Ageing
(AIIMS, New Delhi)*



With immense pleasure and gratitude, I welcome all delegates and distinguished faculty members to GeriPsych 2025, the *1st National Conference on Psycho-Gerontology*, jointly organized by the Departments of Psychiatry and Geriatric Medicine at AIIMS New Delhi. Our theme this year, *“Building an Umbrella of Care: Weaving Mental Health & Well-being in Aging Population,”*

As India experiences a rapid demographic shift, the mental health needs of our ageing population call for collective focus, innovation, and collaboration. Geripsych2025 has been envisioned as a national platform that unites clinicians, researchers, trainees, policymakers, and allied professionals who are committed to promoting healthy and dignified ageing.

The National Centre for Ageing at AIIMS stands as a symbol of multidisciplinary excellence — integrating comprehensive clinical services, rehabilitation, community initiatives, training, and research under one roof. This conference aims to strengthen such synergistic endeavours by encouraging scientific exchange, capacity-building, and shared learning in the field of geriatric mental health.

We eagerly look forward to welcoming each one of you to New Delhi — to engage with thought leaders, participate in impactful scientific sessions, and contribute to shaping the future of geriatric psychiatry in India. Your involvement and enthusiasm are at the heart of this initiative and will make this event truly meaningful.

A program of this scale requires team effort. I extend my sincere gratitude to the chairpersons and co-chairpersons, members of the organizing committee, advisors, sponsors, and volunteers for their dedication in bringing this vision to life. I would like to express my thanks to the Indian Association of Geriatric Mental Health and the Indian Association of Cognitive Behavior Therapy for their collaboration. Dr. Kranti Prasad and Ms. Gurjit, and the entire team from Prasad Psycho deserve a truly special mention for being the Platinum Sponsors for this grand event. To all delegates, contributors, and well-wishers—thank you for joining us on this journey.

May Geripsych2025 be a celebration of knowledge, collaboration, and compassion as we work toward enhancing the mental health and well-being of older adults.

Warm regards

Dr. Swati Kedia Gupta

“Message on Behalf of Organizing Committee”

Dr. Preethy Kathiresan

Organizing Secretary, GeriPsych 2025

*Assistant Professor, Department of Psychiatry, Department of Psychiatry &
National Centre for Ageing (AIIMS, New Delhi)*



It is my pleasure to welcome all delegates and distinguished faculty members to GeriPsych 2025, the *1st National Conference on Psycho-Gerontology*, jointly organized by the Departments of Psychiatry and Geriatric Medicine at AIIMS New Delhi. Our theme this year, “*Building an Umbrella of Care: Weaving Mental Health & Well-being in Ageing Population*,” reflects our ongoing commitment to promoting an integrated and evidence-based approach to the mental health needs of older adults.

As clinicians, researchers, academicians, caregivers, and policymakers, we regularly encounter the diverse and often complex mental health needs of older adults. These concerns are closely connected with family roles, cultural expectations, physical health, and life transitions. This conference represents our collective effort to understand these complexities and work toward solutions that are meaningful, practical, and grounded in scientific evidence.

This first conference of GeriPsych has drawn over 350 participants from across the country, underscoring both the relevance of the theme and the growing engagement of professionals working with older adults. We are grateful for the exceptional academic response to this meeting. A total of 101 poster abstracts, 126 oral paper abstracts, 19 symposium submissions, and 7 workshop proposals were received from across the country. A rigorous review process was followed to ensure that the accepted abstracts meet the scientific and academic standards of the conference.

GeriPsych 2025 features a comprehensive scientific program that includes workshops, keynote lectures, invited talks, symposia, oral presentations, poster sessions, and a quiz competition for students. The program is designed to encourage meaningful academic exchange, interdisciplinary learning, and the sharing of innovations in the care of older adults. We hope that the discussions

over the next three days will contribute to strengthening services, enhancing research, and improving collaborative practice in geriatric mental health.

A conference of this scale is the result of the collective effort of many individuals. I extend my sincere thanks to the Chairpersons, Co-Chairpersons, Scientific Committee, Advisory Committee, and each and every member of the Organizing Team for their tireless hard work and dedication in making this conference a grand success. I am equally grateful to all presenters, delegates, reviewers, and volunteers whose contributions have enriched the scientific scope of GeriPsych 2025. We extend our appreciation to professional bodies such as the **Indian Association for Geriatric Mental Health** and the **Indian Association for Cognitive Behaviour Therapy** for their support in enhancing the visibility of the conference, and to all sponsors for their valuable contributions. We would especially like to thank Prasad Psycho Corp for making this conference a success.

We are pleased to host this event at AIIMS New Delhi, home to the National Centre for Ageing, which provides comprehensive and multidisciplinary care for older adults. We hope that the connections and collaborations formed during this conference will continue in the years ahead and contribute to the advancement of geriatric mental health services and research.

I warmly welcome you to GeriPsych 2025 and wish you a productive, engaging, and academically enriching experience.

Warm Regards,
Dr. Preethy Kathiresan

Message from Dr. Kranti K. Srivastava

Director

Prasad Psycho Private Limited



It is an honour to extend my warm greetings to all participants of **GeriPsych2025 – the 1st National Conference on Psycho-Gerontology**, jointly hosted by the Department of Psychiatry and the Department of Geriatric Medicine at the All-India Institute of Medical Sciences, New Delhi. The conference theme, “*Building an Umbrella of Care: Weaving Mental Health & Well-being in the Ageing Population,*” beautifully reflects the compassion, respect, and collective responsibility we owe to our elders.

As our society evolves, so does the landscape of ageing. Behind every older adult is a lifetime of stories, contributions, and wisdom. Yet, they often navigate challenges that remain unheard or unaddressed. This conference serves as a vital reminder that advancing geriatric mental health is not simply a professional duty—it is a moral commitment to honouring the lives that have shaped our communities.

GeriPsych2025 brings together brilliant minds, compassionate practitioners, and visionary researchers who are united by a shared mission: to create a future where every elderly individual feels seen, supported, and valued. By fostering dialogue, encouraging innovation, and strengthening multidisciplinary collaboration, this conference lays the foundation for a more inclusive and humane model of care.

At Prasad Psycho Private Limited, we remain dedicated to supporting this mission by providing high-quality psychological assessments, tools, and training that empower professionals working in the field of ageing and mental health. We are proud to stand with initiatives that elevate the well-being and dignity of our senior citizens.

My sincere appreciation to the organizing committee for their visionary efforts, and my best wishes to all delegates for meaningful discussions and inspiring exchanges. May this conference ignite new possibilities and deepen our collective resolve to enrich the lives of the ageing population

Warm Regards,
Dr. Kranti K. Srivastava

INVITED TALK

Clinical Approach For The Management Of Late Life Depression: Experience From a Tertiary Care Centre For Geriatric Psychiatry



Dr. P T Sivakumar

Professor, Head, Geriatric Psychiatry Unit, Department of Psychiatry

National Institute of Mental Health and Neurosciences (NIMHANS)

Depression is the most common mental health problem in older adults. Clinical evaluation and management of Late Life Depression (LLD) is an important component of the clinical practice of geriatric psychiatry in a tertiary care centre like the National Institute of Mental Health and Neurosciences. Late Life Depression has significant heterogeneity based on age of onset, presence of bipolarity, psychotic symptoms, severity, etc. Treatment resistance, overlap with cognitive impairment, suicidal risk, intolerance to medications, complex psychosocial issues, comorbidity with chronic medical conditions, etc, are important clinical problems related to the management of LLD. This presentation will provide an overview of the clinical presentation of LLD and address the important clinical issues as well as the complexities in the management using psychological, psychosocial, pharmacological and brain stimulation interventions. The presentation will include the experience of managing LLD in the geriatric psychiatry unit of a tertiary care centre (NIMHANS).

Dr. P T Sivakumar

INVITED TALK

Loneliness, Neglect, and Suicide in Later Life: From Despair to Hope



Prof (Dr) Susmita Halder

Professor, Department of Psychology Dean, Arts & Social Studies

St. Xavier's University Kolkata

Over the past few decades, the life expectancy of the elderly population has increased, leading to a demographic revolution and a trend referred to as the global aging phenomenon. With a rapid increase in the global population, it has been estimated that by 2030, the geriatric population will gradually increase to 1.4 billion, and by 2050, it will further increase to 2.1 billion. As the geriatric population continues to rise, an essential challenge is also finding ways to enhance both the quality and longevity of healthy life. Although life stressors are common to people from all age brackets, distinct challenges surface for the geriatric community. Loneliness and perceived neglect represent critical yet underrecognized risk factors for psychological distress in later life. Loneliness has evolved from being a personal experience to a major public health care concern and has been shown to predict depressive symptoms, cognitive decline, and suicidal ideation. Studies have indicated that older adults have higher suicide completion rates compared to the younger population, while individuals living alone are at a higher risk. With ageing often comes retirement, loss of close relationships, declining health, challenges in mobility and reduced social interaction, cognitive decline; all of which can contribute to feelings of loneliness and hopelessness. These experiences may lead to suicidal ideation or behaviour, often overlooked or misattributed to physical illness. This demographic shift highlights the need for strategies that promote well-being, social support, and tailored interventions for the elderly. This talk explores the link between loneliness, neglect, and suicide in the elderly, focusing on the psychosocial and neurocognitive understanding that makes older adults particularly vulnerable. It explores the pathways from despair to hope through community engagement, empathetic communication, and integrative therapeutic approaches that nurture purpose, connection, as well as promote dignity in ageing.

Prof (Dr) Susmita Halder

INVITED TALK

Old Age Homes: Just Needed or Must Needed?



Dr. Abdul Majid, MD, FRCP (Edin)

Prof & HOD Psychiatry

SKIMS Medical College Srinagar, (J&K)

Over the past few decades, the life expectancy of the elderly population has increased, leading to a demographic revolution and a trend referred to as the global aging phenomenon. With a rapid increase in the global population, it has been estimated that by 2030, the geriatric population will gradually increase to 1.4 billion, and by 2050, it will further increase to 2.1 billion. As the geriatric population continues to rise, an essential challenge is also finding ways to enhance both the quality and longevity of healthy life. Although life stressors are common to people from all age brackets, distinct challenges surface for the geriatric community. Loneliness and perceived neglect represent critical yet underrecognized risk factors for psychological distress in later life. Loneliness has evolved from being a personal experience to a major public health care concern and has been shown to predict depressive symptoms, cognitive decline, and suicidal ideation. Studies have indicated that older adults have higher suicide completion rates compared to the younger population, while individuals living alone are at a higher risk. With ageing often comes retirement, loss of close relationships, declining health, challenges in mobility and reduced social interaction, cognitive decline; all of which can contribute to feelings of loneliness and hopelessness. These experiences may lead to suicidal ideation or behaviour, often overlooked or misattributed to physical illness. This demographic shift highlights the need for strategies that promote well-being, social support, and tailored interventions for the elderly. This talk explores the link between loneliness, neglect, and suicide in the elderly, focusing on the psychosocial and neurocognitive understanding that makes older adults particularly vulnerable. It explores the pathways from despair to hope through community engagement, empathetic communication, and integrative therapeutic approaches that nurture purpose, connection, as well as promote dignity in ageing.

Prof (Dr) Abdul Majid

INVITED TALK

Role of Clinical Psychologists in Geriatric Mental Health



Prof. Rakesh Kumar Tripathi

Professor, Clinical Psychologist

Department of Geriatric Mental Health, King George's Medical
University, Lucknow, U.P. (Bharat)

Depression is the most common mental health problem in older adults. Clinical evaluation and management of Late Life Depression (LLD) is an important component of the clinical practice of geriatric psychiatry in a tertiary care centre like the National Institute of Mental Health and Neurosciences. Late Life Depression has significant heterogeneity based on age of onset, presence of bipolarity, psychotic symptoms, severity, etc. Treatment resistance, overlap with cognitive impairment, suicidal risk, intolerance to medications, complex psychosocial issues, comorbidity with chronic medical conditions, etc, are important clinical problems related to the management of LLD. This presentation will provide an overview of the clinical presentation of LLD and address the important clinical issues as well as the complexities in the management using psychological, psychosocial, pharmacological and brain stimulation interventions. The presentation will include the experience of managing LLD in the geriatric psychiatry unit of a tertiary care centre (NIMHANS).

Prof. Rakesh Kumar Tripathi

INVITED TALK

Wellness and Functional Disability in Older Adults: Re-Training as a Core Strategy



Dr. Sandhya Gupta

Health Consultant and Lifestyle Coach

Former Principal & Associate Professor, College of Nursing, AIIMS,
New Delhi

As we grow older, it is natural for our bodies and minds to evolve. Movements may feel a little slower, tasks may demand more effort, and fatigue may appear sooner than it once did. Yet aging is not a journey of decline it is a phase of life where strength, clarity, and independence can still flourish with the right support. One powerful way to nurture this potential is through re-training, simple, structured physical, cognitive, and functional exercises that help older adults continue living with confidence and autonomy. When guided thoughtfully, re-training offers a pathway to renewed energy, sharper thinking, and greater control over everyday life.

An effective re-training program brings together several core elements. Physical conditioning focuses on gentle strength-building, balance, and flexibility routines that reduce falls, increase stamina, and help older adults feel steadier on their feet. Cognitive rehabilitation engages the mind through targeted activities that enhance memory, attention, and problem-solving, promoting mental vitality. Functional skills practice helps individuals rehearse the tasks that matter most, from safe mobility to medication management and daily household activities, so independence can be maintained as long as possible. And, importantly, the use of assistive devices and supportive technologies ensures that daily activities remain safe, accessible, and comfortable.

Underlying these practices are guiding principles that make re-training truly effective. Progress must begin gradually, allowing older adults to build confidence while avoiding strain or injury. Activities should be meaningful and aligned with personal interests, because we engage more deeply when the work feels relevant to our lives. A supportive environment, shaped by family, caregivers, and healthcare professionals, creates the encouragement needed to stay motivated. Above all, consistency is key: small, steady efforts practiced regularly are what lead to lasting and noticeable improvements.

In essence, re-training is not merely a set of exercises; it is an approach to aging that honors dignity, capability, and self-worth. It empowers older adults to live the way they choose, supporting not only physical and cognitive health but also emotional well-being and confidence. With continuous practice and thoughtful guidance, older adults can remain active, connected, and fulfilled, proving that meaningful living is possible at every age.

Dr. Sandhya Gupta

INVITED TALK

ECT In Older Adults: Myths, Evidence And Clinical Realities



Dr. Om Prakash

Professor of Psychiatry & Deputy Medical Superintendent

Professor of Psychiatry & Deputy Medical Superintendent

Institute of Human Behavior and Allied Sciences (IHBAS), New Delhi.

Background: Electroconvulsive Therapy (ECT) remains a cornerstone intervention in geriatric psychiatry. However, its use is often restricted by entrenched myths regarding cognitive decline, anesthesia-related risks, and concerns about medical co morbidity in older adults. These misconceptions contribute to delayed treatment, under utilization, and avoidable suffering among elderly patients with severe mental disorders. **Aim:** To provide an expanded, evidence-based overview of myths surrounding ECT in older adults and to highlight contemporary research, clinical guidelines, and practical realities that support its safe and effective use. **Approach:** This presentation reviews global and Indian literature on geriatric ECT, synthesizing data from major clinical trials, guideline recommendations, and real-world geriatric psychiatry practices. Specific focus areas include pre-ECT medical optimization, cardiovascular risk assessment, anesthesia selection, stimulus parameter adjustments for aging brains, and strategies to prevent cognitive side effects. **Key Evidence:** Studies consistently demonstrate response rates of 60–90% in late-life depression, with especially strong outcomes in psychotic depression, catatonia, and treatment-resistant conditions. Mortality associated with ECT is extremely low and comparable to minor surgical procedures under anesthesia. Elderly patients, even those with co morbidities such as hypertension, diabetes, or cardiac disease, can safely undergo ECT when appropriately evaluated and monitored. Advances such as right unilateral electrode placement, ultra brief pulse width, and cognitive monitoring protocols significantly reduce the risk and duration of cognitive

adverse effects. Long-term functional outcomes in elderly patients receiving ECT are shown to be superior to pharmacological strategies alone. **Conclusion:** ECT is one of the safest and most effective treatments for severe mental illness in older adults. Dispelling myths and adopting geriatric-sensitive, evidence-based protocols are essential to ensure timely, ethical, and stigma-free access. With appropriate assessment, optimization, and monitoring, ECT has the potential to substantially improve outcomes and quality of life for elderly patients.

Keywords: *ECT, Older adults, Geriatric psychiatry, Late-life depression, Cognitive effects, Psychotic depression*

Dr. Om Prakash

INVITED TALK

Sense of Self and Its Loss in Dementia



Dr. Prof Vibha Sharma

Professor & Head, Department Of Clinical Psychology

Institute of Human Behaviour and Allied Sciences (IHBAS, Delhi)

The sense of self has been a research interest for millennia; it's been contemplated by artists and philosophers, clerics and monks, psychologists and neuroscientists. *The meaning of self and sense of self will be discussed during the talk. Before delving deeper into how dementias degrade one's sense of self, the presenter will discuss "The Components of the Self Model (CoSM)" from "The Seven Selves of Dementia," given by Bomlicar et al. (2021), which says that we all intuitively possess a sense of our self, but unless we interrogate and seek to understand the different aspects of our "self," especially ones that can be at odds, such as our implicit, critical, and surrogate selves, we might not ascertain when they've shifted.*

The concept of the self given in ancient Indian texts and in Indian philosophy and psychology will also be discussed, with the methods to understand and prevent "self" from depletion, with the focus on developing some culturally appropriate methods of retaining and preserving the "sense of self" for the Indian geriatric population.

The relation of loss of sense of self with the cognitive decline is an important area of research, with the understanding of underlying brain mechanisms. That will help in developing suitable interventions, which can focus on restoring the sense of self among patients with dementia. Because a loss of sense of self is a form of death that occurs before one dies, leading patients to become shells of themselves and forget their most cherished memories and loved ones. Unsurprisingly, this can contribute to frustrations, bursts of anger, personal disappointment, anxiety, and depression. That's why it is important to focus on the 'loss of sense of self' for the well-being of geriatric mental health.

Dr. Vibha Sharma

INVITED TALK

Tackling substance use in the elderly: Families, Frailty, (Lack of) Friends, Finances, and Fate

Dr Siddharth Sarkar



Additional Professor, National Drug Dependence Treatment Centre

AIIMS, New Delhi

With the expanding elderly population and the common prevalence of substance use disorders in the general population, it is quite likely that we would encounter a greater number of elderly people with substance use disorders in the clinical setting. Dealing with elderly patients with substance use disorders is likely to throw up its unique set of challenges. It may propel us to make some space, modify our approach, and consider nuanced decisions based on the physical, mental, spiritual, social, and economic context of the patients. In this presentation, I discuss a few cases of elderly substance users who were seen in the clinical setting at the National Drug Dependence Treatment Centre. Patients who at times evoke reverence, sometimes pity, sometimes bewilderment. Cutting across social strata and substance use disorders, these 5 cases would exemplify the stories, narratives, successes, tribulations, and possibly satisfaction of handling patients with substance use disorders in the geriatric population. In this largely experiential account, the engagement (and challenges thereof) of elderly individuals and need for the services to cater to them would be discussed.

Dr Siddharth Sarkar

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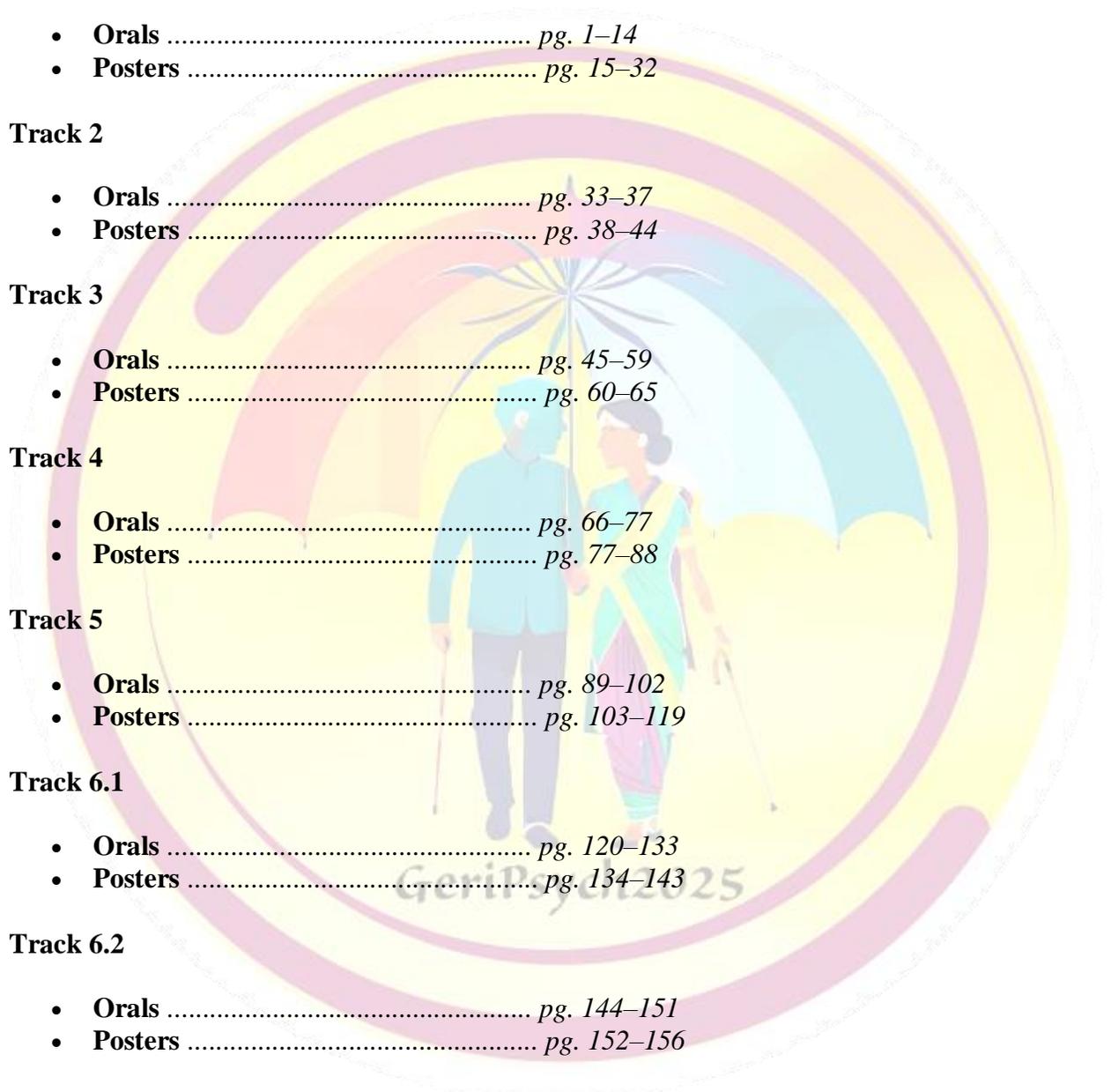
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GERI-PSYCH 2025

1st National Conference on Psycho-Gerontology

TRACK 1

**CLINICAL PERSPECTIVES ON MAJOR
NEUROCOGNITIVE AND PSYCHIATRIC
DISORDERS**

TRACK 1

CLINICAL PERSPECTIVES ON MAJOR NEUROCOGNITIVE AND PSYCHIATRIC DISORDERS

ORALS

Title: A Study on Metacognition Neurocognitive Functions and Quality of Life among Older Adults with Depressive Disorder

Presenting author: Srishti Sahu¹

Co-Authors: Shweta Singh², Rakesh Kumar Tripathi², Shailendra Mohan Tripathi³, Anil Nischal⁴

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ABSTRACT

Background and Aim: Late-life depression is a major mental health concern, linked to cognitive decline and reduced quality of life (QoL). Although evidence suggests that neurocognitive impairments and maladaptive metacognitive beliefs contribute to geriatric depression, their combined effects remain underexplored. **Objectives:** To compare metacognitive beliefs, neurocognitive functions, and QoL between older adults with depressive disorder and healthy controls, and to identify predictors of depression. **Method:** A cross-sectional study included 74 participants aged ≥ 60 years (37 with depressive disorder, 37 healthy controls) recruited from a

tertiary hospital. Assessments included the Metacognitions Questionnaire-30, ICMR Neurocognitive Toolbox (Verbal Learning Test, Category & Phonemic Fluency, Trail Making Test), and WHOQOL-BREF. Data were analyzed using Mann–Whitney U tests, Spearman’s correlations, and logistic regression. **Results:** Compared to controls, depressed participants reported stronger negative beliefs about uncontrollability and danger of thoughts ($p = .006$), lower cognitive self-consciousness ($p = .002$), and reduced need to control thoughts ($p < .001$). They showed deficits in verbal episodic memory, verbal fluency, and cognitive flexibility, along with significantly poorer QoL across all domains ($p < 001$). Depression severity correlated positively with suicidality ($r = .705$, $p < .001$) and negatively with QoL. Logistic regression identified negative metacognitive beliefs, impaired delayed recognition, and poor set-shifting as significant predictors, explaining 67.6% of variance. **Conclusion:** Maladaptive metacognitive beliefs, cognitive rigidity, and memory deficits play a central role in geriatric depression and reduced QoL. Interventions integrating Metacognitive Therapy with cognitive flexibility training may improve treatment outcomes in older adults.

Keywords: *Metacognition, Neurocognition, Quality of life, Geriatric depression*

Title: Behavioural and Psychological symptoms of dementia in a tertiary care centre - A cross sectional study

Presenting Author: Dr Pranav Manikandan¹

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3. HOD, Neurology

4. HOD, Dept. of Medicine

ABSTRACT

Background and Aim: Dementia is a progressive neurodegenerative disorder characterized by significant cognitive decline, affecting daily functioning. Behavioural and Psychological Symptoms of Dementia (BPSD) are highly prevalent, occurring in up to 90% of patients. These symptoms complicate care and increase caregiver burden. This study aims to investigate the prevalence and severity of BPSD among dementia patients in a tertiary care setting, and to examine their association with cognitive decline and proportions across various domains of BPSD. **Objectives:** To estimate the proportion of BPSD among patients diagnosed with dementia in a tertiary care setting. To assess the association between BPSD and the severity of dementia. To identify factors associated with BPSD, including age, gender, duration of illness, and cognitive decline. **Methods:** This cross-sectional study included 60 patients aged 60 years and above, diagnosed with dementia, and their caregivers at the Government Medical College, Thiruvananthapuram. The Neuropsychiatric Inventory (NPI) was used to assess BPSD, and the Clinical Dementia Rating Scale (CDRS) was employed to determine dementia severity. Data analysis included descriptive statistics, chi-square tests, Spearman's correlation, and Kruskal-Wallis H test (non-parametric test). **Results:** 95% of patients exhibited at least one BPSD. Delusions (86.7%), hallucinations (83.3%), and dysphoria (83.3%) were the most prevalent symptoms. Apathy was present in 70%. Severity of BPSD significantly increased with advancing dementia stages. Disinhibition, irritability, and aberrant motor behaviour showed significant stage-wise differences. No positive correlation was observed between severity of BPSD and caregiver distress. **Conclusion:** BPSD are highly prevalent among dementia patients and worsen with disease progression. These symptoms impose substantial caregiver distress, underscoring the need for comprehensive management strategies addressing both patient symptoms and caregiver support. The study provides deeper insights into the patterns of BPSD and their implications across different stages of cognitive decline.

Keywords: BPSD, Dementia, Neuropsychiatric Inventory, Caregiver distress, Clinical Dementia Rating Scale, Proportions of behavioural domains.



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Title: Behind Behavioural and Psychological Symptoms of Dementia: A Qualitative Study on Care, Management and Caregiver's Burden

Presenting Author: Yukteshwari Rathore¹

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ABSTRACT

Background and Aim: Dementia is a highly debilitating disorder, affecting cognitive abilities, communication, problem-solving, emotional functioning, and everyday tasks. Cognitive dysfunction is the most widely recognized risk factor for Behavioural and Psychological Symptoms of Dementia (BPSD). These symptoms significantly impact both patients and caregivers, as dementia patients are often fully or partially dependent on their caregivers. This study aims to explore the clinical presentation, management strategies for BPSD, and the caregiver's burden. **Method:** A qualitative study was conducted using semi-structured interviews with 7 primary caregivers of patients diagnosed with dementia (aged 64 and above; both male and female), with a caregiving history of at least 2 years. The interviews focused on caregiving experiences and challenges. The data was analysed using thematic analysis to identify underlying themes related to caregiving and its impact on BPSD prognosis and management. **Results:** The preliminary findings from the thematic analysis indicated that there exist high rates of emotional distress in the caregivers, as shown in the challenges faced during daily care, and maintaining their own emotional well-being. **Conclusion:** The study highlights a positive relationship between caregivers' burden and patient prognosis, shedding light on the need for a more unified and supporting care strategies for Behavioural and Psychological Symptoms of Dementia for not just the patients of dementia but also for the caregivers'.



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Keywords: *BPSD, Dementia, Caregiver Burden, Management, Qualitative Study, Clinical Features.*

Title: Early Detection of Dementia with technology: Integrating Cognitive, Affective, and Functional Screening in Indian Older Adults

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3. Student, Clinical Psychology Undergraduate in Amity Institute of Psychology and Allied Sciences, Amity University Kolkata, West Bengal

ABSTRACT

Background and Aim: Dementia often goes undetected in its early stages. This is especially true in India, where awareness and regular screening are limited. Early detection is important for slowing the disease's progress, improving quality of life, and guiding treatment. This study aims to find effective strategies for detecting dementia early by combining cognitive, affective, and functional assessments through technology. **Methods:** A community sample of 75 older adults (aged 45 to 65) will be assessed using three standardized tools: the Montreal Cognitive Assessment (MoCA) for subtle cognitive deficits, the Geriatric Depression Scale–Short Form (GDS-15) to distinguish between depressive symptoms and cognitive decline, and the Activities of Daily Living (ADL/IADL) scale to check functional capacity. Employing SPSS, scores will

be analysed descriptively to look for connections across the domains through both manual and digital outcome. **Expected Results:** Some participants are expected to show mild impairment on the MoCA along with functional decline but no depressive symptoms, suggesting possible early dementia. Others may have lower MoCA scores with higher GDS scores, indicating depression-related cognitive changes. This multi-domain approach should improve the ability to tell dementia apart from other conditions with more accuracy and early detection. **Conclusion:** The findings will emphasize the need for integrating cognitive, affective, and functional screening to detect dementia early in Indian older adults. Using low-cost, accessible tools can help support timely diagnosis and intervention in settings with limited resources.

Keywords: *dementia, early detection, cognitive assessment, geriatric mental health India*

Title: Enhancing Cognitive Health Through Multimodal Neuroplasticity-Based Interventions: A Pilot Study Of Yoga, Mindfulness, And Cognitive-Behavioural Therapy In Older Indian Adults With Cognitive Impairments

Presenting Author: Vanshika Arora¹

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ABSTRACT

Background and Aim: Cognitive impairments in late life represent a major public health challenge, particularly in India where pharmacological options are limited. Evidence suggests yoga, mindfulness, and cognitive-behavioural therapy (CBT) enhance neuroplasticity and

cognitive resilience, but multimodal approaches remain underexplored. This pilot study aims to investigate the feasibility and preliminary efficacy of an integrated intervention combining yoga, mindfulness, and CBT in older Indian adults with cognitive impairments. **Method:** An observational pilot study was conducted with 30 participants aged 55 years and above, recruited through snowball sampling. A multimodal cognitive training protocol integrating yoga, mindfulness, and CBT was delivered. Cognitive functioning was measured using the Montreal Cognitive Assessment (MoCA), alongside assessments of psychological well-being and functional capacity. **Results:** Preliminary findings indicate improvements in cognitive performance, psychological well-being, and functional capacity following the intervention. Synergistic benefits were observed across embodied, attentional, and cognitive-restructuring domains, highlighting cultural adaptability and feasibility. **Conclusion:** The study demonstrates the potential of culturally tailored, multimodal neuroplasticity-based interventions to enhance cognitive health in older Indian adults. Findings warrant larger randomized controlled trials to establish long-term efficacy and scalability.

Keywords: *Cognitive Training, Neuroplasticity, Cognitive Impairment, Yoga, Mindfulness, Pilot Study.*

Title: Prevalence of Psychiatric Co-Morbidities and Their Influence on Quality of Life in Parkinson's Disease: An exploratory study from North India

Presenting Author: Khushboo¹

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ABSTRACT

Background: Parkinson's disease (PD) is a progressive neurodegenerative disorder characterized not only by motor symptoms but also by significant psychiatric co-morbidities such as depression, anxiety, and psychosis. These non-motor symptoms substantially influence the quality of life (QoL) of patients, yet they are often under-recognized and undertreated. **Aim:** To assess the prevalence of psychiatric co-morbidities in patients with PD and evaluate their association with quality of life. **Methodology:** A hospital-based cross-sectional study was conducted at Pt. B.D. Sharma University of Health Sciences, Rohtak. Forty patients diagnosed with idiopathic Parkinson's disease were recruited using purposive sampling. Psychiatric morbidity was assessed using DASS-21 and the Brief Psychiatric Rating Scale (BPRS). Quality of life was measured with the WHOQOL-BREF (Hindi version). Descriptive statistics and Pearson's correlation were applied for analysis using SPSS (version 29). **Results:** The majority of participants were males (62.5%) and belonged to the 61–70 age group (45%). Depression was present in 30% of patients, ranging from mild to severe, while anxiety was more prevalent, affecting 67.5%. Stress levels were negligible. Psychotic symptoms were observed in 12.5% of patients. WHOQOL-BREF results indicated moderate QoL across all domains. Significant negative correlations were found between depression and psychological QoL ($r = -0.723$, $p < 0.01$) and between anxiety and physical QoL ($r = -0.403$, $p < 0.01$), suggesting that psychiatric co-morbidities adversely affect overall well-being. **Conclusion:** Psychiatric co-morbidities, particularly depression and anxiety, are common in PD and strongly predict poorer quality of life. Early identification and integrated management of these conditions are crucial for holistic care in PD.

Keywords: *Parkinson's disease, psychiatric co-morbidities, depression, anxiety, quality of life.*



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Title: Anxiety & Depression among older adults: Perceptions, Challenges & Treatments

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ABSTRACT

Recent years have seen much debate about both the prevalence and the nature of anxiety and depression in older adults. In order to effectively treat the older population, it is very important that mental health clinicians recognize and identify, and use the cultural background of the patient. The older population presents with unique challenges associated with aging that adheres to pre-existing stigmas and bias concerning mental health. Differences can continue to be discerned by addressing how cultural and ethnical ideas and beliefs influence seeking treatment, diagnosis, and treatment plan. Un-treated or poorly treated Anxiety and Depression in geriatric population has been associated with variety of negative outcomes including increased morbidity and mortality. Anxiety and Depression symptoms have a negative impact on different aspects of the elderly's quality of life, ranging from the adoption of unhealthy lifestyle behaviour's to an increased functional impairment and greater physical disability. This chapter considers the presentation of Anxiety and Depression among older adults and explores the perceptions, challenges and treatments by clinicians.

Keywords: *Anxiety, Depression*

Title: A Psychosocial Correlates of Loneliness in Elderly Women

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ABSTRACT

Background and Aim: This study's objective was to 1- Document psychiatric morbidity among elderly patients and 2- Document the physical comorbidity. **Method:** All patients registered in the OPD from January to July 2025 were included, and their diagnoses were noted. New patients aged 60 and above were included. **Results:** The total number of patients registered during this period was 66. Out of those, six were excluded because of inadequate data. Among the 60 patients included, there were 27 males and 33 females. The various psychiatric disorders seen were anxiety disorders (25%), including phobic disorders (1.6%). Other psychiatric disorders were depression (18.33%), psychotic disorders (20%), including schizophrenia (6.6%) and paranoid disorders (3.3%). Additionally, obsessive-compulsive disorder (6.6%), mood disorders (6.6%), dementia (6.6%), personality disorder (6.6%) and eating disorders (1.6%) were also seen. Physical comorbidities that were seen included Hypertension (26.6%), Diabetes (10%), coronary artery disease (10%), Respiratory distress (5%), Motor stiffness (3.3%), Chronic liver disease (3.3%), and chronic kidney disease(1.6%). Discussion Following this study, the two most

common mental health conditions are anxiety disorders (25%) and depression (18.33%). Males had a higher rate of psychiatric morbidity (55%) than females (41.66%). **Conclusion:** The study highlights the importance of early detection and integrated care for the elderly. Support networks, such as caregivers, are also crucial for recovery and treatment compliance.

Keywords: *Psychiatric Morbidity, Old Age, Physical Comorbidity*

Title: The Psychological Flatline Syndrome: Uncovering Silent Cognitive Emotional Withdrawal in Cognitively Intact Elderly

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ABSTRACT

Background: Some elderly minds are cognitively awake yet emotionally lifeless living proof that cognition alone does not define mental vitality. Traditional tools like the Mini- Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA), and Geriatric Depression Scale (GDS) test cognition and mood but not mental engagement the ability to think, feel, imagine, and anticipate. Clinical experience suggests that some cognitively intact older adults undergo deep inner disengagement without diagnosable depression or dementia. This paper presents Psychological Flatline Syndrome (PFS) as a novel clinical construct for this silent cognitive-emotional withdrawal among the elderly. **Objectives:** To isolate and describe psychological flatlining as a stand-alone condition separate from depression and apathy, and to explore its psychosocial correlates namely institutionalization, emotional neglect, and narrative silence among cognitively intact older adults. **Methodology:** A cross-sectional exploratory design was utilized among 50 older adults (≥ 65 years) living in old-age homes in Kerala. Cognitively intact participants were screened by MMSE and MoCA. Emotional and motivational aspects were measured with GDS and AES. A Psychological Flatline Checklist (PFC) was utilized for the

study to quantify cognitive-emotional disengagement. Semi-structured narrative interviews investigated inner thought activity, emotional resonance, and anticipatory imagination. Quantitative data were subject to descriptive and correlational analysis, while qualitative stories were analysed thematically. **Results and Key Findings:** Initial results showed a subgroup of cognitively intact subjects who exhibited significantly lower psychological engagement and emotional responsiveness on tasks but with normal cognitive and affective test performance. Increased flatline scores were associated with duration of institutional stay and self-reported emotional neglect but not with depression or apathy scales, further attesting to the construct's independence. Qualitative content analysis found & “narrative silence” & “existence without imagination” and “affective dormancy” to be the major experiential indicators of flatlining. **Conclusion:** The research suggests Psychological Flatline Syndrome as a new diagnostic construct of tacit disengagement of emotion and thought in cognitively intact elderly. Identification of PFS refutes the familiar presumption that cognitive intactness is equivalent to mental health, and creates new avenues for therapeutic re-engagement, narrative stimulation, and emotional reconnection in geriatric psychiatry.

Keywords: *Psychological Flatline Syndrome, Cognitive-Emotional Withdrawal, Geriatric Psychiatry, Mental Participation, Narrative Silence, Institutionalization.*

Title: Unique Clinical and Caregiving Challenges in Posterior Cortical Atrophy: A Retrospective Descriptive Study and Its Implications for Clinical Care

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ABSTRACT

Background: Posterior Cortical Atrophy (PCA) is a rare, progressive neurodegenerative syndrome characterized by early and predominant visuospatial and visuoperceptual deficits. Non-amnesic presentations of neurodegenerative dementias are often under-recognized, leading to diagnostic delays and inappropriate management. Improved understanding of PCA can facilitate timely detection, accurate diagnosis, and tailored interventions. **Aim:** To retrospectively analyze the clinical characteristics, neuroimaging findings, treatment patterns, and caregiving challenges among patients diagnosed with PCA in a tertiary care setting. **Methods:** A retrospective observational study was conducted in the Geriatric Psychiatry Unit, NIMHANS, Bengaluru. Clinical and neuroimaging data of 30 patients diagnosed with PCA were reviewed from electronic medical records (Psysoft) and physical files. Demographic details, comorbidities, symptom profiles, cognitive scores, prior treatments, and caregiver burden were analysed descriptively. All patients meeting diagnostic criteria within the study period were included. **Results:** Thirty patients (mean age: 62.3 years; 56.7% males) were included. The mean age of symptom onset was 58.7 years, with an average diagnostic delay of 3.4 years. Hypertension (53.3%), ocular disorders (23.3%), and diabetes (13.3%) were the most common comorbidities. The predominant presenting symptoms were visuospatial or navigational difficulties (87%), apraxia (77%), misplacing objects (63%), right–left disorientation (57%), acalculia (57%), and agraphia (53%). Mean HMSE and ACE scores (16 and 44, respectively) indicated moderate cognitive impairment with relative preservation of attention and language. Eighty percent of patients experienced diagnostic delays, commonly misdiagnosed as typical Alzheimer’s disease (37%) or dementia with visual impairment (27%). Prior treatments reflected diagnostic uncertainty, often involving inappropriate psychotropics and multiple pharmacological agents. Anxiety was the most prevalent neuropsychiatric symptom (76%). At diagnosis, 53.3% of patients were in the moderate-to-severe stage, and all had experienced occupational loss. Half of the patients were partially or completely dependent on caregivers, with distress reported by 75–

85% of caregivers. **Conclusion:** PCA presents distinctive diagnostic and caregiving challenges, often resulting in delayed recognition and inappropriate pharmacological management. Early identification of “red-flag” visuospatial symptoms, such as dressing apraxia and spatial navigation errors, along with structured referral pathways, is essential to minimize diagnostic delays and optimize patient and caregiver outcomes.

