

Volume 12, n 3, 2024

Health Psychology

The Role of Family Bonds in Nurturing Psychological Resilience in Older Adults: “In the Family, You Will Find the Support and Strength to Endure and Live”

Joana Butėnaitė-Switkiewicz^{1*}, Irena Žemaitaitytė¹

Abstract

Background: Older people represent one of the most at-risk demographics in society and face significant challenges related to mental health, including depression, anxiety, loneliness, and the risk of suicide. This highlights the importance of addressing obstacles associated with aging that impact overall well-being. Despite the significant role of family relationships and support in shaping psychological resilience, there is limited understanding of how family dynamics contribute to resilience in older adults. The purpose of this study is to explore the role of the family in promoting the psychological resilience of older people from their perspectives.

Methods: Using a classic grounded theory approach, we conducted 16 semi-structured interviews with psychologically resilient individuals aged 63 and older, living in Lithuania, who reported satisfaction with their personal relationships. The interviews were transcribed, and data analysis involved coding, constant comparative method, memo writing, theoretical sampling, and saturation to identify main patterns and relationships.

Results: The analysis identified four primary ways in which family relationships foster psychological resilience in older adults: (1) finding meaning through family roles and relationships; (2) sustaining social engagement, trust, emotional expression, and dialogue; (3) providing mutual emotional and practical support within immediate and extended family networks; and (4) fostering resilience through family history, traditions, and intergenerational connections.

Conclusion: This study provides novel insights into the role of family dynamics in strengthening psychological resilience among older adults. The findings suggest the importance of developing psychosocial interventions and family-focused programs that emphasize self-meaning within family contexts, enhance familial bonds, and encourage the intergenerational transmission of resilience.

¹ Lifelong Learning Research Laboratory, Mykolas Romeris University, Vilnius, Lithuania

E-mail corresponding author: joana.swit@gmail.com



Keywords:

Clinical Psychology. Family relationships; Older people; Psychological resilience; Qualitative research.

Received: 27 October 2024

Accepted: 13 December 2024

Published: 29 December 2024

Citation: Butėnaitė-Switkiewicz, J., & Žemaitaitytė, I. (2024). The Role of Family Bonds in Nurturing Psychological Resilience in Older Adults: “In the Family, You Will Find the Support and Strength to Endure and Live”. *Mediterranean Journal of Clinical Psychology* 12(3). <https://doi.org/10.13129/2282-1619/mjcp-4457>

1. Introduction

Older people are one of the most vulnerable groups in society and are at high risk of mental health problems such as depression, anxiety, loneliness, and suicide (Aisenberg-Shafran et al., 2022; Mgbeojedo et al., 2024; Mikulionienė et al., 2018; Rea et al., 2023; Ribeiro et al., 2020; Rodrigues & Tavares, 2021). As individuals age, they are more vulnerable to a variety of adversities, including physical decline, bereavement, and social isolation, which can exacerbate mental health problems. According to the World Health Organization (2020), around 14% of people over the age of 60 suffer from a mental health disorder, which accounts for 10.6% of the total disability burden in this age group. Depression and anxiety are particularly common, with older people accounting for as much as 27.2% of all suicides worldwide (World Health Organization, 2020). Despite existing knowledge about mental health challenges in older adults, these issues often go undiagnosed and untreated, partly due to the stigma associated with seeking psychological help (World Health Organization, 2023). This lack of diagnosis and treatment leaves many older individuals without the necessary support to enhance their well-being, highlighting the need for exploring resilience as a pathway to addressing mental health in this population. Furthermore, this situation underscores the critical importance of understanding and enhancing the psychological resilience of older adults as they navigate these challenges.

