

Book Reviews/Comptes rendus

Bert Hayslip Jr. and Gregory C. Smith, Eds. *Annual Review of Gerontology and Geriatrics. Vol. 32: Emerging Perspectives on Resilience in Adulthood and Later Life*. New York: Springer, 2012.

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Addressing healthy and active aging requires that we address numerous determinants across the life course and in many social spheres, including those that reach beyond the traditional health care system (WHO, 2012). *Emerging Perspectives on Resilience in Adulthood and Later Life* addresses resilience and adaptability across the lifespan, focusing on adulthood and later life. Editors Hayslip and Smith introduce core concepts and define resilience as “a pattern of positive or the avoidance of negative adaptation in the context of past or present adversity or risk that poses a substantial threat to good adaptation” (p. 5). Key elements of the resilience process include risk/adversity, protective factors, and positive outcomes, surrounded by a perplexing complexity of risk factors, vulnerability, and outcomes in Figure 1.1 (pp. 5–6). Examples of risk and adversities among aging adults include the loss of important roles and relationships associated with retirement, widowhood, and experiences of receiving a dementia or illness diagnosis. Research in these areas must address specific resilience issues in diverse populations to understand what it means to be healthy and well. In order to do so, Hayslip and Smith’s edited volume includes 14 chapters. Part 1 includes seven chapters focusing on various domains of resilience whereas Part 2 includes seven chapters focusing on resilience in different contexts.

Fagundes et al. (chapter 2) discuss normal aging and variation in immunosenescence. For example, although vaccinations can be protective against influenza and pneumonia infection in older adults, caregiver stress plays a significant role. At three- and six-month follow-ups, current caregivers’ vaccine-specific antibody titers were lower than those of former caregivers and control subjects (Glaser et al., 2000).

Lavretsky (chapter 3) reviews potentially useful resilience-promoting interventions to prevent late-life caregiver stress and depression, chronic illness, and maladaptive bereavement. In special populations such as family caregivers for those with dementia, the prevalence and incidence of clinical depression are estimated at 50 per cent. Bereavement further increases rates of depression and mortality. Extensive literature supports a theoretical model of resilience based on stressors, adversity, and life events; however, concepts

such as biopsychosocial homeostasis and individual resources can help identify disruptions.

Ryff et al. (chapter 4) focus on psychological resilience, and in particular, on issues such as equality and socioeconomic position (associated with cumulative adversity profiles). For instance, among minorities and women, psychological well-being can be linked to biological factors. Life purpose, environmental mastery, and positive relations with others predict decreased stress hormones and cardiovascular risk factors. However, life history approaches are needed to better understand the more comprehensive phenomenological experiences of resilience as interpreted by individuals.

The strength of the discussion by Stine-Morrow and Chui (chapter 5) is their review of the literature regarding knowledge as a form of cognitive resilience in adulthood engagement and the importance of sustained investment in mental stimulation and personal agency. For example, researchers have found that countries with policies incentivizing early retirement, or taxing income at a higher rate, exhibit steeper population declines in memory; findings showed that the mental demands of work promoted cognitive resilience.

Aldwin and Igarashi (chapter 6) integrate substantive research and concepts such as stress-related growth and generalized resistance resources into an “Ecological Model of Resilience in Late Life”. Depending on the developmental process and experience, the individual draws on generalized resistance resources to learn to regulate his or her emotions under stress or in dealing with trauma. Flexibility or adaptability is the hallmark of resilience as a process, an outcome, and a resource. The authors have designed a model of resilience that illustrates the transactional relationship between the individual and contextual and sociocultural resources.

Ramsey (chapter 7) illustrates how spirituality reinforces and sustains resilience through cognitive, affective, and relational pathways. Older persons’ narratives provide cognitive meaning, which helps us understand the relationship of spirituality to resilience. In this way, healthy spirituality facilitates meaning through naming reality and resetting priorities. Similarly, the arts and film often transcend religious symbols and practices as sources of such insight.

Opening Part 2 of the book, Walsh (chapter 8) examines a plethora of topics related to family resiliency, including “the ability of families to withstand and rebound from disruptive life challenges, emerging strengthened and more resourceful” (p. 154). The author draws on ecological and developmental perspectives for use by practitioners in areas such as intergenerational relationships, later-life transitions, retirement, chronic illness, caregiving, and end-of-life challenges. Learning to master transactional processes and becoming more resourceful aid in the development of resilience among older persons and their families.

