

Effectiveness Of Internal Dominant Focus On Positivity And Mindfulness For Reducing Anxiety In Senior Adults: A Correlational And Regression Analysis



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ABSTRACT

This study examines the comparative and predictive impact of positive thinking and mindfulness on anxiety levels in older adults aged 65 and above. Drawing from a primary survey of 385 participants, including 110 senior adults, a series of mean-variance, correlation, and regression analyses were conducted to assess the predictive strength of internal dominant focus (IDF) on positivity and mindfulness in relation to anxiety. The results revealed that IDF on Positivity was the strongest and most consistent predictor of reduced anxiety, with a correlation coefficient of $r = -0.82$, a predictive value ($R^2 = 0.67$) 67 % and a per unit variance of -3 percent reduction in anxiety with each unit of increase in positive focus, regression coefficient (B) of -3.18 ($p < .001$). Mindfulness impacted variance in anxiety by 41 %, ($R^2 = 0.41$) in this study, with a moderate correlation ($r = -0.657$) and a weaker yet significant per unit variance of (B coefficient = -2.59). The combined IDF score (positivity + mindfulness) produced a strong correlation ($r = -0.817$) and a regression R^2 of 0.66, indicating that 66% of anxiety variation can be predicted by internal focus on positivity and mindfulness. These findings suggest that practicing positivity, seeing the silver lining, cultivating gratitude, and reinforcing optimism, is crucial for maintenance of mental & physical health in older adults. When combined with mindfulness, which fosters detachment from negativity and promotes present-moment awareness, these traits not only reduce anxiety by up to 82%, but also support healthy longevity, potentially increasing life expectancy beyond 85 years (Steptoe, Deaton, & Stone, 2015). Key words: Clinical psychology, geriatric psychiatry, community psychiatry, depression, quantitative & qualitative

THE INTRODUCTION

In contemporary society, psychological interventions are increasingly recognized for their effectiveness in managing mental health conditions such as depression and anxiety, particularly among senior adults who frequently grapple with chronic illness, declining physical health, and a sense of disconnection from their earlier roles in work and family life. Among these interventions, an internal dominant focus (IDF) on *positivity* and *mindfulness* constitutes a crucial component of psychological self-regulation and healing.

Statement of the problem: While medical dependency among older adults to reduce anxiety and related health problems, is rising sharply, prescribing medicines does not solve problems for everyone but becomes much more effective when combined with a practice of thinking dominantly focused on optimism and gratitude. Hence, this research paper finds quantitative data to support energy investment of training and learning methods of positive thinking and mindfulness.

A dominant and not sporadic focus on positive thinking works to reduce anxiety, which involves around 51 to 78 percent of focus of thinking on mindfulness or positivity while the focus on solving problems or worrying is deliberately maintained at less than fifty percent. This dominant focus is required because of neurological-impulses released

in the brain with the energy underlying each thought (called e-motionⁱ) which release each time a thought sends out an electric impulse (a vibrational feeling)ⁱⁱ to the sensory organsⁱⁱⁱ. This electric impulse which passes in the neurological pathways to send out negative or neutral or positive signals to the organs activate the reduction of anxiety by reducing the stress hormone "cortisol" and releasing 'happy' hormones like dopamine, endorphin, oxytocin and serotonin which impact flow of messages to organs that affect mental and physical health.

If people display positivity or mindfulness only in public or in therapy sessions, but reverse to negative thinking or anxiety often, then a dominant focus on positivity or mindfulness is not maintained and the person can fall into negativity, anxiety or sickness due to excessive release of stress hormones. As this paper researched and as literature review says, maintaining a dominant internal focus on positivity and mindfulness is required for any treatment to be effective (Nagamatsu, 2022). Though twenty to thirty percent of focus will always be negative, naturally, like carbon dioxide exhales out naturally, positive focus can be maintained upto 70-80 percent of the day to control the negative focus from overtaking the body^{iv}. High inconsistencies in focus do not help the person feel optimistic or less anxious in everyday life. While clinical intervention remains essential, excessive reliance on doctors and medication,

