



## Family Support and Resilience as Predictors of Successful Ageing among the Elderly

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### Abstract

The study investigated family support and resilience as predictors of successful aging, eighty (80) retired civil servant comprised of 49 males and 31 females with a mean age of 70.34 and SD of 8.389 were selected using multi-stage (cluster, simple random: by balloting and purposive) sampling techniques as participants from pension department in local government secretariat Enugu State. Connor-Davidson Resilience Scale (CD-RISC), Family Support Scale and successful aging questionnaire were used for data collection, a cross-sectional design was adopted, while a linear regression was used for data analysis. Findings revealed that family support did not predict successful aging (physiological  $St\beta = -.032$ ,  $t = -.345$ , psychological  $St\beta = -.029$ ,  $t = -.319$  and society  $St\beta = -.130$ ,  $t = -1.431$  at  $p < .05$ ). Resilience did not predict successful aging (physiological  $St\beta = -.042$ ,  $t = -.458$ , psychological  $St\beta = -.021$ ,  $t = -.223$  and society  $St\beta = .109$ ,  $t = 1.196$  at  $p < .05$ ). Hence future researchers should consider other variables that cause the presence of successful aging.

Keywords: aging, family support, resilience, wellbeing.

### Introduction

In recent years, the concept of successful ageing has induced much debate (Calasanti, 2016; Katz & Calasanti, 2015; Bülow & Söderqvist, 2014), and various definitions of the concept have been introduced in various studies (Cosco et al., 2014). According to the classic concept of Rowe and Kahn, successful ageing is defined as high physical, psychological, and social functioning in old age without major diseases (Rowe & Kahn, 1985; 1997). In this brief review we use the classic name, although several terms of this concept, such as healthy ageing, active ageing, productive ageing, and ageing well, etc. have been used in the field (Fernandez-Ballesteros, 2019).



The main focus in the concept of successful ageing is how to expand healthy and functional years in the life span (8, 9). The phenomenon of successful ageing can be viewed from a population or an individual perspective (Fernandez-Ballesteros, 2019). At the population level, definition includes determinants of health and participation for the purpose of promoting policies, whereas at the individual level it is defined by outcomes of health, physical, and cognitive function, and life involvement (Fernandez-Ballesteros, 2019). Because, successful ageing is a multidimensional concept encompassing domains of physical, functional, social, and psychological health, all of these dimensions should be taken into account, both with objective and subjective conditions, when studying the phenomenon (Cosco et al., 2014; Fries, 1980; Martin et al., 2014).

Kim and Park (2016) conducted a meta-analysis of the correlates of successful ageing and they identified that four domains describing successful ageing were; avoiding disease and disability, having high cognitive, mental and physical function, being actively engage in life, and being psychologically well adapted in later life. Similarly, in the model of Aging well by Fernandez-Ballesteros et al. (Fernández-Ballesteros et al., 2008; Fernández-Ballesteros et al., 2013), successful ageing is defined by the domains of health and activities of daily living (ADL), physical and cognitive functioning, social participation and engagement, and also positive affect and control, when the definition by Baltes et colleagues (1990, 1997) is also considered. Kok et al. (Young et al., 2009) found in their study that many older adults were ageing relatively successfully, but there was a variation between indicators of characters of successful ageing, and the combinations of successful indicators varied also between individuals.

Most definitions of successful ageing include also outcomes which can be described as the operational definitions of the concept (Fernandez-Ballesteros, 2019). The operational definitions are generally based on objective measurements of health and functionality and do not necessarily take into account individual's perceptions of their own health and wellbeing which would give more comprehensive view of



ageing (Cosco et al., 2014). Kleinedam and colleagues (2018) have suggested that well-constructed operationalisation of successful ageing includes measurements of physiological health over the last decades, life expectancy has increased substantially. The increasing number of individuals reach over 80 years of age which has led to growing prevalence of multimorbidity, frailty and disability in older population (Newman & Murabito, 2013). The cohort studies have shown that morbidity and functional limitations are associated with lower quality of life in old age (Strandberg et al., 2013; Davis et al., 2015). Recent study showed that a good SRH and low levels of cardiovascular risk factors in midlife are associated with active and healthy ageing (Urtamo et al., 2019).

The concept of successful and healthy ageing has been generally associated with longevity, and the absence of disease and disability, which is based on the definition of successful ageing by Rowe and Kahn (Rowe & Kahn, 1985; 1997).

Many studies have focused on longevity research to define successful ageing, highlighting the importance of having lived a very long and healthy life (Martin et al., 2014). The study of Andersen-Ranberg and colleagues suggested that healthy centenarians do not exist, but autonomous centenarians do, which shows that longevity may have a price (Martin et al., 2014; Andersen-Ranberg et al., 2001). In addition, very few of the centenarians would be classified as successful according to Rowe and Kahn's criteria (Martin et al., 2014).