Research in the twenty-first century is placing greater emphasis on psychological resilience to assist older adults in managing the difficulties that come with aging (Gupta & Singh, 2020; Rodrigues & Tavares, 2021). Resilience is characterized as the capacity to effectively navigate adversity by demonstrating mental, emotional, and behavioral flexibility (APA Dictionary of Psychology, 2024). Traditionally, resilience has been defined as a trait or static property, but recent literature emphasizes a more dynamic approach, where it is understood as the outcome of adaptive processes that integrate both individual and social resources (Reich et al., 2010). For older people in particular, resilience involves maintaining psychological well-being despite stressors such as ill health, social isolation, or bereavement (Chirico et al., 2023; Gupta & Singh, 2020; Staudinger & Greve, 2015). Bonanno (2004) characterizes this as the sustainability dimension of resilience, emphasizing the capacity to flourish over time in the face of ongoing or recurring difficulties. This perspective of resilience, encompassing both individual strengths and social support, offers a framework for examining how older adults navigate the unavoidable challenges associated with aging (Riccio et al., 2018).

In the context of aging, social connections play a vital role in fostering resilience. Resilience extends beyond being an individual characteristic; it is significantly shaped by social resources

such as strong family bonds and social networks (Chirico et al., 2023; Reich et al., 2010). Support systems from outside sources are crucial for facilitating recovery and ensuring long-term well-being following adversity (Kroll, 2024; Lima et al., 2023). Relationships with family and friends offer emotional support, alleviate feelings of loneliness, and enhance a sense of belonging, all of which lead to improved mental health outcomes for older adults (Fontes & Neri, 2015; Lima et al., 2023). Research by Becker, Kirchmaier, and Trautmann (2019) indicates that marital status, parenthood, and social networks have a significant correlation with the well-being of older individuals. Marriage, in particular, is linked to higher life satisfaction and lower depressive symptoms (Becker et al., 2019). Interestingly, having children who live away from home correlates with increased well-being, while cohabiting with children can have detrimental effects (Becker et al., 2019; Gupta & Singh, 2020). Additionally, grandchildren can have mixed impacts: they tend to boost life satisfaction but can also lead to lower quality of life and heightened depressive symptoms (Becker et al., 2019). Similarly, Tomini et al. (2016) underscore the significance of both the size and makeup of social networks in older adults, finding that larger networks – especially those with family members – are associated with higher life satisfaction. In contrast, a higher number of friends in a network does not have such a consistently positive effect. Papi and Cheraghi (2021) further reinforced the role of close relationships by showing that health, social support, and cognitive status are strongly related to life satisfaction, with married older adults having higher life satisfaction than those who are divorced or widowed. Abdul Rahman et al. (2022) demonstrated that close relationships are an important factor influencing life satisfaction and perceived health, but their effects differ based on gender. For women, robust social connections enhance life satisfaction and the perception of health. In contrast, men find that both social interactions and physical health significantly contribute to their overall satisfaction and well-being. The significance of these relationships became increasingly evident during the COVID-19 pandemic. Lu et al. (2023) observed that social support, particularly from children and intimate social networks, serves as a protective factor against depression, loneliness, and sleep disturbances in older adults. Conversely, the absence of physical contact with loved ones, especially within tight-knit families, intensified mental health issues during quarantine (Brugiavini et al., 2021). As a result, strong and supportive relationships – whether stemming from marriage, family ties, or social networks – are essential for the psychological resilience and well-being of older adults (Brugiavini et al., 2021). While the significance of social connections for mental health is well established, there is limited knowledge surrounding the specific family dynamics that boost psychological resilience in this population. This lack of understanding is particularly important, as family members often serve

as the primary providers of emotional and practical support for older adults (Chirico et al., 2023; Gupta & Singh, 2020; O’Sullivan et al., 2021).