Keywords: *Posterior Cortical Atrophy , Visual variant Alzheimer’s Disease, Diagnostic Delay, Caregiver Burden, Visuospatial Functions , FDG PET hypometabolism*





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TRACK 1

CLINICAL PERSPECTIVES ON MAJOR NEUROCOGNITIVE AND
PSYCHIATRIC DISORDERS

POSTERS

Title: Effectiveness of Interventions on Cognitive Flexibility in Older Adults with Neurocognitive and Psychiatric Disorders: A Systematic Review

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ABSTRACT

Background and Aim: Cognitive flexibility is a core executive function that allows people to shift their thoughts, strategies, or actions when faced with new information or changing situations. This ability supports multitasking, creative problem-solving, and helps people see things from different perspectives, making it easier to “think outside the box” and navigate social interactions. In older adults, especially those with psychiatric or neurocognitive disorders such as Parkinson’s disease, Alzheimer’s disease, mild cognitive impairment, depression, and post-stroke syndromes, CF often declines, leading to challenges in adjusting to changes and solving daily problems. Despite its clinical relevance, systematic evidence on interventions targeting CF in these populations is limited. **Methods:** A systematic search was carried out in both Scopus and PubMed, guided by PRISMA standards. In Scopus, initial identification yielded 1261 records. These were narrowed to 412 records under the psychology category, 353 records from

the last decade, then to 198 using the term “cognitive flexibility,” and finally to 189 by restricting to the English language. Titles and abstracts were then screened. In PubMed, 747 records were found; these were filtered to 546 from the last ten years, 593 in English, and 397 human studies, followed by screening. After removing duplicates and assessing full-text eligibility, 14 studies were ultimately included in the review. **Results:** The studies focused on older adults (60 years and above) with disorders such as Parkinson’s disease, mild cognitive impairment, Alzheimer’s disease, depression, anxiety, and post-stroke conditions. Interventions included aerobic and resistance exercise, exergame-based training, computerised cognitive flexibility training, transcranial direct current stimulation (tDCS), electroconvulsive therapy (ECT), and combined cognitive motor rehabilitation. These interventions generally showed positive effects on cognitive flexibility, evaluated with validated tasks including the Wisconsin Card Sorting Test (WCST), Trail Making Test-B, Stroop Test, and Colour Trail Test. While computerised training after stroke showed limited benefits, multimodal exercise, neuromodulation, and psychotherapy-based interventions demonstrated the most consistent improvements. **Conclusion:** Multimodal interventions, combining physical exercise, cognitive training, and neuromodulation techniques, show promise in improving cognitive flexibility in older adults with psychiatric and neurocognitive disorders. Enhancing cognitive flexibility in this group may lead to better executive functioning, improved adaptive coping, and overall quality of life. However, to establish firm conclusions, larger-scale randomised controlled trials using standardised measures of cognitive flexibility are needed to strengthen the evidence base.

Keywords: *Cognitive flexibility, Neurocognitive disorder, Psychiatric disorder, Intervention, Systematic review.*



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Title: Management of Behavioural and Psychological Symptoms of Dementia in Older Adults:
A Systematic Review of Current Evidence and Emerging Advances

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ABSTRACT

Background and Aim: Behavioural and Psychological Symptoms of Dementia (BPSD) are common in older adults and present significant challenges for care. Management of these symptoms include both pharmacological and non-pharmacological strategies, but their effectiveness and safety remain under discussion, with new approaches continuing to emerge. This systematic review aimed to examine contemporary findings and the emerging approaches in the management of BPSD in older adults. **Method:** A total of 100 studies were screened from ScienceDirect, ResearchGate, and Google Scholar, with 60 primary research articles and review papers meeting the inclusion criteria. Data was extracted using a structured template and analysed thematically in line with the PRISMA guidelines. **Results:** Findings revealed that pharmacological strategies, including antipsychotics, antidepressants, and mood stabilizers, remain in use but are limited by safety concerns and guideline restrictions. In contrast, non-pharmacological interventions demonstrated more consistent effectiveness, particularly psychosocial and caregiver-focused interventions. Emerging trends highlighted promising roles for technology-based solutions, virtual reality, robotics, telehealth monitoring, and lifestyle-focused strategies. **Conclusion:** This systematic review synthesized current evidence on the

management of Behavioural and Psychological Symptoms of Dementia (BPSD) in older adults. By analysing primary research on pharmacological, non-pharmacological, and emerging interventions, the study provides an updated overview of strategies and approaches, highlighting the importance of integrated and person-centered care models for future research and clinical practice.

Keywords: *Behavioural and Psychological Symptoms of Dementia (BPSD), Non Pharmacological Interventions, Pharmacological Management, Emerging therapies.*

Title: Oral Frailty- The missing link in Geriatric Assessment

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ABSTRACT

Background: Oral frailty reflects the decline in chewing, swallowing, and speaking functions in older adults. It adversely affects nutrition, general health, and psychosocial well-being by limiting communication and social interaction. Hospitalised and institutionalised elderly are especially at risk, highlighting the need for early detection. **Aim:** To assess oral frailty among geriatric patients in centres and hospitals, and to evaluate its impact on both physical health and psychosocial aspects of well-being. **Method:** Elderly patients in selected hospitals and care centres will undergo multimodal assessment. Screening will include questionnaires (Oral Frailty Index-8, Oral Health Assessment Tool), patient-reported outcomes (ORAL HYGIENE IMPACT PROFILE -14 and EATING ASSESSMENT TOOL-10) and functional tests (tongue pressure, oral diadochokinesis, bite force, and masticatory performance using colour-changeable gum). Associations between oral frailty, nutrition, and psychosocial health will be analysed. **Results:** A high prevalence of oral frailty is expected, with strong links to malnutrition, reduced quality of life, and psychosocial decline. Chair side tools are likely to prove reliable and feasible in

hospital-based settings. **Conclusion:** Incorporating structured tools into geriatric care can aid early detection and timely interventions. Oral frailty screening should become a standard component of geriatric assessment.

Keyword: Oral frailty, oral hygiene impact profile, oral health assessment tool

Title - Overlap of physical illness and mental illness in older adults.

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ABSTRACT

Background and Aims - This study examines and explore the relationship between both chronic physical illness (like cardiovascular disease, diabetes, arthritis) and mental illness (like depression, anxiety, dementia) in older adults (65+ of age). The clinical implications of such relationships are discussed. **Methods** - Secondary study design was used based on clinical studies from Google Scholar. Data was obtained from two old age psychiatry wards over six months . Seventy nine patients were studied and information was obtained from their medical files. A review of clinical study and geriatric assessments was conducted while focusing on comorbidity patterns and diagnostic challenges in elderly population. **Result** - According to the Secondary information, seventy five percent of the subjects had at least one physical illness. The number of medical illnesses was independent from the Psychiatric disorders. Subjects with mood disorders and especially depression, were more likely to suffer from hypertension, diabetes and cardiovascular illnesses then subjects with schizophrenic or organic disorders. Subjects with organic disorders had the lowest prevalence of endocrine disease and diabetes. Findings reveal that mental illnesses are more common among older adults with chronic physical conditions, and conversely, physical illnesses often worsen mental health outcomes. This dual burden increases

rates of hospitalisation, disability, and dependency. In conclusion, physical and mental illnesses in older adults are deeply interconnected and must be addressed through integrated, multidisciplinary care to improve health outcomes and enhance quality of life. **Conclusion** - To conclude the abstract, the relationship between the physical illness and psychological illness are mostly interconnected and it could be of " Cause / Effect" type or are the result of survivor effect.

Keywords - Older adults, geriatric assessment, comorbidity pattern , physical illness, mental illness, Dementia, cardiovascular illness, schizophrenia, organic disorder.

Title: The mouth- mind connection in Parkinson's disease

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ABSTRACT

Background and Aim: Parkinson's disease (PD) a progressive neuro degenerative condition characterized by motor and non-motor symptoms, including tremors, bradykinesia, oromandibular dystonia, and mood disturbances. Oral health issues such as xerostomia, dysphagia, and bruxism are common and can lead to caries, periodontal disease, and discomfort. These complications, along with limited access to conventional dental care, significantly increase anxiety and reduce quality of life for both patients and caregivers To evaluate the impact of domiciliary dental care on the mental well-being of a moderate-stage Parkinson's patient, by assessing changes in anxiety levels, treatment cooperation, and overall family comfort. **Method:** A structured home-based dental care plan was implemented using: · Chronotherapeutic scheduling aligned with peak medication efficacy · Pre-procedure levodopa for improved neuromuscular control · Portable equipment (dental chair, ultrasonic scaler) · Interventions: restorations, occlusal splints, and extractions · Behavioural support and caregiver involvement to reduce anxiety. **Results:** The patient exhibited reduced anxiety and increased cooperation during

dental visits following the implementation of a consistent oral care routine. This led to a significant reduction in oral health complications such as gingivitis dry mouth and traumatic ulcers improving overall comfort and nutritional intake. Enhanced oral function contributed to better speech clarity and boosted the patient's confidence in social settings. Caregivers reported lower stress levels and felt more empowered in their role, leading to improved family dynamics. Overall, the structured oral care approach positively impacted the patient's mental wellbeing and created a more supportive and stable home environment. **Conclusion:** Domiciliary dental care significantly supports mental health in PD patients by reducing anxiety and promoting comfort. Its integration into multidisciplinary Parkinson's management enhances both emotional and oral health outcomes for patients and caregivers

Keywords: oromandibular dystonia , domiciliary dental care , Parkinson's disease

Title - Understanding Diagnostic Challenges of Neurocognitive Disorders in Older Adults: Exploring Barriers, Misinterpretations, and Pathways Toward Precision, Early Detection, and Better Clinical Decision-Making in Different Care Settings

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ABSTRACT

Background and Aim: Neurocognitive disorders in older adults can be hard to diagnose. This is often due to overlapping symptoms, other health conditions, and a lack of awareness in clinical practice. This study aims to look at the main diagnostic challenges, point out common misunderstandings, and suggest ways to improve early detection and clinical decision-making in various care settings. **Method:** A secondary study design was used based on peer-reviewed articles and clinical studies from Google Scholar and PubMed. Thirty up-to-date articles on

diagnostic issues for neurocognitive disorders in the elderly published in the last 10 years were purposively chosen. The misdiagnosis rates, screening instruments, and barriers to diagnosis were synthesised thematically to extrapolate the trends and findings across healthcare domains. **Results:** The review found significant diagnostic inaccuracy among older adult people, with a misdiagnosis rate of Alzheimer's disease varied from 12% to 23%, and many individuals had insufficient pathology at autopsy for the diagnoses made during their lifetime (BMC Geriatrics). Testing instruments, such as the MMSE and MoCA screening questionnaires, were found to have variable sensitivity and specificity and may explain heterogeneous findings (Wiley Online Library). Misdiagnosis occurred heterogeneously across clinical settings but was most commonly attributed to multimorbidity and overlaying symptoms (Frontiers in Aging Neuroscience). These results highlight the need for standardized instruments, training of clinicians, and context-sensitive diagnostic algorithms. **Conclusion:** The results suggest that the misdiagnosed neurocognitive disorders in elderly people is largely a result of symptom overlap, comorbidities and non-uniform clinical practices. Use of standardized screening instruments, more effective training for clinicians, and early detection protocols may greatly improve accuracy of diagnosis, thereby improving patient care. Further studies that include more diverse and larger populations are warranted, and such studies need to construct context-specific diagnosis models for overcoming some of the existing limitations.

Keywords: *Neurocognitive Disorders, Older Adults, Diagnostic Challenges, Misdiagnosis, Cognitive Screening, Clinical Decision-Making.*

Title: Audio- Assisted artificial intelligence (AI) for Early Detection and Personalized Management of Substance Use Disorders Among India's Elderly: A Systematic Review

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ABSTRACT

Substance Use Disorders (SUDs) in India's elderly population are growing as a public health concern but often compounded by delayed diagnosis and comorbidities. Traditional screening and treatment approaches fail to capture the subtle age-related manifestations of substance misuse, underscoring the need for innovative and effective solutions. Recent advances, particularly audio-assisted methods that analyse voice, speech and acoustic markers offer a promising non-invasive pathway for early detection and personalized management. This paper aims to synthesize evidence of the identification and use of audio-assisted AI tools in screening, monitoring and intervention for SUDs among older adults in Indian context. Literature was sourced from databases including PubMed, PsycINFO, Scopus, and IEEE Xplore, covering studies from 2010 to 2025. Search terms included combinations of "audio biomarkers," "speech analysis," "AI in SUDs," "elderly," and "India." Inclusion criteria encompassed studies involving participants aged 60 and above, research employing AI-based or audio-assisted tools for substance use detection or intervention, and publications in English. Preliminary expectations suggest emerging evidence supporting the feasibility of speech-based biomarkers in detecting relapse risk, tracking progress and enhancing individualized digital interventions though significant gaps remain in elderly-specific validation, linguistic adaptation and ethical safeguards in India. The review underscores the need for interdisciplinary research, ethical implementations, and adoption of human-centered AI solutions into sustainable clinical practice.

Keywords: *audio biomarkers, substance use disorders, voice analysis, artificial intelligence, India, personalized care.*

Title: Intersection of trauma depression and cognitive decline diagnostic and therapeutic challenges in older adults

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ABSTRACT

Background and Aim: Older adults present with concomitant symptoms of depression, trauma-related stress, and cognitive decline, generating complex difficulties in clear-cut diagnosis. Unresolved trauma, like history of abuse in childhood, bereavement, or late-life victimization, can present with affective disturbances, functional impairment, and concentration problems, often mimicking neurocognitive disorders. In the Indian scenario, cultural stigma and altered family structures also present challenges in recognition and treatment. **Method:** This paper systematically reviews 2000-2025, on PubMed, PsycINFO, and Scopus, to explore the confluence of trauma, depression, and cognitive decline in adults 60 years and older. **Results:** Results reveal that depressive pseudodementia a reversible cognitive impairment associated with limited depressive illness is often misdiagnosed as irreversible dementia in the absence of addressing histories of trauma. Evidence is supportive that the use of neuropsychological testing (e.g., MoCA, ACE-III, GDS) with trauma-informed assessments enhances diagnostic accuracy by up to one-third. Integrative treatment protocols, like pharmacotherapy, modified cognitive-behavioural therapy, life review therapy, and family psychoeducation, show enhanced functional recovery and compliance with standard care. **Conclusion:** The findings underscore the need for culturally sensitive, trauma-informed screening protocols and family-inclusive interventions to maximize prognosis and quality of life and minimize caregiver burden in geriatric populations. Attention to trauma is thus critical in geriatric psychiatry to avoid misdiagnosis, optimize treatment, and enable optimal dignified ageing.

Keywords: *geriatric psychiatry, trauma, depression, cognitive decline, pseudodementia, differential diagnosis, India, trauma-informed care*

Title: Late onset Mania and Neurocognitive Decline in 61-year-old male: a case of Autoimmune Encephalitis.

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Co- Authors: Dr Mohit Varshney², Dr M.V. Padma Srivastava³, 4 Dr Pooja Anand⁴



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ABSTRACT

Background and Aim: Late-onset mania is rare and often requires investigation for medical or neurological causes. This report describes a 61-year-old man with new manic symptoms and cognitive decline, later diagnosed with Autoimmune-encephalitis, highlighting clinical features, diagnostic issues, and management.

Case Presentation: A 61-year-old male with well-controlled hypertension, Alcohol Dependent Syndrome (last intake 2 months ago), chronic-liver disease (history of decomposition), a depressive episode 10 years ago, and one year of occasional forgetfulness presented to Psychiatry-OPD. Over 15 days, he developed irritability, elevated self-esteem, euphoria, increased energy, over talkativeness, decreased need for sleep, grandiose delusions, memory lapses (forgetting meals and recent events) and inability to perform daily tasks independently. Diagnosed with Bipolar Affective Disorder with Dementia and started on Amisulpride 200mg/day. Over the next 10 days, the patient's symptoms worsened; he became disoriented to time and place, failed to recognise family members, and attempted to leave the house without reason, requiring restraint. He was admitted to the ICU with suspected Hepatic Encephalopathy. The patient began having sudden episodes of left-arm flexion and twitching on the left angle of mouth, accompanied by a blank stare. Each episode lasted 1–2 minutes and happened 5-6/day. Amisulpride was stopped and oral Levetiracetam was prescribed. After 5–6 days, new symptoms appeared: the patient experienced brief spells of mutism, staring, hand grasping, positive left Palmo-mental reflex, negativism and mundane. These events lasted about an hour, occurred 1-

2/day, and were relieved by 2mg of intravenous lorazepam. As seizures did not improve, levetiracetam was increased, later switched to brivaracetam, and lacosamide was added. Psychiatric symptoms persisted with decreased irritability not needing restraint. Focal seizure frequency decreased to one/day; mutism episodes remained unchanged, but orientation improved. Serum-ammonia stayed WNL, and the 45-minute EEG was normal. CE-MRI brain scans initially revealed T2-FLAIR hyperintensity with restricted-diffusion in the right-insular cortex, progressing over four days to T2-FLAIR hyperintensity involving bilateral (right & left) insular, frontal, and temporo-parietal cortices. No meningeal or parenchymal enhancement was seen. In view of seizures and neurocognitive decline diagnosis of Encephalitis was made and shifted to Neurology- Inpatient Unit of Pvt Hospital, all symptoms improved with Immunotherapy (IVIG). CSF studies showed normal cell-count and biochemistry; India-Ink, GeneXpert, and tests for AFB, Cryptococcus, HSV-DNA, autoimmune, and paraneoplastic panels were all negative. Final diagnosis of Autoimmune-encephalitis was made in view of clinical symptoms, response with IVIG, MRI not showing any haemorrhages/necrosis/enhancement. **Conclusion:** Autoimmune-encephalitis should be considered in elderly patients with new-onset mania and neurocognitive decline. Early immunotherapy can improve outcomes and prevent deterioration. Collaboration between psychiatry, neurology, and Geriatric-Medicine is key for accurate diagnosis and effective care.

Title: Termination of oat in an elderly male using “the recovery capital checklist” and the “physician’s risk factor checklist” as a guidance tool

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ABSTRACT

Background: Termination of OAT (Opioid Agonist Treatment) requires a collaborative decision and effort from the physician and the patient. Most patients continue OAT for an indefinite period, fearing relapse. There is no consensus amongst different guidelines on the duration of OAT. **Methods:** Termination of OAT in an elderly male using “ The Recovery Capital Checklist” and the “ Physician’s Risk Factor Checklist”. **Results:** 58 years old male, case of Opioid use disorder, hypertension, diabetes mellitus and coronary artery disease presented at a tertiary addiction treatment centre 4 years back. Patient was a widower, had no offspring, worked as a driver despite difficulties due to ageing, gradual decrease in vision, to sustain substance use and had strained ties with extended family. The patient was planned for antagonist management after managing withdrawals with buprenorphine but buprenorphine could never be tapered on OPD basis due to withdrawals, so plan was revised to OAT. After 4 years of OAT, the decision to terminate was made based on the Recovery Capital Checklist and the Physician Risk Factor Checklist, as the patient had met the goals of OAT. A gradual taper of Buprenorphine was done and OAT was terminated. **Conclusion:** Cessation of illicit opioid use, improved socio-occupational functioning and patient’s readiness to stay medication-free are indicators of a successful termination of OAT. Evidence suggests a negative impact of long-term buprenorphine use on coronary arterial thickness and cognitive abilities. The Recovery Capital Checklist and the Physician Risk Factor Checklist provide a guidance tool to assess whether the patient is a good candidate for termination or not.

Keywords: *Opioid dependence, recovery capital, termination of OAT, geriatric addiction*

Title: Family Dynamics and Adaptive Life Changes Shaping the Clinical Profile of Psychiatric Disorders in Older Adults

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ABSTRACT

Background and Aim : The complex interplay between neurobiological vulnerability, psychosocial stressors, and familial circumstances is reflected in psychiatric problems in older persons. Retirement, changing roles, and growing dependence often influence symptom manifestation and help-seeking behaviour, but their effects on diagnosis and treatment remain less understood. This study investigates how family dynamics and adaptive responses to life transitions affect the course, presentation, and diagnostic clarity of psychiatric diseases in older adults. **Method:** A systematic review and thematic synthesis approach was used. Peer-reviewed research on persons aged 60 and above with mental disorders and familial or psychosocial characteristics was gathered from PubMed, PsycINFO, and Scopus between 2010 and 2025. Thematic analysis identified trends in family support, reliance, and adaptation across 45 studies. **Results:** The findings showed that people with great family cohesion, emotional reciprocity, and open communication had higher levels of emotional stability, resilience, and treatment plan adherence. A sense of security and belonging was found to be fostered by supportive family contexts, which greatly enhanced coping strategies and decreased psychological discomfort. On the other hand, increased anxiety, depressive symptoms, and social disengagement were substantially linked to disrupted family connections, emotional neglect, uneven caregiving, and a lack of adaptive support. The results highlight the critical role that family dynamics play in affecting older persons with mental illnesses; emotional health and clinical outcomes. **Conclusion:** The clinical development and treatment of psychiatric diseases in later life are greatly influenced by family relations. While dependency problems impede recovery, supportive relationships improve it. In geriatric psychiatry, family-centred treatments are crucial, and future studies should look at how family dynamics and technology are changing.

Keywords: Family Dynamics, Psychiatric Disorders, Older Adults, Psychosocial Adaptation

Title: Recurrent Depressive Disorder with Psychotic symptoms and Catatonia in an elderly female with Parkinson's Disease: A Case Report

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ABSTRACT

Background & Aim: Psychiatric disorders occur in nearly 70–80% of individuals with Parkinson's disease (PD), significantly impacting function, caregiver burden, and QoL. Common co morbidities include depression, anxiety, apathy, psychosis, and impulse control disorders. Despite their high prevalence, the interplay between psychiatric symptoms, disease progression, and treatment response remains poorly understood. This case highlights recurrent depressive disorder, psychosis, and catatonia in an elderly female with PD, focusing on therapeutic challenges and the role of mECT. **Method:** Case report based on detailed clinical evaluation, diagnostic workup, and management of the patient. **Results:** A 70-year-old female with T2DM, HTN, and family history of suicide and with history of recurrent depressive disorder for past 45 yrs presented with current episode of depressive symptoms in the form of low mood, anhedonia, hopelessness, suicidal ideation, and poor sleep/appetite for past 8 months. CNS examination showed resting tremors in both hands with more symptoms on the right side. She was admitted in view of suicidal ideation. As patient was already on Tab. Sertraline 200 mg with partial

improvement, Cap. Venlafaxine 37.5 mg was added. However, patient showed no further improvement in depressive symptoms. Also, as Venlafaxine led to high blood pressure, it was stopped. She also developed psychotic symptoms within 4 days of admission in the form of auditory hallucinations, delusions of persecution and reference (BPRS = 65). Olanzapine 5 mg was added for the psychotic symptoms. However, there was no improvement, and patient developed catatonic symptoms following the same (BFGRS = 14). Olanzapine was stopped and lorazepam challenge test was done which came to be positive. However, as she continued to have persistent depressive and psychotic symptoms, cariprazine 3 mg was added and mECT was initiated leading to marked improvement. During the same time, Sertraline was also tapered and stopped in view of poor response and Mirtazapine 7.5 mg was added. Organic workup revealed MRI Brain to be normal, while FDG-SPECT showed presynaptic dopaminergic depletion. Autonomic function test revealed both sympathetic and parasympathetic dysfunction. Patient was started on Syndopa after mECT was stopped. **Conclusion:** Co-occurrence of depression, psychosis, and catatonia in PD reflects complex dopaminergic dysfunction. Catatonia may arise from intrinsic neurobiology or antipsychotic exposure. mECT proved effective when pharmacotherapy was limited. This case summarizes the need for early recognition and multidisciplinary management of neuropsychiatric manifestations in PD and psychiatric issues complicated due to PD with mECT.

Keywords: *Parkinson's disease, Recurrent depressive disorder with Psychotic Symptoms, Catatonia, modified Electroconvulsive therapy, Multidisciplinary involvement.*

Title: Vascular Depression: A Case of Late-Onset Recurrent Depression with Psychotic Features and Autonomic Dysfunction

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ABSTRACT

Background and Aim: Vascular depression is increasingly recognized as a distinct subtype of late-life depression, characterized by late onset, executive dysfunction, treatment resistance, and cerebrovascular changes such as white matter hyperintensities (WMH). These abstract aims to present the clinical profile, investigations, treatment response, and multidisciplinary management of a patient with vascular depression, emphasizing its characteristic neuroimaging, autonomic, and cognitive features.

Case Description: A 61-year-old male, retired Accounts Officer presented with recurrent depressive disorder, onset at 60 years, past episode 1.5 years back lasting for 8 months, with 4 months of inter-episodic remission, current episode lasting seven months. Symptoms included persistent low mood, anhedonia, fatigue, anxiety, cold intolerance, weight loss, sleep disturbance, cognitive complaints, and psychotic features (delusions of guilt, reference, persecution). Hamilton Depression Rating Scale (HAM-D) score was 35 at admission. There was no h/o substance use, hypertension, diabetes, stroke. There was no family history of any psychiatric illness. Autonomic testing showed severe parasympathetic dysfunction and decrease in cardiac tone. MRI revealed mild cortical atrophy with periventricular and subcortical WMH, consistent with chronic ischemic changes. Cognitive screening indicated mild executive and visuospatial deficits. He showed poor tolerance and response to multiple antidepressants like Sertraline, Fluoxetine, and Escitalopram. Diagnosis of 6A71.4 Recurrent Depressive Disorder current episode severe with psychotic symptoms and other specified cardiovascular disease was made (as per ICD-11). He received nine sessions of right unilateral ECT with mild improvement and plateauing of response, on HAM-D 20. He was then started on Venlafaxine and Mirtazapine with Risperidone and behavioural activation including Yoga sessions. Patient showed response

and was discharged on the same. HAM-D improved to 8 at discharge. **Discussion:** WMH are a core imaging hallmark of vascular depression and predict relapse and poor antidepressant response. Microvascular dysfunction and autonomic changes support a vascular pathophysiological basis. Executive dysfunction reflects fronto-subcortical disconnection. Pharmacological response is often limited, while ECT remains highly effective in late-life and psychotic depression. Current consensus favors a multidomain diagnostic approach integrating clinical, vascular, imaging, cognitive, and autonomic features. The patient's clinical course, vascular risk, WMH, autonomic dysfunction, and treatment response align with this phenotype. **Conclusion:** Early recognition of vascular depression through integrated clinical, neuroimaging, cognitive, and autonomic assessment can enable personalized, multimodal treatment strategies and improve patient outcomes.

Keywords: *Vascular depression, white matter hyperintensities, late-onset depression, autonomic dysfunction, treatment resistance.*

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TRACK 2
COMBINED PSYCHOSOCIAL AND
BIOLOGICAL INTERVENTIONS



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TRACK 2

COMBINED PSYCHOSOCIAL AND BIOLOGICAL INTERVENTIONS

ORALS

Title: A Study on the Feasibility and Effectiveness of a Mindfulness-Based Intervention to Enhance Sexual Well-Being Among Older Adults

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ABSTRACT

Background and Aim: Sexual health is an important yet often neglected aspect of well-being in older adults, with cultural barriers limiting discussion and intervention. This study aims to evaluate the feasibility, cultural suitability, and perceived usefulness of a brief mindfulness-based intervention to enhance sexual well-being among community-dwelling older adults.

Method: An intervention comprising three sessions (30–45 minutes each) will be conducted with 20 participants aged 60 years and above. The sessions will focus on mindfulness strategies for intimacy and sexual well-being. Pre- and post-session questionnaires will assess knowledge, attitudes, comfort, and willingness to engage in future sessions. Quantitative data will be analysed descriptively, and qualitative responses will undergo thematic analysis.

Results: The findings are expected to reveal improvements in awareness, comfort, and openness to discussing sexual health among older adults. Preliminary trends may suggest increased engagement and positive attitudes toward mindfulness-based approaches for sexual well-being. **Conclusion:** The findings are expected to indicate that the intervention will increase participants' awareness, comfort, and openness regarding sexual health. The results will likely suggest that brief mindfulness-based interventions are feasible, culturally appropriate, and beneficial for enhancing sexual well-being in older adults. These outcomes will inform the development of culturally

sensitive geriatric programs aimed at reducing stigma and promoting sexual health. Potential applications may include integrating mindfulness strategies into community and clinical settings for older adults. Limitations will include the small sample size and short duration of the intervention. Future research will be needed to examine long-term effects and replicate findings with larger and more diverse populations.

Keywords: *sexual health, mindfulness, older adults, cultural sensitivity, psycho-gerontology, intervention study.*

Title- Deep Brain Stimulation: Motor, Medication, and Quality-of-Life Outcomes for Geriatric Parkinson’s Disease- A Systematic Review

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ABSTRACT

Background: Deep brain stimulation (DBS) is proven to be effective for advanced Parkinson’s disease (PD), older patients are frequently disqualified because of the perceived risk and decreased benefit. This systematic review investigates clinical efficacy, safety, and quality-of-life outcomes of DBS in PD patients aged 65 and above. **Method:** Following PRISMA guidelines, PubMed and Google Scholar were analyzed for primary studies reporting DBS

outcomes in elderly PD cohorts. Inclusion criteria required clear age-stratified data for participants ≥ 65 years, DBS targeting subthalamic nucleus or globus pallidus internus, and extractable measures of motor function (UPDRS-III), levodopa equivalent daily dose (LEDD), complications, and quality of life. **Results:** Elderly patients achieved substantial motor improvements, with UPDRS-III reductions ranging from 27% to 54.2%. LEDD reductions of 24%–58.9% were observed, although benefits were attenuated in those with disease duration > 10 years. Wound infection (5.4%) and transient postoperative confusion (up to 36%) were more frequent than in younger cohorts, but surgical mortality remained low (0–2%). Furthermore, quality-of-life measures (PDQ-39) improved in most studies. Comparative analyses indicated non-inferior outcomes in patients aged ≥ 75 years when matched for baseline characteristics. **Conclusions:** DBS offers significant motor and medication-sparing benefits in selected elderly PD patients, with acceptable safety profiles. Chronological age alone should not preclude DBS candidacy; instead, comprehensive assessment of comorbidity, cognitive status, and patient preferences is essential. Future prospective studies should standardize cognitive evaluations and examine adaptive DBS technologies to optimize outcomes in geriatric PD populations.

Keywords- *Deep Brain Stimulation, Parkinson's disease, geriatric population, motor outcomes; levodopa equivalent daily dose, quality of life, PRISMA systematic review*

Title: Cardiovascular Adverse Effects and Safety Profile of Cholinesterase Inhibitors in Dementia: A Comprehensive Literature Review

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ABSTRACT

Background and Aim: Cholinesterase inhibitors (ChEIs)—Donepezil, Rivastigmine, and Galantamine—are among the most widely used pharmacotherapies for Alzheimer’s disease and related dementias. By enhancing central cholinergic transmission, these drugs improve cognitive functioning but may also influence peripheral autonomic control, potentially leading to cardiovascular effects. Evidence regarding their cardiac safety remains inconsistent, with some studies suggesting mortality reduction and others reporting bradyarrhythmias and conduction disturbances. This review aimed to synthesize existing literature on cardiovascular outcomes associated with ChEI use in dementia populations. **Method:** A structured PubMed search was conducted using the following parameters: (((donepezil[Title/Abstract]) OR (rivastigmine[Title/Abstract])) OR (galantamine[Title/Abstract])) AND (cardiovascular[Title/Abstract]) AND ((Alzheimer’s) OR (dementia) OR (neurocognitive) OR (cognitive)). From 96 retrieved studies, 50 investigated ChEI use in cognitive disorders, and 42 examined cardiovascular outcomes. Included studies comprised case reports, registry-based analyses, pharmacovigilance data, cohort studies, and clinical trials. **Results:** Donepezil, the most extensively studied ChEI, demonstrated both beneficial and adverse cardiovascular associations. Large-scale studies reported reduced all- cause and cardiovascular mortality, as well as lower incidence of ischemic and heart failure events¹⁻³. However, increased hazards for syncope (HR 1.76), bradycardia (HR 1.69), and pacemaker insertion (HR 1.49) were also documented⁴. Pharmacovigilance data from the FDA Adverse Event Reporting System revealed

non-significant signals for QT prolongation and Torsades de Pointes⁵. Rivastigmine showed a generally favourable cardiac profile, particularly in Parkinson's and Lewy Body dementias⁶, although isolated case reports described heart block and syncope with transdermal use⁷. Galantamine appeared cardiologically safe but remains underrepresented in clinical datasets⁸.

Conclusion: The cardiovascular impact of ChEIs is complex, with both protective and adverse findings. Individualised risk assessment, baseline ECG screening, and careful medication review are advised before initiation, particularly in frail or polypharmacy-exposed patients. Further prospective studies are warranted to clarify mechanisms and long-term outcomes.

Keywords: *Cholinesterase inhibitors; Dementia; Donepezil; Cardiovascular safety; Bradycardia; Pharmacovigilance*



TRACK 2

COMBINED PSYCHOSOCIAL AND BIOLOGICAL INTERVENTIONS

POSTERS

Title: “Ketamine in the crossroads”: Treating OCD and Depression in a Cognitively Impaired Elderly Patient.

Presenting Author: Dr. Amritha Ajay

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ABSTRACT

Background: ketamine, an uncompetitive N-Methyl-D-Aspartate (NMDA) receptor antagonist and dissociative anaesthetic, has emerged as a novel and effective rapid-acting antidepressant. However, its role in obsessive-compulsive disorder in the background of cognitive impairment is insufficiently studied. Managing such complex psychopathologies, especially in the elderly population, poses a significant challenge due to underlying comorbidities and altered pharmacodynamics. **Objective:** To explore the therapeutic potential of ketamine in managing obsessive-compulsive disorder with comorbid depression in an elderly cognitively impaired patient. **Case Summary with Methodology:** A 62-year-old married lady with atypical presentation of obsessive and compulsive symptoms with secondary depressive symptoms which was complicated by mild cognitive impairment. Past medical history of resolved herpes zoster ophthalmicus, vertiginous migraine, and T2DM. She had minimal response to T. FLUOXETINE 60mg, T. CLOMIPRAMINE 50mg, and T. VENLAFAXINE 150mg. Considering persistent depressive symptoms with active suicidal ideations, intravenous ketamine therapy was initiated at 0.5 mg/kg over 40 minutes, administered twice weekly for 2 weeks. **Results:** Patient demonstrated marked improvement in mood and obsessive thoughts with a significant drop in HAM-D from 28 to 12. Cognitive performance remained stable. **Conclusion:** Ketamine shows a

promising role in obsessive-compulsive disorder with secondary depression in cognitively impaired patients, as it ensured a stable cognition with rapid symptom relief. Further head-to-head trials are needed to optimize dosing regimens and understand long-term outcomes.

Title: Effective Management of Treatment Resistant OCD in Elderly with Memantine Augmentation and CBT

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ABSTRACT

Background and Aim: Memantine, a N-methyl-d-aspartate (NMDA) receptor antagonist, has been proven effective as an augmenting agent in patients of treatment resistant OCD in multiple trials but a lacuna of evidence observed its efficacy and safety in elderly population with OCD. This case report aims to present a case of elderly male with chronic treatment resistant OCD with significant response on memantine as an augmenting agent along with CBT and Escitalopram. **Methods:** Case report based on detailed clinical evaluation, diagnostic workup, and management of the patient and literature review **Results:** A 68-year-old from middle socio-economic status, with strong family history of OCD, presented with spinal pathology in the form of disc narrowing and desiccation at C3-C4, C4- C5 and L4-L5, presented with psychiatric

illness characterised by obsessive doubts of contamination and compulsive hand washing for initial 50 years followed by obsessive doubts of having harmed others for 5 years. He also reported depressive symptoms with suicidal ideas for past 2 years Patient also had 2 past episodes of depression with complete inter-episodic remission. Patient reported no improvement in his obsessive doubts despite adequate trials of multiple anti-obsessional medications for past 5 years. Medical records revealed poor response to multiple medications including Fluvoxamine, Clomipramine, Fluoxetine, Risperidone during the initial 30 to 40 years of treatment and maximum improvement of around 70% in the obsessive doubts of contamination and compulsive washing with Sertraline 200 mg and Amisulpride 100 mg for nearly 10 years. However, the obsessive doubts of having harmed others had no improvement even with Sertraline and Amisulpride in the past 5 years. In view of poor response, patient was admitted and CBT was started. He was also given Tab. Escitalopram up to 20 mg and 20 sessions of deep TMS as adjuvant was given with no response in OC symptoms but significant improvement in **depressive** symptoms. Addition of Aripiprazole as augmenting agent also failed. Memantine 5 mg was added as adjuvant after detailed literature review. Patient started reporting improvement within 4 days of starting the medication. CBT was also continued. Patient currently continues to maintain well on Memantine 5 mg added as adjuvant to Escitalopram 20 mg and ongoing CBT.

Conclusion: The case report supports the Glutamatergic hyperactivity hypothesis for OCD and demonstrates the therapeutic benefit of memantine as adjuvant for OCD in elderly. Glutamatergic hyperactivity is one of the most common proposed biological hypothesis for OCD. Possible mechanisms for glutamatergic hyperactivity include reduced neuronal glutamate reuptake, altered intracellular glutamate handling, aberrant NMDA-dependent plasticity and glutamate dysregulation loop, all of which result in “locking in” of maladaptive action-outcome association, failure of extinction and loop reverberation leading to intrusive obsessions and compulsive actions reinforcement.

Title: Suicidality and Self-Harm in Older Adults: Clinical Risk Assessment and Prevention

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ABSTRACT

Background: World Health Organization (WHO) defines as suicide as the act of deliberately ending one's own life, while self-harm refers to deliberate self-inflicted injury without the intention to die. These behaviors are often seen in older adults arising from complex interactions between physical illness, depression, social isolation, and loss of autonomy. Suicidality in late life is frequently underrecognized and underreported, making clinical risk assessment crucial for timely identification and prevention. **Aim and Objectives:** This study aims to examine the clinical characteristics, risk factors, and psychosocial correlates of suicidality and self-harm among older adults. Objectives include evaluating the effectiveness of structured clinical assessment tools in identifying high-risk individuals and formulating preventive strategies tailored to geriatric populations. **Methodology:** A cross-sectional study was conducted at a tertiary care hospital among 64 individuals aged 60 years and above who presented with self-harm behavior or suicidal ideation. Standardized assessment tools, namely the Beck Suicide Intent Scale (SIS) and the Geriatric Depression Scale (GDS), were utilized. Collected data were analyzed to identify clinical risk patterns, suicidal intent, and intervention outcomes. **Results:** Preliminary findings indicated higher suicidality rates among males and widowed individuals. On the Geriatric Depression Scale (GDS), 27 participants had normal scores, 19 showed mild depression, and 18 had severe depression. On the Beck Suicide Intent Scale, 22 participants demonstrated low or no suicide intent, 24 had moderate intent, and 18 exhibited high intent. A positive correlation was observed between Geriatric Depression Scale and Beck Suicide Intent Scale indicating that increasing depression severity was associated with higher suicidality. Major risk factors identified included depression, chronic pain, bereavement, and functional decline, while early detection and intervention improved treatment engagement and reduced recurrence. **Conclusion:** Early diagnosis, clinical assessment, family involvement, social support, and integrated geriatric mental health care are vital for effective prevention of suicidality and self-harm in older adults, enhancing quality of life and psychological well-being.



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Title: Integrating Psychosocial and Biological Approaches for Holistic Mental Health Treatment

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ABSTRACT

Background and Aim: Combined psychosocial and biological interventions use therapy and medication to improve mental and physical health, aiming to relieve symptoms and enhance overall functioning and life quality. **Method:** Combined psychosocial and biological interventions use psychological therapies like CBT alongside biological treatments such as medications to target emotional, cognitive, social, and physiological aspects for comprehensive recovery. **Results:** Combined psychosocial and biological interventions reduce depression, PTSD, and anxiety symptoms, improving emotional regulation, stress resilience, and quality of life. Integrating therapies like CBT with biological treatments such as medication targets emotional, cognitive, and physiological recovery. Meta-analyses reveal medium to large effect sizes across populations, particularly among children, adolescents, and trauma-affected groups. Enhancing immune function, social adjustment, and long-term stability, these evidence-based interventions provide sustainable, holistic mental health outcomes globally. This integrative model not only alleviates psychological distress but also strengthens physiological functioning. **Conclusion:** Combined psychosocial and biological interventions effectively improve symptoms and functioning by addressing mental and physical health together. They are essential for holistic mental health care.

Keywords: *Psychosocial interventions, Biological treatments, Mental health, Quality of life, Integrated therapy*

Title: Living Between Pills and Feelings: A Qualitative Study exploring how Polypharmacy and Depression affects the Quality of Life of the Geriatric People.

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ABSTRACT

Background and Aim: This study investigates the connections between older people's quality of life, depression, and polypharmacy. The increasing frequency of chronic illnesses among the elderly frequently results in polypharmacy, or the usage of numerous drugs. The usage of many medications can lead to negative effects, drug interactions, and greater difficulties in day-to-day functioning, even while they are necessary for controlling conditions. These difficulties are made more difficult by depression, a prevalent but underdiagnosed mental health issue in later age. Quality of life, which encompasses psychological well-being, independence, social connections, physical health, and general life satisfaction, is significantly impacted by these aspects taken together. In the Indian context, limited research has examined these three aspects simultaneously, and little is known about urban–rural variations. **Method:** To address this gap, the present qualitative study focuses on older adults (≥ 60 years) from both urban and rural settings. Through in-depth, open-ended interviews, the study gathers 10 personal narratives related to medication practices, mental health, and social support. Depression is considered a potential mediator in the relationship between polypharmacy and subjective quality of life. **Result:** show that taking multiple medications at once frequently causes emotional stress, feelings of reliance, and difficulties retaining one's independence. Not only can depression arise as a result of medication-

related difficulties, but it also contributes to a further decline in perceived quality of life. Participants often talked about the social and emotional effects. There were also clear differences between the urban and rural participants: while rural seniors highlighted inadequate access to healthcare and social support, urban elders reported more access to healthcare but increased stress linked to medication administration. All things considered, the results show the significance of viewing depression and polypharmacy through the prism of lived experiences, exposing complex trends that impact wellbeing and draw attention to deficiencies in geriatric treatment in India. **Conclusion:** Overall, this research aims to provide a person-centred understanding of the interplay between polypharmacy, depression, and quality of life, with the findings expected to inform strategies for early detection of psychological distress, rational medication use, and enhancement of quality of life in senior citizens.