Avoiding disease and disability is common criterion also in the studies of successful ageing (Kim & Park., 2016). However, recent studies have suggested that absence of disease and disability is not the most important element in the concept of successful ageing, and people with chronic disease can also age successfully (Baltes & Baltes, 1980, 1997; Nosraty et al., 2015; Pruchno & Wilson-Genderson, 2015). Young and colleagues' model of successful ageing (Young et al., 2009), and also the model of selective optimisation with compensation proposed by Baltes and Baltes (1980, 1997), takes into account adaptive psychological and social mechanisms which can



compensate limitations of physiological health. Manierre (2018) has demonstrated that Young and colleagues' model provides a holistic perspective of successful ageing among people with chronic diseases health, well-being and social engagement, with subjective and objective aspects.

Resilience is the ability to cope with a crisis or to return to pre-crisis status quickly (de Terte & Stephens, 2014). Resilience exists when the person uses mental processes and behaviours in promoting personal assets and protecting self from the potential negative effects of stressors (Robertson, Cooper, Sarkar & Curran, 2015). In simpler terms, psychological resilience exists in people who develop psychological and behavioural capabilities that allow them to remain calm during crises/chaos and to move on from the incident without long-term negative consequences. Resilience is the psychological trait of having positive adaptation that enables individuals to effectively cope with stressful situations (Ehrich; Mornane; & Powern 2017).

A common misapprehension is that resilient people are free from negative emotions or thoughts, remaining optimistic in most or all situations, to the contrary, resilience plays an important protective role against psychopathology and its positive and negative coping strategies can affect both resilience and mental health (Chen, Yang & Chiang 2018). In other words, people who demonstrate resilience are people with optimistic attitude and positive emotionality and are, by practice, able to effectively balance negative emotions with positive ones (APA 2014). It is important to note that resilience is not only about overcoming a deeply stressful situation, but also coming out of the said situation with competent functioning. Resilience is the process of being able to adapt well and bounce back quickly in times of stress (Southwick; Bonanno; Masten; Panter-Brick & Yehuda 2014 as cited in Oshioa, Takub, Hiranoc, & Saeed, 2018). Resilience or psychological resilience (Bonanno, Romero, & Klein, 2015) is, however, a complex construct that involves traits, outcomes, and processes related to recovery, and thus it has been defined differently in the context of individuals, families, organizations, societies, and cultures (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014 as cited in Oshioa, Takub, Hiranoc & Saeed,



2018). One such perspective focuses on resilience as personality characteristics that moderate the negative effects of stress and promote adaptation. Resilient people may also show characteristic like being a good communicator, having an internal locus of control, having high emotional intelligence and managing emotions effectively, holding positive views of themselves and their abilities. Possessing the capacity to make realistic plans and stick to them, viewing themselves as fighters rather than victims of circumstances.

However even from this perspective, there have been two approaches—ego-resiliency (Block & Turula, 1963as cited in Oshioa, Takub, Hiranoc, & Saeed 2018) and trait resilience (Connor &Davidson, 2003; Ong, Bergeman, Bisconti, & Wallace, 2006; Wagnild &Young, 1993as cited in Oshioa, Takub, Hiranoc, & Saeed, 2018).The first approach, ego-resiliency, is derived from the theoretical model of personality development that was formulated by Block and his colleagues, which centred on two fundamental constructs: ego-control and ego-resiliency (Block, 2002; Block & Turula, 1963as cited in Oshioa, Takub, Hiranoc, & Saeed 2018). Ego-control refers to the individual's characteristic response to behavioural or attentive impulses. Specifically, an undercontroller tends to be highly expressive or attentive to internal pushes and pulls, whereas over controller tends to be constricted in behavioural or attentive impulses, and thus constrained and disciplined (Letzring, et al.,, 2005as cited in Oshioa, et al., 2018). This dimension reflects different life styles and has been indicated to be unrelated to adjustment or competence, as they both tend to be maladaptive.In contrast, ego-resiliency refers to the individual's adaptive reserve, a dynamic ability to temporarily change the reactions and perceptions to meet the situational demands of life. Ego-resiliency modifies the level of control in response to the environmental context. Ego-resilient people would reduce or increase behavioural control and expand ornarrow attention to regress and progress in the service of the ego (Block & Block, 2006as cited in Oshioa, et al., 2018). Individuals at the higher end of ego-resiliency are, therefore, often resourceful in adapting to novel situations. They are capable of shifting their behaviours with a versatile set of



cognitive and social procedures in the search for adaptation and are generally quick to adapt to changes. Conversely, those at the lower end tend to be brittle and exhibit little adaptive flexibility when encountering novel or stressful situations, and therefore, have difficulty in recovering from stress. Causadias, et al., (2012), for instance, used a longitudinal study and demonstrated that ego-resiliency, but not ego-control, was a powerful predictor of adaptive functioning later in life.

