

RELATIONSHIPS BETWEEN TRAUMA, RESILIENCE, AND AGING<sup>1</sup>

Tatiane Gil Asnis<sup>2 3</sup>, Orcid: 0000-0002-9694-1627

Irani Iracema De Lima Argimon<sup>1 4</sup>, Orcid: 0000-0003-4984-0345

Karine Santos Camelo<sup>1 5</sup>, Orcid: <https://orcid.org/0000-0003-3080-2592>

**ABSTRACT:** As people age, they develop their own coping mechanisms for the changes and losses that accompany aging. Some experience distress from which they cannot recover, while others experience less intense distress for a shorter period. However, most seem to tolerate the temporary damage caused by adverse situations well. Therefore, research has focused on potential resilience factors that can promote mental resilience. Resilience is defined as the set of social and psychological processes that promote a person's healthy development, even when experiencing adverse events. To determine the extent to which potentially traumatic events and adversities throughout life contribute to the development of resilience in long-lived elderly individuals, qualitative research was conducted with five elderly women. The following conclusions were obtained: 1) A prior traumatic event is necessary for resilience to exist; 2) Traumatic experiences cannot overwhelm an individual's capacity to cope with them; 3) Experiences of secure attachment in childhood are fundamental to developing resilience; 4) The ability to perform the mourning process is directly related to resilience; 5) Mature defense mechanisms are related to resilience; 6) Self-concepts are directly related to resilience; and 7) Spirituality helps with resilience but is not fundamental. Thus, this study investigated how traumatic experiences contribute to resilience in elderly individuals.

**Keywords:** Aging; resilience; trauma.

## RELAÇÕES ENTRE RESILIÊNCIA, TRAUMA E ENVELHECIMENTO

**RESUMO:** À medida que envelhece, cada indivíduo apresenta sua maneira de lidar com as mudanças e com as perdas próprias do envelhecimento. Alguns sofrem de uma angústia de que são incapazes de se recuperar, outros sofrem menos intensamente e por um período bem menor de tempo. Entretanto, a maioria parece tolerar bem os estragos temporários das situações de adversidade, desta forma, o interesse dos estudos tem sido direcionado aos fatores de resiliência em potencial que podem fornecer resistência mental. Por resiliência entende-se o conjunto de processos sociais e intrapsíquicos que possibilitam o desenvolvimento saudável da pessoa, mesmo esta vivenciando experiências desfavoráveis. Com o intuito de verificar o quanto os eventos potencialmente traumatizantes e as adversidades ao longo da vida são responsáveis pelo desenvolvimento da capacidade de resiliência no indivíduo idoso longevo, foi realizada pesquisa qualitativa

<sup>1</sup> Section editor: Saulo Luders Fernandes

<sup>2</sup> Pontifícia Universidade Católica do Rio Grande do Sul, Porto Alegre-RS, Brazil

<sup>3</sup> E-mail: [tatianegil@uol.com.br](mailto:tatianegil@uol.com.br)

<sup>4</sup> E-mail: [argimon@pucrs.br](mailto:argimon@pucrs.br)

<sup>5</sup> E-mail: [karine.scamelo@gmail.com](mailto:karine.scamelo@gmail.com)



com 5 idosas. Como resultado obteve-se as seguintes conclusões: 1) Para haver resiliência é preciso haver um evento traumático prévio; 2) As vivências traumáticas não podem transbordar a capacidade que cada indivíduo tem para lidar com elas; 3) Vivências de apego seguro na infância são fundamentais para desenvolver a capacidade de resiliência; 4) A capacidade de realizar o trabalho de luto está diretamente relacionada com a capacidade de resiliência; 5) Os mecanismos de defesa maduros estão relacionados à capacidade resiliente; 6) Os autoconceitos estão diretamente relacionados à capacidade resiliente e 7) A espiritualidade ajuda na capacidade resiliente do indivíduo, porém não é fundamental. Dessa forma, essa pesquisa investiga como as experiências traumáticas contribuem para o desenvolvimento da resiliência em indivíduos na velhice.

