International Journal of Applied Ethics, Vol-11 (2025), 50–57
doi:10.1017/

Research Paper

Cultural Construction of Psychological Resilience Among The Elderly In India: A Grounded Theory Approach

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Abstract

Background: Resilience is a crucial factor in enhancing health and well-being of the elderly. The importance of its meaning to the elderly can greatly influence the implementation of effective healthcare services. A burgeoning research studies have acknowledged the cultural influence on the interpretation and manifestation of psychological resilience. This study intended to comprehend the resilience of elderly individuals experiencing senescence within Indian culture, given the insufficient information in this area.
Methods: This research presents an exploratory qualitative study based on constructivist grounded theory, involving theoretical sampling of 14 senior participants, with in-depth interviews conducted over 22 sessions. The gathered data were transcribed and examined using the constant comparison method.
Results: Four theoretical categories related to resilience construction were emerged from the interviews as follows: 1) "meaning of psychological resilience" with sub-themes of "art of living", "adaptation of senescence", "accepting life with disease", "family's well-being" and "patience and faith in God"; 2) "social factors supporting resilience" with sub-themes of "human welfare", "received support", "attitudes toward an elderly", and resourcefulness; 3) "beliefs to overcome distress" with sub-themes of "efficiency", "equanimity", "absence of expectation", "egolessness", "renunciation of limited desires", "duty/dharma", and "total surrender"; and 4) "values contributing to resilience" with sub-themes of "self-control", "tranquillity", "emotional maturity", "self-emptiness", "being content with one's self", "self-righteousness", and "oneness of self and environment".
Conclusion: The paper concludes by emphasizing several topics that are essential to improving the interface between Indian culture and psychological resilience of elderly for the implementation of effective social policy.

Keywords: *Culture, Indian culture, spirituality, resilience, elderly*

(Received 01 27 2025; Accepted 05 22 2025)

1. Introduction

In geriatrics, resilience is an emerging psychological construct that empowers older individuals to constructively adjust in the face of adversity (Andalib Kourayem and Mahmoodinia (2021); Mirzaei & Shams-Ghahfarkhi, 2007). Resilience is essential for recovery from unfavourable circumstances and for enhancing health in later life (Until, 2013). As individuals become older, their physical, cognitive, and psychosocial functioning may decline (Trivedi et al. (2011)); furthermore, there is a growing prevalence of chronic illnesses among older adults (Boyd, McNabney, & Brandt, 2012;Reddy and James (2024)). Chronic diseases can lead to diminished physical performance, less pain tolerance, lowered life expectancy, decreased social engagement, reduced self-confidence, and alterations in social roles (Southwick et al., 2011). Considering that a healthy aging process requires the ability to manage health issues, numerous researchers have sought to identify traits that forecast favourable reactions to adverse life events, with resilience being particularly prominent among those responses (Bonanno et al. (2015)).

Resilience is a dynamic process whereby individuals cultivate a sense of well-being restoration in the face of adversity (Ungar et al. (2013)). For the aged people, resilience encompasses the perception of relevance, independence, and significance (Alex, 2010). The research on older persons receiving healthcare treatment reveals that the main sources of resilience comprises three domains: individual, interactional, and contextual (Janssen, Van Regenmortel, & Abma, 2011). Alongside chronic illnesses, elderly individuals frequently encounter emotional pressures, such as the loss of spouses and loved ones (Naef et al. (2013)); hence, comprehending the true essence of resilience becomes imperative. By comprehending psychological resilience and its framework, resilience resources can be recognized. Positive adaptation for successful aging may be augmented by diverse resources that foster resilience development (Yang et al. (2015)). The development of resilience aids older individuals in coping with adverse health changes, potentially enhancing their independence and self-assurance (Friedman and Ryff (2012)).