without addressing mental attitude, frequently leads to recurrent illnesses, psychosomatic fatigue, and persistent anxiety. A regular practice of positive thinking and mindfulness has been researched to improve longevity to 85 years or more (Danner et al., 2001)^v. A practice of 'learned helplessness' which causes excessive anxiety (Seligman, 2016)^{vi} can be converted to 'learned optimism' by training and therapy in focusing more on positivity and mindfulness. Despite repeated attempts to recover through hospitalization and medicines, older adults may continue to grumble, feel helpless, stay irritated or withdraw emotionally, whereas a shift in internal dominant focus on positivity and mindfulness can directly support medicinal support and raise longevity^{vii}. (Harvard Health Staff, 2019)

Scientific evidence increasingly affirms that positive emotion and mindful attention are key drivers of improved emotional health and even physical longevity (Fredrickson, 2001; Lyubomirsky et al., 2005; Steptoe et al., 2015)^{viii}.

This paper is part of a larger thesis : Impact of Positivity and Mindfulness on Well-Being " with variants being age, gender and income.

Aim of The Study: To find whether an internal dominant focus on positive thinking and mindfulness is effective in reducing anxiety in different proportions in senior adults.

Objective of the Study: To analyze with quantitative evidence the effectiveness of practicing positive thinking and mindfulness for reducing anxiety in older years.

Research Question: Does positive thinking or mindfulness help or are delusional ideologies?

Null Hypothesis: $H = H_0$

H₀: There is no effectiveness of the internal dominant focus of positivity and mindfulness on reducing anxiety.

Tools of the study:

To quantify the research, the study measured Internal Dominant Focus (IDF) using standardized psychological instruments:

- IDF on Positivity and anxiety was assessed using four validated scales:
 - The Positive Affect subscale of the Positive and Negative Affect Schedule (PANAS+),
 - The WHO-5 Well-Being Index, and
 - The Satisfaction with Life Scale (SWLS).
 - The Ham- A Anxiety Scale
- IDF on Mindfulness was measured using the Mindful Attention Awareness Scale (MAAS), which captures one's ability to stay attentive and present in the moment.)

By exploring these dimensions, this research aims to strengthen the role of emotional management through development of focus on positivity and

mindfulness in late-life well-being, offering older adults tangible, supporting researched pathways to reduce anxiety and regain mental peace.

Internal Dominant Focus is defined as the average focus of the mind during a day on positive or negative thinking. (Shiva, 2016) It is calculated by subtracting the frequency of positive thinking by negative thinking on an average. The similarity of vibrational frequencies of electric signals released in thinking are analyzed instead of testing each thought as thinking follows a vibrational pattern where similar feelings keep coming up and release energies in the spinal cord that flow as neurological impulses to the organs. An internal dominant focus of positivity must be deliberately maintained to trigger neuro-signals that release "happy hormones" such as dopamine, serotonin, and oxytocin. These neurochemicals generate positive-frequency signals across the brain and body, supporting emotional stability and physiological health. This positive focus is typically anchored in the amygdala—an emotional processing center in the limbic system, while cognitive and behavioral tasks continue to engage the frontal and anterior lobes of the brain. As a result, even when a person is externally engrossed in work, their inner focus may remain unconsciously fixated on sickness, pain, or sadness. Such underlying emotional patterns can unconsciously suppress hormonal balance and lower subjective well-being, despite external productivity. Therefore, conscious training in redirecting this inner dominant focus toward positive emotion is essential for sustaining emotional resilience and long-term well-being.

A negative internal dominant focus (IDF) is naturally attained as the mind, naturally ponders on problems which exist in the present or happened in the past, leading to a negative internal dominant focus. Hence, even while working or while taking therapy or cognitively writing positive affirmations, the person may be releasing negative neuro-signals by focusing on the problem than on detachment or optimism. Detachment (mindfulness) or optimism (positivity) require a deliberate effort to rise above negative thinking frequencies. For example, if a person chooses to stay positive in his internal dominant focus, s/he would focus on feeling optimistic and saying positive affirmations with feeling happiness vibrationally even if the past or current circumstances are negative. This may appear as dreaming for the cognitive mind, but it leads to speedier recovery from disease or anxiety related problems. However, positive thinking has to be practiced regularly as a dominating current in the body or negative thinking takes over naturally.