Overall, highly resilient people are more likely to be competent and comfortable in the fuzzy interpersonal world (Block & Kremen, 1996as cited in Oshioa, et al., 2018).Causadias *etal.* (2012) also suggested that when confronted by stressful circumstances, people with a low level of resiliency may act in a stiff and perseverative manner or chaotically and diffusely, and in either case, the resulting behaviour is likely to be maladaptive. By taking a typological approach, three basic personality types have been identified in the literature: ego-resilients, vulnerable over-controllers, and unsettled under-controllers (Robins, et al., 1996; Steca, Alessandri, & Caprara, 2010as cited in Oshioa, et al., 2018). The findings about these three types have been replicated in cross-cultural studies (Alessandri *etal.*, 2014; Specht, Luhmann, &Geiser, 2014). Four types have been also found by applying cluster analysis, namely (1) those with high ego-resiliency and low ego-control, (2) those with above-average ego-resiliency and high ego-control, (3) those with below-average ego-resiliency and low ego-control, and (4) those with low ego-resiliency and high ego-control (Gramzow *etal.*, 2004).This four-profile configuration of personality types has been validated, and more recently, have been suggested to provide greater coherence and predictive ability than the three-profile model (Isler, et al., 2017; Isler, et al., 2016).The second approach has been derived from a series of studies focusing on trait orientation or personality characteristics of resiliency (Connor & Davidson, 2003; Ong et al., 2006as cited in Oshioa, et al., 2018).

When a/person is bombarded by daily stress, it disrupts his/her internal and external sense of balance, presenting challenges as well as opportunities(Xue, 2020). However, the routine stressors of daily life can have positive impacts that promote



resilience. It is still unknown what the correct level of stress is for each individual. Some people can handle greater amounts of stress than others (Xue, 2020) can. Psychological resilience can affect cognitive bias through multiple factors and its intermediary role in the regulation of positive emotion (Xue, 2020).

Perceived Social Support relies on interpersonal networks and the extent to which an individual believes his or her needs for support, information, and feedback are fulfilled through interpersonal processes (Caplan, 1974; Procidano, 1978 & 1983). It consists of transactions with others that provide the recipient with emotional support, affirmation of self, appraisal of the situation, instrumental support, and information (House, 1981; Vaux, 1988). More contemporary studies have defined social support as a person's generalized cognitive appraisal of being supported by important members of social networks such as family, friends, and significant others rather than actual enacted behaviors (Dunkel-Schetter & Bennett, 1990; Lakey & Cassady, 1990; Lakey & Drew, 1997; Sarason, Sarason, & Pierce, 1990).

Gardner (1998) provided a further more delineated definition: "Family Support can mean self-help or volunteer help for family members with minimal outside involvement until the family itself identifies the need. It can mean a continuum of advice, support, and specialist help starting in the community and signposting the family towards early, less traumatic intervention to avoid a crisis. And it can mean a specific approach that is a way of dealing with life crises and problems, including abuse within families, which takes account of any strengths and positive relationships within these families which could assist recovery. Family Support is defined as: "the provision of a range of supports and services to ensure all children and young 16 people are given the opportunity to develop to their full potential. It aims to promote their development primarily by supporting and empowering families and strengthening communities. Its focus is on early intervention, ensuring



that appropriate assistance is available to families at the earliest opportunity at all levels of need” (Families Matter, 2009)

Family Support is a contested and contentious practice orientation in children and families social care settings. Children’s social care is an all-embracing term which refers to a range of support services for children who are in need of some level of care and protection (Frost & Parton, 2009). Gilligan (1995) outlined the principles of Family Support and suggested that Family Support is about recognising and responding to the needs of families, especially during a time of difficulty. The family must define their own need or problem, and the necessary support must be available when needed. Rather logically, Family Support must be supportive; it must not be experienced as threatening, alienating or demeaning. It must be offered and available on terms which make sense in the lived reality of the service user; in practice this will mean a low key, local, non-clinical, unfussy, user friendly approach. To be effective, it will be offered within ‘pram pushing’ distance and operate on a principle of consent rather than coercion. Families must be left with a clear sense of benefiting from their involvement, with the service presented in an enticing and attractive manner.

Family Support should aim to enhance rather than diminish the confidence of those being helped. Of note, it will require an orientation on the part of the professional which is of respectful ally, as opposed to patronising expert. Finally, Family Support needs to “wrap around” the particular circumstances and child rearing stage of the family. There is evidence that family support is related to numerous factors in our lives including loneliness (Corty & Young, 1980), social isolation and disintegration (Leighton, 1959), stress and a buffer to stress (Cohen & Wills, 1985; Ologun & Ibigbami, 2006), self-esteem (Brown, Andrews, Harris, Adler, and Bridge, 1986; Orshan, 1999), adjustment (Weihs et. al., 2005; Mfusi & Mahabeer, 2000), positive affect (McCaskill & Lakey, 2000), adult attachment styles and coping strategies (Ognibene & Collins, 1998), general physical health (Krause et. al., 2006; Fujita, 2003), and recovery from illness (Hurdle, 2001; Taky & McCubbin, 2002). In general,



research suggests that it is not the amount of social support per se that is protective, but the positive interpretation of the interactions of the individual (Lyons, Perrotta, & Hancher-Kvam 1988; Heller, Swindle, & Dusenbury, 1986).