In Indian culture, aging is not equated with becoming a "burdensome mouth to feed," however it is regarded as a disability (Rao (2018)). The significance of filial piety and obligation is illustrated throughout religious texts, epics, and folklore of Indian culture. Similarly, Indians' self-perceptions and identities are profoundly connected to their familial bonds and values. The

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✐**Cite this article:** Prakash A., Khosla M. , Cultural Construction of Psychological Resilience Among The Elderly In India: A Grounded Theory Approach *International Journal of Applied Ethics* **11(2025)**, 50–57. https://doi.org//.

family is regarded as a source of support and a foundation for self-identity. The Indian value system mandates respect, reverence, and physical care for the old from their offspring. The act of caring for and honouring elderly parents and senior individuals is termed seva, or respectful service, and is seen as a moral and religious duty (Brijnath (2014)). Furthermore, it is posited that individuals who fail to repay pithru rina, or filial debt, may endure severe repercussions in the hereafter (Lamb, 2019).

The enduring joint family arrangement in traditional Indian society has been essential in safeguarding the social and economic security of the elderly (Brijnath (2014)). The economically unproductive elderly are often overlooked today due to evolving social and cultural standards. As nuclear family structures become increasingly prevalent, older individuals are likely to face emotional, physical, and financial instability in the future. The challenges of aging render individuals more vulnerable to psychological disorders, including hunger, economic and emotional sadness, and social isolation (Kamble et al. (2012)). Global research on the interplay between cultural and familial characteristics and the resilience of the elderly is few, with a notable absence in India.

2. The Health of the Elderly in India: Demographics and Challenges

Population aging is a prominent global phenomenon in the current century. India, the second most populous nation globally, has a significant population of individuals aged 60 years or older. The population aged 60 and over in India has tripled during the past 75 years and will continue to increase in the near future. As per the 2001 census, the elderly constituted 7.7% of the total population, rising to 8.6% in the 2011 census. The population forecasts for individuals over 60 years are anticipated to reach 133.32 million in 2021, 178.59 million in 2031, 236.01 million in 2041, and 300.96 million in 2051 during the next four censuses. In the past 40 to 50 years, the increase in the elderly population has been attributed to alterations in fertility and mortality rates Ministry of Health and Family Welfare (2011); Central Statistics Office, 2013). This hike in the aging population will add up the care giving burden and the resources of the country. Care for the older people brings to the forefront a lot of social issues. The older adults have varying needs and problems according to their age (Iwasaki and Yamasoba (2015)), socioeconomic status (Lee and Jeon (2005)), health, and other conditions (Aldrich and Kyota (2017);Parker and Thorslund (2007)), changing family structure, lack of social security, economic dependency, etc. (World Health Organization (2012)). Hence there is a need to explore more appropriate resources to ensure a resilient and dignified life for the elderly in India (Sathyamurthi (2018)).

3. Principal Elements of Psychological Resilience

Research on resilience enhances the comprehension of human growth by elucidating the mechanisms that foster beneficial results amid difficult circumstances (Luthar (2006); Rutter (2012)). Emphasizing strengths over issues highlights protective variables and can guide activities to bolster individual assets (Windle, 2011). Individual resilience factors can be classified into two categories: personal competence-based resilience and religion-based resilience (Aburn, Gott, & Hoare, 2016).

Resilience grounded in personal competence encompasses a diverse array of abilities, skills, and traits, including personal competence (Hu, Zhang, & Wang, 2015; Rutter (2012)), self-efficacy (Benight & Cieslak, 2011), problem-solving (Carmeli et al. (2021)), and goal-setting, among others (Mantie, 2019; Pienaar, Swanepoel, van Rensburg, & Heunis, 2011). Attributes like perseverance and optimism equip individuals with the fortitude to confront problems and progress (Guillen & Laborde, 2014). Religion or spirituality constitutes a significant component of resilience. Pargament and Cummings (Pargament and Cummings (2010)) delineated the mechanisms by which religion fosters positive adaptation: it imparts meaning, evokes pleasant emotions, and facilitates the management of negative emotions. There is growing evidence that religion and spirituality can enhance mental health outcomes, resulting in improved overall quality of life, a more hopeful outlook, and less anxiety and depressive symptoms (Koenig (2015)).