Positivity is defined as a pattern of deliberately focused upon uplifting thoughts which negate pessimism and increase optimism. It can be said that positive thinking helps a person fly mentally towards

contentment and satisfaction in life with improving mental health, physical health and openness to new ideologies. (Fernandes, et al.2001)^x. In this study, positivity is quantitatively measured by the composite scores of four scales: Positive and Negative Effect Schedule (PANAS+ / PANAS-), Physical /mental well-being (WHO-5 Well-Being Index), Life satisfaction (SWLS), with subtraction of the influence of anxiety (measured by HAM-A).

(The traits of positive thinking (Cherry, K. 2020^{xi}) include:

- feeling positive emotions often and allowing the self to feel joy, hope and gratitude
- having caution and hope for future, allowing changes to happen without over thinking
- emotionally uplifting the self to be positive, regularly to cope with challenges
- celebrating relationships, friends, social engagement
- encourages self to be strong in problems and looks for silver lining
- replaces negative with optimism, smiling, celebrating small victories
- building emotional resilience, thinking positive affirmations and having gratitude often)

Mindfulness is defined as having focused attention, a positive attitude and awareness of the present moment (Jon Kabat Zinn, 1998^{xii}) which means not focusing on the past or the future with sadness or anxiety. It is a mind training which has to be practiced to uplift the mind from negative thinking to grounded thinking. It can be said that mindfulness is a bridge between negative thinking and positive thinking as it offers space to be non-judgmental, neither negative or positive. It reduces anxiety and improves well-being (Haruki et al.1998)^{xiii}. In this study, mindfulness was measured by the MASS ATTENTION AWARENESS SCALE which is a comprehensive 15unit questionnaire. (The traits of mindfulness (Mindful Staff, 2020^{xiv}) include:

- Awareness of present moment with acceptance without judging it as good or bad
- Staying grounded in the present moment focus without flying back mentally to past or future anxiety
- Observing feelings without reacting – not trying to reframe negative to positive – just accepting as is
- Staying calm in situations which cause turmoil or agitations, improves negotiation and focus on solution
- Reducing reactions to physical health problems and focusing on distress with detachment to let it pass
- Practicing focusing on the breath objectively, deep breathing, stillness in the mind with attentiveness

- Central to therapies like MBST and MBCT which aim at reducing anxiety)

In short - "While positive thinking is about finding the silver lining in the clouds, mindfulness is about letting the cloud pass by without reacting."

Anxiety is generally defined as "a future-oriented mood state associated with preparation for possible, upcoming negative events" and involves both cognitive worry and physiological arousal (Barlow, 2002)^{xv}. It reflects a state of inner tension and apprehension, often manifesting in emotional symptoms (such as fear or irritability) as well as physical symptoms like muscle tension, restlessness, or rapid heartbeat. When persistent and disproportionate to actual threats, anxiety can interfere with daily life and well-being.

In this study, anxiety was quantitatively assessed using the Hamilton Anxiety Rating Scale (HAM-A)^{xvi}, which measures both psychological and somatic symptoms, including tension, fears, sleep disturbances, body pains and autonomic hyperactivity. The HAM-A is a widely recognized clinical tool for evaluating the severity of anxiety symptoms.

Literature Review finds numerous psychological studies that have explored the impact of emotional orientation on mental health, particularly focusing on how positive thinking and mindfulness influence well-being and anxiety. Positivity and mindfulness, while distinct, are often examined together as complementary strategies for emotional regulation. Their relevance becomes even more critical in older adulthood, a life stage marked by increasing health challenges, emotional fatigue, and a decline in perceived control.