Keywords: *Polypharmacy, Depression, Quality of life, Geriatric population, Qualitative study*

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TRACK-3

**COMPREHENSIVE ASSESSMENT IN
GERIATRIC MENTAL HEALTH**



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TRACK 3

COMPREHENSIVE ASSESSMENT IN GERIATRIC MENTAL HEALTH

ORALS

Title: Comprehensive Assessment of Depression, Loneliness and Social Support among Geriatric Population living in Delhi/NCR

Presenting Author: Shivika Gupta¹

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ABSTRACT

Background and Aim: India is a diverse country, often represented as a collectivistic culture which emphasizes family-centered values, where elder kin are considered the central figures of the family. With changes in the family dynamic in the present times, social relationships and how they're perceived are evolving, along with the aspects related to mental health and well-being is also changing for different age groups. Thus, the study aims to explore the mental health status of the geriatric population residing in Delhi/NCR. **Method:** A quantitative research design was employed with 80 participants selected using a non-probability sampling method (purposive sampling). Data was collected through Geriatric scale for Depression, De Jong Gierveld Loneliness scale and Multidimensional Scale of Perceived Social Support (MSPSS) and analysed using Pearson's Correlation. **Results:** The results indicated that: There was a statistically significant correlation between depression, loneliness and social support Depression and loneliness, along with its domains (emotional and social), were positively correlated with each other and negatively correlated with social support and its domains (significant others, family

and friends). **Conclusion:** These findings demonstrated that participants with increased depression also reported increased loneliness, with reduced social support, whereas those with increased social support reported lower levels of depression and loneliness. This study will help us to understand the elderly population and gain insight about how they perceive their life in this fast-paced world. It is crucial to bring awareness and sensitization about the problems they may encounter.

Keywords: *Loneliness, Depression, Social Support, Mental Health, Geriatric Population*

Title: Development and Validation of the Geriatric Mental Health Knowledge Questionnaire for Nurses

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ABSTRACT

Background: India's ageing population is growing at an unprecedented rate, accompanied by an increasing prevalence of geriatric mental health concerns such as depression, dementia, and delirium. Nurses, as frontline providers, are essential in the early identification, management, and prevention of these conditions; however, gaps in their knowledge pose a significant barrier to quality care delivery. Despite this, no validated instrument exists in India to comprehensively measure Nurses' knowledge of geriatric mental health. **Aim:** To develop and establish the psychometric properties of the Geriatric Mental Health Knowledge Questionnaire for Nurses as a valid and reliable tool to assess Nurses' knowledge in geriatric mental health. **Method:** A cross-sectional study was conducted among 71 Nursing students selected with a convenience sampling technique. The development of the 25-item tool involved an extensive literature review, item generation, and content validation by a panel of 10 experts, and was analyzed using SPSS software. **Results:** The results showed excellent content validity (S-CVI = 0.95) and good internal consistency (Cronbach's $\alpha = 0.72$). Test-retest reliability established strong stability ($r = 0.814$, $p < 0.001$) with no significant difference between scores measured over 10 days. Concurrent validity with the Mary Starke Harper Aging Knowledge Exam (MSHAKE) was also high ($r = 0.939$, $p < 0.001$). Conclusion: The GMHKQ-N is the first culturally relevant, psychometrically robust tool for assessing geriatric mental health knowledge among Nurses in India. It can identify knowledge gaps, guide curriculum development, and evaluate training outcomes, ultimately contributing to improving the mental health care for older adults.

Keywords: Geriatric Mental Health, Psychometric properties, Nurses, Knowledge, validity, and reliability.

Title: Exploring the Role of 2D:4D Ratio and Iris Pigmentation in Cognitive Aging

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ABSTRACT

Background and Aim: Biological markers have been increasingly investigated as predictors of cognitive performance in aging, though evidence remains inconclusive. The second-to- fourth digit ratio (2D:4D), a putative index of prenatal sex hormone exposure, has been variably associated with memory, verbal abilities, and susceptibility to cognitive decline. While retinal pigmentation has been linked to cognitive outcomes, the role of iris pigmentation remains largely underexplored. Clinical observations of iris pigmentation in neurological assessments inspired this study to examine visible eye pigmentation as a non- invasive marker of cognitive functioning. The study assessed the independent and interactive effects of 2D:4D ratio and iris pigmentation on cognition in older adults, adjusting for sex and relevant confounders. **Method:** A cross-sectional, mixed-methods design was employed with a purposive, institution-based sample of older adults, recruited during internship-based interactions and from old-age homes. Cognitive performance was measured alongside 2D:4D ratios and eye pigmentation, and qualitative interviews were conducted to capture lived experiences. Data are being analyzed using descriptive and inferential statistics with thematic analysis. **Results:** As the study is ongoing, only preliminary observations are available. Early trends suggest associations between digit ratio, iris pigmentation, and cognitive domains, with sex differences as a possible moderator. Qualitative narratives provide additional context on variability in cognitive aging. **Conclusion:** Preliminary findings indicate the potential utility of visible, non-invasive markers in understanding cognitive trajectories in older adults. Longitudinal studies with larger samples are recommended to clarify causal mechanisms and enhance clinical relevance.

Keywords: 2D:4D, Iris Pigmentation, Cognitive Aging, Prenatal sex hormone, Gender Differences.

Title: Gender Differences in Self-Compassion, Coping and Burden among Older Family Caregivers of Individuals Suffering from Cancer

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ABSTRACT

Background and Aim: Caring for individuals with cancer in later life will present significant psychological and emotional challenges. Older family caregivers will often experience increased burden, which may be influenced by gender differences in coping styles and levels of self-compassion. Exploring these factors will provide insight into caregiver well-being and inform supportive interventions. The present study aims to examine gender differences in self-compassion, coping strategies, and caregiver burden among older family caregivers of individuals suffering from cancer. **Methods:** A cross-sectional study was conducted with approximately 70 male and female caregivers aged 60 years and above recruited from oncology outpatient departments, selected using convenience and purposive sampling technique. Data were collected through standardized tools such as the Self-Compassion Scale Short-Form, Brief COPE Inventory, and Zarit Caregiver Burden Assessment were administered. Data will be analyzed using descriptive statistics, t-tests, and correlation analyses to determine gender-based differences and associations. **Results:** It is anticipated that gender differences can be observed in self-compassion, coping and burden among older family caregivers of individuals suffering from cancer are expected to emerge, influencing the perceived burden. **Conclusion:** Findings will possibly highlight gender-specific patterns in coping and self-compassion, offering implications for designing tailored psychosocial support programs for older caregivers of cancer patients.

Keywords: *Self-compassion, coping, caregiver burden, gender differences, older adults, cancer care giving.*

Title: Temporality and Well-Being in Older Adults: Time Perspective, Depression, and Quality of Life in an Indian Older Adults

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ABSTRACT

Older adults often describe their experience of time with the paradox, “days feel long, yet years feel short.” This reflects the concept of temporality, the subjective way time is felt, recalled, and anticipated, which plays an important role in quality of life during later years. International research has shown links between time perspective, mood, and well-being (Åström et al., 2018), but in India most geriatric work has focused on illness, caregiving, or depression, with little attention to how elders themselves live through time. **Method:** The present study explored temporality in a sample of 120 older adults aged 55 years and above, using a mixed-methods design. Quantitatively, participants were assessed with the Hindi Mental State Examination (HMSE), Dementia Assessment by Rapid Test (DART), Zimbardo Time Perspective Inventory–18 (ZTPI), Geriatric Depression Scale–15 (GDS-

15), and the OPQOL-Brief. An exploratory 30-second time estimation task was also included. **Results :** Findings showed intact cognition (HMSE M = 28.6), low depressive symptoms (GDS-15 M = 3.15), and moderate to high quality of life (OPQOL M = 52.6). Correlational analyses indicated that Past Positive ($r = .55, p < .001$) and Future Positive ($r = .44, p < .01$) orientations were associated with better quality of life, while Future Negative orientation predicted poorer outcomes ($r = -.37, p < .05$). Qualitative interviews provided complementary insights, showing that elders described the slowness of daily routines, the emotional pull of past memories, and uncertainty about the future as shaping their lived experience of time. **Conclusion:** By combining psychometric tools, interviews, and a behavioural task, this study emphasises on temporality as a neglected but important dimension of geriatric psychology in India. The findings suggest that strengthening positive orientations to time may support culturally meaningful approaches to late-life well-being.

Keywords: *Temporality, time perspective, passage of time, geriatric psychology, quality of life, Indian older adults.*

Title: The use of Eye-Tracking as a Digital Biomarker of Cognitive and Functional Status in Older Adults: A Pilot Study

Presenting Authors: Ritika Tejwani¹, *GeriPsych2025*

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ABSTRACT

Cognitive and functional decline in older adults is a clinical challenge, especially with the increasing prevalence of affective conditions in the geriatric population. Standard assessments are often insufficient for delineating the nuanced profiles of these conditions and as such, we propose the use of quantitative oculomotor parameters as biomarkers to enhance diagnostic precision. Previous studies have shown promising results using eye-tracking, which provides a non-invasive objective window to allocation of attentional resources, and has been contributing in the aetiology of a range of psychiatric conditions, using parameters like scanpath length, saccades etc., but studies on the Indian population are sparse. The cognitive domains are differentially impaired across conditions, and the analysis of specific eye-movement metrics may reveal disease-specific signatures. We aimed to investigate the potential use of eye-movement parameters assessed using a free-viewing task measuring saccadic movements, pupil diameter, etc as a biomarker to discriminate between healthy ageing older adults and those with a psychiatric condition, by integrating it with cognitive performance assessed using the ACE-III, and functional capacity assessed using the iADLs. In this single-centre pilot study, adults aged ≥ 60 years were recruited from two groups: depressive patients ($n=15$), and healthy controls ($n = 15$). The data was analysed using multivariate models. Preliminary findings show favorable outcomes with differences found between the two conditions in parameters measured through eye-tracking and ACE-III. The findings support eye-tracking as a potential digital biomarker for differentiating depressive subjects from their healthy counterparts in older adults.

Keywords: *Eye-tracking, free-viewing task, cognition, iADL, older adults, major depressive disorder, affective disorders*

Title: When Life Feels Too Much: A Qualitative Enquiry of Contextual Factors Associated with Suicidal Ideation among Older Adults

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ABSTRACT

Background: Suicidal ideation among older adults is a critical yet underexplored public health concern. While studies have highlighted risk factors such as depression, chronic illness, and social isolation, but less is known about how older adults themselves perceive and make sense of these experiences. Hence, understanding their narratives can provide valuable insights into contextual, psychological, and cultural factors shaping suicidal thoughts in later life, which ultimately helps in the better management. **Objective:** The study aimed to explore the lived experiences of older adults with suicidal ideation, focusing factors they associate with the onset and persistence of such thoughts. **Methods:** A qualitative enquiry was conducted using semi-structured, in-depth interviews with 15 older adults (≥ 60 years) who reported suicidal ideation within the past year. Participants were recruited from OPD of a tertiary care neuropsychiatric hospital through purposive sampling, after taking the consent. Participants with history of any neurodevelopment disorders, along with the presence of psychosis or any severe psychopathology were not included. Interviews were transcribed verbatim and analyzed thematically following Braun and Clarke's framework, with attention to credibility, dependability, and reflexivity to ensure rigor. **Results:** Older adults linked suicidal ideation to loss, loneliness, declining health, and feelings of burden, while protective factors such as faith, family, and resilience offered hope. The detailed themes and results will be discussed in the presentation. **Conclusion:** Older adults view suicidal ideation as deeply embedded in experiences of loss, declining health, and social invisibility. At the same time, protective factors such as spirituality and meaningful connections provide resilience. Study highlights the need for culturally sensitive screening, community-based support, and integrative interventions that address not only psychiatric symptoms but also loneliness, dignity, and existential concerns in late life.

Keywords: *Suicidal ideation, older adults, qualitative enquiry, loneliness, resilience, ageing, thematic analysis.*

Title: Comprehensive Mental Health Assessment in the Elderly to Enhance Quality of Life

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ABSTRACT

Background and Aim: The rising geriatric population brings unique challenges to mental health care, including depression, cognitive impairment, and functional decline. Comprehensive assessment is crucial for identifying multidimensional needs, enabling targeted intervention and personalized care planning. **Method:** A cross-sectional study was conducted among elderly participants attending psychiatric services at a tertiary care centre. Standardized tools including the Mini-Mental State Examination (MMSE), Geriatric Depression Scale (GDS), and Barthel Index were employed to evaluate cognitive, emotional, and functional status. Sociodemographic factors and physical health parameters were also analysed. **Results:** The assessment revealed high prevalence of depression and memory impairment, with female gender and widowhood as significant socio-demographic risk factors. Lower scores in nutritional and functional domains correlated with increased risk of psychiatric morbidity. **Conclusion:** Comprehensive geriatric assessment helps detect mental and functional issues early, guiding better care and improving older adults' quality of life. Routine screening is recommended.

Keywords: *geriatric mental health, comprehensive assessment, depression, cognitive impairment, mental health screening*



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Title: A Fuzzy Decision System Approach for Assessing Mental Health in Elderly

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ABSTRACT

Background and Aim: The elderly period is a critical time for maintaining behavioral and emotional well-being, impacting overall quality of life. Elderly individuals may face challenges like cognitive decline, loneliness, and emotional dysregulation affecting mental health. **Objectives:** To assess and promote positive mental health in elderly, early detection, intervention, and assessment are essential. **Method:** Challenges like data shortages, heterogeneity, and privacy issues hinder the review process. This study proposes using a fuzzy decision support (FDS) system with fuzzy rules and membership functions to overcome obstacles in assessing elderly mental health. **Results:** By utilizing fuzzified data and defuzzification based on membership levels, effective mental health decisions can be made. **Conclusion:** The FDS process can identify relationships between elderly behavior and mental well-being with high accuracy, aiding in improving elderly mental health outcomes.

Keywords: *Elderly people, Fuzzy decision system, Membership function, Positive mental health.*

Title: Prospective observational study on Predictors of Prolonged Length-of-Stay (pLOS) in Hospitalized Indian older Patients

Presenting Author: Yogesh Poonia¹

Co-Authors: Abhijith R Rao³, Raj Kumar Tata¹, Chirag Singla¹, Pramod Kumar Mehta², Nidhi Soni¹, Ambica Singh¹, Prasun Chatterjee¹, Naveet Wig¹, Avinash Chakrawarty²

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ABSTRACT

Background: The aging population presents unique challenges to healthcare systems worldwide, necessitating deeper understanding of factors influencing the duration of hospital stay among older adults. Prolonged Length-Of-Stay (pLOS) in hospital burdens healthcare resources and impacts patient outcomes and quality of life. **Aim:** This study aimed to identify the prevalence of pLOS and factors associated with it among older patients. **Methods:** This prospective observational study was conducted in the inpatient ward of Geriatric medicine. pLOS was defined as hospitalization for 21 days or more. Demographic data, clinical characteristics, geriatric syndromes, functional status, severity of comorbidities, and acute illness severity were documented at admission and followed patients till discharge or death. **Results:** A total of 152 patients were included, 89 (58.5%) were male. A total of 27 (17.8%) patients have pLOS. Hospitalization in the past year (OR: 3.36, 95%CI 1.33-8.48), being bed-bound at the time of admission (OR: 4.76, 95%CI 1.45-15.69) was significantly associated with pLOS. Among geriatric syndromes, presence of delirium (OR: 3.49, 95%CI 1.35-9.02), falls in past year (OR: 2.60; 95%CI 1.09-6.20), moderate to severe dependence in BADL (OR: 9.00, 95%CI 1.09-74.45), polypharmacy (OR: 4.50, 95%CI 1.45-13.96), sarcopenia (OR: 4.05, 95%CI 1.66-9.87), severe comorbidities (OR: 6.59, 95%CI 1.93-22.43). The in-hospital events which were associated with pLOS included sepsis (OR: 19.27, 95%CI 6.82- 54.45), neurological (OR: 10.95, 95%CI 2.49-48.13), gastrointestinal (OR: 8.09, 95%CI 3.11- 21.02) complications, hypo or

hyperglycemia (OR: 27.02, 95%CI 5.37-135.90), and electrolyte imbalance (OR: 12.82, 95%CI 4.84-33.97). **Conclusion:** pLOS among geriatric patients is common and appears to be multifactorial, influenced by geriatric syndromes, acute illness severity, and various in-hospital adverse events. Understanding these predictors can aid in early identification and targeted management strategies to mitigate prolonged hospital stays and associated complications in older patients. However, there is a need for a large multicentric study to assess these factors and develop standardized protocols for improving outcomes in diverse settings.

Keywords: *length of hospital stay, older adults, India, geriatric syndromes*

Title: Associations between sleep architecture and episodic memory in aging

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ABSTRACT

Background and Aim: Normative aging is associated with alteration in both macro and micro architecture of sleep and decline in episodic memory. Relationship between sleep architecture and episodic memory is still unclear. This study aim to explore Association between sleep

architecture and episodic memory. **Method:** Total 75 older adults were recruited for cross-sectional study (59 Male and 16 Female). Polysomnography was done according to AASM criteria and Indian Council of medical research-NeuroCognitive Toolbox (ICMR-NCTB) was used for assessing episodic memory. EEG analysis was done in the python. Statistical analyses were done using GraphPad Prism 10.4.0. Correlation was done to see the association between sleep architecture and cognitive functions. **Results:** Mean age of the participants was 66 years. N2 sleep percentage is positively associated with Montreal cognitive assessment (MoCA) score which measures global cognition ($r= 0.38$, $p=0.001$). Sleep efficiency is positively ($r= 0.28$, $p=0.012$) associated with spatial recall scores and N2 sleep percentage is positively associated with Modified Taylor Complex Figure (MTCF) immediate ($r= 0.43$, $p=0.000$) and delayed recall ($r= 0.40$, $p=0.001$) which measures visuo- spatial memory of episodic domain of cognition. Spindle amplitude has significant positive correlation with delayed recall ($r= 0.37$, $p=0.0009$) which measures the verbal memory function of episodic domain. Spindle density has positive correlation with delayed recall which measures verbal memory, MTCF delayed and immediate recall which measures visuo-spatial memory of episodic domain of cognition. **Conclusions:** N2 sleep percentage, sleep efficiency, spindle amplitude and spindle density has association with episodic memory. So preservation of above mentioned sleep parameters helps in maintaining episodic memory.

Title: Profile and Pattern of Mental Illness among patients admitted at Geriatric Psychiatry Ward in National Centre for Ageing, AIIMS Delhi

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ABSTRACT

Introduction and Aim: As per the Indian National Census in 2011 the number of elderly populations is increasing steadily and the growth has been more in the last decade than previous decades. The burdens of healthcare problems in the elderly population are different as compared to other populations with a higher burden of psychiatric morbidity among older adults. Recent national estimates indicate that nearly 15% of individuals aged ≥ 60 years' experience mental disorders. Despite this, systematic data from geriatric inpatient settings remain limited. The present retrospective chart review aims to assess the socio-demographic characteristics, psychiatric diagnoses, and treatment of geriatric psychiatry patients who required in-patient care at National Centre for Ageing (NCA), AIIMS, New Delhi. **Methods-** Retrospective chart review of the medical records of patients admitted in geriatric psychiatry ward under NCA, AIIMS, ND between August 2024 till October 2025. SPSS was used for statistical analysis. Frequency and percentage were calculated for categorical variables and Median and Quartiles were calculated for continuous variables for non-parametric data. **Results:** Records of thirty-two patients were analysed. Majority (56.3%) were female. Age ranged from 64 years to 85 years with median age being 70 years. More than one-third (37%) of the study sample were educated up to senior secondary and 18.5% were either illiterate or studied up to primary school level. Nearly above half of the patients (56.3%) were from Delhi NCR. The most common psychiatric disorders for which the patients were admitted in Geriatric Psychiatry ward were Mood Disorders (53.1%) followed by Neurocognitive disorders (21.9%) and Schizophrenia (16.2%). The most common medications prescribed were antidepressants (60%), sedative hypnotics (68.8%) and antipsychotics (35.1%). **Conclusion:** The three D's – Depression, Dementia and Delirium are known to be the most common mental and behavioral disorder seen among elderly. While Delirium is most commonly admitted under medical departments, Depression and Dementia, especially with behavioral problems are most commonly admitted under Psychiatry. To conclude, mood disorders and Dementia continue to be the predominant psychiatric illness requiring in-patient care among elderly.

TRACK 3
COMPREHENSIVE ASSESSMENT IN GERIATRIC MENTAL HEALTH
POSTERS

Title- Beyond Physical Recovery: Holistic Assessment and Intervention for the Elderly–
Narrative Review

Presenting Author: Simran Kumari¹

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ABSTRACT

Background and Aim: Geriatric Intervention is more than just physical recovery. It also involves focusing on functional decline and cognition. Functional decline refers to the interaction between personal competence and environmental demands. Cognition reflects in motivation, mood, coping and everyday functioning which contribute to independent living. Yet, psychological and cognitive assessment and interventions are not utilized properly. Hence, the review focuses on integration of geriatric psychology, neuropsychology and rehabilitation is needed. A narrative review was planned with the objectives (i) to review the existing tools and interventions available, and (ii) to identify barriers and challenges in existing systems; with the emphasis on Indian studies based on strengths and limitation in co morbidities, sensory impairment and low-literacy populations. **Method:** A qualitative synthesis and interpretation of existing literature was done (from 2000-2025), to provide a broad overview and identify themes

and highlight research gaps. Findings also included guidelines for future researches based on this review. **Results:** The review highlighted that integrated assessment should include: evaluation of motivation, adherence, mood and identity loss; combining cognitive screening with specific test to address limitations; linking information of ADLs and IADLs to assessment. The review also discussed role of psychologists and challenges they face in doing interventions while highlighting strategies which can improve engagement and outcomes. **Conclusion:** Embedding psychologist-led, integrated assessment within interdisciplinary teams is essential to move geriatric rehabilitation beyond physical care and to individualise Interventions that restore independence.

Keywords: *Neuropsychology, Cognitive assessment, Functional Assessment, Narrative review, Geriatric psychology*

Title: The Effects of Retirement on Mental Health and Identity in Geriatric Population: A Qualitative Study

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ABSTRACT

Background: While numerous studies have examined the impact of health on retirement behaviour, few have analysed the impact of retirement on subsequent health outcomes and self-identity. For many adults, a work-related identity is a significant component of their overall personal identity. Although retirement is eagerly anticipated by many workers, it can lead to the

loss of important work-related activities and social ties, which for some may affect stability and positive identity. **Rationale:** Examining how retirement shapes health status and self-identity through shifts in wisdom, perceived productivity, illness conditions, and depression can illuminate the dynamic interplay between identity and mental health, thereby guiding supportive strategies for geriatric well-being. **Materials & Methods:** Using purposive sampling, 8 females and 8 males (55–70) residing in Delhi-NCR who are retired completed 15–20-minute semi-structured interviews exploring mental health, perceived productivity, coping strategies, and shifts in self-identity. Interviews were audio-recorded and subsequently analysed via thematic analysis within a critical realist frame. Ethics approval and informed consent procedures were rigorously followed. **Results:** Initial thematic patterns from the semi-structured interviews suggest that retirement has both good and difficult effects on older adults. Some people felt less productive and missed the roles and identity they had while working, which sometimes led to sadness or low mood. Others, however, said retirement gave them more time to reflect, build wisdom, and find healthier ways to cope. Health problems made adjusting harder, but those with strong social connections and daily routines felt more stable and positive in their identity. **Discussion/Implications:** Findings articulate that retirement seems to have both ups and downs as it can make some people feel a loss of identity and productivity, while for others it opens space for reflection and growth. This paper will help clinicians identify retirees at risk of mental health challenges and design targeted interventions, such as counselling or community programs, to support social engagement and positive identity reformation.

Keywords: Retirement; Mental health; Self-identity; Geriatric population; Perceived productivity; Coping strategies; Delhi-NCR.

Title: Measuring Social Connectedness in Ageing: Gaps, Challenges, and a Holistic Path Forward

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ABSTRACT

Background and Aim: Social connectedness is an important protective factor for mental health and quality of life in older people and is a predictor of outcomes such as depression, dementia progression, and mortality. However, measures that assess social connectedness have been fragmented, focusing narrowly on loneliness or social network size while not addressing social connectedness more broadly in the domains of role identity, reciprocity, digital participation, and cultural context. **Method:** The current study conducts a scoping review of measures of social connectedness in geriatric populations and then offers a critically synthesized and new conceptual framework. We systematically examined the literature using PsycINFO, PubMed, and Scopus (within the last 20 years) for studies that reported the development, use, or validation of social connectedness measures in adults aged 60 and above. We extracted data for conceptual domains assessed, psychometric properties, and cultural or geriatric-specific adaptations. The thematic synthesis demonstrated key domains were under-represented (reciprocity, role identity, mobility barriers, and digital inclusion). **Results:** From this, we then theorized a new holistic multi-dimensional model of social connectedness based on theories of ageing (convoy model, socioemotional selectivity, and continuity theory) that incorporated structural, functional, subjective, role/identity, and contextual domains. **Conclusion:** This framework fills measurement gaps while presenting a model that provides a holistic view of the actual experiences of older adults. The implications of the model apply to clinical work (multidimensional assessment to tailor interventions), contribute to the development of geriatric-sensitive measures in research, and in policy development for programs to promote reciprocity, cultural safety, and digital inclusion. In the future, we should focus on exploring empirical validations and developing a brief multidimensional scale.

Keywords: *digital participation, comprehensive perspective, role identity, reciprocity, scoping review, systematic review, social connectedness*

Title: Reminiscence Therapy for Enhancing Cognitive Function and Psychosocial Well- Being in Individuals with Alzheimer’s Disease and Vascular Dementia: A Systematic Review

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ABSTRACT

Background and Aim: Alzheimer’s disease and vascular dementia are major causes of cognitive and functional decline in the elderly population. Pharmacological management offers limited cognitive recovery, emphasizing the need for effective non-drug interventions. Reminiscence therapy (RT), which encourages structured recall of meaningful past experiences, has shown potential in improving cognition and emotional well-being. This study aimed to systematically review existing literature evaluating the effectiveness of RT in enhancing cognitive functions and psychosocial outcomes among individuals with Alzheimer’s disease and vascular dementia. **Method:** A systematic review was conducted using PubMed, Scopus, and PsycINFO databases for studies published between 2000 and 2025. Eligible studies included randomized controlled trials and quasi-experimental designs assessing pre- and post- intervention outcomes of RT. The analysis focused on five key variables: cognitive function, memory performance, mood/depression level, quality of life, and behavioral and psychological symptoms of dementia (BPSD). Intervention durations ranged from 4 to 12 weeks, with frequencies of 1–3 sessions per week. **Results:** Most studies demonstrated moderate to significant improvements in cognitive outcomes (MMSE, MoCA) and memory performance. RT also reduced depressive symptoms, improved quality of life, and decreased behavioral disturbances such as agitation and

apathy. Effect sizes varied across studies, likely due to differences in duration, format, and patient demographics. Patients with Alzheimer’s disease showed greater gains in memory and emotional regulation, while those with vascular dementia showed better executive and social outcomes. No adverse events were reported, and most participants demonstrated high levels of engagement. **Conclusion:** Reminiscence therapy appears to be a safe, low-cost, and effective psychosocial intervention that enhances cognition, mood, and overall well-being in individuals with dementia. The findings support its inclusion as an adjunctive non- pharmacological approach in dementia care. Future research should focus on standardizing therapy protocols and evaluating long-term outcomes through large-scale randomized controlled studies.

Keywords: *Alzheimer’s disease; Vascular dementia; Reminiscence therapy; Cognitive enhancement; Psychosocial intervention; Systematic review.*



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TRACK-4

**INNOVATIONS AND TECHNOLOGY IN
ELDER CARE**



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TRACK 4

INNOVATIONS AND TECHNOLOGY IN ELDER CARE

ORALS

Title: Digital Confidence and Cognitive Reserve in the Elderly: An Exploratory Perspective

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ABSTRACT

Background and Aim: Older adults often report concerns regarding memory or thinking, i.e., subjective cognitive concerns (SCCs). Cognitive reserve (CR) posits why, despite brain changes, some people maintain function: it shows flexible and efficient use of cognitive resources. Research done in recent years suggests that the elderly with better CR are more likely to develop digital mastery. It was found that digital engagement draws on existing CR and also helps build new reserves. A review was done to identify (i) whether the use of digital technology is helping the elderly in enhancing cognitive reserve, (ii) whether the use of technology helps in reducing subjective cognitive concerns. **Method:** A qualitative synthesis and interpretation of existing literature of the past 10-15 years was done to explore the perspective related to the use of technology and cognitive reserve among the elderly. Findings also included the need to promote digital literacy among the elderly to address their subjective cognitive concerns. **Result and Key findings:** Digital confidence and adaptation are malleable systems; training and experiencing success increase confidence. Prolonged and demanding digital engagement builds experiential

reserve (problem-solving, multitasking, social interaction) that supplements CR. Increased CR and digital confidence reduce SCCs, which further encourages engagement - creating a positive feedback loop. **Conclusion:** Highlighting SSCs as malleable systems gives us a new roadmap; enhancing digital confidence is a practical means to promote CRs, reducing SSCs and supporting resilient ageing.

Keywords: *Cognitive reserve, Subjective Cognitive concerns, Digital Confidence, Technology, exploratory perspective, Neuropsychology*

Title: Ageing in the Digital Era: Understanding Generational Perspectives on Attitude Towards Artificial Intelligence

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ABSTRACT

Background and Aim: Artificial Intelligence (AI) has become increasingly useful in multiple domains, mandating research on how individuals across generations adapt to it. Although prior research has examined Digital Literacy (DL), Need for Cognition (NFC), and Attitudes towards AI in isolation, there is a lack of integrative studies that explore their intergenerational dynamics in India. The present study aimed to investigate the combined interplay of these factors among millennials and baby boomers, with particular attention to the implications for digital inclusion of older adults. **Method:** A quantitative study with non-experimental design was conducted with 135 participants recruited through convenience and snowball sampling; aged between 29-44

years (millennials) and 61-79 years (baby boomers). The measures used were Digital Literacy Scale (DLS), Need for Cognition Scale (NCS) and Artificial Intelligence Attitude Scale. The data was collected through Google Forms and was analyzed through t-test and regression. **Result:** The findings of our study indicated that generational differences exist between NFC and DL. Whereas the attitude towards AI did not vary significantly across generations. According to our regression analysis, DL is a significant predictor of the participants' attitude towards AI, while NFC approached significance. **Conclusion:** The results contribute to the existing literature with contrasting and new findings. This study has real-world significance in reducing digital divide and promoting inclusive adoption of AI in India through development of AI-enhanced digital literacy programmes for older adults; aiding in bridging the generation gap.

Keywords: *Artificial Intelligence, Digital Literacy, Need For Cognition, Geriatric Population, Generational Differences*

Title: AI and Robotic Applications in Geriatric Neuropsychiatric Care

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ABSTRACT

Background: Elderly marks as one of the highest populated and fastest growing sectors across the globe, as proposed by WHO, surpassing the number of individuals under the age of 5. This global ageing highlights the necessity of preparedness required for efficient care and living. The

Old age accompanies varied psycho-socio-emotional concerns for people, making them vulnerable to the difficulties faced in maintaining their current habits and lifestyles. Conditions of cognitive difficulties makes the aging even less bearable, affecting their sense of identity and perspective on life. Along with living beings, technology marks as another sector growing rapidly, which can be seen as having a substantial effect in healthcare and making the world more adaptive for our esteemed elderly population. **Aim:** The objective of the current study is to map the track of Artificial Intelligence in providing support and assistance for neurodegenerative conditions including Alzheimer, dementia, delirium, frailty in older adults. **Methodology:** The paper utilized a scoping review to analyse 150 studies available in 4 esteemed databases including SCOPUS, IEEE Xplore, PubMed and Psychinfo (APA) published within last five years, i.e., from 2020 to 2025 screened using specific inclusion and exclusion criteria with pre-determined keywords. **Results:** This review investigated a number of AI and robotics applications in senior care, highlighting how important they are for encouraging independence, keeping an eye on health, fostering social interaction, and supporting geriatric rehabilitation. Personalized help made possible by AI-powered devices enables older individuals to live independently for longer periods of time. One of the major themes that emerged was the diagnosis and early identification across studies, lacking the perspective of socio-emotional well-being. **Conclusions:** The study involved meta-synthesis to find the common patterns, gaps and contradictions across the literature. The study sheds light on the cultural context of India and how the current working population constitutes the largest proportion of India's population, anticipating the rise in the already growing elderly population. Future research needs to prioritize longitudinal validation, apply AI to multi-ethnic cohorts, and include explainable AI methods to connect algorithm performance with clinical acceptability. Similarly, interdisciplinary collaboration between clinicians, data scientists, ethicists, and caregivers will be equally vital to ensure that any AI systems are technically sound and aligned with the values and lived experience of older adults.

Keywords: *Artificial Intelligence, Neurocognitive Disorders, Elderly Population, Diagnostic Assistance, Management and Supportive Care*



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Title: AI and the Grief Journey: Understanding the Mediating Effects of Meaning-Making and Spirituality in Older Adults

Presenting Author: Tisha Khurana¹

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ABSTRACT

The integration of artificial intelligence (AI) into daily life presents a novel dimension for understanding grief adaptation in later adulthood. This qualitative study examines how older adults (aged 60 and above) utilize AI-mediated technologies, such as conversational agents (Siri, Google Assistant, ChatGPT), to navigate the experience of loss. The research specifically examines the roles of meaning-making and spirituality as potential mediators between the use of these technologies and individuals' attachment representations and overall psychological adjustment to bereavement. Drawing on insights from the reviewed literature, a semi-structured interview questionnaire was designed and administered to a sample of 30 older adults who had experienced a significant loss. The questionnaire explored participants' interactions with AI tools, focusing on applications such as using voice assistants for companionship to alleviate loneliness, engaging in dialogue to process emotions, and seeking spiritual comfort through AI-generated content. Thematic analysis of the responses revealed that AI technologies serve as multifaceted supports during the grieving process. For some participants, these interactions fostered a sense of ongoing connection, thereby reinforcing attachment security. For others, AI served as a medium for narrative reconstruction, facilitating meaning-making, or as a non-judgmental space for exploring spiritual questions related to loss. This study seeks to examine how AI-mediated interactions may support older adults in adapting to loss by providing

continuous, accessible assistance that complements existing social networks. It focuses on meaning-making as a potential mechanism through which AI use could promote adaptive coping, while also considering spirituality as an additional, though more variable, mediating factor. More broadly, the research aims to highlight the potential role of readily available AI technologies in gerontological grief care and to explore how their design and application can be ethically aligned with the psychological and existential needs of bereaved older adults.

Keywords: *Artificial intelligence, Grief adaptation, Older adults, Meaning-making, Spirituality, Bereavement support*

Title: Digital Aging: Exploring technology use, loneliness and well-being among older adults in India

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ABSTRACT

Background and Aim: The most significant trend noted in 21st century is that the proportion of senior citizens has steadily increased as compared to the younger generation, which is going to continue leading to a large population of elderly people in the coming years. However, it is noted that in the current digital regime, the use of technology is not uniform across generations. The

rise in technological aids of varied forms and uses poses a potential for effective elderly care in the heralding digital age. The technology has advanced in the form of telemedicine services, digital health platforms, and increased innovations in elderly businesses but the lived reality of older persons and the support networks that hinder or facilitate their use are still not well understood. The current study aims to examine how elderly people engage with digital technologies and how such interactions influence their feelings of loneliness, isolation, and mental well-being. The study would also analyse the role of digital mediators such as NGO staff, family members, and caregivers in shaping elderly technology use. **Method:** The study employs a qualitative research design, drawing from in-depth interviews with old age people and non-governmental organization to understand the trends and technology use barriers to adoption and perceived impact on mental health. The open-ended replies are thematically coded to capture cultural attitudes, gaps in digital literacy, and concerns around privacy and digital autonomy. **Results:** The finding aims to provide nuanced insights into how technology can advance elderly care in India while underscoring the need of culturally grounded digital literacy programmes, accessible platforms, and sustained NGO-led interventions. **Conclusion:** Together these measures can foster a more inclusive, supportive and mentally enriching experience of ageing.

Keywords: *Elderly care, Technology adoption, Mental health, Digital divide, Loneliness*

Title: Preserving Personhood through AI and Social Robotics: Toward a Person-Centered Care Framework for Dementia and Elderly Settings

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ABSTRACT

Background and Aim: As global populations age, dementia care requires a shift from standardized interventions to individualized approaches that emphasize personhood. This paper aims to examine the role of AI-driven social robotics in facilitating person-centered care for dementia and elderly populations. **Method:** This is a theoretical analysis integrating psychological frameworks of person-centered care (Kitwood, 1997; Brooker, 2007) with technological perspectives on social robotics. **Results:** The analysis suggests that AI-enabled robots can address psychosocial needs such as attachment, comfort, occupation, identity, and inclusion, by providing tailored engagement, empathetic interaction, and adaptive support (Fazio et al., 2018; McCormack & McCance, 2010). Additionally, challenges relating to cultural sensitivity, privacy, and maintaining authentic human connection were identified (Cunningham et al., 2021). **Conclusion:** The study highlights how social robotics, when grounded in psychological principles, may enhance dignity, autonomy, and quality of life for persons with dementia. The framework underscores the potential of technology to complement not replace human caregiving, while advocating for ethical and context-sensitive application.

Keywords: *person-centered care, dementia, artificial intelligence, social robotics, personhood, autonomy, psychosocial needs, psychological dignity*

Title: Artificial Intelligence for Early Detection of Dementia: A Systematic Review of Evidence, Accuracy, and Clinical Applications in Psychiatry and Psychogeriatric Care

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ABSTRACT

Background and Aim: Dementia is a leading cause of disability in older adults, with profound social and healthcare implications. Conventional screening tools often fail to detect subtle prodromal changes, delaying intervention. Artificial Intelligence (AI) offers novel opportunities to improve early detection by analyzing multimodal data including neuroimaging, speech, and digital biomarkers. This study aimed to systematically review the evidence on AI-based approaches for early detection of dementia and mild cognitive impairment (MCI), with attention to accuracy, applicability, and limitations. **Method:** A systematic review of PubMed, Embase, Web of Science, and Cochrane databases (till June 2025) was conducted. Eligible studies applied AI or machine learning techniques to detect dementia or MCI against established clinical or neuropsychological standards. Data were narratively synthesized, focusing on diagnostic performance, validation methods, and translational potential. **Results:** AI-based models consistently outperformed conventional screening in detecting early cognitive decline. Multimodal models integrating imaging, clinical, and digital biomarkers demonstrated the strongest performance. Speech and drawing-based approaches showed promise as cost-effective, scalable solutions. Statistically significant improvements in early-stage detection were reported, often with moderate-to-large effect sizes. However, external validation reduced performance, highlighting generalizability issues. Challenges included dataset heterogeneity, lack of model interpretability, and underrepresentation of diverse populations. **Conclusion:** AI demonstrates strong potential to shift dementia diagnosis toward earlier, proactive detection. For psychiatry, these tools can complement clinical expertise, but ethical safeguards, explainable models, and culturally inclusive datasets are essential. Future directions should include prospective, longitudinal validation and hybrid clinician–AI models to ensure safe and equitable integration into geriatric care.

Keywords: *Artificial Intelligence, Dementia, Mild Cognitive Impairment, Early Detection, Psychiatry, Systematic Review*

Title: Social Networking Sites Usage and Emotional Loneliness among Older Adults: A Correlational Study



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ABSTRACT

WHO (2023) has recognized loneliness as a ‘global public health issue’. In older adults, loneliness most commonly accompanies depression, cognitive decline, and lack of well-being. In this digital era, people often log on to social networking websites (SNSs) like WhatsApp, Facebook and Instagram to maintain connections with others. Empirical evidence has shown that while SNS usage may be related to emotional loneliness in young adults and general population, it is unclear how it is applied among older adults within the socio-cultural context of India. The main aim of the study is to explore the relationship between using social networking sites and emotional loneliness among aged people, with a focus on whether more SNS engagement is associated with less emotional loneliness. A Correlational, Cross-Sectional Research Design was used, the sample was 202 community- dwelling older adults prefer to use SNS platforms. Participants were selected via purposeful sampling. Tools used for the study: Social Network Sites (SNSs) Usage Questionnaire, De Jong Gierveld Loneliness. For data analysis, Data were analysed using Pearson’s correlation and regression analysis to explore the strength and direction of association. The findings revealed that higher SNS usage, particularly for social and emotional connection, is negatively correlated with emotional loneliness. The study highlights how digital social interactions can mitigate loneliness and enhance emotional well-being in older adults. This study brings into focus the possibility for digital interaction to ease emotional loneliness among older people. Thus, by engaging actively with social networking platforms, one can grow a sense of camaraderie, emotional expression, and connectedness that could lessen the loneliness and



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thus increase psychological well-being of the aging population. The results build on increasing evidence base for digital mental health interventions for older adults. More longitudinal research is recommended to verify causal relationships and explore the nuances of online interactions in greater depth.

Keywords: *Social Networking Sites, Emotional Loneliness, Older Adults, Digital Engagement, Emotional Well-being*





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TRACK 4
INNOVATIONS AND TECHNOLOGY IN ELDER CARE
POSTERS

Title: AI and robotics in dementia and elderly care settings.

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ABSTRACT

Introduction: The increasing Conditions of Dementia and age-related issues in old people are a matter of concern worldwide. This study explores the role of artificial intelligence (AI) and robotics in improving the situation, particularly those with dementia, for their Safety, independence, health monitoring, companionship, and many other things. **Method:** A mixed-method approach was adopted, combining a systematic review of literature. The study examined effectiveness of AI - driven monitoring systems, robotics companions, and assistive technologies in supporting daily activities, enhancing emotional well-being and reducing caregiver workload. **Result:** Findings suggest that AI robotics significantly improves patient safety through real time monitoring while robotic companions enhance social interaction and reduces stress and feeling of isolation. However, the cost and technological acceptance among older adults is still a key challenge. **Conclusion:** The study concludes that AI and robotics hold a strong potential in treating people with dementia and elderly care settings, offering both clinical and emotional benefits. AI and robotics in dementia and elderly care enhance safety, independence, and well-being while reducing caregiver burden. Though they cannot replace human empathy, these technologies complement traditional care by promoting dignity, comfort, and quality of life for older adults.