There has been so much attention to social interaction in recent years. As some people are skilled interactor resulted in many researches to social interaction. Most researchers agree most social behavior are instructing. (Ormrod, 1999) because children who are not reared among people, has unacceptable and different social behavior and cannot speak. Those who has not warm family, does not have correct social behavior. (Hargie & Owen 1990) Bandura (1986) in his cognitive-social theory assert all behavior except primary reaction is learning. He believes social learning from modeling and vicarious learning especially parents take place. Family is the first and the most important factor effecting on personality. Besides parent influence from heredity, family social statute, economy, thought and belief, custom, will, education level of parent, age and family form and member behavior pattern to each other, and total atmosphere of family on personality and personal and social behavior, are effective too. (Hargie & Owen, 1990) therefore, attention to method of parenting is an indispensable factor on social skill forming.

Researchers know there is relation among parenting method and life skill development. Some believe there is meaningful relation between kind of parenting and life skill quality on adolescence. (Slicker, Picklesimer, Guzak, Fuller, 2005) Hoseinian and Baniyadi findings (2006) show those who has more life skill has more real evaluation of life, extinct thought, are decisive on functionality of their capacities and on encountering to life events are more resistant. World health organization, (2002) has divided life skill on personal and social skill. For example: decision making & problem-solving skill, personal skill and communication skill and inner one are of social skill. Lack of assertiveness, is an inner one problem, in which be visible on social situation, job, family and commune interaction. It is ground of other problem of psych interference. Decisiveness is one of the most important factors on social skill and is remediable aspect on inner-personal relation and can be



learned and is changeable too. Receiving support requires some sense of ones need and awareness of his or her perceived environment.

#### Statement of the problem

The pursuit of successful aging is currently the most important research and policy issue in an aging society. Participating in voluntary services can help middle-aged and older adults recognize the positive value and benefits of social participation, feel a sense of happiness and accomplishment, and improve their overall life satisfaction, which can also contribute to successful aging. This study wants to understand whether the family support and resilience will affect their continuous participation behaviour and successful aging because of the satisfaction of actual participation? Hence the research question:

1. Will family support significantly predict successful aging?
2. Will resilience significantly predict successful aging?

#### Purpose of the study

These purposes motivated these study:

1. To investigate whether family support will significantly predict successful aging
2. To examine whether resilience will significantly predict successful aging

#### Operational Definition of Key Study Variables

Successful aging: refers to realizing one's potential and achieving a level of physical, social, and mental health in later life that is beneficial to oneself and others as measured by scores on successful aging questionnaire (Rowe et al., 1997)

Resilience; is the ability to successfully cope with crisis and to return to pre-crisis status quickly. It is as measured by scores on Connor and Davidson (2003), Connor-Davidson Resilience Scale (CD-RISC) revalidated by the researcher.

Family Social Support: is the support that people receive from other family members as measured on score by Uddin and Bhuiyan (2019) 20-items family support scale.

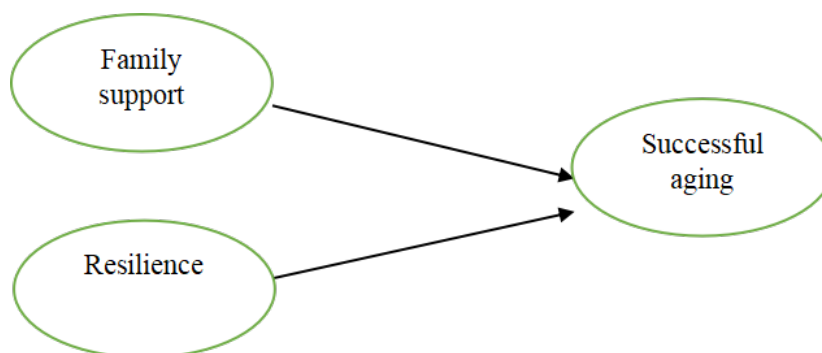


Fig I: the illustration above shows family support and resilience as predictors of successful aging

### Theoretical Background

#### Community Resilience Theory (Wilson, 2012)

Community resilience theory is a concept that recognizes resources that lie outside the area affected by the shock or stress which help them to navigate through problems. Resilience, a concept originally derived from the field of ecology, is commonly understood as the ability to bounce back and return to a stable state in which some entity (e.g., individual, household, or community) existed before a disturbance (Constas & Frankenberger, 2013). The disturbance could be a collective shock shared by a large group of people (covariate shock) or a shock experienced only within a given household or community (idiosyncratic shock). The concept of resilience has gained popularity because it holds the promise of bridging the operational gap between humanitarian aid and development assistance, and because it highlights the



need to build the capacity of individuals, households, and communities to withstand and/or adapt to a broad array of risks (Constas & Frankenberger, 2013). The idea of community resilience has largely evolved from writings on social resilience. Adger (2000) offers one of the earlier and more accepted definitions of social resilience: “the ability of groups or communities to cope with external stresses and disturbances as a result of social, political, and environmental change.” Folke (2006) describes social resilience as the necessity of human systems to learn to manage by change and implies that “uncertainty and surprise are part of the game. While not exhaustive, collectively the definitions suggest that resilient communities share the following attributes: the ability to recover from some sort of event or shock to the system; the capacity to learn, plan for, and communicate about possible disruptions; the ability to self-organize and to be self-reliant in times of crisis; and strong social connectedness that serves as a “core engine” for response.