**Palavras-chave:** Envelhecimento; resiliência; trauma.

## RELACIONES ENTRE RESILIENCIA, TRAUMA Y ENVEJECIMIENTO

**RESUMEN:** A medida que envejece, cada individuo tiene su propia forma de lidiar con los cambios y pérdidas inherentes al envejecimiento. Algunos sufren una angustia de la que no pueden recuperarse, otros sufren menos intensamente y por un período de tiempo mucho más corto. Sin embargo, la mayoría parece tolerar muy bien el daño temporal de las situaciones de adversidad, por lo que el interés se ha dirigido a los posibles factores de resiliencia que pueden proporcionar resistencia mental. La resiliencia se entiende como el conjunto de procesos sociales e intrapsíquicos que posibilitan el sano desarrollo de la persona, incluso si está viviendo experiencias desfavorables. Con el fin de verificar hasta qué punto los eventos potencialmente traumáticos y las adversidades a lo largo de la vida son responsables del desarrollo de la resiliencia en el anciano longevo, se realizó una investigación cualitativa con 5 ancianas longevas. Como resultado, se llegaron a las siguientes conclusiones: 1) Para ser resiliente, debe haber un evento traumático previo. 2) Las experiencias traumáticas no pueden desbordar la capacidad que tiene cada individuo para afrontarlas. 3) Las experiencias de apego seguro en la infancia son esenciales para desarrollar la capacidad de resiliencia. 4) La capacidad de realizar el trabajo de duelo está directamente relacionada con la capacidad de resiliencia. 5) Los mecanismos de defensa maduros están relacionados con la capacidad resiliente. 6) Los autoconceptos están directamente relacionados con la capacidad resiliente. 7) La espiritualidad ayuda en la capacidad de resiliencia del individuo, sin embargo no es fundamental. Por tanto, esta investigación investiga cómo las experiencias traumáticas contribuyen al desarrollo de la resiliencia en los individuos en la vejez.

**Palabras clave:** Envejecimiento; resiliencia; trauma.

### Introduction

Brazil is experiencing a rapid increase in its population over 60 years of age, following a global trend. According to UN projections from 2019, the very old (aged 80 or older) constitute the population segment that has experienced the greatest growth worldwide (Alves, 2019).

As people age, they each cope with the changes and losses inherent in aging in their own way. These losses vary in order of appearance and intensity, but they are all part of the passage of time. Examples include the loss of youthfulness, health, musculoskeletal abilities, cognition, autonomy, and ultimately, independence. Old age is associated with the loss of reproductive function, children leaving home, retirement, and changes in the elderly person's role within the family (e.g., transitioning from a leader to a more peripheral role). Additionally, old age is associated with the death of friends and family members (Dawalibi et al., 2013).

The way individuals cope with these potentially disruptive events varies. Some experience distress from which they cannot recover, including high levels of depression, anxiety, stress, and suicidal ideation (Taylor et al., 2020). Others suffer less intensely and for a much shorter period of time. However, most seem to tolerate the temporary damage caused by adverse situations well. They experience little to no disruption to their work-related or relational-affective functioning and easily move on to new challenges (Bonanno, 2004).

In addition to the adverse situations inherent in aging, it is estimated that 51% of women and 60% of men have experienced at least one potentially traumatic event in their lifetime (Gurgel et al., 2013). Since most people who experience these stressful events do not develop psychopathology, studies have increasingly focused on potential resilience factors that can promote mental resilience (Faye et al., 2018).

Resilience is commonly defined as the capacity of an individual or family to face, be transformed by, and overcome adversity. According to Boris Cyrulnik, a pioneer in the field of psychoanalysis and resilience, resilience is a process that depends on several factors, including the formation of affective bonds in early childhood and whether the child experienced secure attachment. Resilience is thus understood as the set of social and intrapsychic processes that enable healthy development, even when experiencing adverse events (Pinheiro, 2004). It is a process resulting from the interaction between the individual and their environment (Laranjeira, 2007), as well as the psychological processing of conflict-generating situations.

As life expectancy increases and the challenges of aging become more prevalent, resilience has become associated with later life stages. It is suggested that developing resilience can be a protective factor against the psychological distress resulting from aging experiences.

A life filled with constant struggles, losses, defeats, and victories prepares individuals for aging. Based on this assumption, this study aimed to determine the extent to which potentially traumatic events and adversities throughout life contribute to the development of resilience in long-lived elderly individuals. This study will increase our knowledge about this growing population.

Therefore, we analyzed the following: the changes resulting from aging from each participant's perspective; the extent to which resilience is associated with the quality of aging; each individual's reactions to traumatic situations throughout life; each individual's capacity to overcome the pain of grief from losses in aging; the defense and adaptation mechanisms most used in building resilience; and other factors that promote each individual's resilience.

## Method

This study was developed using qualitative methodological assumptions in terms of both data collection and analysis. The sample consisted of 5 women considered long-lived (over 80 years old) and undergoing psychiatric or psychotherapeutic treatment. According to DSM-V criteria, none of the women presented severe psychopathological conditions or psychotic symptoms at the time of the interview, nor were any of them diagnosed with dementia. The sample size of 5 was determined based on saturation criteria specific to qualitative research. The names assigned to the participants are fictitious.

An information sheet for research participants was used to collect data characterizing the participants (e.g., name, age, sex, date and place of birth, marital status, education level, profession, religion). A semi-structured individual interview was used to collect data. This interview was recorded and transcribed. It covered areas of investigation previously established from specialized literature. These areas of investigation constituted the study's guiding criteria, involving and/or focusing on: (1) each individual's life trajectory, (2) situations generating psychological suffering and/or trauma, (3) defense mechanisms developed to cope with traumatic situations, and (4) affective relationships and the quality of aging.

This research project was approved by the Scientific Committee of the School of Medicine at the Pontifical Catholic University of Rio Grande do Sul (PUCRS). The CAAE number is 33545720.4.0000.5336. All interviewees signed the informed consent form.

