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Research Paper



Resilience in Older Adults

Yashasvi¹*

ABSTRACT

Resilience evolves and changes constantly through ongoing experience. It refers to the ability to cope with a mental or emotional crisis or to rapidly return to the pre-crisis state. Resilience is not generally a set of personal characteristics with which one is born; it is an adaptive mechanism that can be learned. Older adults are more likely to experience low resilience because they are vulnerable to multimorbidity, functional incapacity, and socioeconomic and psychological problems. A high level of social and communal interactions and increased levels of spirituality associate with improved resilience. Resilience allows older adults to accept the damage of aging, while also coping with problems and crises like losing dear, spousal caregiving, or acquiring a disability which leaves them feeling stronger than they might are if they have not encountered those crises. In resilience, failure results in growth. High resilience falls into three characteristics: mental, social, and physical. Mental characteristics include happiness, gratitude, mental health, adaptive coping styles, and optimism. Social characteristics are community involvement, contact with family and friends, a sense of purpose, and strong, positive relationships. Physical characteristics include the ability to remain physically independent and mobile, enjoying good health, and believing that one is aging successfully. The present review aims to throw some light on the role of resilience in older adults and how resilience helps them in adjusting to challenging situations. Older adults should be motivated to participate in different behaviors that help create strength, such as entering asocial communities, creating a family relationship strategy, beginning tension control services, performing fitness, or a new hobby.

Keywords: Resilience, Older Adults, Successful Aging, Seniors

"Resilience is accepting your new reality, even if it's less good than the one you had before. You can fight it, you can do nothing but scream about what you've lost, or you can accept that and try to put together something that's good." — Elizabeth Edwards

he ability to "bounce off the bottom," or return to mental health and functioning relatively well after surviving a highly stressful event (Kumpfer, 1999). Resilience may include many different elements such as optimism, striving towards personal goals, and sense of commitment to self, hardiness, self-efficacy, and self-esteem (Connor, 2006).

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¹B.A., Department of Psychology, MCM DAV College, Chandigarh, India *Responding Author

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The concept of resilience in older adults was born out of the paradox of old age.' The paradox is that in spite of losses and physical declines experienced in later life, older people report feeling content, and they have lower rates of psychopathology than the other population. Specialists have contended that this is because of flexibility and that comprehension of versatility can prompt better, more joyful individuals and networks.

Resilience gives older adults emotional strength to cope with trauma, adversity, and hardship. Resilient aged people utilize their resources, strengths, and skills to overcome challenges and work through setbacks. Older adults who lack resilience are more likely to feel disturbed or helpless and depend on unhealthy coping strategies such as isolation, avoidance, and self-medication. Resilient people do experience stress, setbacks, and difficult emotions, but they tap into their strengths and seek help from support systems to overcome challenges and work through problems. Resilience engages them to accept and adapt to the conditions and step forward. A study by Kessel (2013), found that Older people who have the ability to use their own power to see the environment outside their own problems are more likely to be resilient. In addition, a range of environmental variables has been identified, including culture, family and skilled social support, access to care, availability of services, and the effects of social policies and societal responses.

Types of resilience

Psychological Resilience- It refers to the ability to mentally or psychologically adapt to anxiety, challenges, and adversity. Older people who exhibit psychological resilience develop coping strategies that enable them to remain calm and focused during a crisis and move on without long-term negative consequences. In research, resilience wasn't correlated with any of the socio-demographic factors including gender, age, income, education, marital, and employment status. There was a poor direct correlation between resilience and social network levels of rural older adults. Both physical and psychological state status was positively correlated with resilience (Wells, 2009). In another research psychological resilience has also been found to moderate the relationship between pain and physical function (Strand et al., 2006; Torma et al., 2013).

Emotional Resilience- It is the ability how well a person copes emotionally with stress and adversity. Some individuals are, by nature, more or less sensitive to change. How a person responds to a situation that triggers a flood of emotions. Emotionally resilient older people understand what they're feeling and why. They stay into realistic optimism, even when dealing with a crisis, and are good at using both internal and external resources. In a study by Gooding, Hurst, Jhonson, and Tarrier (2011), the study stated that the older adults were the more resilient group especially with relevancy emotional regulation ability, and problemsolving. The young ones had more resilience associated with social support. Poor perceptions of general health and low energy levels predicted low levels of resilience no matter age. Low hopelessness scores also predicted greater resilience in both the group. Experiencing higher levels of physical dysfunction and psychological state predicted high resilience scores especially for the social support resilience scale within the older adults. The negative impacts of depression on resilience-related with enthusiastic guidelines were countered by low misery however just in youthful grown-ups.