4. Culture and Resilience

Increasing data indicates that cultural context significantly influences resilience (Pangallo et al., 2015;Ungar et al. (2013)). The term 'culture' denotes a collection of values and beliefs possessed by individuals, expressed through their traditions or behaviours. Resilience ought to be regarded as culturally ingrained, as culture shapes individuals' interpretations of adversity and their anticipated responses to it (Arrington & Wilson, 2000). A systemic and ecological approach on resilience, which examines the dynamic connections between individuals and their communities and cultures, offers a more thorough understanding of positive development (Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011). The phenomenological perspective on ecological systems theory posits that culture shapes self-perception and the evaluation of experiences, hence impacting behaviour and coping strategies (Spencer, Dupree, & Hartmann, 1997). Moreover, cognitive theory asserts that the interpretation of adversity, rather than the adversity itself, is the source of pain, so suggesting that culture shapes resilience, as interpretations of adversity are significantly affected by cultural belief systems (Shek, 2004).

Several empirical researches indicate a strong correlation between culture and resilience. Research indicates that cultural identity, beliefs, and traditions confer significance and resilience to individuals in times of adversity. Ethnic identity and the significance of family and traditions were identified as sources of strength and purpose for three generations of Alaska Natives (Wexler, 2014). Numerous studies indicate that religious practices and beliefs facilitate the establishment and maintenance of social support systems (Carter, 2008, p. 77; Hovey et al., 2014) and foster resilience by offering a protective framework during periods of crisis and stress (Lusk & Chavez-Baray, 2017; Theron et al., 2011). Research substantiates that religion and spirituality serve as sources of strength, resilience, and well-being (Bonanno et al. (2015); Howard et al. (2023); Howard et al. (2023);Malviya (2023)). Nonetheless, it must be acknowledged that religious beliefs are peculiar to particular cultures.

An expanding corpus of literature delineates the influence of Indian culture on fostering healthy development and well-being under adverse circumstances (Anand, 2009;Evans and Sahgal (2021); Idaya Rani and Subbu Lakshmi (2023); Jain and Purohit

(2006); Kapur, 2013; Narayanan, 2015). Vyas and Vyas (2021) demonstrated that the constructs of meaning of life, perseverance, self-reliance, emotion control, social connectedness, economic stability, and spirituality serve as a cluster of predictors for psychological resilience in the Indian population. Several researches indicate that Indian culture, via its spiritual knowledge system, seems to bolster psychological resilience in confronting harsh life circumstances Bhushan and Kumar (2012); Prakash, 2017; Saraf et al., 2013). These findings indicate the importance of culture in comprehending resilience. However, the majority of resilience studies have demonstrated a deficiency in cultural sensitivity, with most research conducted in Western nations (Ungar et al. (2013)).

5. Need for the Study

The elder population generally faces many difficulties and stress due to several issues, like economic conditions, deterioration of health, loneliness, chronic illness, retirement, dependency on children, issues with in-laws, loss of spouse, etc., these conditions are very natural for every individual but the capacity to overcome from it and get back to normal daily living is very important for every individual. With regard to the determinants of psychological resilience, the paucity of culturally appropriate investigation of resilience typical to Indian socio-cultural set up provides little insight into how older people become resilient in their cultural surroundings Ghosh and Deb (2017)). Thus, there is a gap in knowledge regarding culturally informed inquiry of psychological resilience and the cultural validation of prior findings; that must be associated with resilience in the context of elderly living in their conventional settings. The subject of inquiry is rather obscure, perhaps intricate, and may benefit from scientific elucidation.