Title: Low-tech Digital Approaches for Early Detection of Cognitive Impairment, Depression, and Loneliness in Rural Older Adults: Evidence from Uttarakhand and Haryana

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ABSTRACT

Older adults in rural India often experience delayed detection of cognitive decline, depression, and social isolation due to limited access to mental health services, low literacy, and low smartphone ownership. Low-cost digital tools, such as voice-based biomarkers and telephonic interactive voice response (IVR) systems, have emerged as promising strategies for early screening and monitoring in resource-limited settings. This scoping review synthesizes findings from over 120 recent studies to evaluate the feasibility, effectiveness, and cultural relevance of these technologies for older adults in Uttarakhand and Haryana. A systematic search of PubMed, Scopus, Web of Science, and regional databases identified studies addressing geriatric populations, cognitive impairment, depression, loneliness, and low-tech digital interventions. Data were extracted and synthesized narratively, focusing on technology modality, outcomes, feasibility, and regional applicability. Evidence suggests that voice-based biomarkers can detect early cognitive changes and depressive symptoms, while IVR systems are feasible for depression and loneliness screening among feature-phone users. However, integration into rural healthcare, adaptation to local languages, and combined use of both approaches remain underexplored. Low-tech hybrid approaches hold potential for scalable, culturally sensitive early detection and monitoring of mental health and cognitive issues in rural older adults. Future studies should

focus on region-specific validation, caregiver engagement, and integration with primary healthcare to improve early identification and intervention outcomes.

Keywords: *cognitive impairment, depression, loneliness, rural older adults, voice biomarkers, IVR, low-tech digital tools*

Title- Mobile Applications for Cognitive and Emotional Health Monitoring in Geriatric Populations: A Review

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ABSTRACT

The growing incidence of cognitive and emotional disorders among the geriatric population necessitates effective monitoring and intervention strategies. Mobile health applications have emerged as promising tools due to their accessibility, affordability, and potential to support cognitive decline, depression, and anxiety in older adults. However, current applications predominantly address cognitive and emotional domains separately, lacking integrated, holistic approaches tailored to the unique needs of elderly users. Significant research gaps persist in personalization, cultural adaptation, and user engagement, with most applications developed without active participation from older adults. This results in usability challenges and limited long-term adherence. Moreover, existing studies are largely confined to high-income countries, limiting the generalizability of findings across diverse cultural and socioeconomic contexts. This

review employs a systematic secondary research methodology, following the PRISMA model, analyzing over 100 peer-reviewed articles and authoritative sources retrieved from Scopus, Google Scholar, and specialized healthcare databases. The study identifies critical gaps and opportunities for advancing mobile health technologies for geriatric cognitive and emotional well-being. Results indicate substantial potential for mobile applications to improve geriatric health outcomes, contingent on addressing current limitations in design inclusivity and contextual adaptation. Future research should prioritize participatory, user-centered design approaches that integrate cognitive and emotional health metrics within culturally adaptable platforms. Large-scale, longitudinal validation studies are essential to confirm effectiveness and sustainability. Through these enhancements, mobile health applications can evolve into comprehensive, inclusive tools that foster cognitive resilience and emotional well-being in aging populations globally.

Keywords - *Mobile health applications, Cognitive function, Geriatric population, Mild cognitive impairment, Emotional well-being*

Title: “Innovating Elderly Care: Key Themes Shaping the Future”

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ABSTRACT

Background: The global rise in the elderly population has created new challenges in healthcare, highlighting the need for innovative and sustainable approaches to geriatric care. Technology has emerged as a key tool in addressing these challenges through digital health systems, remote monitoring, and assistive devices. Moreover, technological advancements are ready to detect the chances of cognitive decline before it manifests. **Aim:** To explore the impact of technological interventions on improving healthcare accessibility, independence, and overall quality of life among the elderly. **Methods:** A descriptive review approach was used, drawing insights from recent studies, clinical reports, and healthcare innovations related to technology-based elderly care. Emphasis was placed on wearable health monitors, telemedicine, smart home systems, and assistive robotics. **Results:** The review found that technology enhances early diagnosis, medication management, and continuous health monitoring, thereby improving physical and emotional well-being. It also reduces caregiver strain and hospital dependency. However, barriers such as limited digital literacy, high costs, and privacy issues remain significant challenges to implementation. **Conclusion:** Technological advancements hold transformative potential for geriatric care by improving accessibility, safety, and quality of life. Integrating these tools into routine healthcare can create a more inclusive and efficient system for elderly populations.

Keywords: *Technology, Geriatric care, Telemedicine, Elderly health, Assistive devices, Digital healthcare*

Title: Digital Leisure and Healthy Ageing: A Systematic Review of Cognitive and Emotional Outcomes in Older Adults with Implications for India

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ABSTRACT

As the global population ages rapidly, older adults face cognitive, emotional, and social challenges, particularly in developing countries such as India. While digital leisure activities are increasingly used, limited evidence exists on their combined effects on cognition and emotional wellbeing. This study aims to synthesize international and Indian research to evaluate how digital activities such as mobile games, puzzles, and video calls support healthy ageing. A systematic review of 20 studies published between 2015 and 2025 was conducted, with studies identified through Google Scholar using Boolean search strategies, screened for relevance, and analyzed via thematic synthesis. Three primary themes emerged: mobile and tablet-based cognitive games, video calls and digital social connectivity, and broader digital interventions including virtual reality and mindfulness programs. Findings indicate that cognitive games enhance attention, memory, and executive function, while video calls reduce loneliness and strengthen emotional support. Broader digital interventions provide additional cognitive and emotional benefits, moderated by digital literacy, usability, and social support. Indian studies reveal that smartphone-based applications foster family bonding and social engagement, although disparities in access and digital skills persist. The review highlights practical strategies for promoting healthy ageing, including culturally relevant game design, digital literacy workshops, intergenerational learning, and affordable device access. Limitations include reliance on a single database, English-only publications, and methodological heterogeneity. Future research should focus on India-specific interventions, longitudinal and mixed-methods studies, and participatory co-design of digital tools to ensure effective, accessible, and inclusive digital leisure for older adults.

Keywords: *Digital leisure, Healthy ageing, Older adults, Cognition, Emotional wellbeing, India*



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Title: The Psychological Power of Language: How Communication Shapes Behaviour and Mental Health in the Ageing Population

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ABSTRACT

Background and Aim: Language is a foundational mechanism that profoundly shapes cognition and identity throughout the lifespan. In older adulthood, linguistic processes are responsible for both reflecting and constructing self-perception and societal views of aging. Development Theories (e.g., Vygotsky) posit that socially mediated dialogue becomes an internalized self-talk used for self-regulation. This inner language supports planning, memory and emotion regulation. Conversely, stereotype-laden or patronizing registers (e.g. elderspeak) in communication can reduce comprehension and foster negative self-perceptions among seniors. The study aims to explore following objectives: To examine how linguistic processes, ranging from private inner dialogue to public communication, function as psychological mechanisms shaping behaviour, identity, and well-being in older adults. To analyse the role of adaptive inner speech and the construction of culturally meaningful life narratives in bolstering cognitive functioning and positive self-concept. To investigate the clinical relationship between negative linguistic patterns (specifically rumination and elderspeak) and increased psychological distress and cognitive vulnerability in the aging population. **Method:** Researcher conducted a narrative review of interdisciplinary literature spanning gerontology, psycholinguistics, and social psychology. This literature review was complemented by qualitative interviews involving a diverse sample of older adults, focusing on their use of self-talk, their narrative identities, and their experiences with family and caregiver communication. Thematic analysis was employed to integrate key socio-cognitive, developmental, and cultural models with the primary observations derived from the study participants. A cross-sectional quantitative study was conducted, recruiting N=250 community-dwelling and clinical older adults (aged 65 and above) from diverse settings.

Participants were administered a battery of validated instruments, including the Self-Talk Scale (measuring adaptive and negative inner speech/rumination), the Geriatric Depression Scale (GDS-15), the Mini-Mental State Examination (MMSE), and a custom-developed Elderspeak Exposure and Reaction Questionnaire (quantifying exposure to patronizing communication and resultant affective response). Statistical analysis, including Pearson correlation and multiple linear regression modeling, was employed to assess the strength and direction of the associations between measured linguistic variables and established mental health and cognitive outcomes.

Results: Findings indicate that inner speech is a versatile cognitive tool; many participants actively reported using internal dialogue for goal-setting, planning, and emotional self-soothing. Additionally, older adults were found to construct life narratives grounded in personal roles and cultural values, which serve to affirm identity resilience despite age-related changes. Conversely, persistent negative self-talk, typically manifested as rumination, was significantly associated with increased anxiety, depressive symptoms, and poorer cognitive function. In caregiving contexts, age-stereotyped speech, such as diminutive terms or oversimplification (elderspeak), frequently elicited behavioural responses of frustration or passivity. Findings indicated a significant negative correlation ($p < .01$) between high scores on adaptive inner speech and GDS-15 scores. Conversely, persistent negative self-talk (rumination) was significantly associated with increased anxiety, depressive symptoms, and poorer cognitive function (as quantified via the MMSE, $p < .001$). In caregiving contexts, increased self-reported exposure to age-stereotyped speech (elderspeak) significantly correlated with heightened frustration and passive behavioral responses ($r = .35$, $p < .005$). **Conclusion:** Language operates as a powerful, bidirectional psychosocial mechanism in gerontology. Adaptive inner dialogue and culturally meaningful narratives are key resources that bolster emotional regulation, cognitive functioning, and a positive self-concept. In direct contrast, ageist or negative linguistic patterns contribute significantly to psychological distress and accelerate cognitive decline. These findings underscore the critical importance of respectful, empowering communication by families and caregivers and mandate that therapeutic interventions explicitly foster positive self-talk and resilient narrative identity to enhance mental health, autonomy, and well-being in older adults.

Keywords: *Psycho-Gerontology, inner speech, elderspeak, cognitive function, rumination*

Title: A Decade of Advances in Non-Pharmacological Interventions for Older Adults With Dementia: Enhancing Cognitive Function and Quality of Life

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ABSTRACT

Background and Aim: Dementia is a progressive neurocognitive disorder that substantially impairs memory, function, and quality of life in older adults. Although pharmacological treatments provide limited symptomatic relief, evidence for non-pharmacological interventions has grown considerably in the past decade. The present study aims to review and synthesize advances in non-pharmacological interventions for dementia, focusing on cognitive, psychosocial, and technological approaches that enhance cognitive function and overall well-being. **Method:** A narrative review of research published between 2015 and 2025 was conducted across PubMed, PsycINFO, and Scopus databases. Randomized controlled trials, systematic reviews, and meta-analyses evaluating non-pharmacological interventions for older adults with mild to moderate dementia were included. Data were organized thematically to assess intervention types, mechanisms of action, and reported outcomes related to cognition, behavior, and quality of life. **Results:** Cognitive training, exercise, and multicomponent lifestyle programs consistently demonstrated moderate improvements in cognitive performance and daily functioning. Music, art, and reminiscence therapies effectively reduced agitation and improved mood. Technology-assisted approaches, including virtual reality and socially assistive robots, showed promising results in engagement and emotional well-being but require larger, long-term trials to validate their efficacy. **Conclusion:** Evidence from the past decade supports non-pharmacological interventions as effective, low-risk strategies to enhance cognitive and psychosocial outcomes in dementia care. Integration of personalized and technology-based therapies into clinical and community settings holds significant potential to improve quality of life for older adults with dementia.



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Keywords: *Dementia, Non-Pharmacological Interventions, Cognitive Training, Social Robotics, Quality of Life, Older Adults*

Title: Effectiveness of Tele-Mental Health Services for Older Adults in India: A Review and Caregiver Perspectives

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ABSTRACT

Background and Aim: The mental disorders account for almost one-fifth of the senior citizens in India. But a majority of them still struggle a lot to get proper care since they have to deal with the social stigma that is still strong, they have limited movement and there is a shortage of funds. In accordance to m-health interventions in India, the elderly's positive attitude towards it is, for example, the Tele MANAS emergency line that has been receiving more than 1.8 million calls since its 2022 inauguration is cited. The aim of the research is to investigate the existing verification of the efficiency of tele-mental health services for the elderly in India, whereas the second objective is to gather some preliminary impressions of access and challenges from caregivers. **Method:** The research used a descriptive observational design with a narrative review of the recent Indian studies about tele-mental health services for the elderly to explore the opening trends and gaps. Five caregivers were also briefly interviewed in a semi-structured manner. These caregivers looked after elderly patients and gave feedback on their use of teleconsultations. The study's timeline for literature review was from 2020 to 2025. The interviews, that were conducted face-to-face, lasted one month. A structured interview guide was used to conduct the interviews. **Results:** The literature review showed an increase in the use of tele-mental health services by older adults in India during the COVID-19 period. Helplines and virtual consultation services became available in nearly all states. About 20% of elderly callers

sought tele-mental health services for depression, anxiety, and cognitive difficulties. Most older adults perceived tele consultations as convenient and comfortable due to the flexibility offered and the absence of travel, but family members sometimes needed to help due to challenges in digital literacy. Some caregivers observed that interactive video consultations were more stimulating, but a fraction of older adults chose to speak on the phone due to anxiety or due to unfamiliarity with video technology experience. **Conclusion:** Older adults in India have benefited from tele-mental health services, particularly in the era of the COVID-19 pandemic, in accessing mental healthcare. The ease of providing such services, however, is tied to providing family members with some support. Expanding community-based digital literacy workshops, increasing the adoption of simple telehealth systems, and designing more intuitive tele-mental health systems are likely to improve the impact of such services. Research to come should include the development of scalable models for providing training and seamless integration of tele-mental health services into primary care to improve healthcare access for the elderly vulnerable in rural areas.

Keywords: *Tele-Mental Health, Geriatric Psychiatry, Older Adults, Digital Health Literacy, Caregiver Support*

Title: Digital Therapeutics for Geriatric Depression: Current Evidence and Opportunities for Implementation in India

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ABSTRACT

Background and Aim: Depression among older adults is a growing public health concern, often compounded by barriers to accessing traditional in-person mental health services. In recent years, digital interventions have emerged as promising alternatives for addressing geriatric depression. However, their acceptability, feasibility, and clinical effectiveness in this age group remain areas of ongoing investigation. To synthesize recent evidence from systematic reviews and meta-analyses published in the past decade evaluating the efficacy of digital interventions like tele-psychiatry, Smartphone applications, chat bots etc. in reducing depressive symptoms among older adults. **Methods:** A review was conducted to identify systematic reviews and meta-analyses from 2015–2025 focusing on digital interventions for depression in adults aged ≥ 60 years. Data were extracted based on study design, intervention modality, sample characteristics, outcome measures, and limitations. **Results:** Digital interventions show the strongest evidence. Interventions that included guided therapist support or caregiver involvement were more effective than fully automated programs. Nevertheless, several studies noted challenges and evidence from low- and middle-income countries, including India, remains limited. **Conclusion:** Digital interventions offer a feasible and moderately effective option for managing depression in the geriatric population, especially when human support is integrated. However, gaps persist in terms of inclusivity, cultural adaptation, and long-term adherence. Future research in the Indian context is essential to tailor these interventions to local needs and technological capacities.

Keywords: *Geriatric depression, digital mental health, tele-psychiatry, online CBT, older adults, systematic review.*

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TRACK-5

**INTERFACE BETWEEN PHYSICAL AND
MENTAL HEALTH ISSUES IN ELDERLY**

Track 5

INTERFACE BETWEEN PHYSICAL AND MENTAL HEALTH ISSUES IN
ELDERLY

ORALS

Title: Effect of Sleep Disturbances on Psychological Well-being and Memory Complaints among Older Adults

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ABSTRACT

Background and Aim: Despite growing research in the field of Psycho-Gerontology, the effect of sleep disturbances on the Psychological Well-being and Memory Complaints among Older Adults remains underrecognized. Poor sleep quality has been associated with increased emotional distress, reduced life satisfaction, and higher incidence of memory complaints, all of which significantly affect the quality of life in later years. The present study aims to investigate the relationship between sleep disturbances, psychological well-being, and self reported memory complaints among older adults. **Method:** A cross-sectional survey design will be employed with a sample of approximately 30 community-dwelling older adults aged 60 years and above. Data will be collected through a combination of the following questionnaires: WHO-5, Jenkins Sleep Scale and the Memory Complaints Scale or MCS, using Likert-type scales to assess sleep quality, psychological well-being, and memory concerns. **Results:** It is anticipated that higher levels of sleep disturbances will be associated with lower psychological well-being and greater self reported memory complaints. **Conclusion:** Findings are expected to highlight the importance

of sleep in maintaining psychological and cognitive health in older adults. The study emphasizes the need for early screening and sleep-focused interventions to promote healthy aging. Further research with larger samples and standardized measures is recommended.

Keywords: *sleep disturbances, psychological well-being, memory complaints, older adults, gerontology, psychology.*

Title: Anxiety, Somatic Symptoms and Social Support: Correlational Insights into Elderly Well-being in Delhi NCR

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ABSTRACT

Background and aim: Anxiety and somatic symptoms are silent yet powerful disruptors of well-being in the elderly often masking them behind physical complaints. By understanding the relationship between anxiety, somatic symptoms and social support we can foster resilience and restore happiness, hope and comfort in their lives. The study explored the correlation between anxiety, somatic symptoms and social support among elderly population in Delhi NCR.

Method: A quantitative study was conducted in which a total of 120 participants were surveyed using convenience sampling technique. Data was analysed using descriptive correlational design.

Results: Results revealed a significant positive association between anxiety and somatic symptoms ($r=0.498$) indicating that higher anxiety was linked with greater somatic symptoms.

Social support demonstrated a strong negative correlation with anxiety($r=-0.512, p<.001$), suggesting its role in reducing psychological distress. In contrast, no significant relationship was found between social support and somatic stress ($r= -0.056, p=.540$). Conclusion: Study demonstrated that while social support plays a critical role in buffering anxiety, its direct influence on somatic symptoms may be limited, indicating that Somatic symptoms may require additional interventions beyond social support.

Key Words: *Elderly, Delhi NCR, social support, anxiety, somatic symptoms*

Title: Coping Mechanisms for PCOD-Related Emotional and Psychological Stress in the Geriatric Population

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ABSTRACT

Introduction: When we think of Polycystic Ovarian Disease (PCOD), the image that often comes to mind is that of a younger woman dealing with irregular periods, weight fluctuations, or infertility struggles. But PCOD is not limited to youth—it can leave lasting health and psychological imprints that extend into the geriatric stage. For older women, especially those navigating menopause and post-menopause, the emotional aftermath of PCOD may manifest as depression, anxiety, and psychological distress. In the context of psycho-geriatrics, this becomes an important subject, as the elderly population faces layered challenges: aging, chronic illnesses, cultural stigma, and reduced family support. This research delves into how older women cope with the emotional and psychological stress linked to PCOD, bringing together clinical insights and psychosocial perspectives. **Background of the Study:** PCOD is widely recognized as one of the most common endocrine disorders among women of reproductive age. While hormonal irregularities and reproductive issues often dominate discussions, the psychological consequences cannot be overlooked. Persistent hormonal imbalances may fuel anxiety,

depression, irritability, and a sense of isolation. For the geriatric population, this stress becomes magnified. With age, women often experience reduced physiological resilience, declining social roles, and increased vulnerability to stigma. The double burden of aging and PCOD-related psychological challenges demands specific exploration, as it differs significantly from the experiences of younger women. **Objectives of the Study** The study seeks to address three focused objectives. To explore the psychological impact of PCOD-related hormonal imbalance on depression and anxiety in geriatric women. 2. To examine the coping mechanisms—emotional, social, and behavioral—adopted by geriatric women with PCOD.3. To identify effective psychosocial and therapeutic strategies that reduces emotional distress in this population. **Methodology:** The study is qualitative in nature, rooted in the belief that lived experiences provide the deepest insights into coping. In-depth interviews and focused group discussions with elderly women diagnosed with or having a history of PCOD form the primary data. Thematic analysis is applied to identify recurring patterns—be it negative coping like withdrawal and self-blame, or positive coping such as mindfulness, therapy, and community participation. Ethical research practices guide the process, ensuring confidentiality, sensitivity, and informed consent. **Key Findings (Expected Scope)** Though findings may vary across cultural and individual contexts, some expected outcomes include: **Emotional Stress Patterns:** Depression, heightened anxiety, and irritability were reported as long-term struggles. **Coping Strategies:** Many women leaned on spiritual practices, social support groups, and mindfulness exercises. **Role of Family and Community:** Women who had strong family support and Community engagement reported lower stress. **Psychological Interventions:** Cognitive Behavioral Therapy (CBT), yoga-based interventions, and reminiscence therapy showed promise in enhancing emotional resilience. **Discussion** The findings open up important discussions about the intersectionality of aging, gender, and chronic illness. Unlike younger women, geriatric women face compounded stigma—first for aging, second for reproductive disorders. This often leads to silence and underreporting of psychological distress. Moreover, cultural attitudes in India and other societies often dismiss elderly women’s mental health needs. Instead, the focus shifts only to physical ailments. The study highlights the urgent need for gender-sensitive, culturally sensitive, and age-sensitive interventions. Collaboration between psychiatry, geriatric medicine, and psychosocial counseling emerges as a strong recommendation. **Conclusion**

PCOD's impact does not end with reproductive age—it extends into geriatric years in the form of depression, anxiety, and unresolved psychological stress. Coping mechanisms vary, but holistic support that integrates medical, psychological, social, and spiritual care is vital. By prioritizing such comprehensive interventions, we can create a more compassionate umbrella of care for aging women with PCOD-related distress.

Title: Efficacy of Self-managed Psycho-education based Pain management program in Reducing Pain Intensity in Middle-aged and Older Aged Patients with Chronic Low Back Pain

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ABSTRACT

Background and Aim: Chronic low back pain (CLBP) is the leading cause of disability among middle-aged and older adults worldwide. Age-related degenerative changes in the spine and other external and internal factors may lead to increased vulnerability in this particular age group. In India, rural areas where patients often suffer from low-income backgrounds and remote areas, access to in-person therapy sessions is very limited. This study aims to provide a pain management intervention based on psycho-education as a practical and cost-effective alternative for older adults. **Methods:** Sixty-five patients with CLBP (29 elderly, 36 middle-aged) participated in a 12 week program of psycho-education and lifestyle modification program. The intervention consisted of a structured self-managed program combining psycho-

education, supportive counselling, and activity scheduling (yoga, walking, daily routines, and dietary regulations). Pain intensity (Visual Analogue Scale: current, least, worst), disability (Roland-Morris Disability Questionnaire), anxiety (Generalized Anxiety Disorder 7), depression (Patient Health Questionnaire-9), and pain catastrophizing (Pain Catastrophizing Scale) were measured as correlates of pain at baseline and post-intervention. A linear mixed-effects model was applied using R Software (version 4.4.2) with time (pre vs. post) as the within-subject factor and age group (middle-aged vs. older adults) as the between-subject factor. **Results:** The intensity of pain was significantly reduced in all three domains: current pain ($\beta = -6.92$, $p = 0.002$), least pain ($\beta = -4.84$, $p = 0.018$), and worst pain ($\beta = -7.01$, $p = 0.005$) from pre-to post-intervention. Further, it was also found that depression ($\beta = -20.43$, $p = 0.010$), anxiety ($\beta = -15.72$, $p = 0.021$), pain catastrophizing ($\beta = -41.79$, $p = 0.003$) and disability ($\beta = -25.17$, $p < 0.001$), were significantly reduced after the intervention. A significant effect of age on anxiety ($\beta = -0.45$, $p = 0.028$), depression ($\beta = -0.50$, $p = 0.033$), and pain catastrophizing ($\beta = -1.37$, $p = 0.001$) indicated that older participants consistently reported lower anxiety, depression, and catastrophizing than middle-aged participants. **Conclusion:** The self-managed psychoeducation-based program, which integrates psycho-education, structured daily routines, and supportive counselling, effectively reduced pain, disability, anxiety, depression, and pain catastrophizing in middle-aged and older adults with CLBP. These findings support the role of structured, self-managed psychoeducation programs as valuable tools for chronic pain management.

Keywords: *chronic low back pain, psycho-education, pain management, disability, anxiety, depression, middle-aged, elderly*

Title: Medication Beliefs in Patients with Parkinson's Disease: A Cross-Sectional Study From North India

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ABSTRACT

Background and Aim: Parkinson's disease (PD) is the second most common neurodegenerative disorder, where symptom management and quality of life depend heavily on medication adherence. Patients' beliefs, including perceived necessity and concerns, strongly influence adherence and overall well-being, making their assessment essential for designing interventions. This study aims to examine medication beliefs and factors affecting these beliefs in patients with Parkinson's disease. **Methods:** A cross-sectional study was conducted with 120 PD patients (aged ≥ 20 years) on antiparkinson drugs for >1 year, using convenient sampling. Medication beliefs were assessed using the Beliefs about Medicines Questionnaire (BMQ), and disease severity using the Hoehn & Yahr (H&Y) stage and MDS-UPDRS scale. Statistical analysis included descriptive statistics, t-tests, ANOVA, and Pearson's correlation, with significance level $p < 0.05$. **Results:** The mean age was 72.5 ± 7.21 years. Necessity (17.12) and Concern (14.71) scores declined with longer disease duration, higher H&Y stage, and higher MDS-UPDRS total scores, whereas higher daily pill burden and increased LEDD associated with higher Necessity and Concern scores ($p < 0.05$). Slightly higher Necessity and Concern scores were observed in older patients, males, those with higher education, and anxious mood, whereas patients with hallucinations had lower Necessity and higher Concern scores; though differences were not

statistically significant. Conclusion: The study demonstrates that Parkinson's patients recognize the necessity of their medications but hold significant concerns, which decline with advancing disease and greater functional impairment, highlighting the potential of targeted interventions to improve adherence and overall well-being in future research.

Keywords: *Parkinson's disease, Medication Beliefs, Hoehn & Yahr stage, MDS-UPDRS*

Title: Resilience of Caregivers and its Correlation with the Mental Well-being of Geriatric Cancer Patients

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ABSTRACT

Background and Aim: The family caregivers are the main backbone of geriatric cancer care patients, but the emotional burden of care giving may negatively impact the result of the caregiver and the patient. The strength of resilience, which is a positive adaptation to adversity, can serve as a protective predictor that determines the mental health of geriatric cancer patients based on the quality of care they obtain. Since there is sparse empirical information available on the same issue on Indian setting, we did a pilot study as a prelude to a bigger piece of investigation. **Method:** Purposive sampling was used to recruit 50 caregivers of geriatric cancer patients and their 50 corresponding patients in S.M.H.S (ShriMaharaja Hari Singh) Hospital, Oncology Department using a cross-sectional descriptive design. The Connor Davidson

Resilience Scale (CD-RISC-10) was used to measure caregiver resilience, and the WHO-5 Wellbeing index was used to measure the mental well-being of patients. The socio-demographic information was gathered through a structured proforma. **Results:** Analysis of data was based on descriptive statistics; reliability check and correlation coefficients as a measure to test associations by means of Pearson correlation. Early findings of the pilot study showed that caregivers who had higher resilience scores were more likely to have patients with improved mental well-being, which improves the likelihood of positive association between the variables. The results of this investigation justify the study design and give a specific indication of the possible effect of caregiver resilience-building interventions on the psychological outcomes of patients. **Conclusion:** The pilot highlights the necessity of bigger longitudinal studies to determine causality and shape specific psychosocial support interventions to caregivers in the oncology environment.

Keywords: Geriatric cancer patients, caregiver resilience, mental well-being, pilot study

Title: Exercise Addiction and Psychological Distress among Midlife and Older Adults: Evidence from a Pre-Geriatric Mental Health Perspective.

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ABSTRACT

Background and Aim: While regular exercise promotes psychological well-being, excessive or compulsive exercise may have detrimental effects, particularly as individuals age. This study explored the relationship between exercise addiction and mental health across pre-geriatric and geriatric stages. **Method:** A Cross-Sectional study design was employed and a sample of adults aged 40 years and above completed the Exercise Addiction Inventory (EAI), General Health

Questionnaire (GHQ), and a socio-demographic survey. Participants were grouped into early midlife (40–50), late midlife (51–60), and older adulthood (60+) cohorts to examine age-related differences. Descriptive, correlational, and regression analyses were conducted to assess associations between exercise addiction, psychological distress, and demographic predictors. Results: Preliminary results indicate that moderate exercise engagement was linked with lower psychological distress, whereas higher Exercise addiction scores predicted poorer mental health. The strength of this association appeared most pronounced among adults in their 40s and 50s, suggesting potential vulnerability in the pre-geriatric phase. Gender and marital status also emerged as significant predictors of both exercise addiction and mental health. Conclusion: These findings aim to highlight the importance of recognizing pre-geriatric patterns of exercise behavior and mental wellbeing to promote healthy aging trajectories.

Keywords: *Exercise addiction, Geriatric Mental health, Midlife, Pre-geriatric Mental Health, Aging, General Health Questionnaire*

Title: Scale to Assess the Falls Efficacy Bharat (SAFE-B): A Contextually Relevant and Appropriate Tool for Assessing Falls Efficacy in Indian Seniors.

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ABSTRACT

Background and Aim: Present Fall Efficacy Scales are Western-centric; not only are some activities irrelevant, but they also omit common activities performed by Indian elderly. Therefore, it is vital to develop and validate a Fall efficacy scale that is contextually suitable and appropriate for Indian senior citizens. Method: A literature review using keywords across multiple databases, interviews with a mixed sample of 104 older adults aged 60 and above, and a multidisciplinary panel of 08 experts were utilised to identify omissions and additions to the new fall efficacy scale. The Content Validity Index was calculated for the 22 items. After pilot testing, 20 items were included in the final version of the scale. Using a convenient sample size of 240 older people aged 60 and above completed the new scale for validity and reliability. Factor analysis was done for all items in the scale. Results: The study found no redundancy in the questions on the new fall efficacy scale. All are found to be strongly concerned about falling during social and physical activities. Conclusion: The new scale is an appropriate tool for assessing fear or concerns related to falls among the elderly population by including activities that are culturally relevant to India. The scale needs to be translated into various regional languages of India and must be validated across different regions.

Keywords: *Older people, Fear of Fall, Fall efficacy scale, India, Validity and reliability*

Title: Assessing the Association between Sleep Duration and Mild Cognitive Impairment among the Indian geriatric population.

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ABSTRACT

Background and Aim: Healthy sleeping patterns are essential for maintaining cognitive health in the geriatric population. Sleep disturbances have been linked with cognitive decline in older adults, as explained by the Synaptic Homeostasis Hypothesis, which suggests that sleep helps restore and maintain neural connections critical for memory and executive functioning. Research has shown a direct correlation between sleep duration and cognitive abilities like working memory and executive functioning. However, there is a lack of studies in the Indian context examining the interplay between the sleeping patterns of older adults and the level of cognitive activities, particularly regarding sleep patterns and cognitive functioning among the older adults. The aim of this study is to assess the impact of sleep duration on cognitive functions like working memory and executive functioning while exploring the relationship between sleep duration, sleep patterns, and cognitive functioning in the Indian geriatric population. **Method:** Data will be collected from an estimated sample size of 80-100 older adults from varied demographic groups, encompassing gender, age, education, socioeconomic status, and marital status, using purposive sampling. An adapted questionnaire comprising standardized tools will be utilized, which is the Pittsburgh Sleep Quality Index for sleep assessment and the PGI-Memory Scale/Montreal Cognitive Assessment for cognitive evaluation. **Results:** The study is expected to show that optimal sleep duration supports improved cognitive functioning, while both inadequate (6 hours) and excessive (9 hours) sleep are associated with poorer cognitive performance, especially in working memory. **Conclusion:** These findings will contribute to understanding the link between sleep and cognition in older adults and may inform strategies to promote cognitive health in the Indian geriatric population.

Keywords: *Sleep duration, mild cognitive impairment, cognition, Indian older adults, geriatric population.*

Title: The Sleep–Mind–Body Connection in Middle Adulthood: Exploring Yoga as a Pathway to Reduce the Overlap of Physical and Mental Illness

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ABSTRACT

Background: Middle adulthood is a critical phase often marked by overlapping physical illnesses such as hypertension and psychological issues, including stress, anxiety, and poor sleep (Kumar et al., 2023; Mathew et al., 2024). Addressing this overlap requires holistic interventions that nurture both mind and body (Sharma et al., 2023). This study explored yoga as an integrative therapy to reduce co morbidity and promote overall well-being (Patel et al., 2024; Singh et al., 2023). **Aim:** To assess the effectiveness of an eight-week yoga intervention in improving sleep quality, mental well-being, and physiological health among adults aged 35–55 years. **Methodology:** A single-group, pre-post interventional study was conducted with forty participants (N=40) aged 35–55 years who reported experiencing stress and sleep disturbances. The intervention was a structured 8-week yoga program consisting of 45-minute sessions held five days per week, incorporating Hatha Yoga, Breathing Meditation Exercises, and Yoga Nidra. Data were collected at baseline and post-intervention using the Pittsburgh Sleep Quality Index (PSQI), the Perceived Stress Scale (PSS), and the Generalised Anxiety Disorder 7-Item Scale (GAD-7). Physiological parameters, including blood pressure and heart rate, were also measured. Pre- and post-intervention comparisons were analysed using paired-samples t-tests. **Results:** Significant improvements were observed in sleep quality ($p < .001$), stress ($p < .001$), and anxiety ($p < .001$). Systolic blood pressure and heart rate also showed significant reductions ($p < .05$). **Conclusion:** In this present study, “The Sleep–Mind–Body Connection in Middle Adulthood:

Exploring Yoga as a Pathway to Reduce the Overlap of Physical and Mental Illness,” provides compelling evidence that an 8-week integrated yoga program can significantly enhance sleep quality, reduce psychological distress, and improve physiological health among middle-aged adults. The results showed that improvements in sleep quality were strongly associated with reductions in perceived stress and anxiety, suggesting a synergistic interaction between mental and physical health (Mumtaz et al., 2024; Schleinker et al., 2024).

Keywords: *Yoga; Middle Adulthood, Sleep Quality, Stress Reduction; Anxiety, Mind–Body Connection, Holistic Health, Physiological Well-being*





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TRACK 5

INTERFACE BETWEEN PHYSICAL AND MENTAL HEALTH ISSUES IN
ELDERLY

POSTERS

Title: Comparative Analysis of Educational Attainment as a Protective Factor Against Postoperative Delirium in Geriatric Knee Replacement Patients

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ABSTRACT

Background: Postoperative delirium is a frequent complication among geriatric patients undergoing knee replacement surgery, often resulting in poor recovery outcomes. While medical risk factors are well documented, the role of cognitive reserve shaped by educational attainment remains underexplored. Education may protect against delirium by strengthening cognitive adaptability and resilience. **Aim:** This study explored whether educational attainment acts as a protective factor against postoperative delirium in elderly knee replacement patients. **Method:** A qualitative design was employed with purposive sampling of 30 geriatric patients, aged 60 years and above, equally divided between those with formal education and those without. Semi-structured interviews were conducted post-surgery to capture orientation, memory, and psychosocial adjustment. Data were analyzed thematically to identify group-specific patterns. **Results:** A notable divergence was found through thematic analysis. Throughout their recuperation period, educated participants continuously retained their consciousness, memory, and orientation while exhibiting no symptoms of delirium. The usual signs of postoperative delirium, such as confusion, disorientation, and fluctuating attention, were evident in patients without formal education. The research revealed three main topics. According to the first, formal

education seems to improve resilience and guard against postoperative delirium by enhancing cognitive reserve. Because those without formal education were more prone to bewilderment and disorientation, the second represented fragility without education. The third theme emphasized support as a moderator, indicating that family involvement played a crucial role in partly alleviating disorientation among non-educated patients. **Conclusion:** Findings indicate that postoperative delirium was absent among educated elderly patients but prevalent among those without formal education. This suggests that education, through cognitive reserve, acts as a protective factor. Incorporating cognitive reserve screening in preoperative care may help identify high-risk individuals.

Keywords: Cognitive reserve, Postoperative delirium, Geriatric patients, Knee replacement, Qualitative study

Title: Interface between Physical and Mental Health Issues in Elderly

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ABSTRACT

Background: Elderly populations increasingly face overlapping physical and mental health issues. Falls, chronic pain, anesthesia-related complications, and Parkinson's disease often impair psychological well-being, while depression and anxiety worsen prognosis in physical illnesses, including cancer. **Aim:** This study seeks to (1) examine the psychosocial impact of physical health challenges such as falls, pain, anesthesia-related complications, and neurodegenerative diseases; (2) analyze how mental health problems like depression and anxiety interact with these conditions, and (3) highlight integrated approaches for prevention, treatment, and quality of life enhancement in older adults. **Method:** A narrative review of peer-reviewed studies and guidelines was conducted, focusing on falls prevention, pain management, anesthesia

outcomes, psycho-oncology, and neuropsychiatric aspects of Parkinson's disease. **Results:** Evidence shows fear of falling accelerates functional decline; multimodal pain management improves mood and mobility; anesthesia may induce delirium and long-term cognitive issues; and psychological distress worsens outcomes in oncology and Parkinson's disease. Integrated interventions demonstrated superior results. **Conclusion:** Holistic care models addressing both physical and psychological health are essential to improve autonomy, recovery, and overall well-being in the elderly.

Keywords: *elderly health, falls prevention, chronic pain, anesthesia complications, psycho-oncology, Parkinson's disease, mental health*

Title: Learned Helplessness and Its Impact on Older Adults with Cancer: A Psycho-Oncology Perspective

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ABSTRACT

Background and Aim: Learned helplessness (LH) is a psychological state where individuals feel they lack control over their situation. Among cancer patients above 40, helplessness is common due to the illness and treatment challenges. This study explores the relationship between LH and social support in these patients. **Method:** A cross-sectional, mixed-type

study was conducted using purposive sampling. Data were collected through interviews and psychological assessments. **Results:** Findings show that patients without social support experienced higher levels of helplessness, while those with social support reported less LH and better coping. **Conclusion:** Social support plays a vital role in reducing LH among cancer patients, indicating its usefulness in psycho-oncological care. Further research with Larger samples are recommended.

Keywords: *Learned helplessness, cancer patients, social support, psycho-oncology, coping strategies, mental health*

Title: Mental Illness as a Predictor of Physical Illness Outcomes in the Elderly Population

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ABSTRACT

Background: Serious mental disorders (SMI), anxiety, and depression are prevalent in later life and often co-occur with chronic conditions. Their presence may increase mortality, impair prognosis, and speed up functional decline in older people. Improving geriatric care requires an understanding of these connections. Methods: Recent evidence from meta-analyses, systematic reviews, and umbrella reviews published between 2010 and 2025 has been combined to conduct an educational review. Included were studies that looked at how depression, anxiety, and SMI affected older persons&; prognoses for diabetes, cancer, heart disease, and other chronic conditions. Hospitalization, morbidity, death, and functional decline were the primary outcomes

of interest. Findings: Research shows that depression raises the chance of death by roughly 30% in older hypertension patients and by 23–83% in cancer patients, depending on the kind and stage of the disease. Higher cardiovascular morbidity and death are closely linked to SMI, especially in older persons with diabetes. Despite being little researched, anxiety is a predictor of late-life hospitalization, disability, and frailty. Systemic inflammation, dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, poor treatment adherence, unhealthy lifestyle choices, and social isolation are some of the routes that mediate the link. All things considered, mental illness in older individuals impairs quality of life, lowers survival, and accelerates the development of chronic diseases. Conclusions: Mental illnesses play a critical role in shaping the course and prognosis of physical illnesses in the elderly. There is an urgent need for integrated models of care that integrate regular mental health screening and intervention into the treatment of chronic illnesses. To lessen the burden of co morbidity in aging populations, future research should concentrate on culturally appropriate therapies and longitudinal investigations.

Keywords: *elderly; mental illness; depression; anxiety; serious mental illness; prognosis; chronic disease; cardiovascular disease; cancer; diabetes; mortality; integrated care*

Title: The Role of Palliative Care and End-of-Life Counseling in Oncology: Enhancing Quality of Life and Psychosocial Well-being for Patients and Families

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ABSTRACT

End-of-life (EOL) counseling and palliative care are significant elements of oncology, which should reduce the physical symptoms, facilitate handling psychosocial discomfort and help the patient and his/her family in the advanced phases of the cancerous illness. The practice of late-stage diagnoses of cancer is quite common worldwide and in India, which explains why effective

palliative care should be incorporated early to improve the situation. Such evidence- based interventions, theoretical models, problems of implementation, and innovations in palliative psycho-oncology are reviewed. The search identified the literature by systematically searching PubMed, Scopus, Google Scholar, and Indian repositories (e.g., Shodhganga) on the available studies published between 2010 and 2025. It is a review based on the PRISMA pattern. Search words were the following: palliative care, end-of-life counseling, oncology, and psycho-oncology. Inclusion criteria: peer-reviewed articles, RCTs, systematic reviews and research in the Indian context. Exclusion criteria: palliative care studies which have nothing to do with oncology, editorials. non-English editorials. Titles/abstracts were reviewed (n=1,245), and 112 full-text articles were analyzed. Thematic analyses of data were carried out in an attempt to determine interventions, outcomes, and implementation barriers. The results indicate that the psychosocial palliative care introduced early shall yield positive outcomes by enhancing patient outcomes and support to caregivers. Nevertheless, there are structural blocks of systemic factors providing a scale, like inadequate resources, lack of training, and cultural resistance to communicate about death. There is evidence to suggest the integration of multidisciplinary approaches such as oncologists, palliative physicians, psychologists, nurses, and social workers that could be used to maximize outcomes. The review opines that palliative care should be embraced as the fundamental component of the management of cancer, and this must be mediated by policy reformation, standard psychosocial guidelines, and training of the workforce.

