

## A conceptual structure of resilience among Thai elderly

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The study aimed to develop a conceptual structure of resilience among Thai elderly. A literature review and qualitative approach were adopted as its methodology. Based on Grotberg (1995, 2003), the three sources of resilience, "I AM", "I HAVE", and "I CAN" were used as the initial concept. To specify the elderly resilience, theories and research models related to elderly resilience from extant literatures were integrated to the conceptual structure. In-depth - interview and focus group discussion among 14 resilient Thai elderly were conducted to develop the specific conceptual structure of Thai elderly resilience. Based on those three sources of resilience, the results revealed 18 components contributing to the conceptual structure of resilience specifically to Thai elderly. The newly developed conceptual structure can serve as a framework for future research attempting to develop a measure or program aiming at the resilience among Thai elderly.

**Keywords:** *resilience, Thai elderly, conceptual structure, resilience scale*

### Introduction

Resilience is a positive psychosocial function for successful adaptation despite the adversity of life events. The term is a global term used to describe the ability to adapt positively to adversity and continue on their lives. Currently, there is a growing shift of interest from the topic of psychotic disorder to positive mental health, such as resilience, to promote prevention rather than treatment. Resilience has thus been identified as a significant preventive factor to the threat of a psychological illness, usually posted after a life-threatening experience.

Today, the rapid increasing in the number and the proportion of elderly population is becoming a worldwide phenomenon. Getting older, elderly go through the inevitable decline of physical function which, in turn, influences their mental health. These health problems impede the elderly abilities to care for themselves (Wang, Van Belle, Kukull, & Larson, 2002; Wolff, Boulton, Boyd, & Anderson, 2005), deteriorate their mental health (Harris & Barraclough, 1998; Wulsin, Vaillant, & Wells, 1999; Osborn et al., 2007; Roberts, 2009), and have an adverse effect on their resilience (Talsma, 1995). Mental Health and health professionals should play roles in

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cultivating and nurturing resilience, which will ameliorate the negative effects of other health deterioration, in this population.

Most of current studies on resilience aim to explore the concept of resilience and attempt to create a measurement tool in children, youth, and adult population (e.g. Jacelon, 1997; Bonanno, 2004; Tusaie & Dyer, 2004). A few others focus on the concept of resilience in elderly population including have made further attempt to clarify and develop a conceptual structure of resilience among the elderly (Felten, 2000; Felten & Hall, 2001; LaFerriere & Hamel-Bissell, 1994; Sheri, Harrison, & Michel, 2001; Talsma, 1995; Wagnild & Young, 1990, 1993, 2003; Zoe, Glenn, Gopalakrishnan & David, 2008) but the literatures still fail to offer consistent definition, structures of concepts, and methodology approach. Without question, the clarity of a conceptual structure of resilience among Thai elderly is a key to help health care providers' better understanding and help in promoting resilience for the Thai elderly. However, the development of resilience scale in elderly remains seriously limitation. No scales that presently exist to measure resilience in elderly population.

However, there were limitations surrounding concepts and structures of the studies focusing on resilience in the aged. One was the component of resilience which narrowly described the term only as the way to deal with suffering. Moreover, the literatures also failed to provide specific measure of resilience in the aged population. These concepts and structures were criticized as uncertain and imprecise and caused more confusion than clarity. Therefore, clarity of Thai elderly resilience conceptual framework will help the researchers more understanding the elderly resilience in Thai context and also use as the framework to guide researcher for developing Thai elderly resilience scale in further. The domains are described as follows:

1. "I AM" refers to one's faith in one's own inner strength to survive physically and mentally through hard times. Inner strength is a characteristic that is continuously developed since a young age. A great number of studies show that inner strength can improve overall health (Koob, Roux & Bush, 2002) and is necessary for handling crisis including severe illnesses (Haile, Landrum, Kotarba & Trimble, 2002).

2. "I HAVE" refers to the elderly perception of having access to external support, such as people, opportunity, peer group, and feeling of spiritual security. In Thai society, family is the main lifeline of the aged.