6. Method

A qualitative technique was deemed most suitable for achieving the objectives of this study, as qualitative research methodologies facilitate the extraction of a profound contextual comprehension of intricate dynamics from the participant's viewpoint (Hammarberg et al., 2016). The qualitative methodology emphasizes the perspectives of participants as active actors who generate meaning from their own viewpoints (Arifin (2018)). A grounded theory approach was deemed the most suitable methodology for the study's exploration of the older person's in-depth experiences of resilience. This methodology facilitates the development of a theory based on collected data and guarantees that the researcher does not commence the investigation with a predetermined theory (Giles, 2002). Consequently, the theory extrapolated from the data was more likely to reflect the actual experiences of the elderly. The objective of the study was to comprehend the manifestation of elderly resilience within the Indian cultural framework. Consistent with the grounded theory research method, the study also sought to further promote resilience and well-being among senior individuals.

7. Participants

Participants were recruited from member states of the North Central Zone Cultural Centre of India i.e., Uttar Pradesh, Madhya Pradesh, Bihar, Delhi, Haryana, Rajasthan, and Uttarakhand are interviewed to describe experience of resilience in their life. They were all elderly males and females belonging to the middle-class income group who have experienced health-related problems as well as chronic diseases. All individuals in the senior group were over 60 years of age, possessed their own families, and were no longer residing in healthcare facilities or nursing homes. Theoretical sampling was used to ensure that the sample comprised 1 male and 1 female senior citizen from each state, totalling a sample size of 14. Very few prior researches have been conducted to assess how Indian culture contributes to resilience in older individuals during periods of severe adversity.

8. Procedure

Participants were identified by the local people who were actively engaged with families of those older people in related areas and who told them about the study and supplied a participant information sheet detailing the study's objective. The older individuals who indicated a desire to participate provided their preferred contact information to local residents, who subsequently relayed it to the principal investigator. The principal researcher subsequently called these older individuals to confirm their continued willingness to participate and to address any preliminary inquiries. If they consented to participate, a mutually agreeable time was scheduled to conduct the interview. Informed consent was acquired. Interviews lasted up to one hour or forty-five minutes, employed a semi-structured in-depth interview schedule, and were recorded using a digital recorder. Each interview finished with a succinct assessment of the participant's emotional condition, enabling the older individuals to articulate their perspectives and experiences about resilience. Furthermore, information regarding local voluntary services was made available to participants as needed. Interviews were transcribed verbatim, and to preserve anonymity, all identifiable information was eliminated.

9. Data Analysis

Interview data were examined utilizing grounded theory methods in accordance with the steps delineated by Charmaz (2006). Rather than employing line-by-line coding, 'meaningful units' (Rennie, 2006) were utilized in the coding process, as it was believed this approach would more effectively encapsulate the meaning within the transcripts. This also established the foundation for the preliminary phase of analysis and lower-order coding, highlighting themes that were further explored in subsequent interviews. At this juncture, established categories were evaluated about associated linkages, contexts, and situations. A theory or conceptualization was produced by consolidating and integrating related ideas into progressively higher levels of abstraction based on the participants' reports. Axial coding allowed the researchers to examine and re-examine the open categories using the 'constant comparison method.' The exploration of themes and associations among the open categories facilitated the development of twenty-three lower-order categories and four higher-order categories.

Ultimately, upon reaching data saturation and the absence of more categories, selective coding facilitated the formulation of the theory.

10. Reliability, Validity, and Subjectivity

to and representation of the phenomenon under investigation. Consequently, validity pertains to the precise identification and comprehension of the experiences of the senior participants in this study. Reliability denotes the degree to which interpretations derived from the analytical and theory-building process can be consistently replicated. Theoretical memos were maintained throughout the procedure to verify the theory was substantiated by the evidence. Validity verification was conducted among the authors and also among members of a qualitative research group. This group comprised researchers acquainted with the grounded theory methodology, facilitating reflections and conversations on the evolving findings. Furthermore, it is essential for the primary researcher to delineate their stance and its potential impact on data interpretation inside the technique. All efforts were made to ensure that the established theory and analysis were closely aligned with the interview data.