Keywords: *Palliative care, End-of-life counseling, oncology, psycho-oncology, Quality of life, Advance care planning; multidisciplinary care; India.*

Title: The Sleep–Mind–Body Connection in Middle Adulthood: Exploring Yoga as a Pathway to Reduce the Overlap of Physical and Mental Illness

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ABSTRACT

Background and Aim: Middle adulthood (ages 35–55) is a critical life stage where the risk of chronic physical illnesses (e.g., hypertension, type 2 diabetes, chronic pain) and psychological concerns (e.g., depression, anxiety, sleep disturbances) increases (Gao et al., 2024; Wang et al., 2025). Sleep disturbances are now recognized as a bidirectional link between physical and mental health (Chen et al., 2024). Yoga, which combines physical postures (asanas), breathing techniques (pranayama), and deep relaxation or meditation (e.g., Yoga Nidra), has been studied as a low-cost, accessible intervention to improve holistic health. Emerging evidence suggests yoga enhances sleep, mood, and key physiological markers such as blood pressure and heart rate (Alghosi et al., 2025; Moszeik et al., 2025; Risom et al., 2025). The present paper first reviews recent findings on yoga, sleep, and health outcomes in middle-aged adults and then proposes a randomized controlled trial (RCT) to evaluate the effectiveness of different yoga programs on sleep and mind–body health. **Method:** Middle adulthood (35–55 years) is a vulnerable stage marked by rising risks of chronic illnesses and psychological concerns such as depression, anxiety, and sleep disturbances (Gao et al., 2024; Wang et al., 2025). Sleep problems act as a bidirectional bridge between physical and mental health (Chen et al., 2024). Yoga—through asanas, pranayama, and practices like Yoga Nidra—offers a low-cost, accessible means to enhance holistic health. Evidence shows yoga improves sleep, mood, and physiological markers, including blood pressure and heart rate (Alghosi et al., 2025; Moszeik et al., 2025; Risom et al., 2025). This paper reviews recent findings and proposes a randomized controlled trial (RCT) to test the effectiveness of yoga programs on sleep and overall mind–body health in middle adulthood. **Result:** Both yoga groups are expected to show significant benefits over the control group, particularly in sleep quality and psychological health (Moszeik et al., 2025; Risom et al., 2025). Hatha Yoga with relaxation may yield greater improvements in physical outcomes like

blood pressure (Alghosi et al., 2025), while Pranayama with Yoga Nidra may have stronger effects on stress and anxiety (Gao et al., 2024; Wanget al., 2025). These effects are likely mediated by better sleep, reinforcing its role as a key mind–body mechanism (Chen et al., 2024). **Conclusions:** The proposed trial suggests that yoga is a good way to address comorbid physical and mental health problems in middle adulthood (Gao et al., 2024; Wang et al., 2025). Prior evidence indicates that yoga-based practices improve sleep, regulate physiological markers, and reduce psychological distress, supporting their role in promoting holistic health (Alghosi et al., 2025; Moszeik et al., 2025; Risom et al., 2025). By highlighting sleep as a crucial gateway—given its central role in linking physical and mental health outcomes (Chen et al., 2024)—yoga-based practices may offer a holistic, preventative approach to reduce health risks and enhance overall well-being in this population.

Keywords:

Yoga; Sleep; Middle Adulthood; Comorbidity; Depression; Anxiety; Blood Pressure; Mind–Body; Yoga Nidra; Pranayama

Title: Effect of Mirror Feedback on Multidirectional Reach

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ABSTRACT

Background and aim: Balance refers to the ability to keep the Center of Gravity (COG) within the Base of Support (BOS), which is influenced by inputs from the visual, vestibular, and somatosensory systems. Loss of balance occurs when an individual is unable to maintain their Line of Stability (LOS). The Multidirectional Reach (MDR) test assesses LOS in both

anteroposterior and mediolateral directions. In MDR, the subject relies on proprioception, with visual feedback not being fully utilised. Using a mirror for visual feedback is one of the simplest and most cost-effective methods that can enhance the somatosensory system. Therefore, this study aims to evaluate the effect of mirror feedback on the multidirectional reach test in healthy, normal adults. **Method:** MDR was performed by young healthy adults aged 18 to 35 years of both genders. Subjects with a history of lower limb and lower back musculoskeletal conditions, visual problems, vestibular issues, neurological conditions affecting balance or reach, and an inability to raise the arm to 90° flexion and abduction were excluded. Subjects performed MDR with or without mirror feedback at two different stations, with the first station randomly allocated. The distances reached were measured in centimeters. **Results:** 32 young healthy adults participated, comprising 72% females and 28% males, with a mean age of 22.84 ± 7.77 . Among them, 15% were left-handed and 85% right-handed. Average height of the subjects was 162.9 ± 29.69 . In which the average height of females was 159.17 and that of males was 172.44. The average BMI of the study population was 21.12 ± 9.75 . In conventional MDR, the maximum distance reached was observed in forward reach (29.99 ± 4.36). Right lateral reach (18.87 ± 3.27) was the second farthest, followed by left lateral reach (18.28 ± 3.10). Among all directions, the minimum distance reached was in backward reach (15.66 ± 4.02). With mirror feedback, there was a significant increase in the distance reached in all directions: (3.49 ± 1.45) in FR, (2.37 ± 1.13) in RR, (1.89 ± 1.09 , $p=0.000$) in LR, and (1.98 ± 1.33 , $p=0.001$) in BR. **Conclusion:** The results of this study show a significant increase observed in all the reaches in MDR with feedback mirror feedback. Forward and right lateral reaches demonstrated greater improvements than left lateral and backward reaches.

Keywords: *Mirror feedback, Visual Feedback, Multidirectional Reach Test, Limits of Stability*

Title: Lower Limb Flexibility, Muscle Strength and Its Association with Multidirectional Reach Test in Elderly Subjects

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ABSTRACT

Background and aim: Aging leads to physical decline in terms of flexibility, muscle strength, and balance, which causes difficulties in normal functioning. Lower limb flexibility and muscle strength is required in reaching activities. Age-related loss of flexibility and muscle strength can lead to difficulty in reach in forward, backward and lateral directions causing balance problems leading to risk of fall. To assess the association between flexibility and strength of lower limbs with Multi-Directional Reach, and also to find any changes in MDR due to the aging changes.

Method: To assess lower limb flexibility by chair sit and reach test, lower limb muscle strength by five times sit to stand test and single limb stance test and to assess reach in forward, backward and lateral directions by multidirectional reach test. Inclusion criteria was healthy elderly age > 60 years of both gender able to ambulate with or without walking aids and exclusion criteria were subjects with MMSE score less than 24, any recent musculoskeletal surgery injury fall, neurological disorder affecting voluntary control grading auditory visual and vestibular impairments unable to lift dominant arm outstretched at 90°. **Results:** 240 elderly subjects 164 males and 76 females were enrolled. Elderly who were 60 and above years and were able to ambulate with or without walking aids were included. Subjects whose Mini mental state examination score was less than 24 and who had musculoskeletal, neurological disorders, Auditory, Visual and vestibular impairment which can affect balance and also the subjects who were unable to lift dominant arm outstretched at 90° were excluded. Participants were with the mean age of 64.05±4.505, majority of the subjects (83.8%) were in 60-69 age group. There was significant correlation ($r=0.19$, $p=0.003$) with chair sit and reach test (mean- -3.67 ± 4.297) and

forward (mean-29.97±4.305) reach. Five times sit to stand test (mean-9.74±1.991) also showed significant correlation ($r=-0.413$, $p=<0.01$) with forward, backward and right lateral and left lateral reaches. However single limb stance test (mean-22.53±6.251) was significantly correlated ($r=0.417$, $p<0.01$) with forward and backward reach. Conclusion: Lower limb flexibility shows statistically significant reduction in forward reach, reduction in muscle strength when tested both legs together shows reduction in forward, backward and lateral directions. However, when tested unilaterally with single leg is significantly associated only with the forward and backward reach but not with the lateral reaches.

Keywords: *Elderly, Flexibility, Muscle strength, balance, risk of falls*

Title: Effect of Mirror Feedback on Multidirectional Reach

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ABSTRACT

Background and aim: Balance refers to the ability to keep the Centre of Gravity (COG) within the Base of Support (BOS), which is influenced by inputs from the visual, vestibular, and somatosensory systems. Loss of balance occurs when an individual is unable to maintain their Line of Stability (LOS). The Multidirectional Reach (MDR) test assesses LOS in both anteroposterior and mediolateral directions. In MDR, the subject relies on proprioception, with visual feedback not being fully utilised. Using a mirror for visual feedback is one of the simplest and most cost-effective methods that can enhance the somatosensory system. Therefore, this study aims to evaluate the effect of mirror feedback on the multidirectional reach test in healthy,

normal adults. **Method:** MDR was performed by young healthy adults aged 18 to 35 years of both genders. Subjects with a history of lower limb and lower back musculoskeletal conditions, visual problems, vestibular issues, neurological conditions affecting balance or reach, and an inability to raise the arm to 90° flexion and abduction were excluded. Subjects performed MDR with or without mirror feedback at two different stations, with the first station randomly allocated. The distances reached were measured in centimeters. **Results:** 32 young healthy adults participated, comprising 72% females and 28% males, with a mean age of 22.84 ± 7.77 . Among them, 15% were left-handed and 85% right-handed. Average height of the subjects was 162.9 ± 29.69 . In which the average height of females was 159.17 and that of males was 172.44. Average BMI of the study population was 21.12 ± 9.75 . In conventional MDR, the maximum distance reached was observed in forward reach (29.99 ± 4.36). Right lateral reach (18.87 ± 3.27) was the second farthest, followed by left lateral reach (18.28 ± 3.10). Among all directions, the minimum distance reached was in backward reach (15.66 ± 4.02). With mirror feedback, there was a significant increase in the distance reached in all directions: (3.49 ± 1.45 , $p=0.000$) in FR, (2.37 ± 1.13 , $p=0.000$) in RR, (1.89 ± 1.09 , $p=0.000$) in LR, and (1.98 ± 1.33 , $p=0.001$) in BR. **Conclusion:** The results of this study show a significant increase observed in all the reaches in MDR with Mirror Feedback. Forward and right lateral reaches demonstrated greater improvements than left lateral and backward reaches.

Keywords:

Mirror feedback, Visual Feedback, Multidirectional Reach Test, Limits of Stability

Title: Exploring Gaps in Policy Implementation in India Through Stakeholders' Perspectives

Presenting Author: Prakriti Goswami

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ABSTRACT

India is experiencing a rapid demographic transition with adults aged 60 years and above due to urbanization, migration, and changing family structures. This shift has major social, economic, and health implications, as older adults often face declining health, financial insecurity, and weakening family support. These changes strain traditional caregiving systems and increase risks of neglect and social isolation. Although multiple policies exist for older adults, gaps remain between policy goals and lived realities. Previous research has mainly focused either on policy design or on older adults' experiences, overlooking on-ground implementation. The present study aims to explore the effectiveness and implementation of ageing-related policies from the perspectives of both older adults and government officials in India. Method: Using a qualitative design, semi-structured interviews were conducted with 15 older adults and 15 government employees from various sectors such as insurance, healthcare, law, and administration, recruited through snowball sampling in Delhi NCR. Data was analyzed using thematic analysis. Result: The resulting themes highlighted barriers in accessibility and low awareness as significant hurdles in policy implementation. Other themes include inadequate geriatric healthcare services, particularly in terms of psychological support and financial assistance. While government officials highlighted ongoing initiatives to address population ageing, persistent challenges remain. These include infrastructural limitations, shortage of trained staff, lack of training programs, restricted budgets, and weak monitoring mechanisms. Conclusions: The study highlights the need for participatory policymaking and integration of global best practices to develop more inclusive ageing policies in India.

Keywords: Policy, India, Older adults, Aging, Stakeholder

Title: Unmasking Autoimmune Encephalitis in a 69-Year-Old Woman Initially Presenting with Psychosis and Catatonia: A Case Report

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ABSTRACT

Background and Aim: Late-onset psychotic symptoms require detailed evaluation to rule out organic causes such as dementia, stroke, metabolic disturbances, and autoimmune encephalitis (AIE), among others. New-onset catatonic and neurological symptoms should particularly raise suspicion. ZIC4 antibody-associated AIE is a rare paraneoplastic subtype, and diagnosis becomes challenging in the absence of an identifiable malignancy. Differentiating between the natural progression of a primary psychiatric disorder and a superimposed autoimmune process is important, as early initiation of immunotherapy can be lifesaving. We report a case of an elderly female presenting with Schizophrenia with Catatonia and ZIC4 antibody-associated AIE.

Method: Case report based on detailed clinical evaluation, diagnostic workup, and management of the patient. **Results:** A 69-year-old female with type 2 diabetes presented with a 5.5-year history of psychosis (persecutory and misidentification delusions, auditory and visual hallucinations) followed by catatonic symptoms (BFCRS = 11) for past 10 months. She was admitted in view of poor oral intake and poor self-care and started on lorazepam and aripiprazole. There were fluctuations in her response to lorazepam, with increased sedation on

some days and no response on some days. She had minimal response to aripiprazole and developed Extra- pyramidal symptoms (EPS) because of which the same was stopped. She was started on Clozapine (gradually increased upto 50 mg) and mECT which led to improvement in her catatonia (BF CRS =3), but she developed myoclonus. Valproate and levetiracetam was added

to control myoclonus, but it worsened cognitive as well as EPS symptoms. Hence, clozapine as well as the anti epileptics were discontinued leading to relapse of psychotic symptoms. Continuation of mECT and Olanzapine (7.5mg) was given, which resulted in partial recovery. She had a change in clinical picture with fluctuations in her symptoms within a day. New- onset Parkinsonian features led to further detailed evaluation using PET scan, autoimmune panel, and paraneoplastic panel, revealing ZIC4-positive paraneoplastic AIE. PET scan revealed basal ganglia hypermetabolism, but no malignancy was detected. IVIG was given instead of steroids in view of diabetes, and it resulted in marked clinical improvement (BF CRS = 3). **Conclusions:** In elderly patients with chronic schizophrenia presenting with new-onset catatonia or neurological signs, autoimmune encephalitis should be strongly suspected. Early immunological testing and timely initiation of immunotherapy can markedly improve outcomes and may be life-saving.

Keywords: Late-onset psychosis, Autoimmune encephalitis, ZIC4 antibodies, catatonia, paraneoplastic syndrome, IVIG therapy.

Title: Not All Activities Are Equal: Diverse Physical Activities and Well-Being in Indian Older Adults – LASI Findings

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ABSTRACT

Background and Aim: Engagement in physical activity is widely recognized as a key factor in promoting well-being in later life. However, most research on this relationship has been conducted in Western contexts, with limited attention to diverse forms of physical activity in non-Western populations. This study examines the association between different intensities of physical activity—vigorous, moderate, and mild physical activities (e.g., Yoga, Pranayama)—and well-being outcomes, including life satisfaction and depressive symptoms, among older adults in India. **Method:** Using data from the Longitudinal Aging Survey of India (LASI; N = 73,396, Mean age = 57.92, women = 57.58%, 35.96% having at least secondary education, 76.69% married), I conducted multiple regression analyses to assess both direct effects and moderation by age, gender, and health status. **Results:** Results indicated that moderate physical activities were consistently associated with higher life satisfaction and lower depressive symptoms, whereas mild physical activities showed mixed effects depending on health status. Vigorous activities, while significant, had weaker and sometimes negative associations with well-being. Moderation analyses revealed that the benefits of physical activities varied by age, gender, and health, suggesting that a one-size-fits-all approach may not be optimal. **Conclusion:** These findings underscore the need to consider the diversity of physical activities in aging research, particularly in non-Western populations, to better understand how different activity intensities contribute to well-being. Tailoring physical activity recommendations for culturally relevant practices and individual health conditions may improve engagement and maximize psychological benefits for older adults.

Keywords: *physical activities, well-being, older adults, Longitudinal Aging Study of India*

Title: Psychotherapeutic Intervention in Post-Stroke: A Case Study of Geriatric Rehabilitation

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ABSTRACT

Background and Aim: This case study analyzed the effectiveness of psychological interventions in enhancing the rehabilitation outcomes of Mr. S, a 64-year-old male stroke survivor. The study aimed to explore the impact of integrating an eclectic psychotherapeutic approach into post-stroke rehabilitation to improve recovery outcomes. **Methodology:** The study utilizes a single-case design with pre–post assessment and follow-up. The client presented with low mood, difficulty abstaining from chewing tobacco, sleep disturbances, and pervasive feelings of worthlessness and helplessness. The intervention plan was tailored to address psychological distress and behavioral factors influencing rehabilitation adherence. An eclectic therapeutic program was implemented over 24 sessions, incorporating motivational interviewing, supportive psychotherapy, and cognitive-behavioral therapy (CBT). **Results:** The findings indicate that individualized psychological care delivered significantly enhanced the patient’s emotional well-being, motivation, and adherence to rehabilitation. The psychological intervention enhanced the patient’s self-efficacy and consistency in physiotherapy participation, resulting in marked improvement in functional mobility and gait recovery. **Conclusion:** The results suggest that an eclectic approach using psychological intervention can promote both psychological wellness and aid physical rehabilitation in geriatric patients within rehabilitation programs.

Keywords: *stroke survivor, qualitative case study, eclectic approach, rehabilitation*

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PSYCHOSOCIAL INTERVENTIONS

TRACK 6.1

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ORALS

Title: Building an Umbrella of care: Weaving Mental Health and Well-Being Among Ageing Population

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ABSTRACT

“Music is an art and rhythm residing within human hearts” The field of Indian classical Music elaborates on older adult’s potential, strengthen their physical, mental, social, cognitive, and emotional health to live a better life. WHO says “Dementia is an umbrella term for several diseases affecting memory, other cognitive abilities and behaviour that interfere significantly with a person’s ability to maintain their activities of daily living” Indian Classical Music as a Psycho-Social Intervention can work as an aid to improve the Mental Health Problems, Emotional Deprivation, Cognitive Impairment, Physical Deterioration and major Mental Health Disorders. This study focuses upon Mental Health issues among older adults with dementia, Intervention of Classical Raga and Spiritual Music. An objective to promote Indian classical Ragas for older adults with dementia. The psycho-social intervention and in- depth interview helped research participants to share their insights and knowledge about Classical Ragas. The study is based on the pre- and post-effects of spiritual music sessions to assess the mental health leading to a meaningful life. The conclusion focuses upon the psycho-social intervention based

on Indian music, planned to bring meaningful change, emphasize e mental well-being, and give a space to older adults with dementia in the field of healthy aging.

Title: An Intervention-Based Study To Combat Loneliness In Elderly By Involving Them In Group Singing As A Short-Term Intervention.

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ABSTRACT

Loneliness is a major psychosocial challenge among older adults, contributing to physical and mental health decline. Music is known to evoke emotions, promote social connection, and reduce psychological distress, yet there is limited research on how music engagement may relate to loneliness in the geriatric population. This study aims to explore whether engaging with a musical experience as a short-term intervention enhances psychological well-being and reduces loneliness in older adults. A pre and post-intervention design was used with older adults aged 60 years and above, who reported experiences of loneliness. Standardized self-report tools such as UCLA Loneliness Scale (short form) and WHO-5 Well-Being Index were administered at baseline and post-intervention to assess changes in loneliness and psychological well-being. Participants took part in daily group singing sessions of 30-40 minutes for four weeks in person or via online session. The sessions featured familiar retro songs and games related to songs, designed to encourage active participation and shared enjoyment. Research indicates that participation in the group singing program contribute to reductions in loneliness and improvements in psychological wellbeing in older population. The study also seeks to explore the feasibility and acceptability of music-based group activities as a low-cost, non-

pharmacological intervention and contribute to the growing body of evidence on creative interventions for combating loneliness in older adults and to inform future large-scale/controlled trials.

Keywords: *Loneliness, Geriatric Population, Music, Psychological Well-being, Intervention Study*

Title: Blending Traditions: Integrative Aromatherapy and JPMR for Geriatric Wellness

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ABSTRACT

Background: Holistic and non-pharmacological approaches are gaining importance to enhance well-being and quality of life in older adults. Aromatherapy, rooted in Eastern tradition, offers calming and restorative effects, while Jacobson's Progressive Muscular Relaxation (JPMR), a Western technique, effectively reduces stress and improves psychological balance. **Objectives:** The main objective of this study is to evaluate the combined effectiveness of Aromatherapy and JPMR as a culturally integrative intervention that draws from both traditions to enrich the well-being of older adults across the globe. Specifically, the study investigates whether these interventions can increase positive emotional states and decrease negative emotions, reduce levels of anger, improve appetite and nutritional status. **Methods:** This Quasi-experimental study with pretest and posttest will be conducted with three groups of 30 participants each. One,

with their usual activities without any intervention, will receive Aromatherapy sessions only, while another will receive a combination of aromatherapy and JPMR sessions. Standardized tools will be used to measure emotional states, anger and appetite, and nutritional well-being. Descriptive and inferential statistics will be used to assess effectiveness of these methods. Result: The result is expected to fall in line with results from existing studies, showcasing the effectiveness of this integrative, non-pharmacological intervention. **Conclusion:** This study shows non-pharmacological approaches can enhance older adult's well-being. Aromatherapy improves mood and appetite, and when combined with JPMR, delivers greater benefits. More research with larger, diverse samples and long-term follow-up are encouraged to validate these results.

Keywords: aromatherapy, JPMR, anger, appetite, mood enhancement, geriatric wellness

Title: Computer-Based Cognitive Training (CBCT) versus Paper-Based Cognitive Training (PBCT) for Improving Cognition in Patients with Mild Cognitive Impairment: A Systematic Review.

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ABSTRACT

Background & Aim: Mild Cognitive Impairment (MCI) is a transitional phase between normal ageing and dementia. Cognitive training, a non-pharmacological intervention, is widely used to enhance cognitive abilities in older adults with MCI, utilizing both computer-based (CBCT) and paper-based (PBCT) methods. However, their comparative efficacy remain debated. This review aims to assess the effectiveness of CBCT and PBCT in enhancing cognitive functioning in older adults with MCI. This review aimed to assess the effectiveness of CBCT vs PBCT in enhancing cognitive functioning in older adults with MCI. **Method:** This systematic review adhered to the PRISMA guidelines to ensure a structured method. A comprehensive review was conducted utilising databases like PubMed, and Scopus, for studies published between 2015 to 2025. Inclusion criteria focused on RCTs and quasi-experimental studies using cognitive training intervention for MCI. **Results:** A total of 412 papers were reviewed, with 51 meeting the inclusion criteria- 11 directly comparing CBCT and PBCT, 32 on CBCT, and 8 on PBCT. CBCT showed significant improvements in working memory, and executive function, whereas PBCT enhanced memory recall and processing speed, with greater engagement among MCI patients. Although CBCT demonstrated mild to moderate improvements, PBCT reported higher adherence in older adults less familiar with technology and using digital devices. **Conclusion:** Both CBCT and PBCT serve as effective interventions for older adults with MCI. While CBCT benefits domains related to executive functioning, PBCT remains a valuable approach in improving attention, memory recall and daily tasks efficiency. Effectiveness may vary based on preference, accessibility, and engagement.

Keywords: *Cognitive Training, CBCTvsPBCT, Cognitive Rehabilitation, Neuropsychology*

Title: Neuropsychological Rehabilitation and Interpersonal Psychotherapy (IPT) in Older Adults with Neurodegenerative Disorders

Presenting Author: Deepali Lohia¹

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ABSTRACT

Background and Aim: Neurodegenerative disorders such as Dementia, Alzheimer's , Parkinson's , etc,. Frequently lead to significant cognitive decline and psychosocial challenges in older adults. Although pharmacological management is the conventional approach, there is limited evidence on the efficacy of combining neuropsychological rehabilitation (NR) with interpersonal psychotherapy (IPT) in this population. The current study aimed to investigate the perceived effectiveness and acceptability of integrated Neuropsychological Rehabilitation (NR) and Interpersonal Therapy (IPT) interventions for older adults diagnosed with neurodegenerative disorders. **Method:** A qualitative study was conducted with 10 older adults (aged 60–75 years) diagnosed with neurodegenerative conditions. Participants were recruited through purposive sampling. Semi-structured interviews were conducted following a self-made intervention program. Data were transcribed verbatim and analyzed using thematic analysis. **Results:** Three main themes emerged from the thematic analysis: (1) improved everyday functioning through better memory techniques and problem-solving skills; (2) increased sense of autonomy and optimism; and (3) strengthened emotional resilience and interpersonal interactions. Despite logistical issues with scheduling and weariness, participants showed high levels of involvement and experienced substantial advantages. **Conclusion:** The results show that combining interpersonal psychotherapy with neuropsychological rehabilitation may provide a comprehensive solution for older persons with neurodegenerative diseases that addresses their psychosocial issues as well as cognitive deficiencies. These findings highlight the potential of person-centered, multimodal approaches in the treatment of geriatric mental health issues. It is advised that these findings be expanded and validated further using larger qualitative and mixed-method studies.

Keywords: *Neuropsychological rehabilitation, Interpersonal psychotherapy, Geriatric population, psychosocial intervention, Qualitative study*

Title: Willingness of Family Caregivers of People with Cognitive Impairment to Undertake Cognitive Training: Preliminary Thematic Qualitative Analysis

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ABSTRACT

Background and Aim: Family caregivers play a pivotal role in supporting individuals with cognitive impairment, often facing high emotional and cognitive difficulties. Cognitive training interventions may enhance caregivers' resilience and coping abilities, yet their willingness to engage in such programs remains underexplored. This study aimed to examine the willingness of family caregivers of people with cognitive impairment to participate in cognitive training and to explore perceived motivations, barriers, and potential benefits. **Method:** A qualitative, thematic analysis was conducted using semi-structured telephone interviews with five family caregivers of individuals diagnosed with cognitive impairment. Interviews were transcribed verbatim and analysed inductively to identify recurring themes related to attitudes toward cognitive training. **Results:** Three central themes emerged: (1) Perceived Utility—caregivers expressed interest in cognitive training as a means to strengthen memory, focus, and emotional regulation; (2) Barriers to Engagement—time constraints, caregiving burden, emotional and physical exhaustion, and skepticism about effectiveness were frequently noted; and (3) Conditional Willingness—caregivers reported greater openness to participation if programs were flexible,

evidence-based, and tailored to their daily caregiving realities. Despite initial hesitations, most acknowledged the potential for cognitive training to indirectly benefit the person with cognitive impairment by enhancing caregivers' own capacities. Conclusion: Caregivers demonstrate a cautious but meaningful willingness to undertake cognitive training, provided structural and contextual barriers are addressed. Tailored, accessible interventions may not only support caregiver well-being but also optimize care outcomes for people with cognitive impairment.

Keywords: *cognitive impairment, caregiver willingness, cognitive training, psychosocial support*

Title: Effectiveness of Mentalization-Based Therapy in Treating Obsessive–Compulsive Disorder Among Older Adult Men: A Systematic Review

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ABSTRACT

Background: Older adults suffering from Obsessive-Compulsive Disorder (OCD) is often overlooked in both research and clinical practice, with most psychotherapeutic interventions being developed and validated primarily in younger populations. Among men in late adulthood, symptoms may present differently, often intertwined with cognitive changes, chronicity, and reduced help-seeking behavior, making treatment particularly challenging. Mentalization-Based Therapy (MBT), which focuses on enhancing individuals' capacity to understand mental states in

themselves and others, has demonstrated efficacy in personality and mood disorders. However, its use for OCD, especially among older adult men, remains largely unexplored. This gap highlights the need to systematically evaluate existing evidence to understand MBT's potential effectiveness and applicability within this demographic. **Method:** A systematic review is being conducted following the PRISMA guidelines. Electronic databases including Google Scholar, PubMed, PsycINFO, Scopus, APA PsycArticles, and Web of Science are being searched using the terms “mentalization therapy,” “mentalization-based therapy,” “older adult,” “male,” and “obsessive-compulsive disorder.” The search is limited to studies published in the past 10 years and in the English language. Studies involving older adult males diagnosed with OCD and treated with MBT are being included. Data extraction and quality assessment will be carried out independently by two reviewers to ensure reliability and minimize bias. **Results:** Data synthesis will focus on treatment outcomes, effect sizes, and methodological quality across studies. Preliminary screening suggests limited but growing evidence exploring MBT's application to older populations suffering with OCD. **Conclusion:** The findings are expected to clarify the therapeutic potential of MBT for older adult men suffering with OCD and identify research gaps to inform future clinical and experimental investigations.

Keywords: *Mentalization-Based Therapy, Obsessive–Compulsive Disorder, Older Adults, Men, Psychotherapy, Systematic Review*

Title: Adapting Psychotherapy for Older Adults: Barriers and Modifications

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ABSTRACT

Background and Aim: There are many factors unique to the geriatric population that makes the consideration of possible challenges and adaptations to psychotherapy an essential, relevant and urgent one. These include role transitions, chronic illnesses and age-related cognitive changes. Cultural factors like family, inter-generational differences and stigma related to mental health further shape the help-seeking behaviour, therapy experiences and outcomes in the population within the collectivistic context of India. This review aims to examine and synthesize the existing literature with the objectives- (i) to identify key barriers in accessing psychotherapy; (ii) therapeutic modifications across evidence-based approaches; and (iii) cultural relevance to enhance access to and engagement with psychotherapy. **Method:** A narrative review was conducted using open-access literature from Google Scholar and PubMed, covering studies published between 1990s – 2025. Keywords included psychotherapy adaptations, geriatric CBT, IPT, reminiscence therapy, cultural adaptations and geriatric mental health. **Results:** Findings highlight the need for modification in the context of barriers faced within the therapy structure (e.g. slower pacing, repetition), the therapist's stance (e.g. validation of life narratives, respect for autonomy) and the inclusion of culturally relevant factors like family and spirituality. Additionally, there are emerging innovations like teletherapy and blended care. **Conclusion:** Adapting psychotherapy to older adults requires being sensitive to psychosocial, cultural and cognitive factors unique to the population. This will help ensure that psychotherapy remains relevant across the lifespan by promoting the therapeutic alliance, engagement, and experience of therapy.

Keywords: *psychotherapy adaptations, geriatric mental health, CBT, IPT, reminiscence therapy*

Title: Sahayak: Mobile app for Alzheimer's Patients and Caregivers

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ABSTRACT

Background and Aim: Alzheimer’s disease imposes critical challenges on both patients, their families and caregivers, particularly within India’s collectivistic family structure and suitable caregiver unavailability and limited geriatric support systems. With the predicted increase in neurodegenerative disorders, suitable support systems must be in place. This proposed study aims to design a mobile application that supports patients and caregivers. **Method:** As this is a preliminary design-based study, no participants have been tested yet. For caregivers, Sahayak provides GPS-based safety tracking, real-time progress monitoring, digital storage for medical reports, medication reminders, and a community platform while the patient interface will be personalized and ensure accessibility in multiple languages. Additionally, tackling the caregiver availability gap, the “Adopt a Caregiver” feature aims to reduce caregiver burnout and patient isolation, fostering a compassionate, community-based care model. It will also integrate a directory of local counsellors in registered hospitals, rehabilitation centers, and mental health services to enable timely professional intervention for the patient and caregiver. **Results:** The project is currently in the conceptual phase. Expected outcomes include an inclusive framework combining psychological support and patient monitoring features in one platform. **Conclusion:** Sahayak seeks to bridge the gap between formal healthcare systems and informal family caregiving. Future pilot testing will evaluate its usability, impact on caregiver well-being and patient quality of life.

Keywords: *Alzheimer’s disease, Caregiver well-being, Digital health intervention, Geriatric mental health*

Title: Effectiveness of mindfulness-based cognitive therapy on cognitive performance, mood, and functional independence among older adults with mild cognitive impairment

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ABSTRACT

Mild Cognitive Impairment (MCI) is an early stage of cognitive decline. Timely intervention can delay or prevent dementia. Mindfulness-Based Cognitive Therapy (MBCT) combines breathing and attention regulation. It offers a holistic way to improve cognitive and emotional health in older adults. This study will evaluate how effective MBCT is compared to traditional cognitive stimulation therapy. It will focus on cognitive performance, mood, and functional independence among individuals with MCI. Objectives of the study is to assess how well MBCT improves cognitive performance in older adults with MCI, to compare the effects of MBCT and traditional cognitive stimulation therapy on mood and functional independence. A quasi-experimental design will be used with a pre-test and post-test control group. Participants will include 30 older adults (15 males and 15 females, aged 60 to 75 years) diagnosed with MCI. They will be selected through purposive sampling and randomly assigned to either the experimental or control group. Montreal Cognitive Assessment (MoCA) cognitive performance Geriatric Depression Scale (GDS), Mood Functional Independence Measure (FIM) For functional independence. The experimental group will participate in a four-week MBCT program, consisting of three 60-minute sessions each week. The control group will receive standard cognitive stimulation. Pre- and post-assessments will be done using the above instruments. Data will be analysed using paired and independent sample t-tests or ANCOVA. MBCT is expected to improve cognitive

function, reduce depressive symptoms, and increase functional independence. It will provide a cost-effective and holistic approach to mental well-being in older adults.

Keywords: *Mindfulness-Based Cognitive Therapy (MBCT), Cognitive Performance, Mild Cognitive Impairment (MCI), Functional Independence*

Title: Sustaining Caregiver Well-Being: Effects of Brief Family Psychoeducation in Schizophrenia Over One Year

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ABSTRACT

Background: Family psycho-education is a well-established psychosocial intervention in schizophrenia management, but evidence on the long-term efficacy of brief, culturally adapted versions in India remains limited. Aim: To assess the one-year follow-up outcomes of a culturally adapted brief family psycho-education program for caregivers of patients with schizophrenia, focusing on mental health, family burden, and treatment adherence compared with treatment-as-usual (TAU). **Method:** This experimental, randomized controlled study was conducted at a tertiary mental health institute in North India. A total of 128 caregiver-patient dyads were randomized into intervention and TAU groups. The intervention group received six structured psychoeducation sessions over three weeks. Follow-up assessments were conducted at baseline, post-intervention, and one year later. The Depression Anxiety Stress Scale (DASS-21) and Burden Assessment Schedule (BAS) were used. Data were analyzed using t-tests and chi-square tests. **Results:** At one year, 58 participants from the intervention group and 36 from the

TAU group were available for follow-up. The intervention group showed significantly better mental health outcomes and lower burden scores ($p < .001$). Treatment discontinuity was reported by only 3.4% in the intervention group versus 44.4% in TAU ($\chi^2 = 22.18, p < .001$).

Conclusion: The brief family psycho-education program demonstrated sustained improvement in caregiver well-being and treatment adherence over one year. Its integration into routine care could strengthen

schizophrenia management in low-resource settings.

Keywords: *Family psycho-education, schizophrenia, caregiver burden, treatment adherence, India.*





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TRACK: 6.1

PSYCHOSOCIAL INTERVENTIONS

POSTERS

Title: Acceptance and Commitment Therapy in Chronic Pain Management: A Narrative Review of Theory and Outcomes Across Psychological and Functional Domains

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ABSTRACT

Background: Chronic Pain is a pervasive condition with profound functional and psychological consequences that requires not just a biomedical line of treatment but integrated interventions to better manage the related challenges that emerge with chronic pain. Acceptance and Commitment Therapy (ACT), which is a third-wave cognitive-behavioral therapy, has proven its efficacy in chronic pain (ACT), along with placing an emphasis on psychological flexibility and acceptance-based strategies. **Objective:** The purpose of this narrative review is to synthesize and review findings from existing literature on the effectiveness of ACT in chronic pain management. This study aims at presenting an integrative overview of theory and empirical findings, providing a comprehensive understanding of its therapeutic potential in chronic pain management, clinical implications, and future indications for the development of integrated

interventions targeting holistic well-being. **Methods:** A search of electronic databases (e.g., PubMed, Google Scholar, PsychINFO) was conducted, and studies were selected based on their relevance to ACT in chronic pain and contribution to theoretical and empirical understanding of this topic. **Results:** This review highlighted several key themes that emerged from literature. The first theme focuses on theoretical foundations of ACT, highlighting how psychological flexibility and acceptance-based strategies can work in chronic pain management. The second theme addresses the functional and psychological outcomes associated with chronic pain. The third theme examines empirical studies suggesting the effectiveness of ACT in chronic pain management, specifically in the older population. The fourth theme explores the use of ACT for addressing pain catastrophizing, a common experience among individuals with chronic pain. **Conclusion:** Chronic pain is a multi-dimensional condition and therefore requires a holistic approach to mitigate its negative effects. It presents itself with a wide range of negative outcomes and therefore requires integrative approaches to manage them effectively. Therefore, this review aimed at establishing ACT as an evidence-informed approach by integrating existing theoretical frameworks and empirical findings from literature. In conclusion, ACT has proven its efficacy in enhancing overall quality of life in older adults and various other populations.

Keywords: *acceptance and commitment therapy, chronic pain, integrative interventions, pain catastrophizing*

Title: Psychotherapeutic interventions & emerging therapies in Addiction treatment among older adults: A Meta Analysis

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ABSTRACT

Substance use disorders (SUDs) represent a major challenge in psychiatric treatment, with significant relapse rates despite various psychotherapeutic interventions. Substance use disorders (SUDs) represent a pressing public health concern, which calls for clinicians to identify and implement best practices in treatment. This paper explores the efficacy of psychotherapies, such as Cognitive Behavioral Therapy (CBT), Motivational interviewing, Motivational Enhancement Therapy (MET), Eye Movement Desensitization and Reprocessing (EMDR), Contingency Management, Mindfulness-Based Relapse Prevention (MBRP), and emerging therapies in treating SUDs. This study highlights the role of stress in relapse suggesting that trauma-focused therapies can be effective for individuals with high stress vulnerability. The study also reveals that including the self-help programs of all types, of which AA and NA have seemed to be the most beneficial, and these groups can decrease the sense of shame and isolation that can lead to relapse. Future research should focus on aligning diagnostic systems, such as the DSM-5, with neurobiological markers and psychological tells to facilitate more precise and personalized interventions, potentially transforming addiction treatment outcomes. A comprehensive search was conducted in Medline, Web of Science, CENTRAL, and PsycINFO, complemented by a manual search.



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Keywords: *Substance Use Disorders (SUDs), Psychotherapeutic Intervention, Emerging Therapies.*

Title: Effectiveness of Music Therapy on Psychological Well-Being in Aging Population

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ABSTRACT

With advancing age, it often brings physiological and psychological challenges. The psychological health of older adults is a growing concern around the world. Music therapy can facilitate these psychological challenges by engaging brain areas involved in cognition, emotion, and sensorimotor processing. Music therapy is a structured and evidence-based intervention method that can support various mental health issues. This review aims to report on existing literature on music therapy as an intervention to improve the psychological well-being and quality of life of elderly people. A narrative review of music therapy intervention studies published between 2000 and 2025 was carried out. The articles were reviewed across multiple databases, namely PsycINFO, PubMed, Google Scholar, and ResearchGate. The review found a positive effect of music therapy on psychological well-being in the population. However, there remains a paucity of studies on the psychological well-being of the aging population. Research on disorder-specific music therapy intervention is scarce. Furthermore, empirical evidence on aging populations in low- and middle-income countries is relatively limited. Overall, the findings of the study suggest substantial potential in improving psychological well-being with music

therapy intervention. Furthermore, it suggested exploring music therapy as an intervention, particularly using a qualitative method.

Keywords: *Music therapy, psychological well-being, engaging, and quality of life*

Title: Gamification in Cognitive Stimulation as a Preventive Approach to Cognitive Decline in Older Adults: A Systematic Review

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ABSTRACT

Background and Aim: Despite growing research on cognitive training and age-related cognitive decline, limited evidence consolidates the role of gamification as a preventive cognitive stimulation approach. The present study aims to systematically evaluate the literature on gamification-based interventions as an innovative approach to mitigate the impact of cognitive decline among older adults. **Method:** A systematic review following the PRISMA 2020 guidelines on 42 studies published between 2015-2025, retrieved from PubMed, Scopus, Web of Science, and Google Scholar, encompassing randomized controlled trials, quasi-experiments, pilot studies, and meta-analyses, was conducted. The data were analyzed using comparative and thematic analysis, integrating quantitative and qualitative findings, and ensuring consistency across diverse study designs. **Results:** The findings reveal that gamification-based cognitive stimulation has a positive short-term impact on executive functioning, memory, and processing speed. Interventions incorporating adaptive feedback, goal progression, and increasing task difficulty produced greater cognitive benefits than static or non-gamified tasks. Additionally,

gamified programs were associated with higher engagement, motivation, and adherence rates, suggesting that interactive and rewarding design elements enhance sustained participation; however, the ability to establish long-term cognitive benefits may be limited. **Conclusion:** The study demonstrates that gamification has strong potential as an engaging and preventive approach to support cognitive functioning in older adults, suggesting its potential applicability in a clinical setting. Future research with larger samples, standardized methodologies, and long-term evaluations to substantiate the sustained cognitive and functional benefits is recommended.

Keywords: *gamification, cognitive stimulation, cognitive decline, older adults*

Title: Promoting psychological well-being in old age: the role of mindfulness, yoga and movement-based therapies for mental health

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ABSTRACT

Background and aim: Late adulthood brings many changes in our lives; they can be both positive and negative. It brings some psychological challenges with itself, which include stress, loneliness, and cognitive decline that causes mental health issues such as depression and anxiety. This problem requires a holistic approach for its solutions. The aim of this research paper is to explore the impact of psychosocial interventions, specifically mindfulness, yoga, and movement-based therapies, for promoting psychological well-being among older adults. **Method:** a qualitative study was conducted by reviewing empirical and theoretical studies from 2014 to

2025 and was thematically analyzed to identify common findings. The tools of research included academic databases such as Google Scholar for identifying peer-reviewed articles. Data were analyzed using thematic analysis. **Results:** the evidence supports the idea that these interventions can be used to reduce symptoms of depression and anxiety in late adulthood and can promote psychological well-being. They are also effective in enhancing cognitive flexibility and overall life satisfaction. Mindfulness helps in reducing stress and keeping a sense of calmness; yoga provides both physical and mental balance; movement-based therapies promote body awareness and social connectedness. **Conclusion:** overall, this paper supports the idea that these psychosocial interventions—mindfulness, yoga and movement-based therapies—are effective and safe for the psychological and overall well-being of older adults and are also promising non-pharmacological treatments. Though some limitations remain, like small sample size and lack of standardized protocol.