From these concepts a number of central ideas regarding community resilience have evolved, namely that community resilience can be both preventative (avoiding poor outcomes by developing risk mitigation strategies), or facilitate recovery after a traumatic event. Community resilience also speaks to whether more vulnerable stakeholder groups (i.e., the economically or politically weak) can recover from a disturbance without reducing the well-being of any other community-based institutions or individuals (Wilson, 2012). Community resilience is seen by a number of scholars as the balance between economic productivity, environmental health, and the social needs of communities – in other words, resilience is about communities being able to successfully cope with endogenous and exogenous disturbances based on economic, social (political/cultural), and environmental parameters (Rotmans, Martens, & van Asselt, 2002; Resilience Alliance, 2009).

#### Family Resilience Theory (Walsh, 2003)

The family resilience model developed by Walsh has multiple benefits. First, the focus is on family strength in times of stress or when facing an adverse event (Walsh,



2003a). The family, as a whole, is seen as being capable of overcoming adversity and 'bouncing forward,' which can impact an individual's quality of life (Walsh, 2003a). Second, the family resilience model accounts for variance in families by assessing functioning based on context, values, structure, resources, and life challenges (Walsh, 2003a). Third, family and individual functioning vary throughout the family life cycle, impacting the family's resilience (Walsh, 2003a). Finally, the family resilience model holds that any family has the ability to recover and grow out of adversity (Walsh, 2003a). There are multiple factors of family functioning that play a role in resilience and, ultimately, in each individual family member's quality of life. These factors include quality communication between family members; the maintenance of family flexibility; the maintenance of family cohesion; the maintenance of family boundaries, routines, traditions, celebrations, and patterns; family coping methods; family problem-solving abilities; social support and the maintenance of social relationships within the community; and shared spiritual beliefs, specifically in attributing positive meaning to adverse events (McCubbin *et al*, 1996; Singer & Powers, 1993).

Although social support and family relationships have been studied as predictors of quality of life, limited studies have been conducted on family resilience, or the way in which the family overcomes and grows from adversity or stressful events. Resilience is, the positive adaptation from significant adverse events (Walsh, 2003a), has experienced increasing attention over the last three decades (McCubbin, Thompson, & McCubbin, 1996). Resilience sprang from researching children, who despite terrible life conditions (e.g., poverty, abuse), were able to succeed in life (Sixbey, 2005). When studying these children, researchers began to focus on an innate ability within the individual to 'bounce back' (Luthar & Ziegler, 1991). Researchers termed this ability, "resilience." There has been a discussion on the use of the terms "resiliency" vs. "resilience" (Sixbey, 2005). Resiliency is thought to be a state-like trait within the individual, while the term resilience denotes a process (Luthar, Cicchetti, & Becker, 2000; Sixbey, 2005) in which an individual may not be resilient in every situation. In the beginning, resilience was primarily associated with



individual children. The family was viewed as dysfunctional and, most often, the cause of the adverse events. However, through happenstance, researchers began to observe that resilience was not only an individual process, but also a family systems process (Sixbey, 2005). Werner and Smith (1977) and Cicchetti and Rogosch (1997) were the primary researchers on family resilience (Sixbey, 2005). From their research, an evolution toward a more systemic view of resilience was initiated. Family was no longer viewed as damaged, dysfunctional, and problematic; instead, it was viewed as being challenged by life events (Walsh, 2003a). This evolution to family resilience focuses on understanding what the family does well, the positive ways the family functions, and attempts to build on the positives to help the family improve not only its overall functioning, but also its ability for problem solving, coping, and adjusting (Frain, Berven, Chan & Tschopp, 2008). Family resilience is grounded in family systems theory, which focuses on the entire family network and the way in which the family functions and adapts to adversity or stress (Walsh, 2003a). Walsh (2003a) noted that families have built in processes that enable the family members to handle stress, come together during a crisis, and move towards optimal adaptation. McCubbin *et al*, (1996) stated that there are five assumptions of family life: (a) hardships and challenges are a part of the family life cycle; (b) families have patterns and ways of functioning to protect the family during transition and change, and to foster growth and development in all family members; (c) families have patterns of functioning to provide protection from major stressors and change; (d) families draw from and contribute to the community around them; and (e) families work to restore order, harmony, and balance even in the midst of crisis or change. As families advance throughout the family life cycle, they are faced with multiple changes and challenges. Some of these changes or challenges can be positive such as the birth of a child or the moving out of an adult child. However, there are changes and difficult challenges that families experience throughout the family life cycle. These changes include the death of a family member (whether parent or child) or the loss of a job. The changes within a family that cause disruption and stress are known as stressors (McCubbin *et al*, 1996).