## Theoretical basis

Trauma of all kinds can occur with advancing age, deaths (of spouses, family members, friends) become increasingly frequent, and the strengthening perception of loss of social usefulness and illness can cause serious disturbances in older adults (Eckholdt et al., 2018). However, in this context of risk, the elderly can react in very different ways. Some seem to develop a behavior that we can easily classify as resilient. In this case, normal and expected life events are, above all, new opportunities rather than threats to the continuity of the self (Laranjeira, 2007). For others, the cumulative effect of repeated losses that prevent the processing and resolution of grief is devastating.

According to the stress inoculation hypothesis (Fernandez et al., 2020), if someone has previously experienced a stressor but has not developed a psychiatric disorder, this suggests that they were able to successfully manage that stressor from a psychological perspective (e.g., by seeking support, establishing daily routines, or finding meaning), and therefore may be prepared to successfully cope with future traumatic exposures.

The stress inoculation hypothesis posits that experiencing multiple potentially traumatic events throughout life enables individuals to cope better with future adversity and may be negatively related to psychopathology. However, research indicates that inoculation is affected by several factors, including the timing and severity of initial potentially traumatic events and individual differences in coping (Seery, 2011).

A study of disaster survivors in Chile found that a history of pre-disaster stressors indicates an increased risk of developing post-traumatic stress disorder (PTSD) and/or major depressive disorder. This suggests that the Chilean sample likely experienced stress sensitization, as opposed to the inoculation effect mentioned above (Fernandez et al., 2020). Stress sensitization posits that an individual will become more susceptible to the adverse effects of subsequent stressors rather than develop resilience (McLaughlin et al., 2010).

Thus, individuals who have experienced multiple stressors in life are at a higher risk of developing psychiatric disorders.

Although people with similar life trajectories may differ in their ability to overcome crises, resilience is fundamental to doing so. While aspects such as temperament, genetics, social and economic factors, and relationships with family and friends play a role, each individual's resilience is fundamental to overcoming these challenges. The same person may respond well to risk at one point in their life and not at another. Therefore, resilience is not a fixed attribute of a person (Stainton et al., 2019). An individual's qualities, a favorable family environment, and the interaction between these two elements must be considered (Pinheiro, 2004).

The psychoanalytic framework examines the process of resilience by analyzing an individual's intrapsychic functioning. This process is perceived after trauma or an adverse situation, based on the psychic effect generated by it, called traumatism. Psychoanalysis examines traumatism and describes resilience as a process of psychic reorganization in response to it (Anault, 2006; Tyche & Lighezzolo, 2006). Furthermore, traumatism is constituted not only by a shock caused by an external agent but also by the person's reactions to the trauma (Cabral & Levandowski, 2013).

The reaction to trauma can be compared to the constant grieving process we undertake when faced with loss. It is common to refer to the grieving process associated with aging, illness, or the death of one's parents. This process can also be triggered by a chronic or incurable illness in a mature individual or when someone of their age dies. These situations activate the grieving process, which ultimately promotes growth and development (Montero, 2013).

Among the resources that the ego possesses to ensure adaptive stability when dealing with threatening situations, defense mechanisms stand out. The ego uses these defensive measures in its struggle against intra- and extra-psychic dangers. According to Cabral and Levandowski (2013), defense mechanisms are the ego's means of dominating, controlling, and channeling external and internal dangers. They are unconscious, involuntary strategies that regulate psychic homeostasis.

During the process of resilience, mature and adaptive defenses prevail, contributing to good mental health. Examples of these defenses include sublimation, humor, creativity, and altruism. These defenses provide support for frustrations and assist in managing aggressive impulses present in traumatic situations. This is a necessary condition for maintaining intrapsychic balance (Anault, 2006). Conversely, defenses considered immature or primitive, such as projection, transition to action, and passive-aggressive behavior, hinder the resilient process because they do not allow the ego to be flexible and adaptable.

In light of these issues, it is evident that one can speak of more or less resilient functioning based on the defense mechanisms employed by the ego. These mechanisms are presented as adaptive strategies for coping with trauma and the accompanying suffering (Tyche & Lighezzolo, 2006). Defense and adaptation mechanisms and their subsequent mentalization and communication in the form of images and felt emotions are essential for long-term resilient functioning.

Considering Cyrulnik's proposals on resilience, the bonds of affection in early childhood must be taken into account, as well as the sense of security the child experienced through care during this initial phase of life. These aspects should be considered when thinking about resilience because family stability, the availability of attachment figures, and

an understanding of what happened to the child are what protect and help them recover. Only then can the child process the trauma (Cyrulnik, 2004).

Attachment and resilience are related concepts. According to Holmes (2017), four factors increase resilience within secure attachment: (1) Mentalization: Reflecting on adversity is the first step toward overcoming it, and mentalizing mothers promote their children's autonomy. (2) Effective acting: As opposed to passivity, an autonomous child is an active child capable of facing and overcoming minor stresses and setbacks. (3) Stress inoculation and extended *self*: The ability to extend the *self* to include others who are significant to the subject.