Positive Thinking and Anxiety Reduction: Positive thinking, defined as the deliberate focus on hope, joy, gratitude, and satisfaction, has long been recognized as a protective factor against anxiety and depression. Fredrickson's (2001) Broaden-and-Build Theory posits that "positive emotions expand cognitive and behavioral repertoires, building lasting emotional health." Lyubomirsky, King, and Diener (2005)^{xvii} found that individuals with a habitual tendency toward positive affect experience greater success, stronger immunity, and lower rates of anxiety. "In older adults, positive thinking has been associated with improved coping ability, reduced stress-related biomarkers, and greater psychological adjustment to aging (Steptoe et al., 2015)".

Mindfulness and Emotional Regulation: Mindfulness refers to non-judgmental awareness of the present moment and is most commonly practiced through breathing, body scanning to not pay attention on worrying or past negative experiences, to stay in the present moment to force the mind, to detach from

negative thinking, to practice self or task attention-training meditation. “Keng et al. (2011)^{xviii} emphasized that mindfulness training is effective in reducing symptoms of anxiety, though its benefits tend to accumulate gradually and depend on consistent practice”. Among older adults, mindfulness has shown promise in lowering emotional distress and enhancing sleep, though its cognitive demands can limit consistent engagement in this age group.

Gaps in Literature: While both approaches are evidence-based, few studies have directly compared the effect of positive thinking and mindfulness on anxiety reduction in older adults. Most research treats these traits separately, overlooking how their internal focus mechanisms may interact, or differ in effectiveness, across age. Moreover, existing literature rarely accounts for the psychological resistance older individuals often have toward adopting “thought control” as a viable health strategy.

This study is a part of a larger research thesis called “Impact of Positivity and mindfulness on well-being”. It addresses the findings of the age category of the thesis. The gap is analyzed by incorporating the concept of the Internal Dominant Focus (IDF) (Shiva, 2016)^{xix}, a measure of internal average emotional focus that reflects whether an individual is predominantly focused on positive emotion or mindful awareness or negative emotion. Using reliable and validated tools, the PANAS+, WHO-5 Well-Being Index, SWLS, HAM- A Anxiety and the Mindful Attention Awareness Scale (MAAS), this study evaluates how internal dominant focus on positivity and mindfulness predicts anxiety outcomes in adults aged 65 and above.

By understanding the differential impact of habitual thinking habits, this research contributes to a growing body of knowledge emphasizing intervention on treatment combined with training on how to focus on positivity and mindfulness. Any clinical strategies for emotional management and mental well-being in the elderly need to emphasize & train the person into mindfulness & positive thinking for the treatment to work more effectively than leave inner patterns of thinking on trial and error and work only on the surface symptoms.

METHODOLOGY

The methodology used on 110 participants (male and female) above 65 years in three income groups (Low income, middle income and high income). The age category was a part of a larger study of 385 respondents from 18-88 years of age who responded to the five self-report questionnaires and reported significant reduction in anxiety from internal

dominant focused practice on positivity and mindfulness.

Research Design

This study employed a quantitative, cross-sectional, correlational-comparative design to examine the relationship between internal dominant focus (IDF) on positivity and mindfulness, and their respective impacts on anxiety levels in older adults. The aim was to determine which internal practice better predicts anxiety reduction, using established psychometric instruments and regression analysis.

Participants

The sample comprised 110 individuals drawn from a primary psychological well-being survey conducted on 385 participants across various age, gender and income groups. For this specific study, data from adults aged 65 years and above (classified as senior adults) were extracted for focused analysis. These participants represented a range of socio-economic and educational backgrounds in higher class, middle class and lower -class income. Inclusion and exclusion criteria required that respondents be:

- Aged 65 years or older
- Without diagnosed neurodegenerative or psychiatric disorders
- Capable of independently completing self-report questionnaires

Tools

The tools used were self-report, standardized questionnaires used in psychological analysis.

1. Anxiety

This was used as an independent variable. Anxiety was measured using the Hamilton Anxiety Rating Scale (HAM-A), a widely validated tool assessing somatic and psychological anxiety symptoms.

2. IDF on Positivity

Internal dominant focus is calculated by subtracting positive scores from negative scores or vice versa. IDF on positivity was computed by combining standardized questionnaires. Positive scores were added in three scales and negative scores were subtracted. The composite scores were used to get a composite IDF routine score not a sporadic score, that is, spoken for the moment. The scales had questions which made participants look back in life, think and answer. Answers were reported from the following four self-report scales.