Psychological theories offer important perspectives on the connection between resilience and close relationships, even though they may not emphasize family dynamics in an older age. Maslow’s hierarchy of needs indicates that after fulfilling fundamental physiological and safety requirements, individuals – particularly older adults – can turn their attention to higher-level needs, including love, belonging, and self-actualization (Maslow, 2017). In this context, the family can play an essential role in fulfilling the need for social connection, enhancing the resilience of older adults, offering emotional support, and nurturing a sense of belonging. As individuals reach self-actualization, they often derive fulfilment from meaningful, close relationships, which in turn bolsters their psychological resilience. In the meantime, Bronfenbrenner’s ecological systems theory provides a comprehensive framework for understanding the ways in which family and environment contribute to resilience in older adults. This theory highlights how resilience is affected not only by direct family interactions (microsystems), but also by the wider cultural and community context (macrosystems) (Bronfenbrenner, 1981). Family members, being part of the microsystem, offer direct support, while the mesosystem – comprising of the connections between family and community resources – enhances resilience by creating a broader social safety net. It is also crucial to highlight Erikson’s (1959) theory of psychosocial development, which underscores the challenges of ego integrity and despair faced in later life, as older adults look back on their experiences to seek meaning and fulfilment. Family relationships frequently help to bring meaning and alleviate feelings of hopelessness during this process. Likewise, Havighurst’s (1952) theory of developmental tasks outlines the difficulties encountered in later life, including adapting to declining health or experiencing loss. In this context, family support is essential for assisting older adults in navigating these challenges and enhancing their resilience. These theories highlight the significance of strong social connections for emotional and psychological well-being in later life, yet the family’s contribution to this dynamic remains insufficiently examined. Thus, it is crucial to enhance the family’s involvement in fostering the psychological growth of older individuals within the framework of these theories.

Although it is widely acknowledged that family relationships play a crucial role in fostering resilience among older adults, our understanding of how these dynamics directly influence resilience from the viewpoint of these individuals themselves remains limited. Much of the existing research emphasizes quantitative measures, such as the size of social networks or levels of family support, typically relying on surveys or observational techniques (Gross et al., 2018;

Rodrigues & Tavares, 2021). However, these studies frequently overlook the subjective experiences of older adults, particularly their perceptions of how family contributions bolster their resilience in daily life. The distinctive nuances of family relationships, support, and communication are often oversimplified, failing to capture the intricate factors that shape the resilience process.

The purpose of this article is to explore the perspectives of psychologically resilient older adults on the role of family in promoting their resilience, addressing a significant gap in the existing research. Using a classic grounded theory methodology, the study aims to reveal how family contributes to resilience among older adults. The anticipated findings will shed light on the specific ways in which familial relationships, communication, and support enable older individuals to navigate challenges, ultimately enhancing their well-being and capacity to flourish in later life. By examining these issues from the perspectives of older adults themselves, we deepen our understanding of the intricate ways in which family ties bolster resilience. This will facilitate the development of a context-specific theory that acknowledges the multifaceted nature of family roles in later life and will offer valuable recommendations for practitioners working with older adults and their families.

2. Methods

This study employs a classic grounded theory approach to explore the role of family in psychological resilience among older Lithuanian adults. Classic grounded theory assumes that the world exists as an external reality, and the researcher acts as a neutral observer, striving to maintain objectivity throughout the research process which allows for more researcher involvement in the interpretation of the data (White & Cooper, 2022). By adhering to this objective stance, the study ensures that the findings are grounded in the participants' real-world experiences, free from external theoretical constraints. Grounded theory is an inductive, systematic, and iterative methodology that allows theory to emerge directly from the data, rather than being imposed through pre-existing theories or hypotheses (DePoy & Gitlin, 2016; Glaser & Strauss, 2006). This approach is particularly suitable for research seeking to uncover the underlying social and psychological processes that determine human behavior and experience (Glaser, 1998). Therefore, it is especially suited for research into under-explored areas, such as the role of family in fostering resilience in older populations, where existing theoretical frameworks may not adequately capture the complexity of participants' experiences.

Classic grounded theory is a systematic and structured approach involving repeated cycles of data collection, coding, and analysis (Glaser & Strauss, 2006). It evolves through interaction with data, using strategies such as data coding, memo writing, theoretical sampling, and

saturation to identify patterns and relationships (White & Cooper, 2022). This iterative process refines the research direction enabling the development of a theoretical framework grounded in emergent categories and themes related to the study's focus. Constant self-reflection further supports uncovering novel insights (Burk, 2005).