From this perspective, the perception of the individual's more or less resilient functioning occurs in psychotherapeutic work, in which its therapeutic effect is observed in the face of unfavorable circumstances, showing itself as a life drive that helps the subject progress. In psychotherapeutic work, the agent of trauma cannot be changed, but the impact of the shock can be re-elaborated. In a way, the therapeutic process itself would function as a factor promoting resilience (Cabral & Levandowski, 2013).

From the point of view of positive psychology, evaluating the subjectivity of the elderly reveals that self-regulation mechanisms are considered central and driving elements of psychological resilience. One such mechanism is the sense of self-efficacy. Self-efficacy is defined as the belief in one's ability to organize and execute the actions necessary to achieve certain results. It can also be defined as how an individual's belief in their ability influences motivation, persistence, vulnerability to stress, and depression (Vivan & Argimon, 2008).

Several studies indicate that higher levels of self-efficacy are associated with lower levels of disability, psychological distress, depressive symptoms, and decline in basic and instrumental activities of daily living, as well as greater perceived health, adjustment to pain, effort expended in required activities, personal adjustment, and capacity to mobilize coping resources (Patrão et al., 2017).

According to Rutter (1987), the development of self-concepts is most influenced by two types of experiences: (a) harmonious and secure loving relationships, and (b) successful achievements in tasks that are considered important to each individual. Several studies suggest that early-life experiences of secure attachment with one's mother promote high self-esteem and self-efficacy in children. Secure and harmonious parent-child relationships provide protection when facing threatening situations throughout life. The second type of experience that leads to high self-esteem and self-efficacy is achieving tasks that are important to an individual at all stages of life, from early childhood through adulthood.

In a study of refugees settled in the United Kingdom, several positive attitudes were identified as promoting resilience and growth. These included gratitude, religiosity, service to others, and acceptance. Religion emerged as an important factor in promoting coping and resilience. For instance, allowing asylum seekers and refugees to engage in faith-related activities and channel their altruistic tendencies can enable them to contribute to society instead of being excluded and stigmatized (Taylor et al., 2020).

Resilience is an extremely relevant psychological construct for the elderly, and it is related to healthy aging. It represents the elderly's capacity to change and grow using their internal and external resources. High resilience in later life has been associated with positive outcomes, including reduced symptoms of depression and lower mortality risk, improved self-perception of successful aging (Martin et al., 2015), a higher quality of life, and improved lifestyle behaviors.

With regard to an individual's functionality, resilience is associated with the ability to remain active and avoid developing depressive symptoms in the face of adversity. High resilience scores are associated with independence in the elderly, while those dependent on basic or instrumental activities of daily living receive medium to low resilience scores (Leão et al., 2018).

## Results and discussion

After analyzing the material, units of meaning were defined and organized into initial categories. According to the study's guiding criteria, five final categories were listed for discussion.

The first category, *Changes Resulting from Aging*, was based on the interviewees' discourse, demonstrating the full range of changes associated with aging. This category begins with the statement of Mrs. Ametista, a 90-year-old widow with a degree in journalism:

Everything goes slower. The head, the body, and the spirit sometimes slow down, too. This is my constant struggle. To feel that I always have to keep moving forward, and even with this slowness, I have to fight to keep going.

In this first final category, changes that occur throughout life must be processed as they occur. Mrs. Esmeralda mentions not having comorbidities or declines that impair her autonomy and independence. Even so, she has to deal with numerous changes, including how society views her. Society often does not expect certain behaviors from her: "Look, I'm not scared, but I start to be a little more careful. People don't expect certain behaviors from an 83-year-old lady."

Next, Mrs. Jade, 80 years old, divorced, and Catholic, demonstrates how aging, from her point of view, becomes a source of intense suffering:

So, aging is very difficult for me because of illnesses, losses, and life changes a lot. I feel old, I feel ugly. I think I've changed a lot. Now I'm no longer that active, vain person; I've slowed down as I've gotten older.

Kreuz and Franco (2017) state that aging is surrendering to the slow, constant, and necessary process of grief. This process involves stripping oneself of one's former life, acknowledging the marks left on the reality of one's body, accepting what is no longer achievable, and accepting limited control over one's existence. It involves finding ways to manage one's reality and future possibilities.

Thus, if grief can be worked through, aging can be perceived as a form of maturation. Individuals with a greater capacity to process losses are able to accept the changes resulting from this period in a more resilient way. This can be seen in the words of Mrs. Rubelita, who is 83 years old and widowed:

I've never had problems with age. I've always accepted everything very well. I don't know if it's because I'm well-preserved physically or because I haven't had any health problems. So, I'm happy to be getting older. There are also the compensations, the grandchildren, and the great-grandchildren. But I don't have a problem with getting old, I think it's a natural part of life."

Based on the experiences of loss inherent in aging as described in the first final category, and by analyzing each interviewee's reactions, we proceeded to interpret the results, addressing a very important component for dealing with these losses. The second final category was defined as *Achievements*.