Table 1. : Participants specifications in the study

Age (years)	Mean = 70.9	SD ± 6.8	Range = 65–85
Interview time (min)	Mean = 55.4	SD ± 14.5	Range = 30–75
Number of children	Mean = 4.1	SD ± 2.5	Range = 1–10
Gender (na)	Female	6	
Male	8		
Domicile (n)	Urban areas	10	
Rural areas	4		
Education (n)	No education	0	
Elementary	4		
High school	3		
BA/BSc	4		
MA/MSc	3		
Marital status (n)	Married	9	
Widow/widower	5		
Unmarried	0		
Occupation (n)	Housewives	6	
Businessmen	5		
Retired employees	3		
Satisfaction with	Very dissatisfied	2	
Economic state (n)	Dissatisfied	5	
Satisfied	4		
Very satisfied	3		

Note: n^a, number of participants.
Abbreviations: SD, standard deviation; BA, bachelor of arts; BSc, bachelor of science; MA, master of arts; MSc, master of science.

11. Ethical Considerations

In accordance with the British Psychological Society Guidelines (BPS, 2021), informed consent was secured from individuals before their involvement in the research. All information was maintained as secret, anonymized, and non-identifiable (King, 2010; Oates et al. (2021)). Prior to the interview, the participants were apprised of the study's objectives and significance, and all provided their agreement to participate. Note-taking and interview recording were conducted subsequent to acquiring consent from the participants. The participants were assured that their information would remain confidential during and after the study. Participants were also advised that they might exit the study at any time; however, none chose to do so. All data retained on the computer was anonymized and secured with a password.

12. Finding

Fourteen elderly participants satisfied the inclusion criteria and participated in the study. The participants' specifications are detailed in Table 1. Data analyses yielded four primary theoretical categories from the interviews: "meaning of psychological resilience," "social factors supporting resilience," "beliefs to overcome distress," and "values contributing to resilience" (Table 2).

Table 2. Theoretical category and subcategories

Theoretical category	Sub-category	
Meaning of psychological resilience	Art of living	Adaptation of senescence
Accepting life with disease		
Family's well-being		
Patience and faith in God		
Social factors supporting resilience	Human Welfare	
Received support		
Attitudes toward elderly		
Resourcefulness		
Beliefs to overcome distress	Efficiency	
Equanimity		
Absence of expectation		
Egolessness		
Renunciation of limited desires		
Duty/dharma		
Total surrender		
Values contributing to resilience	Self-control	
Tranquillity		
Emotional maturity		
Self-emptiness		
Being content with one's self		
Self-righteousness		
Oneness of self and environment		

13. Theme One: Definition of Psychological Resilience

One of the primary theoretical categories of the study was associated with the delineation of the meaning of psychological resilience, encompassing five sub-themes: “the art of living,” “adaptation to senescence,” “acceptance of life with illness,” “family well-being,” and “patience and faith in God.” Drawing on the experiences of the elderly, several participants regarded resilience as an art and a distinctive skill that aids them in confronting the discomforts and obstacles associated with aging. For the majority of participants, resilience signified the ability to adjust to the health challenges associated with aging. They needed to adjust by controlling their ailments and evading circumstances that might aggravate their symptoms. Several interviewees indicated that, for the elderly, resilience entails accepting life with the illness.

For older people, familial well-being significantly influences their resilience. When a family experiences hardship, their susceptibility to mental health issues concurrently escalates, adversely impacting their overall well-being. The older individuals equated patience and faith in God with resilience.

14. Theme Two: Social Factors Supporting Resilience

The second principal category of the study is "social factors that bolster resilience." The participants regarded welfare, financial, emotional, and various forms of assistance, as well as other’s views towards the elderly with chronic illnesses and other health issues, as significant factors enhancing their resilience. The absence of support from others and the loss of relationships diminished resilience. The elderly asserted that possessing favourable economic circumstances and financial autonomy provided mental security and enhanced their self-confidence and resilience. The inability to afford medical treatments and reliance on children or others reduces one’s capacity to effectively address the challenges posed by illnesses. Participants regarded support from relatives as a contributing element to positive adaptation to chronic illnesses.