The use of grounded theory is well-supported by previous research on resilience in older populations. For example, Bailey (2017) applied grounded theory to conceptualize resilience in individuals with mild to moderate dementia, uncovering processes that were not immediately apparent in existing dementia care frameworks. Similarly, Cheung and Kam (2012) used grounded theory to explore social and spiritual conditions contributing to resilience among older Hong Kong Chinese, offering insights into cultural resilience mechanisms. Studies like O'Neill et al. (2020, 2022) have also employed grounded theory to investigate older adults' experiences, such as moving into care homes and adapting to new living environments, demonstrating the versatility of grounded theory in capturing the lived experiences of aging populations. These studies underscore the power of grounded theory to illuminate new dimensions of resilience in aging populations, making it a highly appropriate methodological choice for this study.

2.1 Research participants

Targeted sampling and snowball sampling strategies applied to select participants, paying special attention to psychologically resilient individuals satisfied with their personal relationships, aged 60 years and above, and living in Lithuania. Participants were selected based on their ability to reflect on and share their experiences of resilience and family relationships. As the study progressed, theoretical sampling was applied to select additional participants to explore and develop new themes, ensuring comprehensive and valid data. Participants learned about the study from social media, through acquaintances or family members.

Sixteen people, aged from 63 to 95 years old, participated in the research. The sample size was determined based on the principle of theoretical saturation, meaning data collection continued until no new themes or insights emerged. This group provided a rich data set that allowed the exploration of resilience within a family context. The sample consisted of 12 women and 4 men. Among the respondents, nine were married, one was in a relationship, three were divorced, and three were widowed. The living conditions of the participants varied: ten lived with their partners, four with children, one with their mother, one with a foster child, and one lived alone (see Table 1). The research participants were older adults who felt psychologically resilient and satisfied with their personal relationships. They assessed their resilience in the face of life challenges, their satisfaction with their personal relationships, and the frequency of stress that they had recently experienced (see Table 2).

Table 1. Sociodemographic Information of the Research Participants

Item	Response	Frequency
Age	63	1
	65	2
	67	2
	69	3
	71	3
	72	1
	89	1
	91	1
	95	1
Gender	male	4
	female	12
Education Level	no higher education	4
	higher education	12
Family Status	partnership	10
	divorced	3
	widower	3
	alone	1
Living Situation	with partner	9
	with partner and children	1
	with children	3
	with parent	1

Table 2. Subjective Assessments of the Research Participants

Subjective Assessment	Response	Frequency
Psychological Resilience	10	4
	9	6
	8.5	1
	8	4
	7	1
	10	5
Satisfaction with Personnel Relations	9	6
	8	3
	7.5	1
	7	1
Frequency of Stress Experienced Recently	Never	1
	Rarely	6
	Sometimes	7
	Quite often	1
	Very often	1

Note. The table presents the subjective assessments of research participants regarding psychological resilience, satisfaction with personal relations, and the frequency of stress experienced recently. Psychological resilience and satisfaction with personal relations were rated on a scale from 0 to 10, with higher scores indicating higher levels of resilience and satisfaction. The frequency of stress was rated a scale from “Never” to “Very often”.

2.2 Researcher–Participant Relationships

The relationships and interactions between the researcher and participants, as detailed in the research journal, were marked by warmth, respect, and empathy. The researcher communicated with sensitivity, tailoring interactions to the individual meanings participants ascribed to their experiences. During interviews, the researcher emphasized her interest in understanding the subjective experiences of older adults, often asking questions such as, *“How do you experience this? How do you think about it? What meaning does it have for you?”* This approach prioritized understanding each participant’s unique perspective, fostering a sense of respect, value, and understanding. For example, a 95-year-old participant described the researcher as akin to a family member, which encouraged her to openly share deeply personal and historical narratives. Similarly, a 69-year-old caregiver of her mother discussed life challenges and past traumas with candor, feeling heard and valued. Emotional exchanges, such as a 90-year-old woman’s reflections on loneliness and health struggles, were met with sensitivity, reinforcing a sense of connection.