Life trajectory, family, work, and friends were cited as fundamental to coping with losses associated with aging. This concept is exemplified by Mrs. Safira, an 80-year-old widow, who said, "I have many riches in life. I have my family and friends, I am very pampered, and I am part of a community of widows and single people. My colleagues appreciate me and trust me."

Professional fulfillment was also highlighted as a source of pride in the words of Mrs. Esmeralda, 82 years old, widow, and teacher: "I was so well received at School X, I grew until I became the principal. I was very happy there, I fell in love with the school and the students. I still have friends from that time. Those were very important and meaningful experiences."

In this final category, Mrs. Esmeralda's statements reveal the importance of having had a life full of achievements, both in a professional and relational sense:

I have a photo with all my family members. I posted it in the family group and said that I am the matriarch of this family. I am very happy about it because I am an only child who didn't even have a house full of people, but now I do, and I am very happy about it.

The fact that she has built a trajectory in which she calls herself the matriarch, having given rise to a succession of individuals capable of recognizing and valuing her, validates her as an aging being. In this way, this final category proves to be of fundamental importance for having a longevity project with quality of life.

In addition to the importance of the achievements that counteract the losses inherent in aging, another situation was analyzed that interferes with how individuals position themselves in relation to life cycle changes. Based on these considerations, the third category, *Adverse/Traumatic Situations and Triggered Reactions*, was developed.

In Mrs. Jade's account, she describes a situation that caused her intense psychological suffering:

When my mother gave me to a lady, it was very difficult. I missed my family very much. I was 12 years old. She gave me away because it was difficult for her to raise her four children. Since my father was hospitalized, she had no choice but to give me away (JADE, 80 years old).

This third and final category cites potentially traumatic situations to which individuals are susceptible throughout their lives. These situations can lead to psychological suffering and/or the development of a psychopathological condition, as mentioned in Mrs. Rubelita's statement:

My husband's illness was progressive and lasted a very long time. It was exhausting. That was the most difficult phase. It was the peak of stress in my life. Time wore me down, and in the end, I was exhausted. I wanted to die.

When speaking about the loss of her husband, Mrs. Esmeralda indicates an ability to differentiate between feeling abandoned and feeling alone: "I feel alone, but not abandoned. I know I'm alone. I feel I'm alone. I have no doubt whatsoever." She mentions that the current circumstances of her life have left her alone because she can no longer share her daily life with her deceased husband. Nevertheless, she continues to feel accompanied. In this way, she demonstrates her ability to process the grief of losing a loved one and tolerate their physical absence.

Ego defense mechanisms are also involved in coping with adverse situations. Altruism is a defense mechanism that the interviewees, who exhibit more resilient functioning, use widely. For example, Mrs. Safira said, "The greatest lesson in life for me is

to love and forgive." Mrs. Rubelita also said, "Kindness is a very important thing in life. The kindness and love of family."

Mrs. Ametista demonstrates her resilience through sublimation: "It was very sad that we couldn't have biological children, but I had the privilege of welcoming and caring for many helpless young people. Today, many of them are still with me, taking care of me."

Analyzing the less mature defense mechanisms, which are less related to resilience, we find examples in Mrs. Jade's discourse. She has experienced many traumatic situations in her life and currently has difficulty dealing with aging. She used inhibition to cope with successive rejections: "It was a great sadness, I didn't have the money to buy the baby's layette, nor did I have anyone to help me. The father didn't want to know [...] Later, I got married. But for convenience. I never fell in love again."

Mrs. Jade also shows us how she uses isolation to live life in a less painful way. "I have always been detached from my family. I never took care of my mother. She was severely diabetic. Perhaps that left a mark that prevented me from taking care of her. It is quite likely [...]."

The importance of object relations, as demonstrated by the interviewees, inaugurates the fourth and final category: *Parental Support*. This category emphasizes the importance of internal objects in developing an individual's ego capacity and constructing a foundation of security to withstand numerous adversities that life imposes.

The analysis of the interviews revealed differences in the interviewees' experiences with parental support. Four of them referred to having a safe and loving home. For example, Mrs. Esmeralda said: "You have no idea how many photos I have of the three of us: me, my mother, and my father. Always holding hands. I had my parents with me all the time [...]", and also Mrs. Ametista:

Every afternoon when my father returned home, I would hear the key in the front door. I would run at full speed to throw myself into my father's arms. Those were the happiest moments of my day. I felt completely safe with my father.

On the other hand, Mrs. Jade described a completely different experience of neglect, abuse, and rejection: "I didn't grow up in a safe environment. My mother cared for us with little money and a sick, absent father. Then, my mother gave me to a woman [...] When I got pregnant, I was rejected again."

Experiences of helplessness in childhood influence how individuals position themselves in subsequent life situations. This is evident in Ms. Jade's statement: "When I discovered my husband's infidelity and asked for a separation, I became very depressed. Even though I wasn't in love with him, it shook me a lot. I felt completely insecure and alone."

In contrast, interviewees with secure attachments and sufficient internal resources were able to respond differently to adversity. For example, Ms. Esmeralda said, "Since I was a girl, I was raised to be someone. To be myself, to be human."