In other words, resilient organizations assume their model of risks is in need of regular updating, their countermeasures are incomplete, and their grasp on safe operations is fragile. In contrast, in brittle organizations the absence of failure is taken as an indication that hazards are not present or that countermeasures are adequate to handle potential anomalies. Brittle organizations are both readily overwhelmed by discrete shocks or the accumulation of minor interruptions and deviations from standard operating procedures (Rudolph & Repenning, 2002). Brittleness partially results from the belief that the absence of failure is confirmation of the two specific beliefs seem to anchor resilient organizations. First, these organizations treat success lightly and are leery of the potential for the unexpected (Weick & Sutcliffe, 2001). In other words, resilient organizations assume their model of risks is in need of regular updating their countermeasures are incomplete, and their grasp on safe operations is fragile.

Supportive Actions Theory Of Social Support (Cohn & Mckay,1984; Cutrona & Russell, 1990)

The stress- support matching hypothesis (Cohn & McKay,1984; Cutrona & Russell, 1990) is perhaps the most explicit statement of how supportive actions should promote coping. The hypothesis is that social support will be effective in promoting coping and reducing the effect of a stressor, in so far as the form of assistance matches the demands of the stressor. According to this view, each stressful circumstance places specific demands on the affected individual. For example, having someone lend you money may be useful in the face of a temporary job loss but useless in the face of the death of a friend. Similarly, having companions and confidants might be extremely useful when addressing the loss of a friend but less helpful when faced with a sudden economic demand.

Appraisal Theory Of Social Support (Lazarus & Folkman, 1984)

Alternatively, social support might protect persons against the adverse effects of stressors by Leading them to interpret stressful situations less negatively (Cohen &



Hoberman, 1983; Cohen & mckay, 1984). According to Lazarus and colleagues' influential theory of stress and coping, how people interpret situations (I.e., appraisals) is very important in determining event's stressfulness (Lazarus, 1966; lazarus & folkman, 1984). There are two types of appraisals: primary and secondary. Primary appraisals involve judgments of whether the event is a threat. These judgements involve questions such as "Am i in trouble?" on dimensions such as harm-loss, threat, or challenge. Secondary appraisals involve evaluations of personal and social resources available to cope with the event. Such evaluations involve questions such as "What can I do about it?" More negative appraisals are hypothesized to lead to greater emotional distress (Lazarus & Folkman, 1984; Cohen &Hoberman,1983; wethingten & Kessler ,1986), hypothesized that the belief that support is available reduces the effects of stress by contributing to less negative appraisals. Consider the recent death of the husband of a frail elderly woman. A threatening primary appraisal might be "Now I am truly alone in the world". A negative secondary appraisal might be "I won't be able to take care of myself". However, if the bereaved believed that she was surrounded by a group of loving, helpful, and committed people, these appraisals might be modified to "I have lost my husband, but there are many dear people I am close to" and the secondary appraisal might be changed to "I can count on others to help me with shopping and home maintenance". According to Lazarus' theory, these revised appraisals should lead to less severe emotional reactions to the event. As with received support, perceptions of support availability should be most effective in altering appraisals if they counter the specific needs elicited by the stressful event (Cohen & Hoberman, 1983; Cohen & Mckay, 1984).

#### Social Cognitive Theory Of Social Support (Barnes & Sternberg, 1997)

One modern manifestation of social constructions is a social cognitive (Barnes & Sternberg,1997), and several authors have applied social cognitive thought to understanding social support (Lakey & Cassady,1990; Lakey & Drew, 1997; Mankowski wyer, 1997; pierce, Baldwin, & Lydon, 1997; Sarason, pierce, & Sarason,



1990). This approach to social support draws heavily from social- cognitive theories of personality and psychopathology (Beck, Rush, Shaw, & Emery, 1979, Markus,1977). Social cognitive views of Social support are concerned primarily with the perception of support. A major premise is that it develops stable beliefs about the supportiveness of others, day-to-day thoughts about social support are shaded to fit those preexisting beliefs. In comparison to those with low levels of perceived support, those with high levels should interpret the same behaviour as more supportive, have better memory for supportive behaviors, display great attention to supportive behaviors, be able to think about support with greater ease and speed (Baldwin, 1992; Lakey & Cassady, 1990; Lakey & Drew, 1997; Makowski & wyer, 1997; Pierce, Baldwin & lydon, 1997). Although “objective” Characteristics of the social world have an influence on perceived support, perceived support is influenced more strongly by support recipients’ impressionistic understanding of supporter’ personality Characteristic than by the actual support that is provided (Lakey, Ross, Butler, & Bently, 1996). In explaining the mechanism by which social support is related to health, social-cognitive views of social support draw from cognitive models of emotional disorders (Beck et al., 1979). Negative thoughts about social relations are thought to overlap with and stimulate negative thoughts about the self, which, in turn, overlap with and stimulate emotional distress (Baldwin & Holmes, 1987; Lakey & Cassady, 1990; Sarason, Pierce, & Sarason, 1990). For example, there is evidence that perceived support is associated strongly with self-evaluation (Barrera &Li, 1996; Lakey &Cassady, 1990; Maton, 1990; Rowlinson & Felner, 1988) and that priming cognitive representations of different social relative influences self-evaluation and emotion (Baldwin, Carrell, &Lopez 1990; Baldwin & Holmes, 1987; Baldwin & Sinclair, 1996).