Interviews were conducted both online and in person, often in participants’ homes or by phone, accommodating their comfort and specific needs. Interactions ranged from structured to informal. A 65-year-old participant particularly appreciated the flexibility to share her experiences via phone, which aligned with her health concerns. Following the interview, she called the researcher to share updates about positive health results she had received. She expressed joy, noting how her satisfaction with her health had significantly improved—from an earlier rating of 0, reflecting dissatisfaction, to 6 after the encouraging news. Her willingness to share these personal updates underscored the trusting and supportive bond established during the research process.

Confidentiality and informed consent were rigorously maintained throughout, ensuring participants felt safe to express themselves. These trust-building efforts provided valuable insights into resilience and the personal meanings older adults attributed to their relational and life experiences.

2.3 Data collection

Data were collected through semi-structured interviews, which allowed participants to share their experiences in their own words. The initial research question was as follows: How do older adults cope in the face of challenges? This question was presented as open-ended, focusing on the phenomenon of interest without making assumptions. This allowed the research process to remain adaptive and enabled the research question to evolve as new insights emerged. The research question was refined during data collection until theoretical saturation was achieved to ensure that no new themes emerged from the data (White & Cooper, 2012). During the course

of the study, the interviews were shaped by the main themes related to psychological resilience and the role of the family. Participants were encouraged to reflect on their understanding of psychological resilience by providing examples of themselves or others from their environment, discussing how they had overcome challenges in both the past and present. After completing the interview, participants were asked to complete the sociodemographic questionnaire and the subjective assessment questionnaire depicted in Tables 1 and 2. The interviews lasted 1–3 hours, and took place in different forms (live, by phone, or via Messenger) depending on the participant's capabilities. Two recordings of each interview were created to ensure data integrity. Recordings were transcribed verbatim, with all identifying information removed or anonymized during transcription to protect participant confidentiality, and the names of the participants were changed. In the results section of the study, citations appear with participants' names changed.

2.4 Data analysis

Data analysis was conducted following the classic grounded theory methodology, including open, axial, and selective coding (Glaser & Strauss, 2006). In the initial open coding phase, interviews were broken down into discrete units of meaning to identify emerging concepts related to family dynamics and their impact on resilience. Line-by-line coding was then performed. MAXQDA software was utilized during this stage, supporting not only the coding process but also efficient data management and visualization (Rädiker & Kuckartz, 2020). This versatile software is designed for qualitative data analysis and is particularly useful for researchers applying grounded theory (Rädiker, 2023). Additionally, the memoing feature allowed the researcher to write detailed notes and reflections, track thought processes, and develop theoretical insights (Rädiker & Kuckartz, 2020). The software's ability to visualize relationships between concepts and categories through diagrams and networks was crucial for ensuring that the analysis remained closely connected to the participants' experiences and the emerging theoretical framework (White & Cooper, 2022).

After the open coding phase was completed, axial coding was performed, in which the initial concepts were grouped into higher-level themes reflecting various aspects of family and psychological resilience. The themes identified during this phase were typed, grouped manually, and divided into themes and sub-themes. Such a manual and visual approach allowed for the clear and interactive exploration of interrelationships between themes (Willig, 2013), helping to reveal how various elements of family life interact and thereby strengthen or weaken the psychological resilience of older people. In the selective coding phase, which aimed to create a story based on previously coded data (White & Cooper, 2022), key categories related to the role of the family in fostering resilience in older adults were identified. This form of coding speeds up the analysis process because it creates concepts that abstract aspects of people, time, and

place (White & Cooper, 2022). By breaking down the main categories, we gained deeper insights into the underlying processes that affect psychological resilience.

