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Editorial

Resilience: Taking Its Measure Across the Life Span

Jonathan Davidson, M.B., B.S., F.R.C.P.sych.

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The study of resilience is not new, and it is hard to approach the older literature on stressors, response to stress, ego strength, social support, hardiness, coping and the “neurotic constitution”, for instance, without acknowledging that, to some extent, such studies embrace the theme of personal resilience. When the topic of resilience entered the psychiatric literature directly, it was mainly driven by the contributions of experts in child and developmental psychology, and took time before penetrating into everyday psychiatry. Today resilience has become a household word, applied far beyond medicine, and over the past two decades has been the subject of growing focus across the age spectrum and among those in good and poor health.

With increased life expectancy and an associated rise in health-related burdens, there is compelling need to better understand resilience in aging populations. This commentary will elaborate on the articles by Asch and colleagues¹ and Coulter,² who sets the scene in verse of a “useless old doctor” facing one of life’s major transition points, retirement, with its threatened loss of purpose, identity, self-worth and

the need for constructive adaptation. We can all hope that this imaginary physician will be able to answer the bell whose challenge “asks more questions than it provides answers.” Perhaps some of the solutions may be found in the Asch report, as well as the work of others.

In a large national sample of veterans whose mean age was 73 years, Asch et al. developed a composite index of resilience to physical health difficulties, the Psychological Resilience Against Physical Difficulties Index (PRAPDI). Independent correlates of the PRAPDI score were entered into a relative importance analysis, from which secure attachment, mindfulness and sense of purpose accounted for 50% of the variance in score, and with optimism and social connectedness also being of more than negligible influence. The implications of these findings, as noted by the authors are clear, and resonate, in part, with the work of others, both in older adults and children. Thus, for example, the importance of secure attachment and a sense of purpose echoes Werner’s long-term follow-up study of high-risk Hawaiian children.³ That similar conclusions have emerged in studies of subjects at

From the Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC. Send correspondence and reprint requests to Jonathan Davidson, M.B., B.S., F.R.C.P.sych., Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC 27710 e-mail: jonathan.davidson@duke.edu

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Resilience: Taking Its Measure Across the Life Span

either end of the life span, and in different cultures, tells us something about the importance of secure attachment and development of a sense of purpose or commitment to serving others in weathering challenges throughout the life cycle. The importance of secure attachment as a foundation for resilience in youth calls to mind Bowlby's seminal studies and whose work, along with that of others, has led Atwood⁴ to conclude that "arguably, quality of attachment is instrumental in the four central areas associated with resilience: individual characteristics, supportive family, positive connections with adults or agencies in the environment and culture".

While it may seem that the notion of resilience or "springing back" is straightforward, Southwick et al.⁵ remind us of many important nuances to consider. The creation of a novel index by Asch and colleagues in the context of one kind of adversity touches on the broader question of how resilience can be measured. The number and variety of resilience scales is legion: it is unlikely that there will ever be a "one-size-fits-all" scale. In 2011, Windle et al.⁶ reviewed 19 scales and undoubtedly since that time the number has grown. They variously address children and/or adolescents, adults in general, older adults and subgroups with specified medical illness or disability. These scales emphasize different aspects of resilience, including individual/personality features, interpersonal, family factors, and even national (societal or community) resilience. An unfulfilled need also exists for scales that reflect how particular cultures frame resilience and deal with adversity. As one example, in analyzing their data, Granot et al.⁷ distinguished between countries where individualistic values prevail versus those which are more collectivistic. Some scales frame their constituent items in the particular context of stress or adversity while others may present the same elements, such as optimism or persistence, as general characteristics regardless of context. It is unknown if this difference is important in the way a scale performs or the answers it gives.

Ultimately resilience may be seen as the ability to react adaptively to challenge. How one defines successful adaptation, what it takes to reach that point and how to do so are critical questions which have been, and continue to be, extensively investigated. An aspect of understanding resilience in older people is the question of "resilient to what?" Relative to younger age groups, it has been claimed that older subjects are more likely to deal with declining health and function, loss of family, friends and diminished social networks. At the same time, the older generation can bring to bear greater experience, wisdom and perspective on life. Greater priority may need to be placed on preserving independence and maintaining the best possible health, when full recovery is not possible.⁸ Then there is the "aging paradox" referred to in Asch's report.

It has been said that most of the existing resilience measures do not adequately address resilience and aging.⁹ Two recent measures narrow this gap. The Resilience Scale for the Oldest Old age (RSO)⁸ is a nine-item scale for those aged 80 years and above, developed in a Japanese population, and the Multidimensional Individual and Interpersonal Resilience Measurement (MIIRM) scale (Martin et al., 2014),⁹ developed in a 50–99 years of age United States cohort, assesses individual and family and/or interpersonal aspects of resilience. Taken together, the three measures demonstrate some overlap of thematic content, and also some differences, reflective perhaps of different sample characteristics and initial assumptions. We can look forward to further studies of resilience in late-life, including efforts to replicate and expand what is already known, as stated by Asch and colleagues, and also to establish biomarkers that could be included in the measure of resilience. The relationship between resilience and the different types of attachment - secure, avoidant, ambivalent and disorganized - may also warrant further study.

The author receives royalties on the use of scales to measure resilience, anxiety and posttraumatic stress disorder

References

1. Asch RH, Kachadourian L, Southwick SM, et al: Psychological resilience to the challenges of physical aging in older U.S. Veterans: results from the 2019-2020 national health and resilience in Veterans Study. *Am J Geriatr Psychiatry* 2021;doi:10.1016/j.jagp.2021.04.013
2. Coulter DL: A useless old doctor. *Am J Geriatr Psychiatry* 2021; doi:10.1016/j.jagp.2021.04.007
3. Werner EM, Smith R: *Overcoming Odds: High risk Children From Birth to Adulthood*. Ithaca, NY: Cornell University Press, 1992

4. Atwool N: Attachment and resilience: implications for children in care. *Child Care in Practice* 2006; 12:315-330
5. Southwick SM, Bonnano GA, Masten AS, et al: Resilience definitions, theory, and challenges: interdisciplinary perspectives. *Eur J Psychotraumatol* 2014; 5;doi:10.3402/ejpt.v5.25338, 1, 25338
6. Windle G, Bennett KM, Noyes J: A methodological review of resilience measurement scales. *Hlth Qual Life Outcomes* 2011; 9:8; doi:10.1186/1477-7525-9-8
7. Granot R, Spitz DH, Cherki BR, et al: Help! I need somebody": music as a global resource for obtaining wellbeing goals in times of crisis. *Front Psychol* 2021;doi:10.3389/fpsyg.2021.648013
8. Akatsuka E, Tadaka E: Development of a resilience scale for oldest-old age (RSO). *BMC Geriatr* 2021;doi:10.1186/s12877-021-02036-w
9. Martin AS, Distelberg B, Palmer BW, et al: Development of a new multidimensional individual and interpersonal measure for older adults. *Aging Ment Health* 2014;doi:10.1080/13607863.2014.909383