- Positive & Negative Affect Schedule (PANAS+, PANAS -)^{xx}: Assesses the frequency of experiencing positive emotions and negative emotions. (Watson, Clark, & Tellegen, 1988)
- WHO-5 Well-Being Index^{xxi}: Measures general emotional and physical well-being over the past two weeks but the answers reflect patterns

thought over months or years.(World Health Organization,1998)

- Satisfaction With Life Scale (SWLS)^{xxii}: Evaluates cognitive judgments of life satisfaction. (Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49(1), 71–75. https://doi.org/10.1207/s15327752jpa4901_13
- HAM – An Anxiety Scale^{xxiii} :Anxiety score is a negative score and was subtracted to get the average IDF value of positivity. (Hamilton,1959)

3. IDF on Mindfulness

Mindfulness^{xxiv} was an independent variable, measured through 15 questions on memory, walking ability, balance, reaction to pain, reaction to criticism, regularity of eating habits, awareness of being present or in past etc. It was assessed using the Mindful Attention Awareness Scale (MAAS), which evaluates the ability to remain present, aware, and non-reactive in daily life.

4. IDF on Positivity & Mindfulness (Combined Score)

This was a dependent variable. A separate composite score was calculated by summing or averaging the standardized values of the above five scales to assess their combined impact on anxiety.

Data Analysis

Descriptive statistics were computed for all variables. Pearson correlation coefficients were used to assess bivariate relationships between anxiety and each IDF dimension. Multiple regression analysis was conducted to evaluate the predictive influence of IDF of Positivity, IDF on Mindfulness and IDF on Positivity and Mindfulness on Anxiety levels. All models were tested for statistical significance using a threshold of $p < .05$. Analysis was performed using Python (pandas, stats models) to ensure transparency and reproducibility.

RESULTS & DISCUSSION

The results revealed strong correlation and regression predictability.

Descriptive Overview

From the total sample of 385 individuals, a subgroup of 110 participants included older adults aged 65 years and above. This subgroup was used to analyze the relationship between internal dominant focus (IDF) on positivity, mindfulness, and combined IDF, in relation to self-reported anxiety levels of senior adults.

Mean and Variance Results

Anxiety: Mean = 15.2 (mild), Variance = 123.5 (very high inconsistencies)

IDF on Positivity; Mean = 8.43 (high), Variance = 6.87 (moderate inconsistencies)

Mindfulness: M= 4.77 (high), Variance = 0.88 (very low inconsistencies)

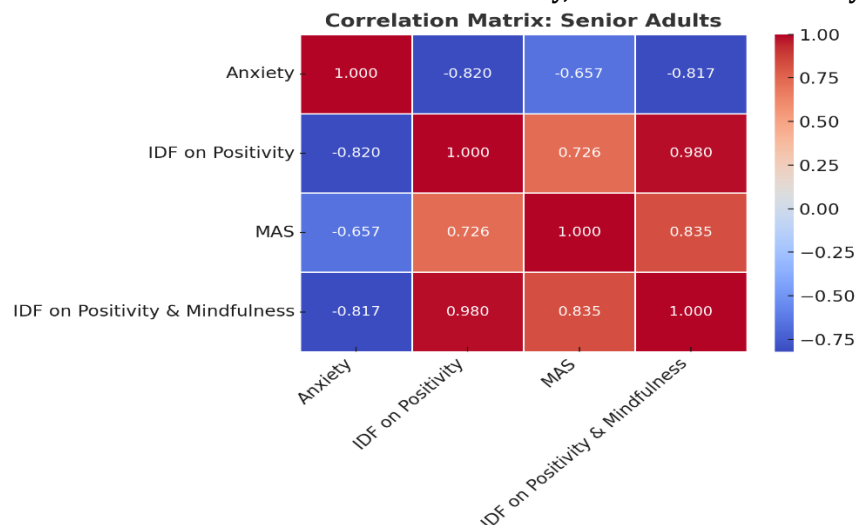
IDF on Positivity & Mindfulness: Mean =13.21 (moderate), Variance = 11.41 (high inconsistencies) These findings indicate that while the sample group tries to be positive and indulge in mindfulness with awareness of health concerns, as reported, there are high inconsistencies experience in levels of anxiety. There were polarization effects in individuals who experienced severe anxiety and severe health problems and those who managed trying to be being less anxious. Those who displayed high anxiety also had several health problems and distress while those who displayed lower anxiety were usually care-givers or members of an old age meeting or walking group who had awareness of health problems related to stress and anxiety.