Memos were written throughout the coding process and at various stages of the research to capture the researchers' insights and to observe the emergence of themes and categories. They provided an opportunity to reflect, explore relationships between categories, and document data that are deeply rooted in participants' experiences and perspectives (White & Cooper, 2022). To refine the emerging categories, the constant comparative method was used. This involves comparing each concept with others, allowing researchers to identify similarities, differences, and emerging patterns. This method is the basis of grounded theory, which helps to gradually create and refine categories by continuously analyzing them (Haig, 1995; White & Cooper, 2022). Links, relationships, and associations between categories were sought, and finally general explanations of the categories and their relationships were developed. This process was repeated until theoretical saturation was reached (Glaser & Strauss, 2006) – i.e., when categories conveying the role of the family in older adults' psychological resilience were sufficiently developed and further data collection did not provide additional insights.

2.5 Research quality

To ensure the quality of the research results, several strategies were applied: theoretical selection, constant comparison, research documentation, continuous researcher reflection, feedback from independent evaluators, and double translation process. Theoretical sampling and constant comparison were used throughout the interview process, where data, categories, interpretations, and conclusions were continuously discussed and refined. Reliability of the study was achieved by carefully documenting the research process, ensuring that other researchers could replicate the study in the future. Reflection journals were maintained by the researchers to record notes on research planning, methodological decisions, and personal insights, including their own interests and feelings. This practice enabled continuous reflection on experiences and assessment of biases and assumptions. Engagement with methodological seminars, collaboration with colleagues, and presentation of preliminary findings at conferences further supported the research process. These activities helped the researchers move beyond preconceived notions and develop conclusions firmly grounded in the data. To enhance the reliability of the data analysis, two independent advisors reviewed the extracted categories and subcategories containing the participants' quotes. Their feedback refined the categories, ensuring greater accuracy and depth in the analysis while minimizing researcher bias. Additionally, because the interviews and their analysis were conducted in Lithuanian, the citations illustrating categories and subcategories were translated into English for this article. To ensure academic transparency, a double translation process was employed, involving translation

from Lithuanian to English and then back to Lithuanian. This process, which involved the researchers, two English editors, and one Lithuanian editor, ensured the accurate and reliable translation of the results.

2.6 Ethical considerations

Ethical aspects were given important attention throughout the research process. The study was conducted in accordance with the ethical guidelines established by the Scientific Ethics Committee of the Institute of Psychology of Mykolas Romeris University (approval no. 2/2023, 30.06.2023). Throughout the research, key ethical principles were upheld, including respect, benevolence, fairness, confidentiality, and anonymity. Participants were made aware of the study's objectives and procedures, their rights, and the measures taken to maintain confidentiality. They provided their informed consent to participate in the study, either verbally or in writing. They were also informed of their right to withdraw from the study at any time without consequence. Individual identities were protected by anonymizing all data, and all information identifying study participants was redacted or removed during final data analysis and reporting.

3. Results

The purpose of this study is to explore the role of the family in strengthening the psychological resilience of older people. Using the classic grounded theory method, key categories related to this role were identified. The findings highlight four main ways families promote resilience: *Finding meaning*, where older adults derive purpose and hope through family roles and relationships; *Fostering harmony and communication*, which creates a supportive and stable environment; *Providing mutual support*, where both generations offer emotional and practical support; and *Inheriting and continuing through intergenerational connections*, emphasizing the importance of family history and passing down wisdom, traditions, and values. They illustrate the significant role of family in enhancing the resilience of older adults (Figure 1).