In chapter 9, Rybarczyk et al. review the role of resilience among chronically ill and disabled older adults. Here, resilience is defined “as the capacity for resistance, recovery, and rebound of psychological health after a challenge, such as chronic illness or acquired disability” (p. 173). The authors discuss, for instance, the inoculation hypothesis: how older adults’ prior experiences (e.g., with trauma) may prepare them to better manage future life stressors. Positive coping skills and the techniques of reframing, optimism, and hope are identified to further reinforce resilience. The authors conclude that systematic, mixed-method research is needed to illuminate the potential for and outcomes of resilience at the levels of society, community, family, and individual (including psychological and cellular resilience).

In chapter 10, Bonanno et al. describe loss as a potentially traumatic event as on psychopathological trajectories and dysfunction among persons with post-traumatic stress disorder (PTSD). However, despite transient suffering, those with PTSD can appear resilient and carry on with their daily lives. As the authors recognize, researchers and practitioners still lack a clear conceptual framework about the aims and consequences of resilience interventions with this population. We also need to identify predictive factors through longitudinal and prospective research.

Sterns and Dawson (chapter 11) examine older workers’ ability to work and adapt to changing work environments. They also draw on a lifespan approach to retirement and on Polk’s (1997) patterns of resilience (dispositional, relational, situational, and philosophical) that apply well to older workers. For example, an older adult’s ability to adapt his/her work experience to the environment fits well with concepts of wisdom and openness to experience (dispositional or personality patterns). As populations age, training and retraining may help promote worker resilience and self-management of the retirement process.

In chapter 12, Coon examines resilience and family caregiving within increasingly diverse and aging societies. Two critical examples are family caregivers caring for older persons with dementia, and the increasing

number of African American grandparents raising their grandchildren. Caregiving stress in these populations can increase as dementia progresses, and as grandparents experience disappointment or difficult interactions with adult children. Caregiving stress is further influenced by broader sociocultural contexts (job loss, stressful work environments). However, personal mastery appears to reduce the impact of caregiving stress. Further longitudinal, interdisciplinary studies are needed, as well as those that test the impacts of individual-level interventions on physiological health outcomes.

In chapter 13, Diehl, Hay, and Chui examine personal risk and resilience in relation to daily stress, processes of self-regulation, self-concept differentiation, and psychological well-being. For example, older adults with high self-concept coherence can be resilient to daily stressors within the home domain. However, this may be enhanced or eroded by characteristics of the individual, their social network, or broader environment. Two of the future research questions arising from this chapter include: (a) can findings be translated into practice?, (b) what are the potential threats to the maintenance of resilience in late life?, and (c) what resources are needed to support resilience?

In the final chapter, Lerner et al. conceptualize resilience as a dynamic attribute of a relationship between the individual and his or her multilevel, integrated, relational, and developmental system. Specifically, the authors draw on postmodern and relational models of lifespan human development to emphasize the adaptive significance of the fit between the individual and features of ecology or broader context. This relationship has implications for individual adjustment and change when faced with new ecological threats or challenges, as well as for maintaining appropriate functioning.

In conclusion, this book is highly recommended to interdisciplinary practitioners, educators, and researchers. Each chapter relies heavily on evidence-based results, knits together existing literature, and applies resilience theory in diverse contexts, adding to a broad and in-depth understanding of resilience across the lifespan.

References

- Glaser, R., Sheridan, J., Malarkey, W. B., MacCallum, R. C., & Kiecolt-Glaser, J. K. (2000). Chronic stress modulates the immune response to a pneumococcal pneumonia vaccine. *Psychosomatic medicine*, 62(6), 804–807.
- Polk, L. V. (1997). Toward a middle-range theory of resilience. *Advances in Nursing Science*, 19(3), 1–13.
- World Health Organization (WHO). (2012). *Good health adds life to years: Global brief for World Health Day 2012*. Retrieved from 7 June 2013 http://apps.who.int/iris/bitstream/10665/70853/1/WHO_DCO_WHD_2012.2_eng.pdf