To predict the relationship between consistent positivity, focus and anxiety in all income and gender categories of senior adults, a correlational study was conducted.

Correlation Analysis

Increase in positivity and mindfulness reduced anxiety levels, as the quantitative scores revealed.

Table 1: Correlation between IDF on Positivity, Mindfulness on Anxiety



Source of Data: Primary Data, Self-Report

Interpretation:

- **IDF on Positivity and Anxiety:**

A strong negative correlation was found ($r = -0.82$), indicating that individuals with a stronger focus on positive emotions, such as hope, joy, gratitude, and satisfaction, reported significantly lower anxiety levels.

- **IDF on Mindfulness and Anxiety:**

A moderate negative correlation ($r = -0.657$) was observed, suggesting that mindful awareness was also associated with reduced anxiety, but the relationship was less strong than that of positivity.

- **Combined IDF on Positivity & Mindfulness and Anxiety:**

A Negative strong correlation ($r = -0.817$) was found, indicating a beneficial association, though it did not exceed the individual effect of positivity.

Discussion:

Correlation analysis quantitatively demonstrated that anxiety significantly decreases with an increasing internal dominant focus (IDF) on positivity and mindfulness. In this framework, positivity serves as *mental nourishment*, sustaining cognitive clarity and optimism, while mindfulness functions as *mental hydration*, offering space for silence, emotional detachment, and calm breathing. The findings highlight that age and income are not limiting factors for cultivating emotional strength through internal focus. Instead, positive thinking and mindfulness emerge as universally beneficial tools that older adults can adopt, especially when navigating emotional distress or health-related adversity.

A prevailing belief in both clinical and social contexts is that financial hardship or advanced age diminishes the effectiveness of internal psychological strategies such as positive thinking or mindfulness. This assumption often leads senior adults—particularly during periods of hospitalization, grief, or depression—to dismiss practices like internal focus, gratitude, or meditative breathing as “wishful thinking” or “new-age illusions.”

However, this study provides quantitative evidence that directly challenges those assumptions.

To address the two most common objections—

1. “*It’s too late to change in old age,*” and
2. “*Mental health can’t be improved when poverty is overwhelming,*”

—this paper presents empirical data from 385 Indian participants, including 110 senior adults, which show that:

- Internal Dominant Focus (IDF) on positivity and mindfulness has a strong inverse correlation with anxiety across all age groups—young, middle-aged, and senior adults.
- This negative correlation also holds true across income brackets, demonstrating that even among those with low income, internal emotional practices are effective in reducing anxiety.

The following tables (and figures) illustrate these correlations, reinforcing the conclusion that inner focus—not income or age—is the most reliable predictor of emotional resilience in later life.

Correlation Between Anxiety and IDF Measures by Age Group

	Young Adults	Middle-Aged Adults	Senior Adults
IDF Positivity	-0.751	-0.761	-0.82
IDF Mindfulness	-0.469	-0.676	-0.657
IDF Pos+Mind	-0.74	-0.778	-0.817

Table 2: Correlational Effects of Positivity & Mindfulness on Anxiety in Age Groups (from 18 -88 years)
Source of data: primary survey, self -report.