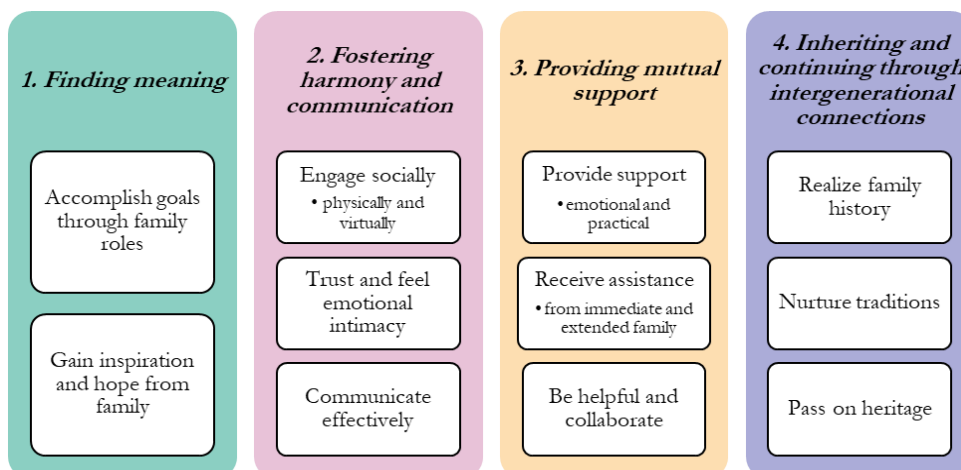


Figure 1. The Role of the Family in the Psychological Resilience of Older Adults

3.1 Finding meaning

The first category examines how older adults find meaning in family relationships. Family provides a sense of purpose through the fulfilment of family roles, offering inspiration and hope in difficult situations.

The research participants revealed that family roles such as caring for children or aging parents give them a sense of purpose. Women find a purpose in caring for their children, as Sofia testifies: “I saw how the child was doing, how he was lying, and for about a month I knelt by his bed so that his head wouldn’t roll over.” Similarly, Aldona expresses anxiety about childcare: “I was just thinking what will happen to my Rimutis – who will take care of him?” For men, family roles also provide meaning, especially when they take on the responsibility of caring for family members. Juozas describes how he assumed the role of family guardian after his father’s death and took care of his disabled father-in-law for many years: “We had to take him in, and we nursed him for over 10 years.” Adapting to new family responsibilities for older people often becomes a process of making sense of things, requiring not only new skills, but also new lifestyle coping strategies. As life conditions or everyday life change, older people have to find new meanings. For example, Laima reveals how moving to a new place became a symbol of a new beginning for her: “After 52 years, to lose everything and start from scratch... And I’m starting a major renovation.” Jadvyga, who took responsibility for her family members, discovered new meaningful goals when she had to learn to manage everyday affairs: “I had to learn to manage everything from cooking to budgeting.” These changes also led to personal and psychosocial growth. Similarly, Sofia found a sense of meaning when she started talking to herself, while Valerija gave meaning to a new stage in her life through creative and social activities: “I started painting, coloring... I go to the gym regularly and spend time with my grandchildren. It helps to stay active and positive.” Emilia’s experience shows how the decline in physical and cognitive abilities becomes a difficult but necessary process of adaptation and finding new meaning: “When my mobility decreased, I had to start using a walker and rely more on my daughter. It was a difficult but necessary adjustment.”

Family members become a source of inspiration and hope for older people, especially when going through difficulties. Regina tells of how her bond with her grandchildren gave her the strength to fight off illness: “I was constantly fighting my disease because I wanted to be near my grandchildren.” The presence and encouragement of loved ones helps to maintain emotional stability, as is made clear when Birutė emphasizes family support as an essential condition for resilience: “The most important thing is the family. Family will help you when needed, family will take care of you – you’ll find support and resistance in your family.” Peter also went through difficulties, but the support of his family helped him maintain optimism: “When I felt down,

the constant support of my family reminded me that there is always hope.” Vytutas emphasizes that his family’s faith in him helped him stay strong: “Faith in you prevents you from being crushed in the end.” Familial support encourages older adults to achieve personal goals and overcome obstacles, and Algird says that his family always motivates him: “My family always pushes me to pursue my passions.” This is a view shared by Irena, who points out: “My family is my biggest motivator in the achievement of my goals.”