Keywords: *Late adulthood, psychosocial interventions, mindfulness, yoga, movement-based therapies, mental health, psychological well-being.*

Title: Exploring How Rituals, Prayer, and Meditation Support Psychological Well-Being in Older Adults: An Interview-Based Qualitative Study

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ABSTRACT

Background and Aim: Ageing is often accompanied by emotional, social, and physical changes that can challenge an older adult's sense of identity and well-being. While it is known that spirituality supports coping and meaning-making in later life, less is known about how older

adults personally experience such practices qualitatively. This study aims to explore how rituals, prayer, and meditation contribute to psychological strength and emotional resilience among older adults. **Method:** This qualitative, exploratory study was conducted with 8-15 older adults (60+) selected through purposive sampling. Data were collected from semi-structured, in-depth interviews and thematic analyses were done using Braun & Clarke's 6-step framework. **Results:** The findings showed spiritual practices provided a sense of emotional grounding, reduced loneliness, and fostered a sense of purpose, acceptance, and continuity of identity. Respondents expressed inner peace, strength during adversity, and a deep connection with self and community. **Conclusion:** The study shows that rituals, prayer, and meditation are important to improve psychological well-being among the elderly. These practices may be meaningfully integrated into senior mental health care and community support programs. Further research on this issue is recommended, ideally with diverse and larger samples.

Keywords: Spirituality, Meaning-Making, Ageing, End-of-Life, Life Review, Psychological Well-Being

Title: Gerotranscendence: Existential Growth and Wisdom in Later Years

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ABSTRACT

Background & Aim: Gerotranscendence is a psychosocial theory of aging introduced by Tornstam, positing that with increasing age individuals gradually shift from a materialistic worldview to a more cosmic and transcendent perspective. This late-life developmental phase encompasses cosmic, self, and social transcendence (e.g., altered time perception, reduced egocentrism, and redefined social roles). Gerotranscendence is theorized to foster greater meaning, acceptance of mortality, and life satisfaction. This review synthesizes conceptual and empirical literature on gerotranscendence in older adults, focusing on its links to meaning in life, psychological well-being, and implications for geriatric mental health care. **Methods:** This review adopted a broad literature-based research approach focusing on gerotranscendence in older adults. Relevant studies were gathered from established scientific sources using predefined inclusion criteria. The included studies' designs, sample characteristics, and assessment tools were summarized to show how gerotranscendence and related outcomes had been examined. When reported, intervention elements were also reviewed to understand their role in supporting existential growth in later life. **Results:** Studies consistently link higher gerotranscendence to greater life satisfaction, purpose, and reduced anxiety about death. For example, the cosmic transcendence dimension is strongly associated with an older adult's framework of meaning in life. Interventions designed to foster gerotranscendence (such as structured reminiscence or reflective group programs) have been shown to improve participants' mental health and life satisfaction. Qualitative reports also indicate that seniors spontaneously describe gerotranscendent experiences such as cosmic unity, coherence, and valued solitude in ways that align with Tornstam's theory. **Conclusion:** Gerotranscendence emerges as a key framework for understanding existential growth and wisdom in later life. Incorporating its principles into geriatric care (for example through life-review therapy or spiritually informed counseling) may enhance well-being and resilience by nurturing meaning and acceptance. As a holistic aging paradigm, this theory underscores that later years can be marked by positive growth and purpose.

Keywords: *Gerotranscendence; aging; existential growth; meaning in life; geriatric mental health; life review; wisdom; Tornstam*

Title: A Case of Fronto-Temporal Dementia Managed with individual Cognitive stimulation Therapy: A CASE REPORT

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ABSTRACT

Introduction: Frontotemporal dementia (FTD) is a less common but clinically significant cause of early-onset dementia, characterized by progressive changes in behavior, personality, and language. Management options are limited, with pharmacological interventions showing modest efficacy and non-pharmacological strategies remaining underexplored. We report two cases of FTD from a general hospital psychiatry unit in India, managed with a structured program of individual cognitive stimulation therapy (iCST) combined with pharmacotherapy. **Case Description** A 60-year-old, married female, with no formal education, a homemaker by occupation, from a rural background, presented to the psychiatry outpatient setting of a tertiary care centre in India with complaints that were insidious in onset, continuous and progressive in course, characterized by apathy, disinhibition, changes in self-care, and feeding behaviour, along with memory problems for 3 years. She was started on tablet 2 mg daily, after which her symptoms showed no improvement and she reported excessive sedation. Similarly, trial of T. Quetiapine up to 75mg, T. Olanzapine 10mg with over the next 3-4 months, but the patient would report excessive sedation. Since there was no significant improvement therefore, she was planned for iCST and was successfully managed with the same. **Conclusion:** These findings suggest that iCST, delivered with caregiver involvement and clinical supervision, may be a feasible, culturally adaptable, and effective adjunctive intervention for FTD, particularly in low-resource settings.

Keywords: *Cognitive assessment, Psychosocial Intervention*

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TRACK-6.2

**PSYCHOSOCIAL REHABILITATION AND
PALLIATIVE CARE**

TRACK 6.2

PSYCHOSOCIAL REHABILITATION AND PALLIATIVE CARE

ORALS

Title: End-of-Life Care in Modern India and Dignity in Death: A Qualitative Study among Patients and Formal and Informal Caregivers

Presenting Author: Aishwarjya Chakraborty¹

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ABSTRACT

Background: Palliative care and end of life care is often considered to be sine quanon in modern India health care. However, there are systemic barriers such as poor infrastructure, unavailable affordable healthcare and patient-provider issues. However, the relative lack of documented patients' or their family caregivers' voices in life-

threatening cancer is a major challenge to patient-centred palliative care services by Indian healthcare system. The study aims to explore personal experiences of delivering and receiving palliative and / or end of life care of patients, formal and informal caregivers. **Method:** The current study explored the ‘lived experience’ as described by 6 participants [2 female advanced cancer patients, and 2 male informal caregivers (husbands) and 2 healthcare professionals-1 male physician and 1 female nurse], at a tertiary cancer hospital in West Bengal, India. In-depth interviews on participants’ experiences were conducted and analyzed using Interpretative Phenomenological Analysis. **Results:** For patients and informal caregivers, 2 superordinate themes were identified, viz. (i) Barriers to cancer treatment and (ii) Personal impact of diagnosis (with 8 subthemes). For formal caregivers there were 2 superordinate themes viz., A) Barriers to accessing quality palliative care and end-of-life care and B) Impact of adequate palliative care **Conclusion:** Sense of autonomy and respect at the end of life is influenced by doctor-patient relationships, financial stability, and positive healthcare and social interactions. Key strategies for structured palliative care services and policy reforms include open end-of-life-related discussions, addressing public as well as personal stigma, compassionate communication, and continuous physician-patient relationships.

Keywords: *End-of-life care, dignified death, patient perspective, terminal cancer, phenomenology, India.*

Title: Examining Role Captivity and the Guilt-Ambivalence Spiral as Predictors of Narrative Identity Disruption in Family Caregivers of Older Adults

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ABSTRACT

Background and Aim: Family caregivers of older adults often face psychological strain that extends beyond stress and burden. Role captivity, or the sense of being trapped in caregiving responsibilities, may fragment caregivers' sense of autonomy and continuity of self. However, little is known about the underlying mechanisms linking role captivity to identity disruption. The present study aims to examine whether role captivity predicts narrative identity disruption and whether this relationship is mediated by the guilt–ambivalence spiral, reflecting caregivers' conflicting emotions of resentment and guilt. **Method:** A cross-sectional study was conducted with 100 family caregivers of older adults recruited from outpatient clinics, palliative care units, and community organizations using purposive sampling. Participants completed the Caregiver Role Captivity Scale, a piloted composite measure of guilt-ambivalence, and the Narrative Identity Disruption Scale. Demographic and caregiving-related variables (age, gender, relationship, duration, and hours of care per week) were also collected. Data were analyzed using regression-based mediation models with bootstrapping for indirect effects. **Results:** Role captivity significantly predicted narrative identity disruption ($\beta = .42, p < .001$). The guilt-ambivalence spiral partially mediated this relationship, with a significant indirect effect ($\beta = .18, 95\% \text{ CI } [.09, .28]$). The overall model explained 38% of the variance in narrative identity disruption. **Conclusion:** Findings suggest that caregivers' feelings of captivity contribute to identity fragmentation, partly through guilt-ambivalence. Addressing these internal emotional conflicts may enhance caregiver resilience and identity preservation. Future longitudinal research is recommended to strengthen causal inferences.

Keywords: role captivity, guilt-ambivalence spiral, narrative identity disruption, family caregivers, older adults, psychosocial intervention

Title: The Role of Narrative Identity Disruption in Mediating the Relationship Between Role Captivity and Emotional Disenfranchisement Among Caregivers of Older Adults

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ABSTRACT

Background and Aim: Caregiving for older adults is associated with significant emotional challenges, yet caregivers' struggles often go unrecognized. Role captivity, or feeling trapped in the caregiving role, may contribute to emotional disenfranchisement, where distress is perceived as invalidated. Despite research on caregiver burden, mechanisms linking role captivity to emotional disenfranchisement remain underexplored. This study examines whether role captivity predicts emotional disenfranchisement and whether narrative identity disruption mediates this relationship. **Method:** A cross-sectional observational study was conducted with 100 caregivers of older adults, recruited via purposive sampling from community centers and support groups. Participants completed the Role Captivity Scale, Narrative Identity Disruption Questionnaire and Emotional Disenfranchisement Scale. Data were collected through online and paper-based surveys over 2 months. Mediation analyses assessed whether narrative identity disruption explained the link between role captivity and emotional disenfranchisement. **Results:** Role captivity was positively associated with emotional disenfranchisement ($r = 0.52, p < .001$). Narrative identity disruption partially mediated this relationship, with a significant indirect effect (0.21, 95% CI [0.12, 0.32]), indicating that caregivers who feel trapped are more likely to experience fragmentation in their life narrative, which increases emotional disenfranchisement. **Conclusion:** Feelings of role captivity contribute to emotional disenfranchisement among caregivers, partly through disruptions in narrative identity. Interventions enhancing identity coherence and meaning-making may reduce disenfranchisement and improve well-being. Future research should employ longitudinal designs and explore moderating factors such as social support or coping strategies. Limitations include the cross-sectional design and reliance on self-report measures.



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Keywords: *Emotional disenfranchisement, Role captivity, Narrative identity disruption, caregiver stress, Older adults*

Title: “Still Becoming”: A Qualitative Exploration of Vocational Engagement, Social Belonging, and Purpose Construction in Older Adulthood

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ABSTRACT

In later adulthood, a sense of purpose is a key determinant of psychological well-being, life satisfaction, and healthy aging. However, this sense often diminishes with retirement, reduced productivity, and social withdrawal. While prior research emphasizes the benefits of purposeful living, there remains a limited understanding of *how* older adults actively construct and sustain this sense of purpose through social and vocational participation. Addressing this gap, the present study aims to explore how continued involvement in work, hobby classes, and community group activities contributes to the experience of purpose, belonging, and overall well-being among older adults. **Method:** A qualitative design grounded in Self-Determination Theory (Deci & Ryan, 2000) and Erikson’s psychosocial stage of ego integrity versus despair was employed. Twenty-eight older adults (aged 66–87) who were professionally active or involved in senior social and creative hobby groups participated in semi-structured interviews. Data were analyzed using thematic analysis to identify key patterns reflecting autonomy, competence, and relatedness. **Results:** Three primary themes emerged: (1) *Reclaiming Agency Through Meaningful Doing*—participants described engagement as a means to preserve identity and autonomy beyond retirement; (2) *Social Belonging as Emotional Nourishment*—group

interactions fostered empathy, validation, and reduced loneliness; and (3) *Purpose as a Shared Narrative*—collective creativity and mentoring enhanced community contribution and self-worth. **Conclusion:** Findings suggest that structured community and vocational spaces act as “psychosocial sanctuaries,” fulfilling intrinsic needs and promoting continued growth in older adulthood. These insights highlight the need to integrate such engagement opportunities into aging policies to enhance purpose and well-being.

Keywords

Older adulthood, purpose in life, vocational engagement, social belonging, self-determination theory, qualitative study

Title: Mind Over Malignancy: Investigating The Psychosomatic Continuum And The Mediating Roles Of Learned Helplessness, Coping, And Social Support Among Elderly Cancer Patients

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ABSTRACT

Cancer in late adulthood presents intertwined physical and psychological challenges that are deeply affecting patients' quality of life. In most instances, elderly cancer patients suffer emotionally with issues related to dependence on others and loss of control, representing the psychosomatic continuum, or interaction between physical illness and mental health. While psycho-oncology as a field is receiving growing attention, the psychological factors that act as an intermediary in this mind-body connection continue to be less than well demonstrated in geriatric cancer care. This study seeks to investigate the mediating roles of learned helplessness, coping, and social support in the relationship between physical illness burden and mental health among elderly cancer patients. This cross-sectional, quantitative design involved a purposive sample of

30 elderly cancer patients (15 males and 15 females) aged 60-85 years, who were selected from a regional cancer center. Participants completed standardized instruments, including the Learned Helplessness Scale, Brief COPE Inventory, Multidimensional Scale of Perceived Social Support (MSPSS), and the Hospital Anxiety and Depression Scale (HADS). Physical illness burden was measured using the EORTC QLQ-C30 physical functioning subscale. Data collection lasted for four weeks, and analysis was done using SPSS with correlation and multiple mediation analysis employing bootstrapped confidence intervals. A significant negative relationship was found between physical illness burden and mental health: $r = -.45$, $p < .01$. Learned helplessness partially mediated this relationship, whereas coping and social support acted as positive protective factors in maintaining good mental health. Overall, the combined model explained 57% of the variance in mental health outcomes. Results highlight the importance of considering psychological dimensions in the clinical practice of geriatric oncology. Interventions aimed at reducing helplessness and enhancing coping and social support may nurture resilience and promote well-being among elderly cancer patients.

Keywords: *psycho-oncology, learned helplessness, coping, social support, elderly cancer patients.*

Title: Elder Abuse Among Geriatric Patients with Mental Illness

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ABSTRACT

Background: Elder abuse is a growing public health concern, especially among geriatric patients with mental illness who are more vulnerable due to dependency, cognitive impairment, and social isolation. Despite cultural values promoting respect for elders, such abuse often remains undetected and unaddressed, particularly in clinical populations. **Understanding its prevalence and patterns is crucial for prevention and intervention.** **Aim and Objectives:** The study aimed to assess elder abuse among geriatric patients with mental illness attending a geriatric mental health clinic and to explore the association of elder abuse with socio-demographic and clinical variables. **Methodology:** A cross-sectional descriptive study was conducted among 114 geriatric psychiatric patients aged 60 years and above at the Geriatric Mental Health Clinic, Government Medical College and Hospital, Chandigarh. Participants were selected using purposive sampling.

Data were collected using a socio-demographic and clinical data sheet and the Vulnerability to Abuse Screening Scale (VASS). Statistical analysis was performed using SPSS version 24. **Results:** The study found that 15% of elderly participants experienced some form of abuse. Physical abuse was most frequently reported (11.6%), followed by emotional or psychological abuse (6.8%), financial abuse (4.2%), and verbal abuse (2.6%). A small proportion (0.9%) reported other forms of abuse. Emotional neglect and psychological distress were commonly observed, reflecting the subtle nature of mistreatment among older adults with mental illness. **Conclusion:** The findings highlight that elder abuse persists even within hospital-based mental health settings. Emotional and physical abuse are the predominant forms, often linked to caregiver strain and dependency. Routine screening, caregiver support, and psychosocial interventions are essential to promote safety, dignity, and mental well-being among elderly psychiatric patients.

Keywords: *Elder abuse, Geriatric mental illness, Emotional abuse, Physical abuse, Vulnerability to Abuse*



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TRACK 6.2

PSYCHOSOCIAL REHABILITATION AND PALLIATIVE CARE

POSTERS

Title: Psychotherapy and Palliative Care in Geriatrics: Reflecting on the Role of Mental Health Professionals in Elderly Care

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ABSTRACT

Geriatric Palliative Care (GPC) can be understood as an approach that aims to improve the quality of life of elderly persons facing severe and life-threatening illness near the end of their lives. As with all forms of long-term medical intervention, it imposes a two-fold burden on patients: physical and psychological. Both patients and caregivers often undergo immense psychological distress that entails extended treatment. Psychotherapeutic intervention becomes necessary in helping patients navigate negative emotions surrounding their illness, as well as assisting in rehabilitation. The geriatric population specifically finds itself in a vulnerable position owing to their increasing reliance on caregivers, deteriorating cognitive abilities, and sense of alienation due to the adoption of a patient role. Adding to it, the fear of facing death, encountering broader ideas of meaning in life, and altering a sense of self-concept become

prominent challenges for psychologists and psychiatrists working alongside the elderly. They are also tasked with managing the caregiver burden and dealing with the prolonged occupational and emotional stress of providing care. In such cases, the therapist may help individuals cope by extending emotional support, guiding them through difficult decisions, and managing their individual lives while providing care. The current paper explores and elaborates on the role of mental health professionals in the interdisciplinary field of GPC. It highlights the unique challenges of working with the terminally ill and provides suggestions for broadening one's understanding of it and delivering effective therapeutic care.

Keywords: *geriatric palliative care, psychotherapy, end-of-life care, terminal illness, caregiver burden*

Title: From Telepsychiatry to Artificial Intelligence—Harnessing Technology for Transformative Elder Care in India

Presenting Author: Dr. Adivya Srivastava

Affiliation:

Dr. Adivya Srivastava, Senior Resident, Centre of Excellence in Mental Health, Department of Psychiatry, ABVIMS and Dr. RML Hospital, New Delhi.

ABSTRACT

Background: India's older-adult population is projected to exceed 194 million by 2031, with parallel increases in cognitive disorders, depression, multimorbidity, and social isolation. Conventional geriatric psychiatry services remain tertiary-centric and inadequate to meet population needs.¹ Aims: To synthesize evidence on technology-driven innovations—telepsychiatry, artificial intelligence (AI), wearables/Internet of Things (IoT), and robotics—that can transform elder care in India, and to analyze recent national initiatives (Tele-MANAS, eSanjeevani, Ayushman Bharat Digital Mission) in comparison with global advances.² Methods: An integrative review of publications (2018–2025), government white papers, and institutional reports was conducted. Data were collated on intervention models, outcomes, and

implementation barriers across the four domains. Sources included MoHFW dashboards, NDHM/ABDM policy papers, and AIIMS–IIT collaborative studies.^{3–6} Results: Telepsychiatry expansion through eSanjeevani and Tele-MANAS has improved access and adherence for older adults, showing positive satisfaction and cost-utility outcomes.^{3–5} AI-based innovations—speech and neuroimaging biomarkers, predictive EMR analytics, and conversational agents—enable early dementia detection and risk prediction but require large-scale validation.^{7–8} Wearables and IoT devices enhance safety via remote vitals, fall detection, and GPS monitoring, though affordability and connectivity remain barriers.^{9–10} Robotics and assistive technologies demonstrate efficacy for companionship, ADL support, and caregiver relief, with low-cost Indian prototypes under development.¹¹ Conclusions: India’s digital-health infrastructure and cost-sensitive innovation provide a pathway toward an ethically governed “human–technology symbiosis” in geriatric psychiatry. Addressing digital literacy, data governance, and workforce training will be crucial for nationwide implementation.

Keywords: Geriatric psychiatry, telepsychiatry, artificial intelligence, robotics, IoT, Tele-MANAS, India.

Title: Pills, Loneliness, and Memory : Exploring the Link Between Polypharmacy, Social Isolation, and Cognitive Decline

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ABSTRACT

Background and Aim: Despite the previous research on polypharmacy and social isolation along with cognitive decline, the area studying the aspects of both linking towards the damaging effects on the elderly is finite. The following study focuses on the use of polypharmacy, focusing mostly on psychiatric medicines, in the medical sphere and its deteriorating effects on the elderly population along the lines of social isolation and cognitive impairments like memory. Method: A PRISMA study was conducted through the databases across the internet, including Wiley, Sage, ScienceDirect, Nature, etc. The data was evaluated through the PRISMA screening manual and risk of bias assessment under Cochrane's tools. Results: This study demonstrates that polypharmacy is associated with loneliness and social isolation among older adults, with these psychosocial factors also linked to increased use of opioids, benzodiazepines, and psychotropic drugs. Conclusion: The findings underscore the need for a holistic approach that considers medical, psychological, and social dimensions of care. Integrating these perspectives can help mitigate risks, improve prescribing practices, and enhance quality of life in this vulnerable population.

Keywords: *cognitive decline, memory, loneliness, older adults, polypharmacy, isolation*

Title: Digital neurocognitive rehabilitation interventions for ageing population: A systematic review of effectiveness, usability and cultural adaptation in India

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ABSTRACT

India's ageing population is increasing rapidly, with Mild Cognitive Impairment (MCI) recognized as a critical precursor to dementia and functional decline. Neurocognitive rehabilitation has demonstrated potential in delaying decline and improving the quality of life, however, traditional cognitive rehabilitation approaches, though beneficial, often face challenges of cost, accessibility, workforce shortages and cultural inappropriateness. Digital and app-based interventions are often scalable alternatives, yet evidence from India remains fragmented. Preliminary studies have indicated modest cognitive improvements but systematic evaluation of usability, long-term adherence and cultural adaptation is still limited. This study aims to synthesize Indian studies from 2010-2025 identified standardized databases assessing cognitive and mental health outcomes, user experience and adaptation strategies. The expected key findings are to develop critical insights for the design of user-centred interventions, inform integration into geriatric care and guide policy and clinical strategies to enhance accessibility, engagement and overall well-being among India's ageing population.

Keywords: mild cognitive impairment, digital health, cognitive rehabilitation, app-based interventions, usability, cultural adaptation, ageing, India

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TRACK-7

**PSYCHOSOCIAL, CULTURAL AND
FAMILY DYNAMICS**

TRACK 7:

PSYCHOSOCIAL, CULTURAL AND FAMILY DYNAMICS

ORALS

Title: A Psychosocial Lens to Elder Mistreatment: A Perspective

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ABSTRACT

Background and Aim: In recent decades, societal transformations such as changes in family structure, economic dynamics, and cultural norms have significantly affected intergenerational relationships and caregiving practices, consequently impacting the prevalence and expression of elder mistreatment. This study qualitatively explores how elderly individuals perceive elder mistreatment in the context of these social changes. **Method:** Semi-structured interviews were conducted with a sample of fifteen participants aged 60 years and above residing in the NCT of Delhi. Data collected through interviews and observations was then thematically analysed.

Result: Four central themes emerged: conceptualization of mistreatment, reasons for its occurrence, the influence of social change, and potential preventive measures. Most participants acknowledged the presence of such mistreatment, with disrespect cited as the most frequent expression, and family members often identified as perpetrators. Internal causes included reduced self-worth, vulnerability, and diminished authority, while external causes involved generational gaps, neglectful upbringing, and societal greed. Social changes such as weakened familial bonds, overreliance on technology, westernization, and erosion of value systems were viewed as key contributing factors. Participants recommended enhancing individual resilience, promoting interpersonal support, and fostering a community-based enabling environment. Strategies such as fostering empathy, raising awareness, encouraging financial independence, and strengthening legal and social support networks were encouraged. **Conclusion:** This study underscores elder mistreatment as a critical issue demanding immediate and comprehensive action across all societal levels. While not exhaustive, the findings offer a foundational framework for mitigating elder mistreatment in contemporary society.

Keywords: *elder mistreatment, social change, intergenerational relationships, resilience, community supports*

Title: Ambiguous Loss and Its Psychological Impact: Lived Experiences of Abandoned Elderly in Institutional Care in Delhi NCR

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Co-Author: Simar Kaur²

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ABSTRACT

Background: Older adults often face profound psychological challenges when abandoned by family members, with one of the most complex being ambiguous loss, a situation in which individuals experience the absence of emotional connection despite physical presence or the reverse. In India, the growing phenomenon of abandonment among the elderly highlights the urgent need to explore how such losses are experienced and navigated. **Aim:** This study aims to explore the lived experiences of ambiguous loss among abandoned older adults residing in old age homes in the Delhi NCR region. **Method:** A qualitative design was adopted, with data collected through purposive sampling of residents from selected old age homes. While thematic saturation guided the final sample size, approximately 30 participants aged 60 years and above were targeted to ensure depth and diversity of experiences. Semi-structured interviews were conducted to capture narratives of loss, identity, belonging, and emotional coping. Thematic analysis was applied to identify patterns and meanings within participants' accounts. Participants had to be 60 years of age or older, have been abandoned by family members, and be residing in an institutional care setting in order to meet the inclusion requirements. **Results:** Three interrelated themes emerged from the preliminary findings. The sadness of being emotionally abandoned while still living was expressed in the pain of relational absence despite physical existence. Participants' descriptions of emotions of rejection, invisibility, and loss of familial duties revealed a disturbed sense of identity and belonging. Lastly, there was a clear need for resilience and meaning among older persons, who sought solace in shared stories, spirituality, and peer relationships. When taken as a whole, these themes show how ambiguous loss in senior populations that have been abandoned is complex, unresolved, and extremely personal. **Conclusion:** The study underscores the pressing need for psychosocial interventions and policy frameworks that recognize ambiguous loss as a distinct form of suffering among abandoned older adults, ensuring tailored support in institutional care settings.

Keywords: *Ambiguous loss, abandonment, elderly, old age homes, qualitative study, Delhi NCR, thematic analysis.*

Title: Balancing parenting, employment, and elder care: A qualitative exploration of caregivers' burden.

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Co-author: Dr. Chinu Agrawal ²

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ABSTRACT

Background and Aim: Given the rapidly aging population in the Asia-Pacific region, The socio-economic sustainability of informal family care giving is becoming an urgent public health concern. Research in India demonstrates that younger caregivers face greater social and demand burdens. (Kumar, 2024). There is a pressing need for systematic, context-sensitive research to illuminate both the challenges faced by the caregivers and the resources and interventions necessary to support their well-being. The caregivers from within the family face significant challenges balancing dual caregiving responsibilities for children and aging parents while maintaining employment. Gender differences are pronounced in caregiving practices, with women spending more time on household activities while men primarily provide financial support (Hemalatha et al, 2022). The dual caregiving responsibilities significantly impact marital relationships compared to single or two-generation households. These individuals face compounded stressors affecting their physical and emotional health, work-family balance, and self-care capacity. The current qualitative research aims to understand the challenges and needs of these caregivers. **Method:** A cross-sectional exploratory structured/semi-structured qualitative study with 15 familial caregivers who live in urban areas and are gainfully employed too. Data collected through face-to-face interviews and Zoom. **Results:** The results will be presented

during the conference. **Conclusion:** The research hopes to throw light on the future interventions and support that is required by these caregivers. It also explores the various demands, burdens, challenges, and needs of these caregivers.

Keywords: *Balancing, Caregivers, challenges, Elder care, family, impact, needs, qualitative.*

Title: Balancing parenting, employment, and elder care: A qualitative exploration of caregivers' burden.

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ABSTRACT

Abstract: Background and Aim: Given the rapidly aging population in the Asia-Pacific region, the socio-economic sustainability of informal family care giving is becoming an urgent public health concern. Research in India demonstrates that younger caregivers face greater social and demand burdens. (Kumar, 2024). There is a pressing need for systematic, context-sensitive research to illuminate both the challenges faced by the caregivers and the resources and interventions necessary to support their well-being. The caregivers from within the family face significant challenges balancing dual care giving responsibilities for children and aging parents while maintaining employment. Gender differences are pronounced in care giving practices, with women spending more time on household activities while men primarily provide financial support (Hemalatha et al, 2022). The dual care giving responsibilities significantly impact marital relationships compared to single or two- generation households. These individuals face

compounded stressors affecting their physical and emotional health, work-family balance, and self-care capacity. The current qualitative research aims to understand the challenges and needs of these caregivers. **Method:** A cross sectional exploratory semi structured qualitative study with 15 familial caregivers who live in urban areas and are gainfully employed too. Data collected through face-to-face interviews and zoom. **Results:** The results will be presented during the conference. **Conclusion:** The research hopes to throw light on the future interventions and support that is required by these caregivers. It also explores the various demands, burdens, challenges and needs of these caregivers.

Keywords: *Balancing, Caregivers, challenges, Elder care, family, impact, needs, qualitative.*

Title: Behind Closed Doors: Mental Health and Lived Reality of Elderly in Old Age Home

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ABSTRACT

Background and aim- The elderly represents a vital yet highly vulnerable segment of society, with adverse life events, health decline, and social neglect exacerbating their challenges. Rapid socio-demographic transitions increasingly compel older adults to relocate to institutional settings such as old age homes. In this context the present research focuses on the lived realities

and well-being of elderly residents in old age homes. **Method**—A total of 20 inhabitants (10 males and 10 females) from age range 60 years to 75 years living in old age home in Greater Noida, Uttar Pradesh had given their consent to participate in the study. Objective- The primary objective of the study was to explore mental health among elderly. The secondary objective was to explore self other relatedness among elderly. The tools administered were Anxiety, Depression, Stress Scale (ADSS) developed by Bhatnagar et al (2011) and a self-developed interview schedule. **Results and conclusion**—There seemed to be a significant gender difference existing between male and female in anxiety and depression in terms of mean score wherein elderly females are ahead of their counterparts. Further, self was perceived more as inferior and inadequate. Perceived relationships, even with close family members, were broken indicating their fragmented relational world, causing heavy emotional pain.

Keywords: *Elderly, Mental Health, self-other relatedness, lived reality*

Title: Beyond Burden: Unpacking the Link between Positive Caregiving Experiences and Mental Health Literacy

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ABSTRACT

Background and Aim: Care giving for elderly individuals with non-communicable diseases (NCDs) is a complex role that involves both significant challenges and positive experiences. While the negative impacts of care giving are well-documented, the relationship between positive care giving experiences and mental health literacy remains largely unexplored. This study aims to examine the correlation between the positive aspects of the care giving experience and the level of mental health literacy among caregivers of elderly individuals with NCDs. **Method:** A cross-sectional study using purposive sampling to recruit caregivers. Data was collected through an online survey that includes a socio-demographic questionnaire, the 44- item Scale for Positive Aspects of Care giving Experience (SPACE), and the 16-item Mental Health Literacy Questionnaire–Short Version for adults (MHLQ-SVa). **Result:** Descriptive statistics will be used to summarize caregiver characteristics, and the association between SPACE and MHLQ-SVa scores will be analyzed and presented. **Conclusion:** The findings of this study are expected to provide valuable insights for developing targeted interventions that leverage positive care giving experiences to improve caregivers; mental health literacy and overall well-being.

Keywords: *Positive care giving experiences, mental health literacy, Elderly population, Non-communicable diseases*

Title: Caregiver Burnout in Geriatric Population with Neurodegenerative Disorders: A Qualitative Exploration

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ABSTRACT

Introduction: Although research on career burnout is expanding, little is known about how older adults with neurodegenerative diseases like dementia, Parkinson's disease, and Alzheimer's frequently cause major physical, emotional, and psychological stress for the primary carers. Despite growing awareness, there is little data on carers' actual experiences and perceived burnout in the Indian context. The purpose of this study is to investigate qualitatively the type, extent, and effects of caregiver burnout in older adults with neurodegenerative diseases.

Methodology: The study's design was qualitative. Semi-structured telephone interviews with primary caregivers of geriatric individuals aged 60+ (N = 20) were used to gather data. Purposive sampling was employed in the selection process to find participants from a range of socioeconomic backgrounds. Emotional stress, role overload, coping strategies, and mental health issues were the main topics of the interviews. To find recurrent themes and narratives, thematic analysis was used.

Results: Major themes identified by the analysis included coping mechanisms such as avoidance, peer sharing, and spirituality; lack of social and institutional support; emotional exhaustion and role strain; and perceived decline in carers' mental and physical health. Long-term care giving frequently results in anxiety, helplessness, and sleep disturbances, according to many participants.

Conclusion: The study highlights the multifaceted effects of caregiver burnout on mental health and well-being while demonstrating its efficacy among families of elderly patients with neurodegenerative diseases. The results highlight how urgently structured interventions, community support initiatives, and carer counselling are needed to lessen burnout. To improve intervention models in the Indian context, more studies with bigger and more varied sample sizes are advised.

Keywords: *Caregiver burnout, Geriatric care, Neurodegenerative disorders, Qualitative research, caregiver stress*

Title: Correlations between Resistance to Change, Religiosity, Sexual Conservativeness and Attitude Towards Homosexuality among Older Indian Adults

Presenting Author: Shivakarthik R ¹



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ABSTRACT

Background and Aim: Older adults often hold more resistant attitudes toward homosexuality compared to younger populations, shaped by cultural, religious, and psychological influences. Existing research has largely examined these variables in isolation, with limited representation from non-Western contexts such as India. This study aims to investigate how religiosity, resistance to change, and sexual attitudes relate with older adults; attitudes toward homosexuality. **Method:** A quantitative study using purposive sampling will be conducted with older adults (aged 60+). Standardized instruments will be administered to understand constructs such as resistance to change, religiosity, sexual conservatism, and attitudes toward lesbian and gay men. Descriptive statistics will summarize the sample's key characteristics, while inferential statistics will be employed to understand relationships between variables as well as explore gender differences. **Results:** This research intends to provide a multivariate, culturally grounded perspective of homonegativity in later life and expand knowledge in social and cultural psychology. **Conclusion:** The findings will have practical implications for developing community interventions, educational initiatives, and policy strategies aimed at reducing prejudice and fostering LGBTQ+ inclusivity in India, where older adults significantly influence family and societal values.

Keywords: *Resistance to change, religiosity, sexual conservativeness, attitude towards homosexuality.*

Title: Culture, Gender Roles, and the Emotional Cost: Guilt, Shame, and Stress among Indian Women

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ABSTRACT

Background and Aim: This study examines the relationship between guilt, shame, and perceived stress within the cultural and familial frameworks of Indian society. The aim was to explore how traditional gender roles contribute to women's emotional burden. **Method:** A mixed-methods approach was employed with a sample of working and non-working Indian women across urban and semi-urban contexts. Standardized scales measuring guilt, shame, and perceived stress were combined with in-depth semi-structured interviews. Quantitative data were analyzed using statistical tools, while qualitative responses underwent thematic analysis. **Results:** Findings revealed that non-working women often experienced internalized guilt due to dependency and societal undervaluation, whereas working women reported shame linked to role conflict and perceived inadequacy in fulfilling domestic responsibilities. Both groups demonstrated elevated stress, highlighting the influence of cultural and familial narratives on women's mental health. **Conclusion:** The study underscores the importance of culturally sensitive frameworks in addressing gender-specific stressors, advocating for targeted mental health interventions tailored to the Indian socio-cultural context.

Keywords: *Indian women, guilt, shame, stress, gender roles, culture, family, role conflict, mental health, societal expectations*

Title: Impact of COVID-19 on Mental Health and Social Well-Being of Older Adults

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ABSTRACT

Context: The world is facing a new global health threat. The coronavirus disease 2019 (COVID-19) has emerged as a “life changer” for human civilization. These unprecedented times have had a profound impact on the daily lives of millions, especially the most vulnerable sections. One such population is the elderly, who ironically are susceptible to both the infection and the lockdown imposed to control it. **Objective:** The research sought to investigate the extent of psychological distress, such as stress, anxiety, and depression, in older adults during COVID-19, as well as to analyze the impact of the pandemic on their social well-being concerning social interaction, support networks, and feelings of loneliness. **Methodology:** A cross-sectional study was conducted involving 384 elderly individuals in Kashmir through stratified random sampling. Data were gathered using a structured survey that addressed socio-demographic factors, mental health aspects, and social well-being areas. SPSS was utilized to conduct descriptive and inferential statistics for analyzing the results. **Results:** Findings revealed elevated stress, anxiety, depression, and loneliness in older adults during COVID-19, particularly among females, rural inhabitants, and individuals living alone. Social interaction and support networks were greatly

diminished as a result of lockdowns and limitations. Factors like gender, location, and socioeconomic status were significantly linked to mental health and social well-being outcomes. Conclusion: The health services must be ready for the anticipated increase in psychosocial morbidity in the upcoming months. An actual update is required for the Indian Pandemic Act of 1897. This could be an excellent chance to incorporate older people's safety and health during pandemics.

Keywords: *COVID-19, Mental Health, Psychological Distress, Elderly*

Title: Emotional Intimacy as a Mediator Between Spouse, Family, & Friend Support and Sleep Quality Among Older Married Couples

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ABSTRACT

Background and Aim: As people age, sleep problems become more prevalent and start to impact both physical and emotional health. Social support helps protect well-being, but we know less about how different sources of support, like spouse, family, and friends, relate to sleep quality. This study aims to examine the associations between these associations and examines whether emotional intimacy mediates the relationship with social support and sleep quality.

Method: A study looked at 102 married couples over the age of 60. Participants filled out the Multidimensional Scale of Perceived Social Support (MSPSS), the emotional intimacy scale, and the Pittsburgh Sleep Quality Index (PSQI). Data were analyzed using descriptive statistics,

correlation, and mediation analyses in Jamovi (version 2.7.4). **Results:** For husbands, spousal support was strongly correlated with increased emotional intimacy ($\beta = 0.90, p < .001$). Emotional intimacy showed a trend toward better sleep, and the pathway from spousal support to better sleep through emotional intimacy was nearly significant ($\beta = -0.36, p = .066$). In wives, both spousal support ($\rho = -0.50, p < .001$) and family support ($\rho = -0.32, p < .001$) were associated with better sleep, with a direct path associated with family support ($\beta = -0.40, p < .001$). **Conclusion:** The sleep of husbands seems more dependent on emotional intimacy with their spouse; meanwhile, wives derive direct benefits from both the support of their spouse and family. These results suggest that couple-focused and family-level approaches might enhance sleep in later life. Future work would benefit from longitudinal and dyadic methodologies to substantiate these pathways.

Keywords: *spousal support, family support, emotional intimacy, sleep quality, older couples*

Title: Evolving Families Enduring Minds Kinship Health and Psychosocial Pathways of Ageing in India

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ABSTRACT

Background and Aim: The accelerating demographic transition in India has intensified vulnerabilities in old age, with shifting family structures, migration, and health burdens shaping the psychosocial landscape of later life. Evidence from a 2025 multicountry study shows that

while financial and emotional support from adult children can reduce negative emotional states in elders, long-term dependence on familial caregiving may paradoxically foster guilt and shame, diminishing some mental health gains. Against this backdrop, the present study examines how household type (joint versus nuclear), marital status (particularly widowhood), geographical setting (urban versus rural) and children's migration and employment intersect with chronic morbidity and functional limitations to influence elderly mental health in India. **Method:** A mixed-methods design will be employed, integrating validated instruments—the UCLA Loneliness Scale, Geriatric Depression Scale (GDS), Multidimensional Scale of Perceived Social Support (MSPSS) and the Lubben Social Network Scale—with narrative interviews of older adults. Quantitative analyses will assess associations between loneliness, depression, perceived support and social networks, while qualitative insights will capture lived experiences in shifting kinship contexts. **Results:** It is hypothesised that joint families buffer against loneliness and depression, whereas widowhood, child migration and functional limitations exacerbate vulnerability. Urban residence may intensify psychosocial distress, while rural embeddedness could offer protective effects. **Conclusion:** The study highlights how disrupted kinship and health decline converge to fragment mental well-being in late life, advocating for systematic screening, intervention and expanded policy supports to complement diminishing traditional family care in India.

Keywords: *No Keywords*

Title: Exploring Religious Coping with Moral Transgression: Narratives of Older Adults and their Association with Current Wellbeing.

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ABSTRACT

Aim: This exploratory study investigates how older adults living in old age homes in DelhiNCR, India, describe the role of religion in coping with shame, guilt, and moral distress, and how such narratives influence their current well-being. **Background:** While prior work suggests that older adults often turn to prayer, spirituality, and community support to navigate life challenges (Tan, 2009; Grover & Dua, 2019), little is known about how they process moral conflicts and distress in later life. Previous research indicates that positive religious coping promotes better quality of life, whereas negative coping is linked to poorer outcomes (Spiritual Religious Coping and Quality of Life in Institutionalized Older Adults, Brazil, 2016). **Method:** Using a Qualitative, exploratory research design, data was gathered from 29 participants aged 60 and above through purposive sampling and analyzed using Thematic analysis (Braun & Clarke, 2006) by means of semi-structured interviews, story-completion tasks, and probing questions. Results: Emerged themes suggest that coping with religion often manifests as a meaning-making system that reframes suffering as growth. God was consistently described as a central coping anchor, offering comfort and stability in old age. **Conclusion:** Despite experiences of betrayal, unresolved moral conflict and evident distress, religious rituals, practices, and having a faith-centered approach to life enabled them to cultivate resilience, acceptance, and peace. Implications include incorporating spiritual evaluation into geriatric care, improving access to religious practices and community linkages, and using narrative and meaning-centered therapies. Future studies might look at potential impact of negative religious coping and unsolved conflicts, and track themes with standardized well-being measures across time.