The fifth and final category was called *Resilience and Overcoming Adversity*. In this category, the ability to overcome and cope with adversity is evident in the discourses of four interviewees, who demonstrate self-confidence and self-efficacy, believing that they are doing their best.

Self-efficacy is a widely discussed concept in healthy aging because it is considered a protective factor and is related to one's belief in their ability to control their functioning (Martinez et al., 2018). This concept is evident in Mrs. Safira's account:

No matter how much it hurts inside, I forgive if someone does something to me. I say: Look, it hurts, but I forgive. I don't carry anyone on my back. I don't hold onto that in my heart. You don't need to forget; just forgive. I have that virtue and grace.

Below is Mrs. Esmeralda's account of her enthusiasm in facing adverse situations and her proactive attitude toward life:

But of course! I'm not afraid of anyone. That's what I learned from my parents. To face challenges. You don't need money; you need willpower. A person must have the strength to fight for life, to keep doing their things, achieving, and working.

Through this account, it can be noted that Mrs. Esmeralda maintains an optimistic and positive attitude, even in the most difficult moments. She says that she was taught to fight for her life, and from a young age, she strove to carry forward the teachings of her parents. This caused her to develop a high sense of self-efficacy. This could be a strong protective factor for the interviewee.

According to Bandura (1982), feelings of worthlessness and hopelessness are associated with the belief that one is unable to cope with or change the situations one faces. This situation is demonstrated above by Mrs. Jade, who, when faced with a problem, believes that her actions cannot generate any change.

The analysis of the interviewees' discourses also evidenced how spirituality and religious thought are associated with the daily lives of many individuals and can contribute to overcoming adversity. Thus, category 5 also encompasses spirituality and religiosity as important elements in this process.

Based on a sample of 5 elderly women, most of them referred to the importance of religious thought in coping with difficult moments. Regardless of religion or how each individual experiences it, the belief in something divine and powerful that can solve problems or simply provide support gives people the security they need to move forward, generating relief and resilience. This concept is illustrated by Mrs. Safira's statement: "I pray; I trust in God. I know that God knows much more. God knows what He is doing. That calms me and reassures me. If I feel that I am going to become more distressed, I pray more. That strengthens me."

Gomes et al. (2014) consider spirituality to be the most comprehensive dimension, extending beyond religiosity and religion. Taking neural mechanisms into account, it is clear that individuals cannot choose spirituality. It is an inherent reality of each individual. However, it is up to individuals to create opportunities for spiritual development, which enables them to expand their capacity to manage stressful events and issues in their lives. Without expansion of this capacity, they may be more susceptible to physical and emotional illness.

Finally, maintaining faith is directly related to experiencing spirituality and enables experiences of happiness for those who believe in divine reward, regardless of whether they profess any religion (Gomes et al., 2014). Religiosity and spirituality are considered important resilience strategies in the existence of the long-lived person, because, through them, it is possible to achieve well-being and face health and social problems (Reis & Menezes, 2017).

## Final considerations

Resilience is a fundamental construct for living. As we age, the importance of resilience becomes evident when facing the avalanche of losses that come with aging. Therefore, a resilient predisposition defines individuals who, even when exposed to adverse situations, do not develop a psychic pathology. Rather, they demonstrate an ability to overcome the difficulties imposed by the environment. What contributes to this capacity?

Our analysis revealed that potentially traumatic experiences throughout life contribute to resilience development. However, if these experiences exceed an individual's capacity to cope, they can make that person vulnerable and cause intense suffering. Therefore, the stresses experienced must not exceed each individual's limit.

One of our interviewees experienced many serious and painful situations during her childhood, which diminished her ability to cope with difficult situations later in life. The other interviewees also experienced pain and suffering, as evidenced by the analysis of the final categories, but at a level that may have been structural. As Seery (2011) points out, experiencing low to moderate levels of adversity can contribute to the subsequent development of resilience.

Another fundamental aspect of developing resilience is experiencing secure attachment in childhood. The four interviewees who experienced a secure home environment demonstrated greater resilience in the face of the changes inherent in aging.

Parental support enables the development of self-concepts and the acquisition of internal affective and behavioral resources in the early years of life, which directly influences how a child faces adversity. These factors seem to have contributed to the interviewees' ability to face adversity throughout their lives with persistence and without becoming destabilized.

The interviewees also talked about losing loved ones and how much they suffered during those times. However, most of them recovered without becoming ill after losing important people. What enabled them to grieve these losses? How did they cope with the loss of such significant individuals?

The quality of the bonds formed in early childhood seems to have played a fundamental role. Mrs. Esmeralda, Safira, Rubelita, and Ametista all emphasized how safe they felt with their parents and how they always felt accompanied. Mrs. Esmeralda showed us that she still feels this way today. By saying she feels alone but not abandoned, she reveals that she continues to carry her inner objects with her. This protects her from melancholy. This is a key element in successfully completing the grieving process and making room for new connections.