Correlation Between Anxiety and IDF Measures in Senior Adults by Income Level

	Low Income	Middle Income	High Income
IDF Positivity	-0.85	-0.873	-0.706
IDF Mindfulness	-0.642	-0.718	-0.546
IDF Pos+Mind	-0.839	-0.864	-0.716
Anxiety	1.0	1.0	1.0

Table 3: Correlation Analysis on IDF of Positivity & Mindfulness of Senior Adults in 3 Income Levels (lower class, middle class, higher class)
Source of Data: Primary Survey, self- report

Interpretation:

The quantitative results countered the two objections:

- Across all age groups (young adults: 18–40 years, middle-aged adults: 40–65 years, and senior adults: 65+ years), higher IDF scores on positivity and mindfulness consistently correlated with lower anxiety.
- Similarly, across all income levels, low (\leq ₹25,000/month), middle (₹25,000–₹100,000), and

high ($>$ ₹100,000), senior adults showed a significant inverse correlation between IDF and anxiety. These findings suggest that positive thinking and mindfulness practices are beneficial regardless of socioeconomic status or age.

Regression Analysis

Multiple Regression was computed which revealed the predictive power of positive thinking and mindfulness on reducing anxiety.

Predictor	Beta (β)	R ²	p-value
IDF on Positivity	-3.18	0.67	$< .001$
IDF on Mindfulness	-2.59	0.41	0.008
Combined IDF	-3.02	0.66	$< .001$

Table 5: Regression Analysis of IDF on Positivity, Mindfulness on Anxiety in Senior Adults
Source of Data: Primary Survey, Self -Report

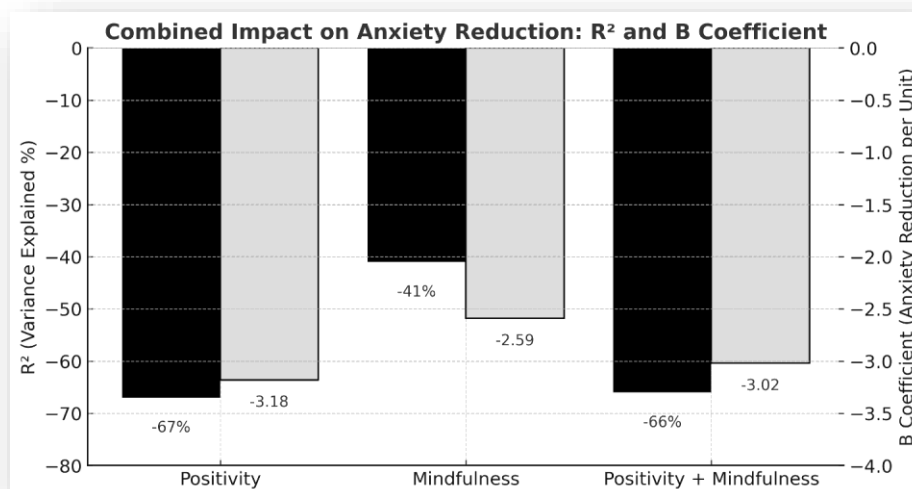


Figure : As Positivity & Mindfulness Rise, Anxiety reduces
Source of Data: Primary Survey, Self-Report

Interpretation:

The findings of this study offer important insights into how internal focus on positivity and mindfulness affects anxiety levels in older adults. The results clearly establish that between mindfulness, positivity and income levels, IDF on Positivity is the most influential factor in reducing anxiety among the senior population. The findings have revealed that:

1. Positivity Strongly Reduces Anxiety: The strongest negative correlation was found between IDF on Positivity and Anxiety ($r = -0.82$), along with a highly significant regression beta of -3.18 ($p < .001$), explaining 67% of the variance. This suggests that older adults who actively engage in positive thought patterns—such as optimism, gratitude, contentment, and hope—experience markedly lower levels of anxiety. These results align with prior work by Fredrickson (2001) and Lyubomirsky et al. (2005), who found that positive emotions expand coping capacity and enhance long-term emotional health.

2. Mindfulness Has a Weaker Impact

Mindfulness, while beneficial, showed a weaker correlation with anxiety ($r = -0.657$) and a regression beta of -2.59 ($p = .008$), accounting for just 41% of the variance. This indicates that while non-reactive awareness and present-moment focus are helpful in managing emotional distress, their impact is less consistent and may depend on deeper belief systems, daily application, and cognitive receptiveness, which can be limited in older populations.