Participants indicated that support from family members, particularly spouses and children, as well as neighbours and friends, would enhance their resilience. For the female participant, the emotional support from her spouse was more crucial to her resilience. The participants recounted personal experiences indicating that societal perceptions of the elderly with health issues significantly influenced their resilience. In their experiences, social rejection diminishes their well-being and involvement with the external social world.

15. Theme Three: Beliefs to Alleviate Distress

The third major category of the study is "beliefs to alleviate distress." Efficiency denotes a performance level that clarifies a particular procedure utilizing all inputs to generate a substantial result, including personal energy and time. It necessitates complete concentration, awareness, ability, and mental talent. According to the participant, another method for navigating tough life situations is equanimity, defined as a mental balance amidst both pleasure and sorrow. The lack of expectation implies not relinquishing all activity under any conditions, but rather undertaking required actions with a sense of detachment from outcomes. The notion of egolessness or selflessness posits that there is no immortal soul or eternal self-inherent in the mankind. The participants contemplated their experiences, concluding that the practice of egolessness in daily life leads them toward virtue. Egolessness embodies attributes including simplicity, sincerity, and desirelessness; its cultivation necessitates a sincere dedication to goals and direction, and simplicity in both behaviour and thought. They behold the idea that self-control and the leading life with limited desires were essential elements, which, in fact, belong to the integration of psychological resilience. They indicated that the abandonment of limiting desires from their lives consistently maintained a state of psychological ease, which manifested as efficiency and tranquillity during the aging process. They also expressed their obligations for individual, societal, and global dharma. Niranjanananda (Niranjanananda (2002)) asserts that "when one cultivates the awareness of dharma as an intrinsic commitment, duty, or obligation towards other beings, one fosters a giving or assisting disposition" (p. 74). When an individual wholly surrenders to the highest consciousness and contemplates the assertion, “God and I are one, yet God transcends me.” This complete surrender devoid of ego identification leads to the sensation of mental and cognitive purity, ultimately contributing to their resilience in older time.

16. Theme Four: Values that Enhance Resilience

The fourth chief category of the study is "values that enhance resilience." Self-control is a form of inhibitory control that cultivates the capacity to regulate one’s emotions and behaviours in situations of risk or adversity (DeLisi (2014)). Self-control, as a cognitive activity integral to executive function, is crucial for regulating the behaviour of the elderly to attain resiliency (Diamond, 2013). Research on the significance of self-control and propitiation demonstrated its influence on predicting positive adjustment, reduced pathology, improved work performance, and interpersonal success (Tangney et al. (2018)). Eight elderly individuals reported experiencing a sense of tranquillity notwithstanding various personal challenges.

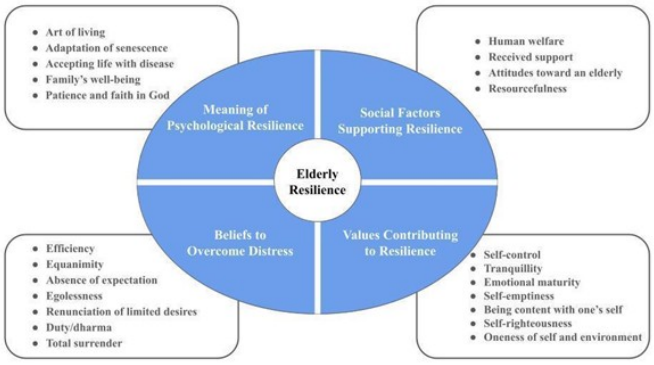
The participants expressed the perspective that, unlike animals that respond rapidly to stimuli, individuals possessed the ability to maintain emotional maturity during interactions with stimulating occurrences, demonstrating a sense of stability in such conditions. Menninger (1999) posits that "emotional maturity entails a constructive capacity to confront reality"; in other words, it denotes "the ability to manage and direct emotional inclinations towards achieving desired objectives" (Yusoff et al. (2011)). The older individuals exhibited a connection to the concept of emptiness within their selves and consequently engaged in regular egoless behaviour in their daily lives. This specific characteristic rendered them capable of fully establishing their ego. A further component that enhanced the resilience of the older participant was the acknowledgment of one’s blessings and possessions. All 14 participants express that they derive optimism from reflecting on their blessings and the sense of accomplishment associated with their life achievements. Among the eight elder participants the cognition of self-righteousness in their selves is an influential trait acquired via the appreciation of Indian classical literature and philosophy. They candidly stated that for an extended period, they were highly reactive to their surroundings; however, upon seeing this as a personal reflection, they had a sense of empowerment