The ability to perform the grieving process is also essential to living in harmony with aging. This ability comes with psychological development as the individual learns to be a unique being, capable of living alone, and thus does not feel as if they are losing part of themselves when their loved ones age or die.

The defense mechanisms most used by the interviewees when dealing with their experiences of suffering were also analyzed, and it was observed that the more mature mechanisms are indeed more associated with resilient functioning, demonstrating that the capacity for resilience is a construct present in individuals with greater psychological maturity.

Spirituality/religiosity were also related to resilience, though not all interviewees reported them. Three interviewees with good coping resources are closely involved with

spirituality/religiosity. However, one interviewee with excellent coping resources did not mention spirituality. The fifth interviewee, who had fewer psychological resources and less resilience, did not mention spirituality either.

Thus, the following conclusions are drawn: 1) Resilience requires a previous traumatic event; 2) Traumatic experiences cannot overwhelm the capacity that each individual has to deal with them. If this capacity is exceeded, the trauma will be detrimental to the development of resilience, making the individual vulnerable to suffering and the development of psychopathological conditions; 3) Experiences of secure attachment in childhood are fundamental to developing resilience; 4) The ability to perform grieving process is directly related to resilience; 5) Mature defense mechanisms are related to resilience, while immature defense mechanisms demonstrate an individual's difficulty in adapting to and accepting the changes of aging; 6) Self-concepts are directly related to resilience; and 7) Spirituality contributes to an individual's resilience, but it is not fundamental.

Furthermore, writing this work was paramount for understanding and researching resilience, especially since Brazil's population over 60 is growing rapidly, making it the fastest-growing demographic group. At the end of this study, it became clear that, while it is not possible to predict who will or will not be resilient, it is possible to identify indicators. Considering resilience as a psychic construct that begins in the caregiver-infant relationship highlights the importance of early relationships in establishing it, positioning mothers, fathers, and caregivers as the primary tutors in developing resilience in children. It is hoped that this work will inspire new studies on the subject since everyone should have the opportunity to develop the psychological resources necessary to cope with adverse situations.

## References

Alves, J. E. D. (2019). Envelhecimento populacional no Brasil e no mundo segundo as novas projeções da ONU. *Portal do Envelhecimento e Longevidade*. [www.portaldoenvelhecimento.com.br](http://www.portaldoenvelhecimento.com.br)

Anault, M. (2006). La résilience au risque de la psychanalyse ou la psychanalyse au risque de la résilience. In B. Cyrulnik & P. Duval (Eds.), *Psychanalyse et résilience* (pp. 77-104). Odile Jacob.

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist*, 37(2), 122-147. <https://doi.org/10.1037/0003-066X.37.2.122>

Bonanno, G. A. (2004). Loss, trauma and human resilience: have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20-28. <https://doi.org/10.1037/0003-066X.59.1.20>

Cabral, S. A., & Levandowski, D. C. (2013). Resiliência e psicanálise: aspectos teóricos e possibilidades de investigação. *Revista Latinoamericana de Psicopatologia Fundamental*, 6(1), 42-55. <https://doi.org/10.1590/S1415-47142013000100004>

Cremasco, M. V. F. (2018). Quando a resiliência pode ser uma aposta para a psicanálise: ampliações clínicas do trauma e do luto. *Tempo Psicanalítico*, 50(2), 349-372. <http://tempopsicanalitico.com.br>

Cyrulnik, B. (2004). *Os patinhos feios* (1a ed., M. Stahel, trad.). Martins Fontes.

Dawalibi, N. W., Anacleto, G. M. C., Witter, C., Goulart, R. M. M., & Aquino, R. C. (2013). Envelhecimento e qualidade de vida: análise da produção científica da SciELO. *Estudos de Psicologia*, 30(3), 393-403. doi:10.1590/S0103-166X2013000300009

Eckholdt, L., Watson, L., & O'Connor, M. (2018). Prolonged grief reactions after old age spousal loss and centrality of the loss in post loss identity. *Journal of Affective Disorders*, 227, 338-344. doi:10.1016/j.jad.2017.11.010

Faye, C., McGowan, J. C., Denny, C. A., & David, D. J. (2018). Neurobiological mechanisms of stress resilience and implications for the aged population. *Current Neuropharmacology*, 16(3), 234-270. doi:10.2174/1570159X15666170818095105

Fernandez, C. A., Choi, K. W., Marshall, B. D. L., Vicente, B., Saldivia, S., Kohn, R., Koenen, K. C.,

Kristopher L. Arheart, K. L., & Buka, S. L. (2020). Assessing the relationship between psychosocial stressors and psychiatric resilience among Chilean disaster survivors. *The British Journal of Psychiatry*, 217(5), 630-637. <https://doi.org/10.1192/bjp.2020.88>

Gomes, N. S., Farina, M., & Dal Forno, C. (2014). Espiritualidade, religiosidade e religião: reflexão de conceitos em artigos psicológicos. *Revista de Psicologia da IMED*, 6(2), 107-112. <https://doi.org/10.18256/2175-5027/psico-imed.v6n2p107-112>