However, in the case of major adverse life events, support from other sources, i.e., peer, community, society, and government are also important.

3. “I CAN” refers to the ability to maintain social connection and manage problem during adverse life events. These skills are often learned through interacting with others and upbringing.

## **Methods**

### **Participants & Setting**

Participants were the elderly who were purposely selected from four provinces representing four regions of Thailand, i.e. Chiang Mai (north), Khonkean (northeast), Ratchaburi (middle), and Suratthani (south). All elderly participants shared commons on passing through various major adversities and yet maintained mentally healthy. The purposeful recruiting criteria were that a person must be (1) Thai elderly with 60 years old or older, (2) have past experience that required adaptability to survive major life adversity, (3) mentally healthy person judged by Thai Mental Health Indicator assessment and (4) able and willing to discuss their traumatic past experiences. A number of 14 participants aged ranging from 62 to 82 years old. The majority were female and Buddhist (n =10). Most were widows (n= 9) and more than half had at least two major adversity event experienced (n=9). Their life adversities included losing home (living in shelter homes), having major chronic illnesses (cancer and stroke), and facing multiple losses of loved ones, being single mother taking care of two psychotic children, and living with poverty.

Approval to conduct the study was obtained from the Human Ethics Committee, Faculty of Nursing, Prince of Songkla University, Thailand, and the leader of the village where data were collected. The elderly participants who met the recruitment criteria were informed either via verbal agreement or signing consent forms including allowed to freely express their experience in a private or participants’ preferable setting.

### **Data collection**

Two-step approaches, an integrated systematic review of national and international publications and qualitative study were carried out. The initial conceptual structure emerged from the first step were used for generating a



semi-structured interview guide for obtaining experience in facing adversity event of the elderly. In addition, Thai Mental Health Indicator (TMHI) was used for recruiting the elderly being mentally healthy to be the participants. Their successful coping experiences based on the aspects of “I AM”, “I HAVE”, and “I CAN” were explored. Examples of interviewing questions were: what are your personal traits that contribute to your ability to rapidly bouncing back from hardship? (I AM), what are the kinds of support that help in your successfully cope? (I HAVE), and what are your specific abilities in dealing with life suffering? (I CAN). Additionally, probing questions were used to assist the participants to directly and effectively respond to those questions

### **Data analysis**

Since the initial conceptual structure of elderly resilience based on three domains, I AM, I HAVE, I CAN was developed, 19 components were generated to portray the Thai elderly resilience and used to retrieve qualitative data by conducting interview and focus group. Triangulation technique using multiple sources of data and multiple methods of data collection was conducted. The data from interview were analyzed using content analysis. Constant comparison from one case to another was performed. Theoretical sampling was conducted to confirm saturation of data through emerging themes. Focus group was implemented in order to verify the existing domains capturing the structure of the Thai elderly resilience. As a result, the credibility of results was achieved when the conceptual descriptions were recognized as valid by those who have that successful adaptation experience. The transferability of data was ensuring by conducting in the natural setting at time and in place informants preferred. However, no claim was made that their experiences represented the experiences of every elderly in Thailand.

### **Findings**

Analysis of the data gathered during the empirical investigation generated three domains, i.e., “I AM”, “I HAVE”, and “I CAN” which composed of 18 components. The comparison between evidences from



literature reviewed (pre-specified domains) and the data from the interviews and group discussion (specified domains) can be seen as Table 1