### Hypotheses

These hypotheses were tested

1. Family support will significantly predict successful aging



## 2. Resilience will significantly predict successful aging

### Method

#### Participants

Eighty (80) retired civil servant comprised of 49 males and 31 females with a mean age of 70.34 and SD of 8.389 were selected using multi-stage (cluster, simple random: by balloting and purposive) sampling techniques as participants from pension department in local government secretariat Enugu State. The pensions were clustered according to their local government, simple random: by balloting was used to pick the local government area, while purposive: a criterion selection-based sampling technique was used to select the participants from the pension department, local government secretariat which are followed: sixteen from Aniri local government (16), fifteen from Agwu local government (15), eighteen from Nkanu west local government (18), seventeen from Nkanu west local government (17), twelve from Nsukka (12)

#### Instruments

##### *Family Support Scale (Uddin and Bhuiyan, 2019)*

Uddin and Bhuiyan (2019). Family Support Scale is a 20-items questionnaire which assessed perceived support for 20 areas: love, respect, daily activities, religious activities, information, emotional support, important decisions, personal needs, social events, personal problems, help in problems solving, health, treatment, important people, money, food, sleep, company, happiness, and satisfaction. Each item was measured via a 4-point, Likert-style scale, with possible scores ranging from 0 (no) to 3 (much). Total possible scores were between 0 and 60. Higher scores reflect greater perceived family support. The Family Support Scale was tested for internal consistency reliability. The SPSS program was used to analyze the data. All 20 items were entered into the program and analyzed. The result was a Cronbach's Alpha Coefficient of 0.94.



### *Successful Aging Scale*

Successful aging from a total of 25 items (5, 7) was divided into physiology (5 items, Cronbach's  $\alpha = 0.929$ ), psychology (10 items, Cronbach's  $\alpha = 0.948$ ), and society (10 items, Cronbach's  $\alpha = 0.942$ ). The answers were scored on a five-point Likert scale (1 being strongly disagree and 5 being strongly agree), with higher scores representing higher agreement.

### *Procedure*

A letter of identification was obtained from the Head, Psychology Department Enugu State of Science and Technology Enugu, by the researcher to the local government of the selected local government chairman for identification and concept to use their institution for the research.

The researcher adopted multi-stage (cluster, simple random (balloting), purposive) sampling techniques to draw the participants. The researcher employed the help of research assistants who are National Youth Service Corp Members serving in the selected local government to administer and retrieve the instrument. The participants who are pension were selected with the aid of purposive sampling techniques; the selected ones were asked to respond to the items by shading one of the boxes in front of the statements which best reflects to what degree they agree or disagree with the statement. One hundred and seven (107) copies of questionnaire were distributed, ninety-one (91) copies were returned back of which seven (7) were wrongly responded, four (4) bears multiple initials and they were discarded, which sum up the numbers well responded to be eighty (80), which were used for data analysis.

### *Design and Statistics*

The researcher employed a cross-sectional survey design for this study. This is because the use of questionnaires was employed to elicit responses from the various samples drawn from the population of interest (Gabrenya, 2003). The use of linear

regression using SPSS version 25 was employed in the analysis of the data. The choice of this statistics was based on the premise that regression analysis is primarily used for predictions and hierarchical multiple regression allows the researcher to determine the order that variables will be entered into the regression equation. (Campbell & Campbell, Miles & Shevlin, 2001)

## Results

Table I: Descriptive and correlation statistics of resilience and family support as predictors of successful aging

S/N	Variables	M	S. D	1	2	3	4	5	6	7	8
1	Physiological	18.29	3.077	1	.354**	-.077	-	.043	-	.132	-.034
2	Psychological	34.02	6.706		1	-.590**	-	.021	.078	.056	.075
3	Society	23.66	11.826			1	-	.113	-	-.055	-.028
4	Family support	34.55	2.8331				1	-	.027	.212**	.076
5	Resilience	58.01	16.369					1	.028	-.027	-.124
6	Age	70.51	7.8366						1	.023	.559**
7	Gender	1.493	.50159							1	.005
8	Marital status	1.54	.793								1

At  $p < .05^*$ ,  $p < .01^{**}$ ,  $p < .001^{***}$

Table I above shows that family support and successful aging (physiological  $r = -.044$ , psychological  $r = -.034$  and society  $r = -.083$  at  $p < .05$ ) were not related. Resilience and successful aging (physiological  $r = .043$ , psychological  $r = .021$  and society  $r = .113$  at  $p < .05$ ) were not related. Gender  $r = .212^{**}$  at  $p < .01$  positively related with family support, it means that presence of gender will cause the presence of family support. Age  $r = .559^{**}$  at  $p < .01$  positively relates to marital status, which means that increase in age will cause the presence of the different marital status..