Keywords: *Religious Coping, Moral Distress, Narrative study, Geriatric Well-Being, Positive Aging.*

Title: Exploring the Role of Religious Socialisation in Navigating Life Transitions In Older Adults

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ABSTRACT

Background and Aim: Life transitions such as retirement, the loss of a spouse, or changes in health bring significant challenges for older adults. In India, where religion is deeply woven into culture, early lessons of faith often continue to guide how individuals navigate these transitions, yet limited evidence exists on how this influence is manifested later in life. This study addresses this gap by examining how religious socialisation shapes beliefs, coping, and well-being in later life, while also considering the socio-cultural influences that structure older adults' religious experiences. **Method:** A qualitative study was used, and 18 participants were selected using purposive sampling, aged 60 to 85, from the Delhi NCR region who shared their experiences in semi-structured interviews. Thematic analysis was used to identify themes. Results: Four themes were highlighted- (1) Sources of Religious Socialisation, (2) Modification of Beliefs and Practices, (3) Religion as a Resource for Coping, (4) Religion as a Source of Meaning. The

findings suggest that early religious socialisation plays a big role in the current life stage of the individual, as it provides a source of comfort by strengthening resilience, preserving identity, and creating a sense of belonging. It also highlights how religious identity changes and becomes more spiritual in nature as individuals assign their own understanding and meaning to the practices and beliefs that were instilled in them earlier in their lives. **Conclusion:** This research presents the enduring role of religion in later life and its potential to support older adults' well-being by introducing initiatives to prevent older isolation and faith-inclusive mental health services.

Keywords: *Religious socialisation, older adults, life transitions, spirituality, coping*

Title: Finding a Home Away from Home: A Focus Group Study of Older Adults' Adaptation to Senior Living

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ABSTRACT

Background and Aim: There is a gradual emergence of senior living communities in India due to changing family structures, urbanization, and the increasing need for organized care of older adults. While these communities provide safety and support, questions remain about how residents adapt and perceive such spaces as a true “home”. This study explores how older adults adapt to the environment of senior living at this age through the use of innovative focus group

exercises designed to elicit deeper insights. **Method:** A qualitative, activity based focus group discussion was conducted with nine residents aged 60 and above in a senior living community. Baseline interviews were followed by a two-hour focus group discussion, facilitated by the researcher. Six activity-oriented exercises (Photo Sorting, Associative Images, Influence Ranking, Decision-tree Mapping, Predictive Storytelling, and Provocative Statements) were used for focus groups. Data were analyzed through qualitative content analysis. **Results:** Findings revealed how seniors conceptualize adaptation: picture-based tasks elicited tangible and symbolic notions of home, decision-tree and storytelling tasks provided adaptation pathways, and provocative statements surfaced nuanced tensions around social belongingness and community expectations. Synthesized across activities, findings converged into an overarching theme of “Home Away from Home,” articulated through three interdependent dimensions: physical space, psychological space and social support. **Conclusion:** The result highlights that adaptation to senior living is not a single process but a dynamic interplay of physical, psychological and social domains, offering practical implications for designing environments that enable older adults to feel truly at home. Future studies with larger and more diverse samples are recommended to strengthen and expand these findings.

Keywords: *senior living, adaptation, older adults, focus-group discussion*

Title: Gendered Sexual Silencing and Ageist Desexualization: Cultural Beliefs, Stigma, and Mental Health Risks in Geriatric Women

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ABSTRACT

Despite growing research on sexual health and psychology of women, limited evidence exists on the neglect of women's sexual need in patriarchal context. The present study will aim to analyse how cultural beliefs and stigma of lifelong sexual suppression will contribute to mental health difficulties among geriatric women. A mixed-method study will be conducted with 50 participants for the quantitative phase, convenient sampling and 10 to 15 participants for the qualitative phase. Data will be collected through The Sexual Quality of Life Female (SQoL-F) questionnaire and semi-structured interviews, and will be analysed using correlation and thematic analysis. The study is expected to reveal significant correlation between the four factors of SQoL-F psychosexual feelings, sexual and relationship satisfaction, role limitations, and emotional well-being. Additionally, participants are expected to describe internalized shame and cultural suppression of sexual needs. The study will demonstrate how cultural and psychosocial determinants may influence the mental health of geriatric women, suggesting the importance of culturally sensitive interventions for semi-urban geriatric women in Tamil Nadu. Subsequent studies with a greater number of participants is recommended.

Keywords: *sexual suppression, Sexual Quality of life, female Psychosexual feelings, Emotional well-being*

Title: Grief in Elderly Populations: A Cross-Regional Exploration of Jammu & Kashmir and Kerala

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ABSTRACT

Grief in later life remains a pressing psychological concern with enduring effects on elderly well-being. This qualitative study explores bereavement experiences among older adults (aged 60 and above) from Jammu & Kashmir and Kerala who lost a loved one 4–6 years prior. A purposive sample of 16 participants, equally divided by gender across both regions, will be interviewed using a semi-structured format. The interviews will examine key dimensions of grief, including emotional and psychological well-being, familial relationships, social support, meaning-making, coping through religious and cultural practices, day-to-day functioning, and manifestations such as intrusive memories, hallucinations, or delusional thought patterns. Data will be analyzed using thematic analysis, enabling identification of both common and region-specific grief experiences. By situating grief in its socio-cultural context, this study seeks to highlight how regional ethos, family structures, and coping traditions shape the grieving process in older adults. The findings aim to contribute meaningful insights for psycho-gerontological practice and culturally attuned interventions for bereaved elderly populations in India.

Key words: *Grief, Elderly population, Bereavement, cultural influence*

Title: Impact of changing family structures on elder mental health

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ABSTRACT

Background and Aim: Family structures are rapidly changing due to urbanization, migration, and cultural shifts. Traditionally, joint families offered strong emotional, social, and economic support to the elderly. With the growth of nuclear families and reduced intergenerational living, many older adults now face challenges that directly affect their psychological well-being. Understanding the influence of these changes is vital for promoting elder mental health. **Objective:** This study aims to examine how family structure influences the psychological well-being of older adults, focusing on psychosocial, cultural, and family dynamics. It seeks to compare elders living in joint and nuclear families. **Tools:** Data were collected using the Geriatric Depression Scale (Yesavage), Psychological Well-being Scale (Ryff, C.D.), and a Personal Information Schedule. **Method:** A survey research design was employed, incorporating both quantitative and qualitative data. **Sample:** The study was conducted on 200 elderly participants aged 55–75 years, equally divided between joint and nuclear families, with balanced representation of gender and socioeconomic backgrounds. **Analysis:** Data were analyzed using descriptive statistics, Pearson’s product-moment correlation, and independent sample t-tests. **Results:** Elders from joint families reported greater emotional support, reduced loneliness, and higher psychological well-being. In contrast, elders in nuclear families experienced more stress, depressive symptoms, and lower life satisfaction. **Conclusion:** Cultural values, especially intergenerational respect and caregiving roles, were found to moderate these outcomes.

Keywords: *Family Structure, Elder Mental Health, Psychosocial Dynamics, Cultural Factors*

Title: Impact of family outmigration and urban-rural differences on depression and perceived loneliness among the elderly in Uttarakhand

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ABSTRACT

Background and Aim: The current paper focused on the psychological distress experienced by the elderly population in both urban and rural areas of Uttarakhand. The primary aim was to examine the main and interaction effects of outmigration and area of residence on depression and loneliness among the elderly population. **Method:** 80 elderly participants (40 urban and 40 rural) were recruited in the present cross-sectional study using convenience sampling. A 3x2 factorial design evaluated depression and loneliness across three outmigration conditions (no migration, temporary and permanent) of family members within both urban and rural settings. Two-way ANOVA was utilized to assess the main and interaction effect. **Results:** The study reported statistically significant main effects of outmigration ($F(2,74) = 5.43, p = .006, \eta^2 = .13$) and living area on depression ($F(1,74) = 4.10, p = .046, \eta^2 = .05$). For loneliness, significant effects were observed in both outmigration ($F(2,74) = 23.27, p = .000, \eta^2 = .38$) and living area ($F(2,74) = 11.37, p = .001, \eta^2 = .13$). The mean scores of both depression and perceived loneliness were higher in rural elderly than in urban elderly. Post hoc test, i.e., Tukey HSD revealed that elderly with no family outmigration reported lower depression and perceived loneliness, while elderly with temporary and permanently migrated family members did not differ significantly. However, no interaction effects were observed. **Conclusion:** Rural elderly exhibited higher levels of depression and perceived loneliness. The absence of interaction effects indicated that outmigration and area of residence may be independently contributing to the psychological distress in the elderly population. The findings revealed the heightened vulnerability of elderly in rural settings and emphasized the need for region-specific mental health interventions.



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Keywords: *outmigration, geriatric depression, perceived loneliness, living conditions, urban and rural differences, family migration.*

Title: Intergenerational Communication Patterns and Their Impact on Relationship Quality

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ABSTRACT

Intergenerational relationships refer to the dynamic exchanges and connections among individuals belonging to different age cohorts within families or broader society, including parents, children, and grandparents. These bonds are characterized by mutual support, sharing of life experiences, and the transmission of cultural and social values. However, the complexity of such relationships brings forth unique challenges, such as value divergence, generational conflicts, emotional ambivalence, and role strain due to caregiving responsibilities. Literature shows that health issues, behavioral differences, communication barriers, and shifting family structures can worsen these conflicts and reduce solidarity. This qualitative study aims to explore the lived experiences and perceived challenges of intergenerational relationships within urban families, using semi-structured interviews with a purposive sample of 15-20 participants drawn from three generational categories: older adults (aged 60+), their adult children, and adolescents. The research is grounded in the intergenerational solidarity-conflict-ambivalence framework, examining how feelings of closeness, support, and conflict manifest across generations and impact individual well-being. Through thematic analysis, the study will look to find key themes relating to emotional connections, generational expectations, communication strategies, and adaptive mechanisms for conflict resolution. Findings are expected to offer nuanced insights into both the enriching and challenging aspects of intergenerational relationships, providing a basis

for evidence-based interventions to strengthen family cohesion and address psychosocial wellbeing. Implications will also be discussed to inform policy and practice in supporting healthy intergenerational dynamics in contemporary urban contexts.

Keywords: *Intergenerational relationships, solidarity, ambivalence, conflict, qualitative research, family, well-being*

Title: Meaning-Making in Ageing and End-of-Life: A Qualitative Exploration among Older Adults

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ABSTRACT

Questions of purpose, legacy, and existential meaning often accompany ageing and end-of-life experiences. This paper will examine the way older adults make meaning in relation to ageing and mortality, focusing specifically on the psychological and existential processes. A qualitative, phenomenological design was employed, where semi-structured interviews were administered to ten participants aged 60 years and older, who spoke fluent English. Thematic analysis was used to discern patterns of emergent meanings-making across narratives. Early results indicate that interventions in meaning-making were conducted in three interconnected realms: (a) intergenerational ties and intergenerational relations, (b) spiritual or philosophical approaches to life and death, and (c) reconciliation and acceptance of regrets and successes. Subthemes emphasized the role of autonomy, dignity, and continued contribution amid physical decline. The findings highlight the importance of meaning-making as a core component of enhancing psychological well-being among elderly persons towards the end of life. Applications involve incorporating existential and narrative-based interventions in geriatric care, counselling, and palliative services. It adds to the expanding body of research on ageing by emphasizing the

importance of meaning-focused strategies to enrich end-of-life experiences and contribute to resilience in later life.

Keywords: *ageing, meaning-making, end-of-life, older adults, qualitative research*

Title: Mental Health and Coping Strategies among Rural Elderly: Barriers and Care Expectations

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ABSTRACT

Background: With rising longevity in India, addressing older adults' mental health is a growing public health priority. Rural elderly face distinct challenges such as financial insecurity, family migration, declining health, and limited access to services. However, little is known about how they perceive mental health, cope with ageing-related stressors, and what support they expect, creating a gap that limits community-based interventions. **Objectives:** To explore rural elderly perceptions of mental health, sources of distress, coping strategies, barriers to care, and expectations for support. **Methodology:** A qualitative study was conducted in Munsyari, Uttarakhand, using four focus group discussions (two male, two female) with purposively selected participants. Semi-structured discussions were conducted in Hindi, audio-recorded, transcribed, translated, and analyzed using Braun and Clarke's reflexive thematic analysis. **Results:** Participants associated mental health with emotional balance, while cognitive decline was considered normal aging. Stressors included children's unemployment, financial insecurity, migration, and poor health services. Coping strategies varied from adaptive (prayer, social interaction, games, household chores) to maladaptive (alcohol use, emotional suppression). Barriers to help-seeking included prioritizing family needs, lack of awareness, and limited time. Participants expressed openness to low-cost, culturally familiar supports such as group discussions, yoga, and street plays. **Conclusion:** The findings highlight a gap between existing healthcare structures and the lived experiences of rural elderly. Strengthening community-based, culturally resonant psychosocial interventions within national geriatric programs can enhance mental health and well-being in this vulnerable population.

Keywords: *Geriatric mental health, coping strategies, barriers to care, psychosocial interventions*



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Title: Psychosocial Correlates Of Loneliness In Elderly Women

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ABSTRACT

Background and Aim: Loneliness in later life has been consistently associated with depression, anxiety, and reduced life satisfaction, yet its manifestation is not uniform across elderly populations. For women in particular, lifelong influences such as socio- economic background, marital status, relationship quality, and caregiving roles can shape how they experience old age, ranging from resilience and independence to vulnerability and psychological distress. While existing studies highlight the prevalence of loneliness among older adults, fewer have examined how coping strategies and social support interact with these background factors to determine mental health outcomes in aging women. **Method:** The present study will investigate loneliness, coping mechanisms, and psychological well-being among elderly women in urban and semi-rural contexts through a mixed-method design. Quantitative data will be collected using the UCLA Loneliness Scale (20 items), the Brief COPE Inventory (28 items), and the General Health Questionnaire-12 (GHQ-12). A sample of 90-100 participants will be recruited based on power analysis, ensuring subgroup representation across marital and living arrangements. **Results:** Analyses will include Pearson's correlation to examine relationships among loneliness, coping strategies, and mental health outcomes, and Chi-square tests to identify categorical associations. Subgroup comparisons will provide insight into patterns of resilience versus vulnerability. A qualitative component, using semi-structured interviews with a smaller subsample, will capture narratives of coping, including themes such as adaptive strategies, reliance on family, and incidental risks such as substance use. **Conclusion:** By integrating

psychosocial determinants with coping processes, this study aims to extend existing literature and inform culturally grounded interventions for elderly women's mental health.

Keywords: *Loneliness, Coping*

Title: Psychosocial determinants of Resilience and Burnout in the Caregivers of the Elderly

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ABSTRACT

Background and Aim: Care giving for the elderly is a demanding role, often associated with elevated levels of stress, emotional exhaustion and burnout. With the advancements in the field of technology and healthcare the population aged 60 years and older is expected to reach 2.1 Billion by the year 2050 with the number of elderly (80 years and above) reaching 426 million (WHO, 2024). This rise in population sheds light on the changes in the roles and responsibilities of caregivers. The care giving roles in India depends primarily upon the informal caregivers comprising majorly of the family members assisting the elderly with the basic and instrumental needs of daily activities associated with the aging- general, medical issues, physical issues and psychological issues etc. The prolonged role of care giving along with the other responsibilities can give rise to burnout, chronic stress and other concerns for caregivers. Highlighting the need to understand the factors contributing towards the successful completion along with the challenges faced in the role of a caregiver. **Method:** The research will be conducted using the

data from informal caregivers- family members residing with and caring for the elderly. The scales used for data collection- Zarit Burden Interview, Multidimensional Scale of Perceived Social Support, Connor-Davidson Resilience Scale, Caregiver Burnout Index and Brief COPE Inventory to get the caregivers share their experience on the role. The aim of the study is to Examine the Psychosocial determinants and Risk factors for Resilience and Burnout among the caregivers of the elderly and To identify the interaction between Resilience and Burnout. Evaluating the findings, strategies and interventions will be suggested to promote the well-being of the caregivers.

Keywords: *Elderly, Caregiver, Burnout, Resilience and Social support*

Title: Resilience and Rest: Psychosocial Comfort Practices of Older Women Amidst Migration-Driven Family Change

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ABSTRACT

Background and Aim: The globalised world economy has reshaped the family structures in India, as working professionals travel outside the state and Country, leaving their ageing parents behind. Such changes percolate down to the affective and psychological states, especially of the older women who outlive their husbands and are now navigating these changes in their later years. The current study understands the physical and psycho-social challenges older women

(above the age of 60) face as an aftermath of their children's migration and changed family structure. However, instead of focusing on negative affects, it focuses on their adjustments and their cultivation of resilience through the practice of rest and comfort. **Method:** As a part of an ongoing ethnographic fieldwork in Delhi-NCR, the study draws from interviews, observations and field visits to places like parks, Satsangs and daycare, central to the idea of comfort. **Results:** These spaces become alternative sites of care, as women practice hope, satisfaction and patience while finding belonging and support to give rise to a different "living structure." **Conclusion:** The study critiques previous frameworks of "successful" and "productive ageing" to propose an alternative concept of "comfortable ageing," grounded in collective care and rest, which is now essential as a strategy for resilience in the new standards of globalized living.

Keywords: Resilience, Comfortable Ageing, Women's Studies, Feminist Ethnography, Belonging

Title: Role Transitions, Sense of Self, Psychological Well-Being, and Social Support: A Cross-Sectional Study of Identity and Adjustment Among Community-Dwelling Older Adults

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ABSTRACT

Background and Aim: Role transitions in later life, such as retirement, grandparenting, widowhood, and caregiving, can substantially influence identity and sense of self. Although such changes are common, their cumulative impact on older adults' self-esteem and well-being remains underexplored. This study aimed to examine the association between role changes and

sense of self, and to investigate whether psychological well-being and perceived social support relate to or buffer these associations among adults aged 60 years and above. **Method:** A cross-sectional survey was conducted with 300 community-dwelling older adults aged 60–90 years. Participants completed the Rosenberg Self-Esteem Scale (RSES), Ryff’s Psychological Well-Being Scale (SPWB; 18-item short form), the Multidimensional Scale of Perceived Social Support (MSPSS), and a Role-Change Checklist that included retirement, widowhood, caregiving, grandparenting, changes in social participation, and health-related role limitations. Analyses included descriptive statistics, bivariate tests, hierarchical ordinary least squares regression, and moderation models with interaction terms. **Results:** Greater cumulative role change was associated with lower self-esteem ($\beta \approx -.22$, $p < .01$). Higher perceived social support predicted greater self-esteem ($\beta \approx +.30$, $p < .001$). Social support moderated the negative association between role change and self-esteem, weakening its adverse effect at higher levels of support. Psychological well-being was positively correlated with self-esteem and partially mediated the pathway between social support and self-esteem. **Conclusion:** The findings suggest that while multiple role changes can diminish sense of self in later life, both social support and psychological well-being act as protective factors. Interventions that sustain continuity in meaningful roles, strengthen support networks, and promote purpose, mastery, and self-acceptance may help preserve identity among older adults. These insights contribute to continuity theory and contemporary research on retirement, widowhood, and caregiving.

Keywords: Ageing, role transitions, self-esteem, psychological well-being, social support, identity

Title: Sacred Satisfaction: A Quantitative Study on Spiritual Well-Being and Life Satisfaction Among Elderly Men and Women in Varanasi.

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ABSTRACT

Varanasi is one of the oldest cities in the world and holds deep spiritual meaning in Hinduism. It's believed that dying in Varanasi can lead to moksha, i.e, freedom from the cycle of rebirth. Because of this, many older adults choose to spend their final years there, hoping to prepare spiritually and emotionally for death. In this unique setting, spiritual well-being may play a big role in how prepared someone feels for the end of life. However, the variation in this relationship across genders remains underexplored. This proposed quantitative study aims to examine the relationship between spiritual well-being and death preparedness among elderly residents in Varanasi, with a specific focus on gender. The study will include approximately 120 participants (60 men and 60 women), aged 60 and above, who will be recruited from spiritual lodges, ashrams, and community centers. Standardized tools, including the Spiritual Well-Being Scale (SWBS) and a validated Death Preparedness Scale, will be used. Data will be analyzed using correlation and t-tests. The study aims to offer culturally rich and gender-sensitive insights into how spirituality supports emotional readiness for death—particularly in sacred spaces like Varanasi.

Keywords: *Varanasi, death preparedness, spiritual well-being, elderly, gender differences, moksha.*

Title: Sense of Self and Role Transitions in Aging: Examining the Influence of Generativity and Self-Concept Clarity in Ageing population of Guwahati city

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ABSTRACT

Background and Aim: Despite growing research on aging and psychosocial well-being, limited evidence exists on how generativity influences sense of self during role transitions in later life. The present study aims to examine the relationship between Generativity and Self-Concept Clarity among older adults and determine whether Generativity predicts Self-Concept Clarity among older adults in Guwahati city. **Method:** A quantitative correlational study was conducted with 60 participants (older adults above 60 years) selected using convenient sampling technique. Data were collected through standardized questionnaires: Loyola Generativity Scale (McAdams & de St. Aubin, 1992), Self-Concept Clarity Scale (Campbell et al., 1996) and analyzed using Pearson's Correlation and Linear Regression to examine inter-variable relationships. **Results:** The findings revealed a significant positive correlation between Generativity and self-concept clarity ($r = 0.308$, $p = 0.017$). Regression analysis further indicated that generativity

significantly predicted self-concept clarity ($R^2 = 0.095$, $p = 0.017$), accounting for 9.5% of the variance. Additionally, the results suggest a notable trend indicating that while generativity positively influences sense of self, other psychosocial factors may also play an important role in explaining self-concept clarity in older adults. **Conclusion:** The study emphasizes the importance of fostering generative roles and activities for promoting well-being and self-coherence in aging populations. The study highlights the psychological benefits of generative engagement, suggesting that programs and interventions that encourage older adults to take mentoring roles, participate in community initiatives, and contribute to intergenerational bonds may strengthen their sense of self and overall identity. Further research with a larger sample is recommended.

Keywords: *sense of self, role transitions, generativity, self-concept clarity, aging population.*

Title: Spiritual Bypassing and Learned Helplessness: Understanding the Negative Impact of Spiritual Coping in Older Adults

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ABSTRACT

Background and Aim: Spirituality is usually marked as a cause of warmth and resilience in later being. Nonetheless, in a few situations, it can additionally be as a means of escapism, surpassing to maladaptive coping. This aspect, well-known as spiritual bypassing, implicates the practice of spiritual beliefs and practices to avoid affecting challenges, mental battles or unsettled

concerns of life. Amidst older adults, said patterns might involuntarily cultivate learned helplessness – a situation where human beings distinguish themselves as incapable, vulnerable and submissive in fighting with hardships. The present study aims to delve into the negative implications of spiritual coping in the elderly people, with a prime focus on how spiritual bypassing can lead to sentiments of helplessness. **Method:** Employing a qualitative method, semi-structured interviews will be conducted with 15 older adults. The interviews will examine coping mechanisms, dependence on spirituality, perceived command, and occurrence of escapism in encountering personal struggles. Data will be thematically analyzed to determine continuous patterns and hidden psychosocial processes. **Results:** Prior findings are likely to explain that although spirituality contributes to emotional comfort, extreme dependence on spiritual bypassing might bound proactive coping, diminish problem-solving tendencies, and build up helplessness among older adults. Participants are expected to reveal greater dependence on destiny, divine will or fate in acknowledging difficulties, which may lead to feelings of conformity and reduced mental well-being. **Conclusion:** By highlighting the barely examined negative side of spirituality, this study intends to expand the perception of maladaptive coping among the elderly. Findings are anticipated to inform geriatric mental health practices by underscoring the call for balanced interventions that recognize spiritual beliefs while acknowledging their possible role in enhancing helplessness.

Keywords: *Spiritual Bypassing, Learned Helplessness, Older Adults, Spiritual Coping*



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Title: Invisible Suffering: Psychological Distress and Burden among Family Caregivers of Persons with Neuropsychiatric Disorders

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ABSTRACT

Background: In India, elderly care largely depends on family members who take on intensive caregiving roles with little support. The progressive nature of the illness, behavioral disturbances, and social isolation place caregivers at significant emotional risk. Understanding their psychological distress and perceived burden is essential for developing interventions that support both caregiver and patient well-being. **Aim:** To examine the psychological distress and caregiver burden among family members of persons with dementia and related neuropsychiatric conditions. **Methodology:** A cross-sectional study was conducted among 50 family caregivers (aged 30–70 years) of patients with dementia and other chronic neuropsychiatric conditions, including Parkinson’s disease, schizophrenia, and major depressive disorder, attending tertiary care hospitals. Data were collected using a socio-demographic schedule, the Patient Health Questionnaire-9 (PHQ-9) for depressive symptoms, and the Zarit Burden Interview-12 (ZBI-12) for caregiver burden. Descriptive and Pearson’s correlational analyses were performed to examine associations between variables. **Results:** About 74% of caregivers reported moderate to severe burden on the ZBI. Forty- five percent experienced clinically significant stress, while 20% showed moderate to severe depressive symptoms on the PHQ-9. A higher burden was noted

among spousal and female caregivers. A positive correlation was observed between burden and depression scores ($r = 0.62$, $p < 0.01$), and longer caregiving duration further intensified both burden and distress. **Conclusion:** Caregivers of persons with dementia face significant emotional distress and burden, often overlooked in routine care. Regular psychosocial screening and structured support through psychoeducation, respite care, and caregiver groups can reduce stress and strengthen family resilience.

Keywords: *Caregiver burden, Psychological Distress, Family Caregivers, Dementia Care.*

Title: Mental Well-being of Elderly Women in Modern Times: A Psychosocial and Cultural Exploration

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ABSTRACT

Background: Ageing is a natural and multidimensional process influenced by psychological, social, and cultural factors. Elderly women often experience unique emotional and social challenges due to changing family structures, loss of traditional roles, and evolving cultural values. Understanding these influences is important to promote mental well-being and dignity in later life. **Aim:** To explore the psychosocial and cultural factors affecting the mental well-being of elderly women in modern time. **Method:** An exploratory qualitative study was conducted using semi-structured interviews and group discussions with elderly women from varied socio-cultural backgrounds. The data were thematically analyzed to identify patterns related to emotional health, family support, and cultural influence. **Results:** The study found that emotional support, family relationships, and cultural identity significantly contribute to positive

mental wellbeing among elderly women. While modernization has increased awareness and independence, it has also led to social isolation and reduced intergenerational interaction. Women with strong cultural belonging and supportive family networks reported higher life satisfaction and resilience. **Conclusion:** Psychosocial and cultural dimensions play a crucial role in shaping the mental well-being of elderly women. Promoting inclusion, emotional care, and respect for their experiences can help them age with confidence and dignity. Community-based programs and culturally sensitive interventions are essential to enhance their quality of life.

Keywords: *Elderly women, Mental Well-being, Psychosocial Factors, Cultural Perspectives*

Title: The Relationship Between Nostalgia, Psychological Well-Being, and Self-Esteem Among Elderly Adults: An Indian Perspective

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ABSTRACT

Nostalgia, a sentimental longing for the past, is increasingly recognized as a psychological resource that fosters emotional regulation and positive self-perception. In the context of aging, nostalgic reflection may serve as a protective factor that enhances self-esteem and overall well-being, thereby promoting successful aging. The present study seeks to examine the relationship between nostalgia, self-esteem, and well-being among elderly individuals aged 65 years and

above. Employing a quantitative, correlational research design, an anticipated sample of 80–100 participants will be assessed using standardized instruments: the Southampton Nostalgia Scale, the Rosenberg Self-Esteem Scale (RSE), and the WHO-5 Well-Being Index. Statistical analyses, encompassing both parametric and non-parametric approaches, will be conducted to explore the strength and direction of associations among these variables. Preliminary observations indicate that participants exhibit moderate levels of nostalgia, reflecting a balanced emotional connection to the past, alongside generally high well-being scores and stable self-esteem levels. The study is expected to contribute to the growing body of literature on positive aging by elucidating how nostalgia functions as an adaptive emotional process that supports psychological resilience and life satisfaction in later life.

Keywords: *nostalgia, self-esteem, well-being, elderly adults, emotional resilience, positive aging*

Title: Exploring the Experiences of Caregivers of End-Stage Cancer Patients: Challenges in the Indian Context

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ABSTRACT

Background and aim: Caring for a family member with end-stage cancer significantly changes the caregiver's life, often in unpredictable ways. In India, caregiving mainly focuses on elder care. However, the emotional and psychological burden faced by the caregiver becomes more complex and isolating. This qualitative research explores the background of primary caregivers for end-stage cancer patients, focusing on the emotional, psychological, social, physical, and financial challenges they face during this period. **Method:** Using purposive sampling, 13 family

caregivers of patients with end-stage cancer were interviewed through semi-structured online interviews. Using Braun and Clarke's Reflexive Thematic Analysis, the data were analysed to find the main themes. **Results:** Five major themes emerged, including the Impact of Caregiving, Individual Identity within the Caregiving Context, Faith and Belief, Protective Factors, and the Lack of Coping Resources. **Conclusions:** These findings underscore the importance of incorporating caregiver support into palliative and healthcare services. Policy changes should offer structured counselling, respite programs, and financial aid to help lessen the burden on caregivers.

Keywords: *Caregiving, Terminal Illness, Thematic Analysis, Caregiver Experiences, India*

Title: Identity Transition and Retirement: A Qualitative Exploration of Women Professionals in Kerala

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ABSTRACT

Background and Aim: Retirement represents a significant transition in the lives of working women, shaped by professional identity, age and gender. In contrast to their male counterparts, the retirement of women is seen as a return to traditional gender roles from a structured professional life. This study intends to explore the lived experiences of women retired from their professional roles in Kerala, India. **Method:** A stratified and maximum variation purposive sampling will be employed to select 5-10 participants from diverse professional sectors to

capture a rich variety of experiences. Following a phenomenological approach, data will be collected through in depth semi-structured interviews to capture the psychological impact of transition and strategies they employ for meaningful post-retirement life. The obtained interview data will be analyzed using thematic analysis. **Expected findings:** The findings of the study are expected to provide an in-depth understanding of the identity transition and post-career adaptation among these women. Implications and **Conclusion:** The insights will have practical implications for informing organizations to prepare their employees for retirement, providing mental health support and guiding them towards an autonomous, positive sense of self in retirement.

Keywords: *retirement transition, women professionals, identity shift, post-retirement adaptation, gender roles*

Title: From Kutumb Vyavastha to Modern Families: The Role of Family Environment in Elderly Well-being

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ABSTRACT

Background and Aim: In today's world, the exploration of family structures and dynamics has highlighted considerable shifts over the years. Indian society, famous for its foundational family system known as “Kutumb Vyavastha” is deeply rooted in ancestral traditions. This system has historically influenced our communication, relationships, emotion regulation, cognitive processes, and has even played a crucial role in a person's commitment to treatment and overall quality of life. The current study aim to investigate the impact of the family environment on quality of life and its relation to other health issues. **Method:** A correlational quantitative study was conducted with N=60 Participants selected using randomized sampling techniques. Data were collected though FES, WHOQOL and MMPI and analyzed using correlational method. **Results:** The findings revealed significant correlation among poor family environment and quality of life having positively correlated with hypochondriasis at p 'value=0.05. **Conclusion:** The study demonstrates that a poor family environment is strongly associated with a diminished quality of life, non-compliance with treatment, low motivation, and a notable increase in hypochondriasis among the elderly.

Keywords: *Family Environment, Quality of Life, Non-compliance, Hypochondriasis, Emotion Regulation*

Title: Gender Differences and Interrelations among Perception of Ageing, Psychological Well-Being, and Loneliness in Middle-Aged Adults

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ABSTRACT

Various psychological and social factors influence the experience of ageing and shape an individual's well-being in midlife. There is limited research done on middle adulthood, despite it being a crucial period that shapes individuals' perceptions of ageing and influences their psychological and behavioral responses in the geriatric phase. The experience of aging is not uniformly positive; some may question their choices and direction. **Method:** A quantitative research design is employed. Data was drawn from 120 participants from an urban population of middle-aged adults aged 40 years and above. The study uses standardized self-report measures: the Attitudes to Ageing Questionnaire (AAQ-24), Ryff's Psychological Well-Being Scale (18-item version), and the De Jong Gierveld Loneliness Scale. Statistical analyses were conducted using SPSS; independent samples t-tests assessed gender differences, while Pearson's correlations examined relationships among the three variables. **Results:** Findings revealed distinct gender-based patterns in the perception of ageing and levels of psychological well-being and loneliness, as well as significant interrelations among these variables. **Conclusion:** The study emphasizes the necessity of gender-sensitive psychological interventions and community programs to enhance well-being and facilitate a positive transition into later adulthood.

Keywords: Perception of Ageing, Gender Differences, Psychological Well-Being, Middle- Aged Adults, Geriatric

Title: Interplay of Religiosity and Spousal support on Subjective well-being of geriatric population: A Pan-India Study

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ABSTRACT

India is a diverse culture with people holding different religious beliefs, and marriage serves as an integral part in everyone's life. Religiosity refers to the degree or strength of an individual's religious beliefs, behaviors, and involvement in the practices of an organized faith. It forms a resilience strategy in the lives of the elderly for better life satisfaction and well-being. There is a need for a unified and nuanced approach to understand if religiosity has an effect on a longer healthy life or just a longer life in the context of global aging. Spousal living status is a person's marital state, reflective of the nature of the relationship with their spouse. In later stages of life, spouses fulfill vital roles as caregivers and companions, relying on each other for support and fostering interdependence. The members of a couple have a strong influence on the physical and mental health trajectories of each other. Widowhood has detrimental effects on the quality of life among older adults, as widowed individuals tend to experience a lower quality of life compared to those who are living together. The current quantitative, cross-sectional and exploratory study aims to explore the impact of religiosity and spousal living status on an individual's subjective wellbeing. **Method:** A sample of N=115 was selected using the g*power analysis and the participants were assessed using The Religious Belief System Scale and The WHO Well-Being Index. Correlation as a statistical tool will be used to determine the relationship between the mentioned variables. **Results:** The anticipated results will show positive correlation between religiosity and subjective well-being in the elderly population. **Conclusion:** The findings of the study would provide targeted interventions to the field of geriatrics in order to empower and inculcate the faith in living.

Keywords: *spousal support, religiosity, subjective well-being, quality of life, older adults*



GERI PSYCH- 2025

1ST NATIONAL CONFERENCE ON PSYCHO-GERONTOLOGY



Title: Between Fear and Fulfillment: The Relationship of Gerascophobia with Subjective Well-Being in Geriatric Population

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ABSTRACT

Background and Aim: The population of elderly in India is steadily increasing with 10.1% of the population above the age of 60 years as per the 2021 census. The elderly in India often find themselves in vulnerable positions due to a lack of adequate support systems. As they age, they develop concerns about physical decline, loss of independence, and fears related to death and dying. This leads to heightened anxiety and reduced life satisfaction. The fear of aging, also known as gerascophobia, is an abnormal and persistent fear of becoming old. Sufferers of gerascophobia experience undue anxiety about aging even though they may be in good health physically, economically and otherwise. It is a negative emotion arising due to cognitive, emotional, and physiological factors. Gerascophobia could have detrimental effects on subjective well-being. It refers to an individual's overall evaluation of life quality at a particular stage according to the standards set by oneself. The study investigates the impact of gerascophobia on subjective well-being among geriatric adults. Understanding this relationship is particularly important in the Indian context as modern societal changes have increased feelings of loneliness

and insecurity among the elderly. Since the demographic of India is rapidly shifting towards older adults, it is necessary to understand the emotional correlates of ageing. **Method:** A pan India sample of geriatric adults (N=115) selected for the study based on G* power analysis, providing data through scales such as Gerascophobia scale, and the WHO-5 Wellbeing Index. Correlation analysis will be performed to confirm the relationship between variables. Regression analysis will further explore the strength of these relationships. **Result:** The anticipated results would show negative correlation between gerascophobia and subjective wellbeing. **Conclusion:** The findings can provide valuable insights for designing mental health interventions and counselling strategies that promote positive ageing.

Keywords: *Gerascophobia, Subjective wellbeing, Ageing, Older adults*

Title: Psycho-Social Predictors of Drug Abuse among Older Adults: A Qualitative Study

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ABSTRACT

Background and Aim: Substance use and excessive alcohol consumption are very prevalent among the elderly populations in India. The use of psychoactive and mood- altering substances is commonly reported among men and women aged 60 and above. Often, these habits, established during the youth, contribute to elder abuse by family members in later years. **Objectives:** (1) To identify the psychosocial causes of substance and alcohol abuse among older adults in Delhi

NCR. Methodology: This qualitative study includes 18 elderly participants aged 60 and above, selected through purposive sampling from rural and urban areas of Delhi and the National Capital Region (NCR). The participants were drawn both from community settings and rehabilitation centres. **Tools:** Narratives were drawn from semi-structured interviews to examine the psycho-social causes behind substance abuse/ alcohol addiction. Further thematic analysis was done to identify the psycho-social factors. **Result:** The psychosocial factors that contribute to substance abuse in older adults include habit formation, social modelling, loneliness, lack of emotional support, family substance use, past trauma, routine disruptions, withdrawal symptoms etc.

Keywords: *Alcohol Consumption, Elder Abuse, Substance Abuse, Family Dynamics*

Title: Ageing, Identity, and Social Roles: Psychological and Social Experiences of Older Housewives

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ABSTRACT

Aging is not just a biological change but also social and psychological transformation. The women who spent their entire lives fulfilling others needs like raising children, cooking meals and family cohesion, often find themselves questioning their identity and self-worth. In Indian culture the woman's identity is tied with her family and household. When children grow up and become independent the family dynamics change and it leaves a woman grappling to understand where their place is. This shift can result in feelings of invisibility, replacement, or emotional

emptiness. Societal expectations also encourage a woman to be self - sacrificing and family - centered which furthermore limits their space to express themselves and pursue personal growth. This often leads to ignoring their inner psychological struggles of being unacknowledged. This research aims to understand how aging affects the psychological well-being of older housewives. **Method:** This study employed a qualitative research design. A total of 20 women aged 60 years and above, who have spent most of their lives as full-time homemakers were selected using purposive sampling. Data was collected through semi-structured interviews, allowing participants to share their experiences in detail. Thematic analysis was used to identify key patterns and insights from the data. **Results:** Findings from the study indicate that older housewives experience a loss of identity and purpose once their familial roles diminish. However, some women find fulfillment through spirituality and social connections. **Conclusion:** Overall, the findings highlight how gender expectations shape the well-being and sense of self in older age. Additionally, they emphasize the need to recognize their psychological well-being as an integral aspect of aging. The results call for creating supportive spaces that enable older women to rediscover their individuality, self-worth, and purpose beyond traditional family roles.

Keywords: *Aging, Identity, Social roles, Housewives, Psychological well-being, Emotional health, Self-worth, Loneliness.*

Title: Later-Life Autonomy and Self-Care: Employment as a Determinant in the Lives of Older Women

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ABSTRACT

The connection of later-life autonomy, self-care, and employment history represented a critical area of inquiry within the gerontological and feminist psychology. Employment constituted more than financial security; it has always shaped identity, autonomy, and engagement in meaningful roles across the life span (Knight et al., 2007). Yet, the ways in which employment experience influenced autonomy and self-care practices among older women has remained under-explored, particularly in non-Western contexts. This study aims to understand how employment histories affected autonomy and self-care strategies among women aged 60 years and above, comparing those with prior work experience to those without. A qualitative design has been adopted, with semi-structured interviews conducted with eight women (four with employment history and four without). Interviews have been transcribed verbatim and analysed thematically using Braun and Clarke's six-phase framework. The analysis was informed by prior scholarship on occupational identity (Knight et al., 2007), evolving autonomy in aging (Kleinert et al., 2025), and the burdens of unpaid work (Seedat & Rondon, 2021). The study indicated notable contrasts between the two groups. Women with prior employment reported greater continuity of identity, stronger decision-making power, and more structured self-care practices. Employment provided problem-solving skills and reinforced a sense of competence that carried into later life. In contrast, women without work histories often framed autonomy relationally, deferring decisions to family members and conforming to caregiving norms, consistent with earlier observations of cultural constraints on women's independence (Sengupta & Madan, 2017). Unpaid domestic labour, though central to family life, was linked to diminished well-being and dependency in older-age (Seedat & Rondon, 2021). At the same time, both groups demonstrated that autonomy in later life was not static but an evolving process of adjustment to shifting health and care needs (Kleinert et al., 2025). The study contributed in three ways: it clarified how employment histories shaped autonomy and self-care in later life; highlighted differences between working and non-working women in relation to identity continuity, coping, and agency; and situated these insights within broader debates on gender, social policy, and the under-valuation of women's lifelong contributions to the maintenance of social structure. By integrating perspectives from occupational science, feminist gerontology, and cross-cultural aging research, the study advanced understanding of autonomy as a negotiated and context-dependent construct. It further

underscored the importance of policy frameworks that recognize older women's diverse life trajectories and promote autonomy-supportive environments across employment and non-employment contexts.

Keywords: *later-life autonomy, self-care, employment, older women, thematic analysis, gender and aging*

Title: Prolonged Grief Disorder in Older Indians: Investigating the Roles of Perceived Social Support, Religious Commitment, and Somatic Distress

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ABSTRACT

Background: Prolonged Grief Disorder (PGD) is a debilitating condition that can severely impact the well-being of older adults. While the psychosocial and physical health correlates of PGD are studied internationally, there is a lack of research specifically within the North Indian cultural context, where social and religious frameworks are integral to the experience of aging and bereavement. **Aim:** This study aimed to assess the differences in perceived social support, religiosity, and somatic complaints between older adults diagnosed with prolonged grief (PG) and those experiencing a non-prolonged (NPG) grief trajectory. **Methodology:** A quantitative, comparative, cross-sectional design was employed. A sample of 100 bereaved older adults (aged 60+) from North India, with a loss occurring at least 12 months prior, were recruited. Participants were assigned to the PG group (n=50) or NPG group (n=50) based on clinical cut-off scores on the Prolonged Grief Disorder-13 Scale (PG- 13). All participants completed the

Multidimensional Scale of Perceived Social Support (MSPSS), the Religious Commitment Inventory-10 (RCI-10), and the Patient Health Questionnaire-15 (PHQ-15). **Results:** The prolonged grief group reported significantly lower levels of perceived social support (MSPSS) compared to the non-prolonged grief group. Furthermore, the PG group also reported significantly lower levels of religiosity (RCI-10), indicating a potential crisis of faith or spiritual struggle not seen in the NPG group. In terms of physical health, the PG group reported a significantly higher number and greater severity of somatic complaints (PHQ-15) than their NPG counterparts. **Conclusion:** The findings suggest that prolonged grief in older Indian adults presents a distinct and challenging profile characterized by profound social disconnection, spiritual distress, and heightened physical suffering. This highlights an urgent need for healthcare providers and counsellors to screen for PGD and develop holistic, culturally-sensitive interventions that not only address emotional distress but also actively work to bolster social support networks, navigate spiritual crises, and manage associated somatic symptoms.

