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ELDER CARE

A Resource for Interprofessional Providers

Resilience in Aging

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The concept of resilience in aging 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 adults report feeling content, and they have lower rates of psychopathology than the general population. Researchers have argued that this is due to resilience, and that an understanding of resilience can lead to new health promotion strategies that yield healthier, happier people and communities.

What is Resilience?

Resilience is the result of successful adaptation to adversity. It is revealed by an individual’s ability to cope and recover from crises, sustain a sense of purpose and vitality, and emerge stronger from stressful experiences. Resilience is a dynamic characteristic that may shift according to the circumstance.

Indeed, it can be manifest in many forms: as an outcome of physical or mental recovery from a traumatic event; as a trait that describes an individual’s enduring ability to cope; or as a process of recovering from a stressful event and

moving forward. No matter how resilience is viewed, the resources that lead to resilience can result in positive outcomes. (Table 1).

Although resilience is seldom associated with older adults because they experience loss and decline, older adults actually have a higher level of subjective well-being than individuals in any other age group. “Resilience thinking” in older adults gives them the ability to recover from adversity, thrive with a sustained purpose, and grow in a world of turmoil, change, and chronic illness. It is a regenerative capacity that maintains health and function in the face of loss, disability, or disease. The three hallmarks of resilience are shown in Table 2.

Resilience thinking allows older adults to accept the wear and tear of aging, while also dealing with problems and crises – like losing a loved one, spousal caregiving, or acquiring a disability – in ways that leave them feeling stronger than they would have been if they had not encountered those crises. In resilience thinking, failure leads to growth.

Assessing Resilience

By assessing older adults using a resilience perspective, strengths of an individual can be highlighted. The goal of such an assessment is to determine if an individual has the characteristics that predict positive outcomes when dealing with stressors and calamity, and to suggest the need to encourage resilience if those characteristics are absent. Several of these characteristics are shown in Table 3. Specific questions that can be asked to help assess an individual’s resilience are shown in Table 4.

Resilience Resource	Hypothesized Outcome
Psychological	
Coping capacity	Prevention of disability following injury
Emotional awareness and clarity	High levels of emotion differentiation and complexity
Sense of purpose	Sustained elevations in positive emotion and hope
Social connection/affiliation	Social meaning and value sustained under stress
Supportive social network	Less depression and anxiety following loss
Physiological	
Cardiac health	Recovery following stress
Immune competence	Rapid immune response to acute illness/injury

TIPS ABOUT RESILIENCE IN OLDER ADULTS

- Despite losses and physical decline, older adults report feeling content and have less psychopathology than the remainder of the population. This is thought to be due to resilience: the successful adaptation to adversity.
- An individual’s “resilience thinking” can be assessed by asking questions about life philosophy, and about characteristics and behaviors that lead to resilience (Tables 3 and 4).
- Older adults should be encouraged to participate in activities that build resilience, like joining a social group, developing a family communication plan, starting a stress management program, exercising, and/or beginning a volunteer position, job, or new hobby.

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Table 2. Three Hallmarks of Resilience

Recovery: Rebounding from stress and returning to a balanced state of well-being. Nearly everyone knows someone who has returned from a crisis as strong, or perhaps stronger than before, and often better able to prevent or deal with future negative situations.

Sustained purpose: The capacity to continue to move forward is enabled with having vested interests in causes or activities and avoiding boredom and complacency.

Growth: Emerging stronger from stressful experiences. Failure creates a new model of resilience capacities.

How Can We Promote Resilience?

Those who live the longest have been found to be resilient. Since most older adults are interested in a long and happy life, clinicians can share information with and teach older adults about the resilience process. For example, the evidence from neuropsychology disproves the myth that “you

Table 3. Characteristics and Behaviors that Lead to Resilience

- **Optimism and effective coping styles:** Responses to crises are more often seen from the “silver lining” point of view, rather than from despair. These factors are more important to obtaining happiness in aging than perfect health.
- **Personal connections:** Happily engaged with family and friends, close-knit communities, or at paid or unpaid work.
- **Sense of purpose:** Involved in an activity or a function that gives life meaning. This factor affects optimism and how one looks to the future.
- **Self-efficacy:** Ability to handle one’s own problems; flexibility; adaptability.
- **Healthy diet/active lifestyle:** The healthier and more active older adults are, the more factors of resilience they possess and vice versa. The relationship is bi-directional.

cannot teach an old dog new tricks.” Rather, older adults should be encouraged to engage in new activities and make new friendships. Clinicians caring for older adults should discuss with them, write them prescriptions, or outline plans for activities that build resilience, such as joining a social group, developing a family communication plan, starting a stress management program, exercising, and/or beginning a volunteer position, job, or new hobby.

Table 4. Sample Questions for Assessing Resilience

1. Why do you think you have lived such a long life?
2. What is your life philosophy?
3. How would you describe your relationships with your friends/family/neighbors?
4. What do you do when you face difficulties in your life?
5. What does being healthy mean to you?
6. How do you handle change in your life?
7. Are you satisfied with your life?
8. What are you the most proud of?
9. Are there lessons to learn from life’s difficulties, or should we just “grin and bear it?”
10. Are there any benefits that come from stress?

Final Comments

The resilience process builds individual strengths and competencies. Through personal connections, older adults learn about their potentials and gifts from others, which increases their self-efficacy and perseverance in the face of adversity. The meaningful relationships they have with friends and family provide them resources to adapt to adversity, and their engagement in meaningful activities gives them purpose and the motivation to persevere, and continue to learn. As a result, resilient older adults have a positive attitude and forward-looking outlook that we should promote across all populations.

References and Resources

- Fry PS, Keyes C. New frontiers in resilient aging: Life strengths and well-being in late life. New York: Cambridge University Press. 2010.
- Guthrie IA, Congress E. Resiliency in older people: A paradigm for practice. In E. Norman (Ed.). Resiliency enhancement: Putting the strengths perspective into social work practice. New York: Cambridge University Press. 2000; 40-52.
- Hall J, Zautra A, Borns K, et al. Unlocking resilience: The key to healthy aging in Arizona. 2010. http://www.slihi.org/pdfs/studies_research/UnlockingResilience.pdf
- Hengudomsab P. Resilience in later life. Thai Pharm Health Sci. 2007; 2:115-23.
- Reich JW, Zautra AJ, Hall JS. Handbook of adult resilience. New York: Guilford Press. 2010.
- Resilience Solutions Group. <http://resilience.asu.edu/>

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