Gurgel, L. G., Plentz, R. D. M., Joly, M. C. R. A., & Reppold, C. T. (2013). Avaliação da resiliência em adultos e idosos: Revisão de instrumentos. *Estudos de Psicologia*, 30(4), 487-496. <https://doi.org/10.1590/S0103-166X2013000400002>

Holmes, J. (2017). Roots and routes to resilience and its role in psychotherapy: a selective, attachment-informed review. *Attachment & Human Development*, 19(4), 364-381. <https://doi.org/10.1080/14616734.2017.1306087>

Kreuz, G., & Franco, M. H. P. (2017). O luto do idoso diante das perdas da doença e do envelhecimento: Revisão sistemática de literatura. *Arquivos Brasileiros de Psicologia*, 69(2), 168-186. [http://pepsic.bvsalud.org/scielo.php?script=sci\\_serial&pid=1809-5267](http://pepsic.bvsalud.org/scielo.php?script=sci_serial&pid=1809-5267).

Laranjeira, C. A. S. J. (2007). Do vulnerável ser ao resiliente envelhecer: revisão de literatura. *Psicologia: Teoria e Pesquisa*, 23(3), 327-332. <https://doi.org/10.1590/S0102-37722007000300012>

Leão, L. R. B., Ferreira, V. H. S., Faustino, A. M., Cruz, K. C. T., & Santos, C. T. B. (2018). Capacidade funcional e resiliência em idosos hospitalizados. *Revista de Enfermagem*

UFPE, 12(6), 1500-1506. <https://doi.org/10.5205/1981-8963-v12i6a231559p1500-1506-2018>

Martin, A. S., Distelberg, B., Palmer, B. W., & Jeste, D. V. (2015). Development of a new multidimensional individual and interpersonal resilience measure for older adults. *Aging & Mental Health*, 19(1), 32-45. doi:10.1080/13607863.2014.909383

Martinez, L. C. F., Magalhães, C. M. C., & Pedroso, J. S. (2018). Envelhecimento saudável e autoeficácia do idoso: Revisão sistemática. *Revista de Psicologia da IMED*, 10(2), 103-118. doi:10.18256/2175-5027.2018.v10i2.2790

McLaughlin, K. A., Conron, K. J., Koenen, K. C., & Gilman, S. E. (2010). Childhood adversity, adult stressful life events, and risk of past-year psychiatric disorder: a test of the stress sensitization hypothesis in a population-based sample of adults. *Psychological Medicine*, 40(10), 1647-1658. doi:10.1017/S0033291709992121

Montero, G. J. (2013). Madurescência: clínica da incerteza na meia-idade. In C. L. Eizirik & A. M. S. Bassols (Orgs.), *O ciclo da vida humana* (2a ed., pp. 207-226). Artmed.

Patrão, A. L., Alves, V. P., & Neiva, T. (2017). Propriedades psicométricas da escala de autoeficácia geral em idosos brasileiros. *Psicologia, Saúde & Doenças*, 18(1), 29-38. doi:10.15309/17psd180103

Pinheiro, D. P. N. (2004). A resiliência em discussão. *Psicologia em Estudo*, 9(1), 67-75. doi:10.1590/S1413-73722004000100009

Reis, L. A., & Menezes, T. M. O. (2017). Religiosidade e espiritualidade nas estratégias de resiliência do idoso longevo no cotidiano. *Revista Brasileira de Enfermagem*, 70(4), 761-766. doi:10.1590/0034-7167-2016-0630

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57(3), 316-331. doi:10.1111/j.1939-0025.1987.tb03541.x

Seery, M. D. (2011). Resilience: a silver lining to experiencing adverse life events? *Current Directions in Psychological Science*, 20(6), 390-394. doi:10.1177/0963721411424740

Stainton, A., Chisholm, K., Kaiser, N., Rosen, M., Upthegrove, R., Ruhrmann, S., & Wood, S. J. (2019). Resilience as a multimodal dynamic process. *Early Intervention in Psychiatry*, 13(4), 725-732. doi:10.1111/eip.12726

Taylor, S., Charura, D., Williams, G., Shaw, M., Allan, J., Cohen, E., Meth, F., & O'Dwyer, L. (2020). Loss, grief, and growth: an interpretative phenomenological analysis of experiences of trauma in asylum seekers and refugees. *Traumatology*, 30(1), 103-112. <https://doi.org/10.1037/trm0000250>

Tyché, C., & Lighezzolo, J. (2006). La résilience au regard de la psychologie clinique psychanalytique. In B. Cyrulnik & P. Duval (Orgs.), *Psychanalyse et résilience* (pp. 127-154). Odile Jacob.

Vivan, A. S., & Argimon, I. I. L. (2008). Dificuldade funcional e coping em idosos. *Barbarói*, 28(1), 136-146. <https://online.unisc.br/seer/index.php/barbaroi>

**Data Availability Statement:** The dataset supporting the results of this study is available within the article.

*Received: Sep. 15, 2021*

*Approved: Feb. 21, 2024*