Keywords: *Prolonged Grief, Older Adults, Perceived Social Support, Religiosity, Somatic Complaints, India*

Title: Subjective Well-Being and Religiosity as Predictors of Quality of Life Among Older Individuals

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ABSTRACT

Background and Aim: Aging brings complex changes affecting physical, psychological, and social well-being. Understanding the factors that enhance quality of life in late adulthood is crucial, especially in India where empirical studies remain limited. The present study aimed to examine the predictive role of subjective well-being and religiosity in determining the quality of life among older individuals. **Method:** A correlational research design was employed with a sample of 150 older adults (aged 60–80 years; $M = 68.23$) drawn from three districts of Haryana, India. Participants completed the WHOQOL-BREF, Subjective Well-Being Inventory (SUBI; Nagpal & Sell, 1992), and Religiosity Scale (Bhushan, 1990). Data were analysed using preliminary t-tests, Pearson's correlations, and stepwise multiple regression through SPSS 25. **Results:** Males reported higher positive affect, coping confidence, transcendence, and religiosity ($p < .05-.01$). Subjective well-being and religiosity significantly predicted all quality-of-life domains. Positive affect, coping confidence, and religiosity were associated with better physical and psychological QOL ($R^2 = .52-.53$), highlighting spirituality and emotional well-being as key contributors to late-life adjustment. **Conclusion:** Psychological well-being and religiosity function as vital adaptive resources that enhance multiple dimensions of life quality in older age. Promoting emotional resilience and spiritual engagement may foster healthier and more fulfilling aging. Future research could employ longitudinal and intervention designs to deepen understanding of these associations.

Keywords: *subjective well-being, religiosity, quality of life, aging, elderly*

Title: The Effects of Modernization: A Study on the Evolution of Family Structure and Culture and its Consequences on Indian Elders

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ABSTRACT

Background and aim: Modernization has led to a change in family structure over the last few years. Elderly people especially Indian elders were accustomed to living in a joint family system where they were taken care of and never without company. The change from joint families to now what we call nuclear families has left the Indian elderly population, suffering from physiological as well as psychological consequences. This study aims at finding out the effect of changing psychosocial, culture and family dynamics on the Indian elderly population. **Methods:** A community sample of 70 older adults (aged 55 to 80) will be assessed using 5 standardized tools: the Family Adaptability and Cohesion Evaluation Scales (FACES IV) to evaluate the adaptability and cohesion dimensions in family interactions, the Parent - Adult child Relationship Questionnaire (PACRQ) to evaluate the changing dynamics of the relationship between a parent and their child/children, the Geriatric Depression Scale - Short Form (GDS - 15) to identify the emotional and psychological symptoms of depression in older adults, the UCLA Loneliness Scale to measure the subjective feelings of loneliness and social isolation developing over time in elderly people and the Multidimensional Scale of Perceived Social Support (MSPSS) to measure the subjective support our elders feel when it comes to social connections. **Expected Results:** Participants will have varying scores in FACES IV due to influencing factors such as age, the strength of the relationship between them and their family members especially their children and so on. Participants will have a high score in either Problematic Communication or on Open Communication in PACRQ which will have implications on the cohesion amongst the family members and the family structure and function. GDS, UCLA Loneliness Scale and MSPSS scores will be low in some participants and high amongst others which will tell us how to differentiate between joint family and scattered or nuclear family types. This multi domain approach will hence, tell us about the impact one's

social connections and interpersonal interactions have on their mental and physiological health.

Conclusion: The findings will emphasize the need for strengthening connections amongst one's family and social circle especially with the older members as in this day and age they tend to feel withdrawn from the fast-paced development taking place around them. There will also be mentioned how one can make their elders feel less isolated and left out so that the quality of their life is enhanced throughout.

Keywords: *Modernization, Family Structure, Indian Elderly Population, Psychosocial Dynamics, Parent–Child Relationship, Social Support*

Title: Rebuilding Life After Work: Understanding How Retirees Redefine Their Roles and Identities: A Qualitative Study of Delhi NCR

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ABSTRACT

Background: Retirement is a significant life change that tends to disrupt one's sense of purpose, self-esteem, and social connectedness. In the Indian situation-especially in urban areas such as Delhi NCR- retirement experiences are influenced by increasing urbanization, shifting family dynamics, and transforming ideas of aging. There has been limited research on how Indian retirees recreate their roles and rebuild their identities outside work, particularly within the socio-cultural texture of urban India. **Objectives:** This research sought to investigate how Delhi NCR retirees experience and make sense of role transitions during and after retirement, and how they scaffold their sense of self and identity in family, social, and community life.

Method: A qualitative, exploratory design was employed. Twenty-five retirees aged between 60 and 75 years with varied professional backgrounds living in Delhi NCR were purposively sampled. Semi- structured interviews were carried out, eliciting experiences of transition, identity change, and social engagement following retirement. Data were analyzed thematically using Braun and Clarke's (2006) six-step procedure to determine emergent patterns in self-perception, role adaptation, and meaning-making. **Results:** Initial analysis uncovered three superordinate themes: (1) Negotiating professional identity loss and reconstructing self-worth, (2) Redefining family and social roles within intergenerational households, and (3) Regaining purpose through spirituality and community engagement. Participants reported struggle and growth alike-spotlighting resilience, adaptability, and the impact of socio-cultural values in reconstructing identity. **Key Findings:** Retirement is not just a withdrawal from work but a process of identity reconstruction influenced by cultural, family, and personal dynamics. The research highlights the importance of psychosocial and community-based interventions promoting retirees; emotional adjustment and meaningful participation in later life. Results have implications for geriatric mental health care programs, policy directions, and family-centered counseling programs in urban India.

Keywords: *Retirement, Role Transition, Identity Reconstruction, Aging, Qualitative Research, Delhi NCR*

Title: Correlational Study between Job Satisfaction, Generativity and Willingness to Work Post-Retirement amongst Retirees

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ABSTRACT

Background and Aim: In India, the rapidly expanding elderly population, expected to almost double by 2050, and the increasing life expectancy, generates the need to reexamine the retirement age and the concept of bridge employment, for the transitioned retirement, well-being and giving-back behavior of elderly and for best transfer of experience and expertise to the younger staff, from an organizational point of view. This study aims to assess the predictive nature of job satisfaction, an organizational parameter, and generativity, on the willingness to work in some capacity post-retirement. **Method:** A correlational study was conducted with a purposive sample of 72 senior citizens retired from paid jobs, assessed for job satisfaction in their previous work using Job Satisfaction Scale (JSS), generativity levels measured through Generativity Scale for Older Adults (GSOA) and a self-generated questionnaire for assessing Willingness to work post-retirement. Data was collected through Google forms and analyzed using SPSS software v31.0. **Results:** Results revealed a weak positive correlation of $r=.275$ with $p<0.05$ significance between previous Job satisfaction and Willingness to work, moderate positive correlation of $r=.551$ with $p<.001$ significance between Generativity and Willingness to work. **Conclusion:** The results can benefit organizations in predicting their senior employees' willingness to work from their job satisfaction and generativity. Further research is warranted with larger samples, sector specific & gender-wise, to uncover the personal & organizational predictors of bridge employment, which might help in extending retirement age and promoting generative behavior of the active elderly.

Keywords: *post-retirement, willingness to work, job satisfaction, generativity*

Title: Voices across generations: Exploring relationship and communication dynamics between geriatric and younger population

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ABSTRACT

The paper investigates the relationship and communication dynamics between Geriatric Population (GP) and the Younger Population (YP). The study explores how age differences bring variations in tone, formality, respect, and communication styles. The findings indicate the core conflict between the two populations arises primarily from the difference of tone and formality, rooted deeply in social protocol, validated by lived experience of both generations. The Younger population (YP) places prioritization on Authenticity, Kindness, Convenience, Formality. Findings were found through Qualitative approach, semi-structured interviews were conducted with a total of 10 Participants, 5 from each generation, to capture differences in expectations and perspectives. Results indicate the following key themes: (1) Divergent perspectives of Respect & Values (2) Difference in Tone, Speed and Emotional sensitivity (3) Modality, Presence & Time investment (4) Authority and Rigidity vs Autonomy. 90% of the participants agree on Style and Tone conflict. All participants showed an understanding and awareness of differences in ideas of respect. 4 out of 5 participants from the younger population (YP) agreed on Argumentativeness and Rigid communication style of Geriatric population (GP). Better relationship dynamics can be built through integrating the emotional intelligence of younger populations (YP) and Geriatric populations (GP) need for respect, time, patience and understanding. The study suggests that fostering mutual respect and understanding between the two generations can inform and help improve future interventions in families, healthcare, workplaces, Individual Therapies, Family counselling and community programs to enhance intergenerational communication and relationship.

Keywords: *intergenerational communication, values and perspectives, respect, geriatric population, younger population*

Title: Understanding the Experiences of Grief and Bereavement of the Elderly: A Qualitative Study

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ABSTRACT

Background and Aim: The aim of the study is to develop an understanding how grief may manifest in myriad forms in the lives of the elderly and the accompanying emotional and behavioral patterns and the profound challenges that they face with identity in old age. It is pertinent to capture the lived experiences of participants of dealing with grief as it is a complex state impacting all spheres of life including social, emotional and cognitive (Neimeyer, 2001).

Method: For the purpose of the study semi-structured interviews will be conducted with 10 participants living in Delhi NCR aged 60 years and above. The method of thematic analysis (Braun & Clarke,2006) will be used to identify the patterns of individuals' struggles as well as the factors that contribute towards their well-being. **Results:** The findings will be related to the experiences of different types of grief such as disenfranchised grief, collective grief, complicated grief and issues related to loss amongst the elderly. Additionally, the process of coping with the psychological and emotional impact of various forms of grief, loss, and bereavement in later life, like the death of loved ones, deterioration of health, retirement, and perceived unfulfilled life goals shall be the focus of the study. **Conclusion:** The findings of the study shall assist in enabling an understanding of the experiences of older adults who face and continue to cope with the experiences of loss in their life and the ways that they may have developed for healing.

Keywords: *Grief, Loss, Psychological impact, Emotional impact, Lived experiences, old age.*

Title: Theory-Driven Bilingual Instrument for Exploring Caregiver Experiences of Apathy in Dementia

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ABSTRACT

Background and Aim: Apathy, characterized as diminished motivation, reduced initiative, and emotional withdrawal, is a highly prevalent neuropsychiatric symptom in dementia. It contributes to functional decline in patients and adds considerable stress and burden on caregivers, yet it is often under-recognized in clinical practice. While existing scales capture observable behaviors and symptom severity, they frequently overlook the nuanced perspectives of caregivers, particularly in settings where family caregiving is the primary support system. This study aimed to develop and validate a bilingual (English–Hindi) in-depth interview tool to comprehensively explore caregivers’ experiences, challenges, and perceptions of apathy in dementia. The tool was designed to integrate theoretical frameworks and reflect real-world

caregiving contexts. **Methodology:** The development process involved multiple stages. In the first stage, cognitive interviews with caregivers were conducted to assess the clarity, comprehension, and relevance of the draft items, leading to refinements in both language and structure. In the second stage, the tool was adapted bilingually and aligned with established theoretical frameworks, namely the Dimensional Model of Apathy, the Stress and Coping Model, and the Person–Environment Fit framework, to ensure conceptual rigor and practical applicability. In the third stage, an expert panel consisting of a psychiatrist, clinical psychologist, and psychiatric social worker reviewed the items for clarity, domain relevance, and comprehensiveness, and their evaluations were quantified using content validity indices. **Results:** The finalized interview tool captures a wide range of caregiver experiences, distributed domain wise, from understanding dementia and recognizing apathetic behaviors to coping strategies and anticipated support needs. Expert evaluation confirmed high content validity across items and overall scale. **Conclusion:** This study provides a robust, theory driven, caregiver-centered instrument supporting qualitative research, informing caregiver focused interventions, and enhancing understanding of apathy in dementia.

Keywords: *Apathy, Dementia, Caregiver Experiences, Interview Tool, Neuropsychiatric Symptoms*

Title: Thematic Analysis of Positive Aging Through Ashrama Dharma Contrasting Urban and Rural Perspectives Among Older Adults in India

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ABSTRACT

Background and Aim: In Indian society, traditional values emphasize holistic growth and respect for the elderly, creating a cultural foundation for positive aging. However, nearly one-fifth (20.5%) of older adults still experience mental health concerns, highlighting the need for integrating clinical insights with cultural values and lifestyle practices. **Objectives:** This study explores positive aging in India through the lens of Ashrama Dharma and Western perspectives, aiming to identify culturally grounded and contemporary influences on well-being in later life. **Method:** A deductive thematic analysis will be conducted using Taguette software on semi-structured interviews with 50 older adults (65+ years), equally divided between urban and rural contexts. The analysis draws upon Ashrama Dharma's later life stages (Vanaprastha and Sanyasa) and Western models emphasizing active living and digital engagement. Interviews were transcribed and coded, with final categories under development. **Results:** Preliminary findings suggest emergent themes of spiritual fulfillment, family interdependence, adaptive detachment from material roles, and prosocial engagement rooted in Ashrama Dharma. Western influences reflected active lifestyles and digital connectivity. **Conclusion:** Understanding positive aging through traditional and modern perspectives may guide culturally sensitive interventions to support geriatric mental health in India.

Keywords: *Positive Aging, Ashrama Dharma, Geriatric Mental Health, Cultural Perspectives*

Title: The ticket to Punjab from Punjab: Understanding the persistent psychosocial impacts of the partition on the geriatric population.

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ABSTRACT

Background and aim: Early childhood experiences, especially the environment in our formative years, leave lasting psychosocial effects on an individual. The Partition was an event that brought a change not only in the boundaries of a nation but also in the lives of the people who had to leave their homes, their ancestry and the land that was once their own. This abrupt and unprecedented change had an impact on the population in a multitude of ways that persist even after seven decades, especially when it comes to the psychosocial virtue of wisdom that could result in integrity or despair. This study explores how experiences of the partition, the refugee camps, and the relocation have had on the population that was still in their formative years, and what the persisting impacts are that are still attributed to growing up in that era. **Method:** To understand how these abrupt and life-changing circumstances have impacted the now geriatric population, an exploratory qualitative methodology was employed, where data were collected by conducting individual interviews. The sample was selected using a purposive sampling technique and a sample size of 15 participants above the age of 75 who either witnessed the partition, the relocation or had spent time in the refugee camps. **Results:** The results showed that even after seven decades, the events during and after partition have shaped the way the sample population perceives their cultural identity, their understanding of home, the way they have adjusted to life after relocation and the psychosocial virtues they possess, particularly wisdom. The study highlights the long-term psychological and social impact of growing up during that time and the ways through which those childhood experiences have affected the psychosocial virtues of the sample population, particularly that of wisdom. The attitude of their parents and the people around them towards adjusting after relocation impacted their sense of self and in establishing the way this stage of integrity or despair unfolds. **Conclusion:** The clinical implications of this study are how early life experiences of displacement and abrupt adjustments impact an individual's sense of self, worldview and future outlook, which persist and affect the development of their psychosocial virtues. This study underscores the importance of

understanding how historical events like the partition and forced relocation continue to influence an individual's sense of self and community, which could guide cultural studies and understanding culturally sensitive interventions.

Keywords- *wisdom, integrity vs despair, partition, geriatric population, psychosocial virtues, childhood experiences*

Title: The Existential Antidote: Exploring the Relationship Between Spiritual Experience and Death Anxiety

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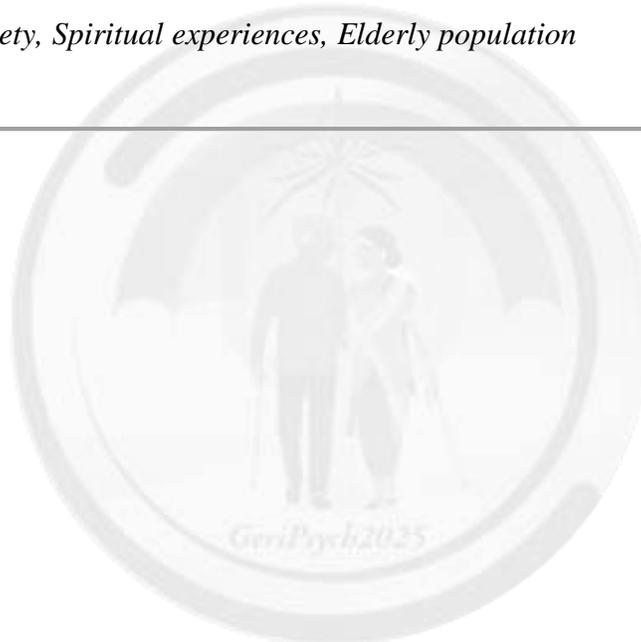
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ABSTRACT

Background and Aim: The later stages of life are often accompanied by reflections on mortality and heightened vulnerability to death anxiety. At the same time, spirituality frequently serves as a significant coping resource for older adults. The capacity for spiritual experiences—the ability to find meaning, purpose, and transcendence—may play a crucial role in shaping how elderly people confront fears related to death. This study aims to examine the association between spiritual intelligence and death anxiety among an elderly population. **Method:** This cross-

sectional study included 30 participants aged 60 and above. Participants completed two questionnaires: the 16-item Spiritual Experience Scale and the 15-item Death Anxiety Questionnaire. **Result:** Preliminary findings indicate that higher levels of spiritual experiences are associated with lower levels of death anxiety. This suggests that engaging in reflective practices and maintaining faith-based coping strategies may buffer existential distress. **Conclusion:** Understanding this relationship has important implications for developing holistic psychological support and interventions for elderly populations. The findings are expected to contribute to the growing body of literature on positive aging and mental health by highlighting the protective role of spirituality in addressing fears of mortality and enhancing well-being in later life.

Keywords: *Death anxiety, Spiritual experiences, Elderly population*





GERI PSYCH- 2025
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TRACK: 7

PSYCHOSOCIAL, CULTURAL AND FAMILY DYNAMICS

POSTERS

Title: Grief and Bereavement in Late Life: A Mixed-Methods Study of Older Adults

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ABSTRACT

Grief, loss, and bereavement are universal human experiences, but their impact becomes particularly significant in late life. Older adults face unique vulnerabilities due to increased exposure to mortality, declining health, and diminished social networks. These factors often intensify psychological distress, leading to depression, anxiety, or complicated grief. Aim: Understanding the multidimensional nature of grief in late adulthood is critical for developing effective support systems. This study aims to examine the psychological, social, and cultural aspects of grief and bereavement in older adults, while identifying risk factors, adaptive coping mechanisms, and the role of supportive interventions in promoting resilience and well-being. Method: A mixed-methods approach was adopted. Quantitative data were collected using standardized tools such as the Beck Depression Inventory (BDI) and the Inventory of Complicated Grief (ICG), administered to adults aged 60 and above who had recently experienced loss. Qualitative data were obtained through semi-structured interviews and focus groups, supplemented by detailed case studies. Statistical techniques, including correlation and regression, were used to examine associations between bereavement experiences and mental health outcomes, while thematic analysis was applied to qualitative narratives to capture patterns of coping and cultural influences. Results: Findings indicated that while many older adults relied

on spirituality, familial bonds, and community participation to cope, others displayed prolonged grief linked to limited support networks, pre-existing health conditions, and cultural stigma around seeking psychological help. Quantitative results demonstrated significant correlations between social isolation and heightened grief severity, reinforcing the protective role of strong interpersonal connections. Conclusion: The study concludes that bereavement in late life is a multidimensional experience requiring tailored interventions. Culturally sensitive grief counseling, peer support groups, and community-based programs can enhance resilience and reduce the risk of complicated grief. The findings emphasize the importance of continued research, public health initiatives, and policy reforms to adequately address the psychosocial needs of bereaved elders.

Keywords: *Grief, Bereavement, Late Life, Older Adults, and coping mechanism*

Title—Spiritual Practices as a Coping Strategy for Death Anxiety in Older Adults: A Multiple Case Study from India

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ABSTRACT

Background and aim: Death anxiety is a serious but often overlooked issue with significant implications for emotional distress and quality of life in older adults. While spirituality has been identified as an important coping mechanism, there is limited qualitative evidence from India, where spirituality (both worldviews and practices) is often a part of everyday life. This research

aims to consider the role of spirituality in mitigating death anxiety for older adults and to examine the ways that being engaged with their spirituality promotes resilience, acceptance, and psychological wellness. **Method:** A multiple case design will be used with three participants aged 70 and over, each of whom participates regularly in prayers, bhajans, satsangs, and rituals. Data will be collected through in-depth semi-structured interviews, field observations, and caregiver input to provide a full picture of the participants' lived experiences. Data will be analyzed thematically to capture shared and unique patterns across cases. **Results:** It is anticipated that the findings will suggest that spiritual practices can not only diminish existential dread, but expand meanings, support emotional regulation, and help facilitate continuity in late life. **Conclusion:** This study aims to enrich the understanding of death anxiety for older adults by centering indigenous practices.

Keywords: *Death Anxiety, Spirituality, Older adults, Coping, Resilience, Indigenous practices, Qualitative Research*

Title: The Silent Shock: Bereavement and Role Disruption in Older Parents after the Death of Adult Working-Age Children

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ABSTRACT

Background: The death of an adult working-age child presents a unique bereavement experience for older parents. Unlike childhood loss, it disrupts generational order, deprives parents of both emotional and practical support, and creates profound psychological shock. Prior studies link late-life bereavement to complicated grief, loneliness, and health decline, but little is

known about the identity shifts and socio-cultural consequences of losing an adult child. **Aim:** This study seeks to (1) explore the psychosocial impact of adult-child death on older parents, (2) examine role loss and identity disruption as mediators of complicated grief, and (3) identify cultural and family processes that shape coping and meaning reconstruction. **Method:** A narrative review of empirical studies and theoretical papers published between 2000 and 2025 in PubMed, PsycINFO, and Scopus. The review integrates concepts from attachment theory, family role theory, and cultural psychology. **Results:** Findings indicate that older parents of deceased adult working-age children face intensified grief due to generational reversal, loss of emotional and financial support, and disrupted family identity. Cultural mourning rituals may act as both protective and complicating factors in the grieving process. **Conclusion:** The study proposes a novel conceptual framework for understanding this overlooked bereavement pathway. Insights will help geriatric mental health professionals, grief counselors, and policy-makers design interventions addressing both the emotional and role-based consequences of such loss.

Keywords: *bereavement in old age, adult-child death, psychosocial impact, role loss, identity disruption, grief, cultural coping*

Title: Grief and Healing Among Older Adults: Exploring Emotional, Family, and Community Support in Late Life

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ABSTRACT

The grief of loss in late life can be such an echo that never leaves, reaching into all corners of the world of an elder, including relationships and daily routines. This paper presents the events of grief and healing in older adults, their emotional conditions, family, and social resources. Current literature shows that about 65 percent of the elderly suffer immense loneliness and anxiety following loss. Method: Some of the interventions that helped many regain hope and reconnect include support groups, counselling, and community activities such as storytelling and walks. Results: The study enhances the existing psycho-gerontology by providing effective and compassionate approaches of helping the grieving elders. Conclusion: The research suggests practical solutions for enhancing care and quality of life for vulnerable older adults by focusing on mental health programs tailored to meet elderly needs and satisfy the requirements of this demographic. Limitations include the urban sample suggesting new research on the variety of settings.

Keywords: *grief, elderly, loneliness, mental health, community care, psycho-gerontology*

Title: Redefining The Golden Years: A Review Paper on Successful Aging and The Challenges to Ageist Stereotypes

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ABSTRACT

Background and Aim: The global population is aging rapidly, a phenomenon often viewed through the lens of cultural ageism. Pervasive stereotypes equate old age with universal decline, dependency and disengagement, creating a harmful narrative that overlooks the heterogeneity of the aging experience and negatively impacts individual and societal well-being. This review aims to synthesize contemporary research on the concept of “successful aging” to systematically challenge and deconstruct common ageist stereotypes. It seeks to present evidence that aging is a multidimensional process with significant potential for health, cognitive function, social engagement and productivity. **Methods:** A narrative review methodology was employed. A systematic search of academic databases (eg., PubMed, Google Scholar) was conducted for peer-reviewed literature published between 1990 and 2024. Key search terms included “successful aging”, “Ageism”, “stereotypes” and “old age”. **Results:** The analysis robustly contradicts prevalent myths. Evidence reveals that: 1) aging is not synonymous with disease, with many maintaining robust health; 2) significant cognitive decline is not inevitable, with crystallized intelligence and neuroplasticity enduring; 3) social networks, though often smaller, can become more emotionally satisfying and 4) older adults contribute substantially to the economy and society. **Conclusion:** The literature on successful aging provides a powerful, evidence-based antidote to ageist stereotypes. Dismantling these myths is crucial for promoting individual wellbeing and for informing the development of policies and communities that support all individuals to age successfully.

Keywords: *Successful Aging, Ageism, Stereotypes, Old Age, Gerontology, Review, SOC Model*

Title: The Burden of Inequality: Socioeconomic Factors and Health Outcomes Among India's Elderly

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ABSTRACT

Background: Older adults from disadvantaged socioeconomic groups are disproportionately exposed to stressful life circumstances, heightening their vulnerability to both physical ailments and psychological distress. This study examines how socioeconomic conditions influence health outcomes and overall quality of life among elderly individuals in India. **Methods:** The analysis draws on data from the Longitudinal Ageing Study in India (LASI) Wave-1 (2017–18), a nationally representative survey of adults aged 45 years and above and their spouses. Logistic regression and decomposition models were employed to explore the relationship between socioeconomic indicators, health conditions, and psychological well-being. **Results:** Elderly individuals in the poorest wealth quintile, those with no regular income, and those not employed in the past year were more likely to report high psychological distress. Multi-morbidity, disability, functional limitations in activities of daily living (ADL) and instrumental activities of daily living (IADL), as well as reduced cognitive functioning, further exacerbated vulnerability. In addition, social determinants such as caste, religion, education, living arrangements, and perceived self-worth within the family significantly shaped the unequal distribution of psychological distress (concentration index: "0.23). **Conclusion:** The findings reveal persistent socioeconomic inequalities in the health and well-being of India's elderly population. Addressing these disparities requires integrated policy measures that combine healthcare access with social welfare interventions, thereby improving quality of life and ensuring dignity in later years.

Keywords: *Socioeconomic inequality, Health disparities, Psychological distress, Ageing, Elderly population, Quality of life .*

Title: Family and Psychosocial Influences on Elderly Life Satisfaction

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ABSTRACT

Background: Growing older brings changes in body, emotions, and daily life. Family, culture, and social connections shape how elderly individuals feel. Some live with family, while others attend community centers or senior clubs. Support and understanding differ across settings, and lack of attention or cultural mismatch can cause stress or loneliness. Understanding these experiences is essential to provide meaningful support to older adults. **Objectives:** This study aimed to examine the role of psychosocial support, cultural belief, and family interactions in shaping life satisfaction among the elderly. **Methodology:** The study included 30–35 elderly participants (age 60+) from different cities of West Bengal. Short questionnaires assessed family support and social involvement, and semistructured interviews captured daily routines, personal experiences, and cultural beliefs. Qualitative responses were analyzed for themes, and descriptive statistics summarized questionnaire findings. **Results:** Of the participants, those living with family, 85% felt emotionally supported, and 80% reported that cultural expectations were respected, contributing to higher life satisfaction. Community-center participants often reported lower emotional support (60%) and occasional feelings of isolation (40%). Strong family and cultural support appeared to enhance emotional wellbeing and reduce loneliness. **Conclusion:** The study highlights the importance of family engagement and psychosocial well-being in enhancing

elderly life satisfaction. Interventions promoting supportive family dynamics and social engagement can positively impact psychological health and overall quality of life in older adults.

Keywords: *Elderly, family engagement, cultural beliefs, social connection, psychosocial well-being.*

Title: Distance, Duty, and Distress: A Systematic Review of Filial Anxiety in Adult Children of Aging Parents

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ABSTRACT

Background and Aim: With increasing migration and changing family patterns, many adult children are living away from their aging parents. This separation often brings emotional unease and anticipatory worry about parents' health and well-being, referred to as filial anxiety. The present systematic review aims to synthesize existing literature on filial anxiety among adult children, focusing on its conceptual understanding, contributing factors, and psychosocial implications in the context of contemporary caregiving. **Method:** Following PRISMA guidelines, relevant studies were identified through searches in PubMed, PsycINFO, and Google Scholar using keywords such as filial anxiety, filial obligation, attachment, and distance caregiving. Inclusion criteria encompassed peer-reviewed studies published between 2000 and 2025 that assessed psychological or relational determinants of filial anxiety. Twenty-six studies met the criteria and were subjected to quality appraisal and thematic synthesis. **Results:** The

findings indicate that filial anxiety is a multifaceted construct shaped by both individual and contextual factors. Emerging research highlights how physical distance, changing family roles, and evolving cultural expectations influence the emotional experiences of adult children. **Conclusion:** The review underscores the growing relevance of filial anxiety in an era of mobility and aging populations. It calls for further empirical work and culturally sensitive interventions to address the emotional challenges faced by adult children caring for or worrying about elderly parents from afar.

Keywords: *Filial anxiety, adult children, elderly parents, caregiving, distance, systematic review*

Title: Attitudes Toward Death and Dying in Older Adults: A Cross-Cultural Psychological Perspective

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ABSTRACT

Death is a universal truth, yet people's views toward death vary widely across psychological and cultural situations. These attitudes affect older persons' mental well-being, end-of-life decisions, and overall life satisfaction. This review compiles data from 25 empirical studies that investigate the psychological, spiritual, and cultural aspects of death attitudes in later life. The study looks at how cultural worldviews, religion, spirituality, and meaning-making influence acceptance, fear, and avoidance of death, drawing on cross-cultural studies. The findings show that spirituality and strong religious views are consistently associated with lower death anxiety and greater peaceful

acceptance. Individuals who lack existential purpose or social connectedness, on the other hand, is more fearful and avoidant. Cultural context is an important moderator: Western civilizations frequently understand death through individualistic and existential frameworks, whereas Eastern traditions see dying as a natural movement along a spiritual or social continuum. Gender, physical health, and life satisfaction all have an impact on how older persons think and feel about death. Strong religious convictions and spirituality are associated with reduced fear of death and more peaceful acceptance, according to empirical studies (Krause,2007). Individual religion and existential meaning have been identified as independent predictors of death preparedness and increased life pleasure in Western countries, including the United States (Neimeyer et al., 2015). According to Kim et al. (2014), research from Eastern cultures like Japan and India, on the other hand, highlights the social and spiritual understanding of death as a continuous life cycle, which lessens anxiety and promotes transcendental acceptance. Thus, the cultural environment impacts whether death is perceived as an end or metamorphosis. The review uses psychological ideas, including Terror Management Theory, logotherapy, and gerotranscendence, to describe coping mechanisms and meaning reconstruction. Overall, data suggests that fostering purpose, spiritual meditation, and acceptance of mortality improves resilience and psychological integration as people age. This research highlights the importance of comprehending death attitudes for end-of-life care as well as for fostering dignity, peace, and purpose in the latter phases of human development by integrating cross-cultural and psychological viewpoints.

Key words: *Death Attitudes, Spirituality, Cross-Cultural Psychology, Death Anxiety, Successful Aging*

Title: Exploring the Intersection of Class & Gender in Dementia Caregiving.

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ABSTRACT

Background and Aim: This qualitative study explored the lived experiences of male caregivers of dementia patients across socioeconomic strata, with a focus on how class position shapes caregiving burdens and resilience. Male caregivers remain largely unheard in caregiving discourse, and those from disadvantaged backgrounds bear disproportionate challenges due to intersecting marginalized identities. **Method:** Semi-structured interviews were conducted with purposively sampled male primary caregivers (N = 12), including participants from Jaipur and Fatehgarh Sahib representing both lower and higher socioeconomic strata. Experiential data were analyzed using Braun & Clarke's thematic analysis framework, incorporating reflexive analytical practices to ensure interpretive depth. **Results:** For caregivers from lower socioeconomic strata, seven interconnected themes emerged: Activities of Daily Living (ADL) revealed physical and emotional challenges of providing intimate care traditionally associated with feminine roles, creating identity conflicts. Behavioral and Psychological Symptoms of Dementia (BPSD) manifested as constant vigilance and managing aggressive behaviors that disrupted family dynamics. Occupational impairment reflected tensions between breadwinner responsibilities and caregiving demands, resulting in job insecurity and compromised careers. Financial Distress compounded existing vulnerabilities through healthcare costs and lost wages. Role Overload

emerged from traditional male breadwinner expectations and intensive caregiving within patriarchal structures. Marginalized Identity highlighted vulnerability at the intersection of gender nonconformity and economic disadvantage. Paradoxically, Seva (selfless service) functioned both as a resource for meaning-making and as a cultural pressure, amplifying burden alongside resilience. Chronic physical exhaustion, deteriorating mental health, and social isolation permeated their narratives. In contrast, male caregivers from higher socioeconomic strata reported a distinctly different profile of stressors and coping. Primary stressors were mild, limited to managing diet, medications, and dependency of the care recipient, with irritability as the only notable BPSD. Financial distress and occupational impairment were absent, reflecting economic security. Caregivers emphasized contentment and love in fulfilling their spousal role, despite acknowledging role reversal and engaging in unfamiliar tasks. They expressed emotions openly, challenging masculine stereotypes by normalizing crying and vulnerability. Emotional strain, fatigue, and reduced social outings were present, but these were buffered by strong family and social support, prior psychoeducation, and self-care practices such as exercise, yoga, prayer, and cycling. For this group, seva was not paradoxical but seamlessly integrated into caregiving, reinforcing resilience without intensifying burden. **Conclusion:** Taken together, this comparative study demonstrates how socioeconomic position profoundly shapes caregiving experiences. Lower-SES male caregivers endure intersecting structural disadvantages that exacerbate burden, while higher-SES caregivers, though not free from challenges, experience caregiving as more manageable, supported by resources, psychoeducation, and social capital. Love for the care recipient was central across both groups, but the meanings and mediating mechanisms diverged sharply. These findings highlight the dual role of culture, gender, and socioeconomic context in shaping caregiving trajectories and call for stratified, equity-focused interventions in dementia care policy.

Keywords: *Male caregivers, dementia caregiving, socioeconomic status, lived experiences, thematic analysis*

Title: Grief Beyond Death and Their Psychosocial Impacts in Late Life.

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ABSTRACT

Background and Aim: Grief in late adulthood is typically equated with bereavement, overshadowing a spectrum of non-death losses such as decline in physical functioning, cognitive decline, diminished autonomy, relocations, and shrinking social networks. It's essential to bring light to these experiences, which often go unnoticed by families and healthcare providers, contributing to disenfranchised grief, loneliness, and poorer mental-health outcomes yet limited Indian literature explores these silent losses and their psychosocial impact. This study aims to explore these unacknowledged losses, examine their psychosocial consequences, and identify coping strategies that support meaning-making and well-being in senior citizens. **Objectives:** To explore forms of non-bereavement grief experienced by older adults. To examine their emotional and psychosocial consequences. To identify psychosocial strategies and support needs that promote meaning-making and well-being. **Methodology:** A qualitative exploratory design was used, and semi-structured interviews were conducted with 6 community-dwelling older adults (≥ 60 years) who were recruited through purposive sampling. Participants with major neurocognitive disorders were excluded. Interviews focused on loss experiences, emotional responses, coping strategies, and perceived sources of support. Data were audio-recorded, transcribed verbatim, and analyzed using thematic analysis. Ethics approval and informed consent were obtained. (No details retained.) **Results:** Major themes emerged: Loss of autonomy & identity: Declining functioning, health and dependency challenged self-esteem and helplessness. Loss of relational intimacy and emotional isolation: Participants reported being physically cared for but emotionally unheard due to cultural minimization of emotional needs. Role erosion: Retirement and widowhood led to perceived purposelessness. Meaning-making through reminiscence & spirituality: Storytelling, spiritual practices, and community

engagement acted as key coping strategies. Participants reported that these helped ease suppressed grief and loneliness. **Conclusion:** Grief beyond death is pervasive yet systematically overlooked, which can evoke mental distress and disenfranchisement. Acknowledging these experiences by integrating grief-sensitive frameworks within geriatric care, such as reminiscence therapy, meaning-making and emotional validation, may reduce psychological burden, sustain identity and enhance well-being. Findings underscore the need for routine assessment of non-death losses and development of culturally informed psychosocial support to address disenfranchised grief in late life.

Keywords: *Late-life grief, Disenfranchised grief, Psychosocial impact, Older adults, Qualitative study.*

Title: Caregiver Dynamics and the Architecture of a Guilt-Free Life: Predictors of Meaning and Peace at End of Life

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ABSTRACT

Background and Aim: Strong social bonds established in midlife are among the most reliable predictors of overall well-being in later years, often surpassing biomedical markers such as cholesterol levels (Waldinger & Schulz, 2023). In India, rapid demographic transitions and shifting family structures are reshaping elder care, yet the comparative effects of caregiving contexts on late-life well-being remain underexplored. Filial duty traditionally confers purpose and belonging but also heightens guilt among elders perceiving themselves as burdensome.

Conversely, institutional care may provide medical oversight but risk undermining dignity and social connectedness. This study examines how caregiving contexts—family-based versus institutional—influence meaning, peace, guilt, and overall life satisfaction among older adults in urban Vadodara, India. **Methods:** Qualitatively dominant, embedded mixed-methods study. N=52; 28 males (27 institutional, 25 family-based; mean age = 79.70 years \pm 4.66; institutional mean = 83.13, home-based mean = 76.47). Semi-structured interviews (13-item guide) were conducted in Gujarati/Hindi by MA Psychology trainees under supervision, audio-recorded, and transcribed with bilingual verification. Transcripts were analyzed in NVivo 12 using Braun and Clarke’s six-phase thematic analysis (constant comparison; inter-rater reliability $\kappa \geq 0.80$). Participants also completed the Indian Geriatrics Quality of Life Inventory (IGQoLI), with scores summarized via descriptive statistics, t-tests, and Cohen’s d. **Results:** Loss of physical autonomy emerged as the leading source of frustration and guilt across both care contexts, mediating the link between functional decline and psychological distress. Institutional participants derived well-being primarily from family visits and reminiscence of the past, but consistently reported dissatisfaction with limited opportunities for social engagement. Home-based elders expressed meaning through acts of usefulness like cooking, advising, and daily chores, yet unanimously acknowledged guilt over imposing burden on family members. The quantitative findings from IGQoLi reveal that institutional elders exhibit significantly better physical functioning (mean-diff = -3.52 , $p < 0.001$, $d = 1.22$), while home-based elders show higher scores in activities of daily living (mean-diff = 3.08 , $p < 0.001$, $d = 1.16$) and psychological well-being (mean-diff = 5.18 , $p < 0.001$, $d = 2.38$). No significant differences were found in social functioning or overall quality of life. Most participants ($n=35$) experienced heightened anxiety, loneliness, and pain at night regardless of care setting. Gender appeared to subtly mediate experiences: women emphasized emotional warmth, family intimacy, and loneliness, while men foregrounded professional identity, intellectual engagement, and the importance of respect in caregiving relationships. **Conclusion:** Physical health functions as a critical mediator of autonomy, psychological distress, and perceived usefulness in later life. As a preventive health measure, maintaining physical fitness and independence into late adulthood may substantially reduce feelings of guilt and dependence, thereby protecting overall life satisfaction. Institutional care in India effectively secures medical and safety needs but fails to

sustain autonomy and social integration, while Family-based care maintains relational continuity but introduces intergenerational strain. Gender further shapes these dynamics, with women emphasizing relational intimacy and men prioritizing professional identity.

Title: Exploration of the relationship between relationship satisfaction and subjective well-being among elder couple: An empirical investigation

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ABSTRACT

Background and Aim: Relationship satisfaction has long been recognized as one of the most important key factors influencing individuals' emotional well-being, yet few studies have explored this association among couples in later adulthood. A relationship refers to an ongoing association or connection between two or more beings, especially where each individual influences the thoughts, feelings, and actions of the other, such as in friendships, romantic partnerships, or marriage. On the other hand, subjective well-being captures how people personally experience and evaluate their lives. It includes emotional components (like positive feelings, absence or infrequency of negative feelings) and cognitive components (like life satisfaction, judgments about one's life as a whole). The present study aims to examine the relationship between relationship satisfaction and subjective well-being among couples between the age of 45 and 75 years, who have been married for at least 15 years and above, where one or both partners are employed. **Method:** Data were collected from both partners of 42 couples through offline. Standardized measures were used, including the Relationship Satisfaction Scale (RSS; $\alpha = 0.828-0.92$) containing 7-item self-report questionnaire developed by Susan S. Hendrick in 1988 and currently widely used in both clinical and research settings to assess global

relationship satisfaction. The RAS is designed to measure general relationship satisfaction across various types of romantic partnerships. And the Satisfaction With Life Scale (SWLS; $\alpha = 0.87$) developed by Ed Diener, Robert A. Emmons, Randy J. Larsen, and Sharon Griffin in 1985. The SWLS is a short 5-item scale designed to measure the global cognitive judgments of satisfaction with one's life. In addition, participants responded to a qualitative question: “What is the single most important factor which binds you together as husband and wife?” **Result:** Data are analyzed using SPSS software to find the relation between the two variables, relationship satisfaction and subjective well-being in general, and among different genders and working and non-working professions. The qualitative question is also analysed further to find the most important factors required for relationship satisfaction. The research is in process and the results will be presented during the conference. **Conclusion:** The study seeks to highlight the relationship between marital satisfaction and subjective well-being in mid-to- late adulthood, while also identifying the factors couples consider central to their bond. These findings may contribute to geriatric therapy and the development of interventions aimed at enhancing psychological health among older couples.

Keywords: *Psycho-geriatric, relationship satisfaction, subjective well-being, psychotherapy*