that enabled them to bring change in their environment and adapt to it.

17. Discussion

The conception of psychological resilience was analyzed through a grounded theory perspective (Charmaz (2014)) informed by the experiences of the elderly (Figure 1). The participants considered resilience as a way of life, and through their trust in God, they were able to embrace their existence despite health challenges and chronic sickness. Through this lifestyle, the participants successfully transcended the pain and suffering associated with old age. Several researches have associated resilience with the preservation of a high quality of life (Henry, 2017;Hildon et al. (2008)), whereas Demakakos et al. (2006) defined resilience as the absence of depression or the non-worsening of depressive symptoms. Furthermore, a separate study (Lantman et al., 2017) identified its definition as "perceived health." The findings indicate that the concept of resilience is influenced by the specific religious and cultural background of each civilization (Gallacher et al., 2012). Herrman et al. (2011) characterized resilience as the capacity for positive adaptation or the ability to maintain health or restore mental well-being in the face of adversity and adversities.
Adaptation is a skill employed by the aged peope in response to stressors (Hassani, 2017, p. 62). The older people endeavour to adjust by altering their perception of their circumstances, embracing their illness, and anticipating enhancement (Kuria, 2012). Results indicated that resilience is a skill that aids older individuals in adapting to their living circumstances; yet, for most participants, patience and faith in God were more critical components of resilience. Empirical research has demonstrated the significance of faith in God as a coping mechanism to mitigate anxiety and despair while enhancing hope (Ghobari & Shojaei, 2004; Sytsma et al., 2018). A larger proportion of participants in Darrell's (Darrell (2016)) study indicated that their faith in God assists them in maintaining composure when confronting their illness.
The study findings match with the observation of Sippel et al. (2015) research where elderly possess a significant capacity to adapt to adversity; yet, this process necessitates the collaboration and operation of various internal and external systems. Social support is one of the variables, for instance. DiMatteo (2004) asserts that elderly patients with substantial social support were more inclined to adhere to their treatment plan and demonstrate a greater willingness to utilize healthcare services. Moreover, family support positively contributes to the resilience of older individuals (Sakurai et al. (2021)). Social support enhances healthy behaviours (Cohen & Lemay, 2007), and its efficacy is heightened when it originates from the anticipated source of support (Selcuk & Ong, 2013).Shankar et al. (2011) showed that social isolation adversely impacted the health of the elderly.