3. Combined Positivity and Mindfulness: Complementary

The combined IDF score had a negative strong correlation with anxiety ($r = -0.817$) and an R^2 of 0.66, but it did not outperform positivity alone. This highlights that mindfulness adds stabilizing value, but positivity remains the core driver of feeling better in difficult circumstances. This supports the therapeutic framework proposed by Garland et al. (2015), wherein mindfulness lays the emotional groundwork for a later shift toward positivity and healing.

Discussion:

The regression analysis highlights the predictive strength of Internal Dominant Focus (IDF) in reducing anxiety among older adults aged 65 and above. The results are as follows:

- IDF on Positivity accounts for 67% of the variance in anxiety ($R^2 = 0.67$), indicating a strong predictive relationship.
- IDF on Mindfulness explains 41% of the variance ($R^2 = 0.41$), demonstrating a moderate yet statistically significant effect.
- The combined IDF score—focusing on both positivity and mindfulness—accounts for 66% of the variance ($R^2 = 0.66$), validating that while mindfulness contributes to emotional regulation, positivity remains the primary driver of anxiety reduction.

From a psychological standpoint, positivity functions as mental nourishment, stimulating the release of neurotransmitters such as dopamine and serotonin, which improve physiological health and emotional resilience (Fredrickson, 2001; Lyubomirsky, King, & Diener, 2005). In contrast, mindfulness serves as emotional hydration, allowing the mind to detach from obsessive worry and maintain present-moment

awareness (Kabat-Zinn, 2020; Brown & Ryan, 2003)^{xv}. When practiced together, positivity and mindfulness foster emotional regulation, physiological balance, and reduced arousal linked to anxiety.

The regression coefficients further reinforce these findings:

- A one-unit increase in positivity predicts a reduction of 3.18 units in anxiety ($B = -3.18$).
- A one-unit increase in mindfulness predicts a reduction of 2.59 units in anxiety ($B = -2.59$).
- A combined one-unit increase in positivity and mindfulness predicts a 3.02-unit reduction in anxiety ($B = -3.02$).

Thus, the Null Hypothesis is rejected.

ALTERNATIVE HYPOTHESIS is: $H = H_1$

H₁: *There is a significant effectiveness of the internal thinking processes of positive thinking and mindfulness on reducing anxiety*

These results align with literature review from Fredrickson's Broaden-and-Build Theory, which posits that positive emotions broaden cognitive and behavioral resources, fostering long-term well-being (Fredrickson, 2001). Similarly, mindfulness-based therapies such as Mindfulness-Based Cognitive Therapy (MBCT) and Mindfulness-Based Stress Reduction (MBSR) have demonstrated moderate but enduring effectiveness in reducing anxiety (Keng, Smoski, & Robins, 2011).

In conclusion, while positivity emerges as the strongest individual predictor of reduced anxiety, mindfulness plays a vital complementary role—

acting as a grounding force that tempers over-enthusiasm and helps sustain realistic, stable optimism.

Conclusion

This study highlights the effectiveness of positive thinking over mindfulness in reducing anxiety among older adults aged 65 and above. The results demonstrate that while both positivity and mindfulness are negatively correlated with anxiety, IDF on Positivity emerges as the most powerful and consistent predictor, significantly more effective than mindfulness alone. Furthermore, although the combined use of both traits improves emotional outcomes, it does not outperform positivity by itself. These findings are critical for promoting training a dominant focus on positivity and mindfulness strategies in geriatric care. The call is for a shift from exclusive reliance on medical systems toward more accessible, internal methods like gratitude practices, cognitive reframing, life satisfaction reflection, and present-moment focus. By integrating these non-pharmacological interventions, older adults may experience a reduction in anxiety levels of up to 82% and increase their longevity potential well beyond traditional expectations.

Practitioners, caregivers, education developers and policymakers need to consider this evidence when designing holistic wellness programs for senior populations. Empowering elderly individuals with scientifically supported emotional tools, and machine learning apps, particularly those grounded in choosing anxiety responses or positivity with mindfulness, can lead to more sustainable and fulfilling aging experiences.

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