Physical Resilience- It refers to the body's ability to adapt to challenges, recovering quickly and efficiently, and maintain stamina and strength. Physically resilient older adults remain physically mobile and independent, have good health, and successfully aging. Macleod, Musich, Hawkins, Alsgaard, and Wicker (2016), research study had identified common

emotional, social, and physical characteristics linked to resilience. High resilience has also been significantly correlated with positive outcomes, including good aging, low depression, and longevity.

Community Resilience- Community resilience refers to the ability of the senior people to respond to and recover from adverse situations, such as natural disasters, acts of violence, economic hardship, and other challenges to their community.

Resilient people have the following characteristics locus of control, social support, problemsolving, optimism, coping skills, self-care, and self-awareness (Hurley, 2020).

REVIEW OF LITERATURE

Resilient people have the following characteristics locus of control, social support, problemsolving, optimism, coping skills, self-care, and self-awareness (Hurley & Young, 2020). There are many studies that show the high resilience in older adults with regard to **stronger** family networks, lower household income, and good mental and physical health. In a study by Hildon, Smith, Netuveli, and Blane (2008), the analysis explored adversity and protection in relationships, retirement, and health. individuals with resilient outcomes drew upon individual and social resources within the face of adversity, especially resources that stabilized life change by giving continuity. These included: constructing narratives that critically past adversity in light of recent ones; maintaining activities and social roles that had previously brought pleasure or a way of mastery; looking forward to tried and tested coping strategies; support from close ongoing relationships. According to Wells (2016), a study on resilience found no differences in the levels of resistance between the three locations. In multivariate analysis, family support, lower household income, and good mental and physical health status were found to be significantly related to high resilience levels. A study by Blane, Wiggins, Montgomery, Hildon, and Netuveli (2011), the study found that resilience at older ages is observed to be rare and contingent on the degree of adversity. Unexpectedly, resilience is either insignificant or weakly related to the socio-demographic characteristics of the individual. Instead, endurance is most closely related to facets of a person's intimate partnership. Essentially, in longitudinal studies, such interpersonal interactions impart durability only if they are present before and after exposure to adversity.

Factors Influence Resilience in Older Adults

Extended working Life- For many older people, an extended working life that leads to flexibility may promote resilience. On the other hand, if extended working is not by choice or comes with leading health difficulties, it may reduce resilience (Bennett, 2015). Retirement brings opportunities for some, but for some people, it also results in loss of role and income. Generativity may be directed by changes in the working life, especially around the extended working life and time of retirement. Generativity and productivity can also be unpaid, such as volunteering, grandparenting, and caring (Bennett, 2015).

Dementia and Mental Health- Dementia means the decline in memory and other mental abilities. As many as 7% of older adults aged 60 and older suffer from dementia, with the problems of memory, language, decision-making abilities, and other symptoms include a change in moods, such as increased irritability, depression, and anxiety (American Geriatrics Society, Health in aging) According to Whelan, Teahan and Casey (2020), the capacity of people with dementia for resilience can be improved with the presence of protective factors and the outcomes for resilience in dementia include: owning the capacity for resilience and

protective factors; having the potential to cope effectively and recover from stress; having the ability to adapt and adjust with the attitudes and behavior to respond positively to dementia; and the potential to accept the limitations and challenges of living with dementia (Whelan, Teahan, and Casey, 2020).

Political and policy Changes- According to Bennett (2015), changes in welfare and benefits may impact the resilience of older adults. The developments of policy with respect to social care and health will also create an impact on resilience, as the will of financial austerity, although perhaps in the ways that are unsure.

Community, cultural and social changes - The value of social relationships and the existence of trust, mutual obligations, and respect in communities, help to protect the people and their health. Since social and family relationships are implanted within the definition of a "good quality of life" for all age groups, and especially for older adults, it is social isolation negatively correlates with well-being. As social support from families, friends, and support groups were a prime factor in resilience, the influence of changes in communities, geographic adaptability, and culture are likely to impact resilience (Bennett, 2015). Higher levels of communal and social interactions are associated with improved resilience (Centre for Policy on Ageing, 2014).

Physical health and Perceived health—The aging process is mostly associated with increased chronic diseases (Bagheri-Nesami & Shorofi, 2014). Older adults are associated with a higher risk of disease, emotional and physical damage, a decrease of functional capacity, multiplicity, and an abundance of difficulties related to aging, all of which are natural circumstances (Strydom, 2005). Chronic disease can cause mental health problems if an individual is low on resilience. According to Bengel, Barth, and Härter (2007), individuals living with the chronic physical disease have one and a half to two times a high risk of developing mental health problems as compared to both healthy individuals and the general population. It is observed that individuals with the chronic physical illness have better mental health because they have high resilience means higher resilience better mental health (Färber & Rosendahl, 2018). Better well-being and health are associated with greater resilience (Centre for Policy on Ageing, 2014).