**Table 1**

*Pre- specified and specified domains of Thai elderly resilience (N =14)*

Pre-specified domains (literature reviews)	Specified domains (After the interviews)
<i>1. I AM</i>	<i>1. I AM</i>
1 Being in good health	1 Being in good health
2 Equanimity	2 Equanimity
1.3 Self-reliance	3 Self-reliance
1.4 Life meaningfulness	4 Life meaningfulness
1.5 Sense of humor	5 Sense of humor
1.6 Positive Thinking	6 Positive Thinking
1.7 Caring for others	7 Caring for others
1.8 Perseverance	8 Perseverance
1.9 Health-promoting behaviors	9 Health-promoting behaviors
1.10 Sense of coherence*	10 Life satisfaction **
1.11 Hardiness*	
1.12 Optimism*	
<i>2. I HAVE</i>	<i>2. I HAVE</i>
2.1 Trusting relationships	2.1 Trusting relationships
2.2 Social support	2.2 Social support
2.3 Spiritual support	2.3 Spiritual support
2.4 Opportunity for spiritual practice	2.4 Opportunity for spiritual practice
<i>3. I CAN</i>	<i>3. I CAN</i>
3.1 Maintain connection	3.1 Maintain connection
3.2 Spiritual coping	3.2 Spiritual coping
3.3 Effective problem-solving skills	3.3 Effective problem-solving skills
	3.4 Help seeking *

\* Removed component

\*\* Added component



### **“I AM” (Inner Strengths)**

According to Grotberg (2003), the word “I AM” signifies inner strength, i.e., confidence, self-esteem, and responsibility. For Thai elderly, their inner strength was determined by the state of their physically and mentally healthy. The pre-specified 12 components of “I AM” were extracted from literature review. After the interviewing process, three components, i.e., sense of coherence, hardiness, and optimism were found to be irrelevant and were replaced by a new component, life satisfaction. The final 10 components are explored as follows:

#### ***1. Being in good health.***

Being in good health refers to the elderly perception of being physically healthy, as reflected in the following statements:

*“I am lucky to be in good health, so I can go seeking help when needed.”*

#### ***2. Equanimity.***

Equanimity refers to a balanced perspective of one’s life and experience (Wagnild & Young, 1990; Wagnild, 2003). Because of all respondents are Buddhists, a Buddhist teaching regarding the inescapable life cycle, birth, old age, illness, and death governed the way they controlled their thinking, mind, and emotion while facing stressful situations. The very same principle helped them develop equanimity as it taught them to recognize things as they really were, to follow the middle path, and to eliminate self. Most respondents believed that equanimity built resilience, as shown in the following statements:

*“I believe in the law of karma (sin) by which series of events in this life are explained as results of actions one has committed in the past life. It is different for each individual, when it comes to me, I feel at peace when I accept my karmas.”*

#### ***3. Self – reliance.***

Self – reliance refers to a belief in oneself and one’s capabilities. Most respondents associated self-reliance with having confidence to handle hardship and growing from negative experiences. Most respondents also stated that self-reliance contributed to resilience:

*“Adversities make me stronger and ponder upon future.”*

*“Being alive is a blessing and a profit. I must live for my son.”*



#### **4. Life meaningfulness.**

Life meaningfulness refers to an understanding that life has a purpose. The participated Thai elderly expressed meaningfulness in their lives as follows:

*“I believe that more experiences dealing with hardship increase my confidence to face future life’s problems.”*

#### **5. Sense of humor.**

Sense of humor is a trait of appreciating and being able to express the humorous. When suffering brings forth an overwhelming sense of helplessness, powerlessness, or a lack of control, sense of humor helps put one back in control to a certain extent. For example, instead of giving into depression, a Thai elderly, who was a sole caregiver of her two schizophrenic children, would joke that,

*“One good thing about living with a psychotic patient is that I don’t have to worry about thieves because they are afraid of him.”*

#### **6. Positive thinking.**

Positive thinking is an optimistic outlook of a situation, especially the negative ones. By definition, adversity is not a positive phenomenon, but adversity and hardship can present some positive aspects. The participants displayed their positive thinking as follows:

*“Every day I tell myself, ‘Don’t give up, my life must go on.’ Each morning as I am awake, I say to myself, ‘I survived yet another day. That is amazing!’”*

#### **7. Perseverance.**

Perseverance refers to a determination to continue on one’s life despite difficult times. The Thai elderly express the perseverance as follows:

*“When dealing with hardship, I am often patient and never feel discouraged.”*

*“Experience in life teaches me to be patient.”*

#### **8. Caring for others.**

Caring for others refers to feeling compassionate and being helpful to others. Most Thai elderly recognized that helping out others was the way to earn love and help in the future as well as to build supportive network:



*“Asking for help when needed is not difficult for me because I have often lent my helping hands to others.”*

### **9. Health-promoting behaviors.**

Health-promoting behaviors refer to one’s tendency to engage in activities that promote healthy living. Physical exercise was recognized by most respondents as one of the most important health-promoting behaviors that had helped them cope during stressful time, as suggested by the following testimonies:

*“Daily exercise with friends makes me feel happier and stronger. When the going gets rough, I never stop exercising because it is time like this when meeting and talking with friends help me copes well.”*

### **10. Life satisfaction.**

Life satisfaction refers to an understanding and acceptance that changes are a natural part of life and that life is temporary. This knowledge in turn helps one feels content of essential things such as love, well-being, and happiness. Like other components, life satisfaction was indicated by participants as one of many factors to help them cope with difficult events.

*“Just alive nowadays is so good for me, I am happy with day to day life, happy with living condition, don’t want anything more, my life is enough*

### **“I HAVE” (External Supports)**

“I HAVE” refers to one’s external support and resources that promote one’s resilience (Grotberg, 2003). Among Thai elderly, the term reflected a sense of having or belonging to a strong social and spiritual support or network. The “I HAVE” domain consisted of 4 specified components as those of pre-specified domains as follows.

#### **1. Trusting relationship.**

Trusting relationship refers to a sense of having at least one or more trusting persons from family, friends or other social groups. It is a significant predictor of one’s social support which contributes to resilience, especially among Thai elderly:

*“The best thing for me during hard times is to have someone to talk to.”*



## **2. Social support.**

Thai elderly expected to receive support, whether it is materials, guidance, emotional or financial support, from their social network when needed. Their network often referred to family members, peers, senior citizen club members, community leaders, and the governments.

*“When I feel troubled, my husband is a trusting person with whom I can express everything. I also can turn to my neighbors and the community leaders.”*

## **3. Spiritual support.**

Spiritual support was indicated as a crucial component, that served as a foundation of building resilience, by all participants. For Thai elderly, spiritual support denotes a perception of having a kinship with a higher power. Most of them received spiritual support through religious practices – reading religious scripts, talking to friends and family about spiritual matter, praying and meditating at home or at a holy place, worshipping sacred tokens.

*“I have some believe that making merit, helping others, and offering dedicated to Buddhist monks will helped me get happy and can easily manage troubles”*

## **4. Opportunity for spiritual practice.**

Opportunity for spiritual practice refers to the time which can be dedicated to engaging in religious and spiritual practices. Spiritual practices came from praying, meditating, reading or listening to religious. Those teaching allow one to access one’s own spirit. As aforementioned, spiritual support was found to be a key component in resiliency and was obtained through spiritual practice, therefore the opportunity to do so was found to be equally important.

*“Just provided a free time for meditation in day to day life, it helped me be happier despite suffering”*

## **“I CAN” (Interpersonal and Problem-Solving Skill)**

“I CAN” is a social and interpersonal skill. Thai elderly often acquired such skill through interacting with others and upbringing. The specified domain of “I CAN” consisted of 4 components which are described as follows:



### ***1. Maintain social connection.***

Maintain social connection refers to the elderly ability to make connection and build healthy relationship with others. The example statements are as follows:

*“Family and friends are very important in my life, so maintaining a good relationship is maintaining support for hard times.”*

### ***2. Effective problem solving skills.***

When faced with difficulties, most participants were able to come up with effective problem solving strategies to help them overcome adversity. Some of them learned from past experience, some from their role models. Certain coping strategies are presented as follows:

*“I have my own painful experience of losing a son in an accident. I know now anything can happen any time in this world. We thus need to prepare ourselves to such tragic situation. I have learned to ‘Tum-jai’ through my loss – “whatever will be it will be”.*

### ***3. Spiritual coping.***

All respondents overcame suffering by using whatever that referred to “spirituality” This coping strategy came from religious or some other beliefs in supernatural power in which one must find meaning and purpose of life and hope in order to survive. Some respondents believed that supernatural power or nature could help them cope with their ailments while religious teaching could prevent suffering:

*“I regularly go to the temple to give offerings to Buddhist monks. Sometimes, I meditate with my friends in the senior citizen club. Moreover, I often listen to a “dharma” tape at home before I go sleep. It calms me down and goes to sleep soundly.”*

### ***4. Ability to seek help.***

Ability to seek help is a component the elderly resorted to when they felt helplessness. If they were unable to solve certain problems themselves, they will seek help from others. Actually, resilient elderly often exhausted all options in which they could solve problems by themselves first before asking for help. Example statements are as follows:



*“I don’t normally like to ask for help from others but in tragic time I need to seek help to ensure my survival”*

In conclusion, the conceptual structure of Thai elderly resilience was categorized into 3 domains (“I AM”, “I HAVE”, and “I CAN”) in which there were 18 components. Each domain & components, identified by this research, are shown in Figure 1.

The conceptual structure of Thai elderly resilience was categorized into 3 domains (“I AM”, “I HAVE”, and “I CAN”) in which there were 18 components. The conceptualization of each domain is presented as Table 1, while each domain’s components, identified by this research, are shown in Figure 1. Each of the domains suggested numerous resilience promoting methods. Though, not everyone will utilize the entire list, some may use more than others. The more components are identified, the more options the elderly will have for selecting appropriate strategies to use in a given situation.

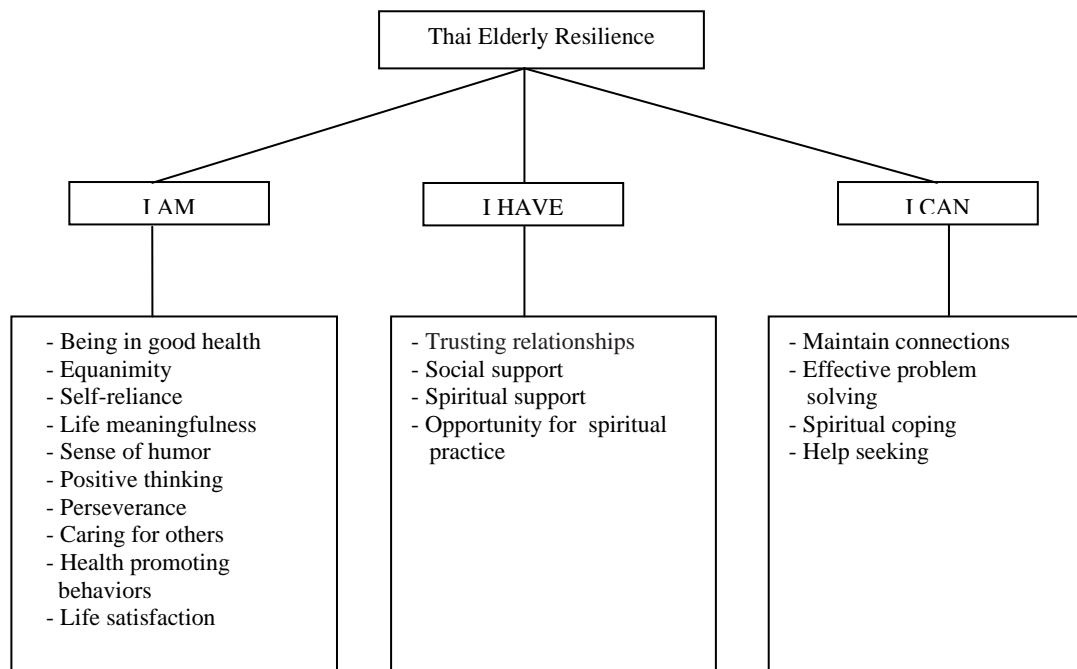


Figure 1. Domains & Components of Resilience identified by Thai Elderly



## Discussion

The present study attempted to examine and develop a specific conceptual structure of resilience among Thai elderly through cross-sectional-style research with majority of participants being resilient Thai elderly. Empirical analyses generated 3 domains and a number of components which showcased a multidimensional character of resilience. Each dimension, in relation to theories as well as previous studies, will be discussed. The study results supported the evidence that resilience is a multidimensional character, varying in context, time, age, gender, and cultural background, as well as individuals subjected to different life circumstances (Garmezy & Rutter, 1985; Werner & Smith, 1992; Polk, 1997; Seligman & Csikszentmihalyi, 2000; Connor & Davidson, 2003). Furthermore, Richardson, Neiger, Jensen, & Keumpher, 1990) proposed resilience as a bio-psycho-spiritual balance (homeostasis) which one utilized to adapt body, mind, and spirit to stressful circumstances.