Table II: Regression statistic on family support and resilience as predictors of successful aging

Model	Physiological				Psychological				Society			
	R	R <sup>2</sup>	Stβ	t	R	R <sup>2</sup>	Stβ	t	R	R <sup>2</sup>	Stβ	t
Family support	.053	.003	-.032	-.345	.036	.001	-.029	-.319	.173	.030	-.130	-1.431
Resilience			.042	.458			.021	.223			.109	1.196
Age			-.097	-.866			-.046	-.406			-.055	-.489
Gender			.169	1.810			.086	.905			-.007	-.078
Marital status			-.014	-.121			.073	.639			-.078	-.693

Dependent variable= successful aging, at  $p < .05^*$ .  $r$ = relationship,  $r^2$ = relationship square,  $St\beta$ = standardised beta

Table II above shows that family support did not predict successful aging (physiological  $St\beta$ = -.032,  $t$ = -.345, psychological  $St\beta$ = -.029,  $t$ = -.319 and society  $St\beta$ = -.130,  $t$ = -1.431 at  $p < .05$ ). Resilience did not predict successful aging (physiological  $St\beta$ = .042,  $t$ = .458, psychological  $St\beta$ = .021,  $t$ = .223 and society  $St\beta$ = .109,  $t$ = 1.196 at  $p < .05$ ).

Age did not predict successful aging (physiological  $St\beta$ = -.097,  $t$ = -.866, psychological  $St\beta$ = -.046,  $t$ = -.405 and society  $St\beta$ = -.055,  $t$ = -.489 at  $p < .05$ ), gender did not predict successful aging (physiological  $St\beta$ = .169,  $t$ = 1.810, psychological  $St\beta$ = .086,  $t$ = .905 and society  $St\beta$ = -.007,  $t$ = -.078 at  $p < .05$ ) and marital status did not predict successful aging (physiological  $St\beta$ = -.014,  $t$ = -.121, psychological  $St\beta$ = .073,  $t$ = .639 and society  $St\beta$ = -.078,  $t$ = -.693 at  $p < .05$ ).

#### Summary of result

Family support failed to predict successful aging (physiological, psychological and society)

Resilience did not also predict successful aging (physiological, psychological and society)

## **Discussion**

The first hypothesis tested which stated that family support will significantly predict successful aging (physiological, psychological and society) was not confirmed, hence the hypothesis was rejected. The result obtained shows that external factor such as family support is not strong enough to decide successful aging among the elderly, this implies that only support from the family cannot help to bring about a successful aging rather other factors such friends support, financial autonomy, etc that was not part of this study might be responsible.

The second hypothesis tested which stated that resilience will significantly predict successful aging (physiological, psychological and society) was not confirmed, hence the hypothesis was rejected, the result obtained indicated that resilience and successful aging are not combatable, it means some elements help to bring about resilience, or help to sharpen the ability to bounce back from stressful situation were not part of the variable investigated. The result indicates that resilience alone is not enough to cushion the effect of factors that can break the elderly down, the thought of unfulfilled life event and other factors not considered in this study might have contributed to the reason why a no predictor was obtained.

### **Implication of the findings**

The findings indicated that successful aging have a lot to do more than resilience and family support, it implies that other variables which was investigated like financial status, health status and level of acceptance by the society might be a sole determinant of aging. Because lack of finance can cause a low psychological wellbeing among the elderly. Also, poor health status can contribute to low mental health, because the elderly will start seeing themselves as a liability to others.

### **Limitations of the study**



Many factors militated against this study, one of such is the chosen participants, meeting up with elderly once to participate in this study was a might task, many pulled out even when they indicated interest at first.

Sampling only elderly once from Enugu was also an issue that limited this research, the numbers of participants would have increased assuming other state were considered.

The sampling techniques was another factor, the sampling techniques adopted for this study also contributed to low numbers of participants.

#### Suggestion for further studies

Future researcher should endeavour to sample participants across different population, and not only the elderly who are no longer in service.

Future researcher should consider sampling participants from different state so as to increase the numbers of persons that will be part of the study.

#### Summary and conclusion

The study investigated family support and resilience as predictors of successful aging, findings revealed that family support nor resilience significantly predicted success aging. Hence researchers should consider other factors such as financial status, health status and general acceptance by the society, to see if a significant result can be obtained.

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