Figure 1. Model of psychological resilience in elderly of India



This present study examined how the sort of social support influences the resilience of the elderly. Men anticipated physical health care from their families, but women sought emotional support from their relatives (Silva et al., 2019). Economic conditions exert differing impacts on resilience based on the social milieu. Several studies have demonstrated a correlation between socioeconomic status and psychological resilience (Prabhu & Shekhar, 2017; Qiu et al. (2021)). Beutel et al. (2010) identified a positive correlation between resilience and household income, whereas Wells (2009) discovered a negative association between income level and resilience. However, no correlation has been identified between psychological resilience and elderly individuals, regardless of their urban or rural residence (Wells (2014)).
The results indicated that cultural concepts, including efficiency, equanimity, absence of anticipation, egolessness, renunciation of limited desires, duty/dharma, and surrender to God, were the primary resources utilized by older individuals to address the challenges posed by their illnesses.Zautra et al. (2010) assert that individual characteristics and circumstances influence resilience mechanisms. Efficiency denotes a performance standard that clarifies a particular process employing all inputs to generate a substantial output, encompassing human energy and time (Palmer & Torgerson, 1999, p. 1136). The elderly individuals indicated complete attentiveness, awareness, mental ability, and skill, enabling them to actively employ coping techniques to combat their adverse circumstances (Mazlum, 2012). Participants endured psychological distress due to their shift towards a negative and pessimistic mindset under adversity, prompting a desire for change that could be controlled; this mental calmness was achieved through the practice of equanimity. Wuling (2006) noted that "the lack of expectation during work leads to a decrease in life's disappointments." The participants expressed the belief that the practice of egolessness and complete surrender leads them toward righteousness, which, as Trungpa (2010) states, is "the path based on the maturation of insight or knowledge derived from egolessness." Niranjanananda (2002) said that "when total surrender occurs devoid of ego identification, self-identification, and the pursuit of gain, purity of mind, action, speech, and thought is realized" (p. 77). The experiences of elderly receiving long-term health care reveal that key sources of resilience include self-efficacy, situational awareness, and the ability to form relationships (Janssen, 2011).
Subsequent findings demonstrate that the major cultural values adhered to by older individuals to mitigate the challenges associated with aging include self-control, tranquillity, emotional maturity, self-emptiness, contentment with one's possessions and

blessings, self-righteousness, and a sense of unity with oneself and the environment. Participants perceived self-control as a fundamental function and a crucial mechanism for effectively managing life problems. Research on the significance of self-control established its influence on predicting positive adjustment, reduced pathology, improved work performance, and interpersonal success (Tangney, Baumeister & Boone, 2004). The elderly individuals experiencing tranquillity align with the findings of Ng et al. (2005), which state that "tranquillity involves an absence of disturbance amidst internal or external turmoil, maintains a sense of direction amid confusion, and reflects resilience in the face of suffering" (p. 46). The older adults expressed the view that they maintained emotional maturity during illness and exhibited a feeling of stability under those circumstances.Yusoff et al. (2011) stated that "emotional maturity enables the facilitation and guidance of emotional tendencies to achieve desired objectives." The older people utilized logic as a primary means to comprehend their experience of emptiness in relation to their life circumstances. The participants exhibited a predisposition to perceive their world through the self, which is altered in accordance with changes in their internal state of being. Self-righteousness and self-contentment significantly influence the perception of reality among older people. As noted by Henry (1996), these traits stem from adherence to one's true self, which ultimately constitutes their genuine source of strength.

18. Implications of the research for social policy and implementation

The elderly demographic in India is expanding rapidly. Health policymakers must recognize the potential significance of resilience in relation to successful aging. Comprehending the significance and frameworks of resilience in the elderly may enhance their self-efficacy in life management, enable them to surmount health-related challenges, and elevate their quality of life. Consequently, the findings of this study must be acknowledged within the healthcare system. Policymakers must acknowledge the significance of the family structure in the caregiving of the elderly, reinforcing the family unit and revitalizing cultural values within education. Healthcare providers may also utilize these experiences to develop comprehensive treatment plans.

19. Conclusion

To understand what resilience means for the elderly in Indian culture, we examine their ageing experiences and coping mechanisms with it and identify four major themes relevant to psychological resilience. This study elucidated the definitions and frameworks of resilience in older persons based on their life experiences. The present study enhances the cultural understanding of psychological resilience in the elderly. There is very few established intervention to enhance the resilience of the elderly population facing life challenges. Research into psychological resilience as it is conceptualized in Indian culture is at a preliminary state. Gaining a deeper understanding of the meanings and frameworks of resilience development among older Indian individuals may facilitate cross-cultural comparisons and the potential formulation of interventions grounded in positive adaptive techniques from cultural foundation to enhance resilience for this demographic globally.

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