The three domains, “I AM”, “I HAVE”, and “I CAN” were categorized and broken down into 18 components. The first category, “I AM”, retrieved from the interviews, reflected essential positive intrapersonal characteristics of Thai elderly. Despite the increasing physical limitations in old age, participants in this study possessed the ability to minimize the impact of the inevitable physical decline. A number of the participants also emphasized that a nutritious and balanced diet, exercise, and other self-care habits had greatly contributed to their well-being during hard times. The findings of the present study echoed all the previously mentioned studies that Thai elderly perseveres life adversity if they maintained healthy lifestyle. This simply says that the better one’s physical and mental health, the greater the resilience and longevity.

The second category, “I HAVE”, consisted of 4 components and reflected the external support and resources that promoted resilience. Many participants in the present study stressed the value of social support. Family and social network were indicated to play an important role in building greater resilience. Secure interpersonal relationships provide an important source of emotional support while social support from the wider community serves as a building block for resilience (Greff, Vansteenwegen & Ide, 2006; Wagnild & Young, 1993). An emotional support, perceived by all



participants as a source of affection, comfort, and companionship, was deemed as an substantial element of social support. The social support component thus served as an ensured indicator of “I HAVE” and influenced resilience (Hupcey, 1998). In addition, resilience includes the individual’s ability to utilize family, social and external support system to better cope with stress (Friborg et al., 2006). Furthermore, religious or spiritual belief has been implicated as another external component that can aid resilience by instilling a sense of hope in some individuals (Connor & Davidson, 2003)

In conclusion, the components within “I HAVE” seem to be congruent with original constructs, i.e., social roles and relationships and personal beliefs and values (Polk, 1997), having a strong faith, belief in a divine power, and prayer (Crummy, 2002) religiosity and spirituality (Felten, 2000; Ong & Bergerman, 2004), the support of others, close and secure attachment to others, and faith (Connor & Davidson, 2003); external factor such as social support (Takviriyannun, 2008).

The last category, “I CAN”, consisted of 4 components which reflected the capacity of an individual to cope with difficulty which was vital to his/her resilience. Stress management, tension relief, and spiritual coping were essential parts of this domain. Unable to avoid internal and external stress factors, an individual’s ability to cope with tension is influenced by how s/he assesses the situation, how much s/he has learnt from previous experience dealing with stress, and how successfully s/he can adapt (Connor & Davidson, 2003). Resilient individuals are more likely to feel confident that they can successfully cope with adversity by employing a range of problem-solving and emotion-focused strategies (Rutter, 1987; Masten & Reed, 2005). Evidently, believing in a divine power assured them that they were not alone and prayer or meditation helped them stay focused and positive during difficult times.

## **Conclusion**

The findings of this study provided a better understanding of the conceptual structure of Thai elderly resilience. The study also supported the notions that resilience was a successful adaptability in the face of major life’s adversity. The elderly resiliency referred to their personal qualities that enable them to thrive and persevere in the midst of hardship. Finally, the study also



showed that Thai elderly resilience was fostered by inner strength, external support, interpersonal and problem solving skills.

### Implications

The conceptual structure could provide framework in both clinical practice and further researches. The categorical components could serve as basis for a development of resilience scale and intervention programs that enhance resilience, specifically to manage through adversity, in Thai elderly. Moreover, the study can be used as a guideline to develop resilience scale for other interest groups or contexts. Furthermore, the explorative study aiming to identify process and relating factors of the resilience among the Thai elderly is highly recommended.

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