Building resilience in older adults

Problem Solving- It is a process of developing self-awareness. Learning and using a wide variety of problem-solving skills help to become adaptable. One should know about decision-making and how to make a better decision. Having a goal while solving problems is very necessary.

Positive outlook- Positive outlook can be developed with mindfulness. Mindfulness is a feature that helps you to consciously focus your attention to the positive, instead of being thrown around by random thoughts and unsettled emotions. Changing the manner, you look at a situation can reduce some of its power to frighten you, while it could also be useful to look at the positive things in your life, rather than only the negative ones (Morrison, 2015). Social support- By joining new groups that help old people to build resilience and engage them in new activities can be very helpful for them. Having someone you can trust is very important for building resilience and this doesn't make your difficulties go away but sharing feelings with loved ones and friends makes you feel that you have someone at your side (Cherry, 2020). Social systems that provide support in times of disaster and crisis support resilience in the individuals (Ecology and Society, 2015).

Coping skills- There are many coping skills are techniques that can help to deal with a stressful and challenging situation. Such as reframing thoughts, spending time outdoors, exercising, improving sleep hygiene, socializing, and tapping into creative outlets. Meditation also comes in coping techniques and it helps a lot.

Life experience- Life experience is a strength of older adults because they have life coping mechanisms and experiences that we do not usually give them credit for, but that's a part of their wisdom, said Emerson. We can really address older adults as a sample of the way to manage and get over through bad periods of history. Older people have a lot of life experience, they have grown old by experiencing life and this can help them to deal with their current problems like they do it in past.

Communication skills- Good communication is very important for emotional resilience because it generates positive emotions instead of negative ones. Being able to communicate effectively and clearly help old peoples to seek support from their loved ones, take action and mobilize resources.

Spirituality- It is distinct from religion since it supports people of all faiths and none. Broadly, it covers what gives life meaning, hope, connectedness, purpose, and a sense of value (Wattis & Curran, 2016). Spiritual resilience supports an individual cope with their own aging. Reading and believing Quran, Buddhist, Bible, or Hindu religious books, use to calm the anxious heart, because the older adults know that they are protected by the higher power and also that they will not be left behind by the higher power; hence they are less likely to be overcome by stress (Huey & Hashim, 2015).

CONCLUSION

Old age is a time of many challenges. Resilience builds an individual's strengths and capability. Resilience activities are the strategies that we can develop like a muscle, as it requires to be worked in order to get stronger. Through personal connections, older adults learn about their potential and get support from others, which increases their self-efficacy. The meaningful relationships that they have with their friends and family help them to deal with emotional crises and help them to adapt to adversity. Engagement in new and meaningful activities gives them purpose and the motivation to live happily. Resilience is an important skill that you can get better at with time and it gives old people the strength to tackle problems head. Resilient older adults have a positive attitude towards life. Resilience can be learned and can help in positive aging, wellness including senior healthy aging and good health. Looking after older adults is also very important, taking care of them, giving them healthy food and drinks, making sure that they get enough sleep, and making sure that they get regular health and mental health check-up contribute positively to their wellbeing and resilience.

REFERENCES

- Bagheri-Nesami, M., & Shorofi, S. A. (2014). Cultural and Socio-Economic Factors on Changes in Aging among Iranian Women. Global Journal of Health Science, 6(3), 145–154. https://doi.org/10.5539/gjhs.v6n3p145.
- Bengel, J., Barth, J., & Härter, M. (2007). Körperlich Kranke. Lehrbuch Psychotherapie, Teilbd, 2, 837-859.
- Bennett, K. M. (2015). Emotional and personal resilience through life. Foresight, Government Office for Science.

- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/456126/gs-15-19-future-ageing-emotional-personal-resilience-er04.pdf.
- Blane, D., Wiggins, R. D., Montgomery, S. M., Hildon, Z., & Netuveli, G. (2011). Resilience at older ages: the importance of social relations and implications for policy. *ICLS Occasional Paper Series*, 3. https://www.ucl.ac.uk/epidemiology-health-care/sites/epidemiology-health-care/files/op3.pdf.
- Cacioppo, S., Grippo, A. J., London, S., Goossens, L., & Cacioppo, J. T. (2015). Loneliness. *Perspectives on Psychological Science*, 10(2), 238–249. https://doi.org/10.1177/1745691615570616.
- Cherry, K. (2020). *How Resilience Helps With the Coping of Crisis*. Verywell Mind. https://www.verywellmind.com/what-is-resilience-2795059.
- Connor, K. M. (2006). Assessment of resilience in the aftermath of trauma. Journal of clinical Psychiatry, 67(2), 46-49.
- Dementia | Aging & Health A-Z | American Geriatrics Society | HealthInAging.org. (n.d.-b). Health in Aging. https://www.healthinaging.org/a-z-topic/dementia#:%7E:text=As%20many%20as%207%25%20of,changes%20in%20personality%20and%20behavior.
- Erieau, C. (2019, February 15). *50 Best Resilience Quotes*. Driven. https://home.hellodriven.com/50-resilience-quotes.html.
- Färber, F., & Rosendahl, J. (2018). he association between resilience and mental health in the somatically ill. *Deutsches Aerzteblatt Online*, 115(38), 621–627. https://doi.org/10.3238/arztebl.2018.0621.
- Fowler, J. H., & Christakis, N. A. (2008). Dynamic spread of happiness in a large social network: longitudinal analysis over 20 years in the Framingham Heart Study. *BMJ*, 337(dec04 2), 2338. https://doi.org/10.1136/bmj.a2338.
- Gooding, P. A., Hurst, A., Johnson, J., & Tarrier, N. (2011). Psychological resilience in young and older adults. *International Journal of Geriatric Psychiatry*, 27(3), 262–270. https://doi.org/10.1002/gps.2712.
- Hildon, Z., Smith, G., Netuveli, G., & Blane, D. (2008). Understanding adversity and resilience at older ages. *Sociology of Health & Illness*, 30(5), 726–740. https://doi.org/10.1111/j.1467-9566.2008.01087.x.
- Huey, W. T., & Hashim, S. (2015). A Resilience Training Module for Caregivers of Dementia Patients. SHS Web of Conferences, 18, 05001. https://doi.org/10.1051/shsconf/20151805001.
- Hurley, K. L., & Young, A. (2020, December 10). What Is Resilience? Definition, Types, Building Resiliency, Benefits, and Resources / Everyday Health. EverydayHealth.Com. https://www.everydayhealth.com/wellness/resilience/.
- Kerstin Gerst Emerson. Coping with being cooped up: Social distancing during COVID-19 among 60+ in the United States. *Revista Panamericana de Salud Pública*, 2020; 44: 1 DOI: 10.26633/RPSP.2020.81
- Kumpfer, K.L. (1999) Factors and Processes Contributing to Resilience: The Resilience Framework. In: Glantz, M.D. and Johnson, J.L., Eds., Resilience and Development: Positive Life Adaptations, Kluwer, New York, 179-224.
- MacLeod, S., Musich, S., Hawkins, K., Alsgaard, K., & Wicker, E. R. (2016). The impact of resilience among older adults. *Geriatric Nursing*, 37(4), 266–272. https://doi.org/10.1016/j.gerinurse.2016.02.014.
- Morrison, N. (2015, September 8). *Eight Strategies for Building Resilience*. Forbes. https://www.forbes.com/sites/nickmorrison/2015/09/08/eight-strategies-for-building-resilience/?sh=62fc462415dd.

- Strand, E. B., Zautra, A. J., Thoresen, M., Odegard, S., Uhlig, T. and Finest, A. (2006) Positive affect as a factor of resilience in the pain-negative affect relationship in patients with rheumatoid arthritis. Journal of Psychosomatic Research 60, 477–484.
- Strydom, H. (2005). Perceptions and attitudes towards aging in two culturally diverse groups of aged males: A South African experience. The Aging Male, 8(2), 81-89. https://doi.org/10.1080/13685530500088456.
- van Kessel, G. (2013). The ability of older people to overcome adversity: A review of the resilience concept. Geriatric Nursing, 34(2), 122–127. https://doi.org/10.1016/j.gerinurse.2012.12.011.
- Wattis, J., & Curran, S. (2016, May 5). How spirituality can help us cope with the trials of ageing. The Conversation. https://theconversation.com/how-spirituality-can-help-uscope-with-the-trials-of-ageing-58180.
- Wells, M. (2009). Resilience in Rural Community-Dwelling Older Adults. The Journal of Rural Health, 25(4), 415–419. https://doi.org/10.1111/j.1748-0361.2009.00253.x.
- Wells, M. (2010). Resilience in Older Adults Living in Rural, Suburban, and Urban Areas. of Rural Nursing and Health Care, Online Journal 10(2). https://doi.org/10.14574/ojrnhc.v10i2.55.
- Whelan, S., Teahan, Á., & Casey, D. (2020). Fostering the Resilience of People With Dementia: A Narrative Literature Review. PubMed Central (PMC). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7051935/#:%7E:text=From%20this %20literature%2C%20and%20that,having%20the%20ability%20to%20cope.

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Conflict of Interest

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