Loss and bereavement in the family, although painful, can be made meaningful through personal resources and familial support that help older people survive these trials. Irena, revealing her own experience of loss, notes how deep sadness creates an inner emptiness: “It makes me so sad when you lose someone here and now... that emptiness runs deep.” Teodora talks about how positive memories of the past have helped her find meaning in grief: “Focusing on positive memories helped me cope with grief.” Faith is another important aspect that helps to make sense of mourning – Birutė shares how her faith was strengthened after a difficult experience with her nephew: “I knelt down and prayed and asked God for help.” Similarly, Valeria states: “My faith has guided me through many losses.” The presence of family provides strength and comfort in the face of loss, and Jadvyga emphasizes the importance of familial support during difficult times: “The presence of my family was very important in managing these losses.” Teodora also notes that “although I have suffered many losses, the support of my family and shared memories have been a source of strength.” In this way, family members help make sense of the experience of loss and mourning, providing hope and inspiration.

Fostering family harmony and communication

The second category highlights the crucial role of social engagement, harmonious relationships, and familial communication in promoting psychological resilience in older adults.

Familial social engagement, through physical proximity and virtual communication, is very important for older people. Being physically close to family members provides a sense of security and well-being, especially during difficult times: “The feeling that someone is there helps me stay strong”; it is “reassuring that she [daughter] is there”; and “you are never alone.” Participants emphasize the importance of shared moments, which allow for the sharing of personal experiences and the strengthening of mutual relationships: “Difficult times brought us closer.” Living near children or experiencing regular visits helps to maintain contact: “It’s a big plus for me that they live here”; “Living near my daughter allows for daily communication and support”; “They come here very often with their children and like to stay with us”; “The grandkids come and stay the night, which is wonderful.” Participants express a strong preference for in person communication, stressing that “you prioritize a live person.” Laima shares her opinion on the impact of technology, stating that “the worst thing for me is this immersion in

phones, it's the most eerie thing if there are four people sitting at the table and everyone is immersed in their phones." Nevertheless, technology plays an important role in maintaining connections when physical proximity is impossible. Participants use a variety of virtual tools such as phone calls and video chats to keep in touch with family members: "Video calls enable us to keep in touch with other family members." Teodora confirms that "we also keep in touch by phone," and Irena shares that her relatives "call every day and ask how I am." Teresa emphasizes the importance of small things in communication, saying that "sending or receiving [a message] is important – it can be a picture or a single word." Both physical proximity and virtual communication allow connections and emotional closeness to be maintained even at a distance.

Trust and emotional intimacy in the family provide important emotional security in relationships, especially with spouses, children, and siblings. Trust is essential to create a welcoming family environment, as Irena emphasizes: "I believe in people, I love people." Peter adds: "The most important thing is to trust each other and get through everything together." Participants talk about trusting their loved ones during difficult times: "I know that they [relatives] will all do the same for me"; "my daughter is very caring, you know... I am very reassured." Emotional intimacy is fostered in various family relationships: "[Father and I] were very, very close"; "[Husband] was just there for me and loved me"; "Grandma, how I love you." The family is also a place where joys and pains can be shared, as Irena points out: "We have a very close family – we don't have any jealousy or anger, we enjoy each other's joys, we grieve each other's failures." She adds: "Mother's pain is our pain... our children are our five fingers, but whichever one you break, every finger hurts." Trust and emotional intimacy in the family provide important emotional security, allowing the sharing of emotional experiences with loved ones.

Sincere and open communication in the family strengthens emotional ties, which helps to successfully overcome difficulties. Open dialogue that includes active listening and effective conflict resolution is important for maintaining healthy family relationships, as Elena emphasizes: "We always try to talk things out. It helped avoid misunderstandings and kept our relationship strong." Valerija adds that "we discuss, and we discuss, but if we do not agree, we can agree to disagree." Similarly, Juozas states: "Patiently, patiently... there were no such conflicts that we could not overcome." Participants also emphasize the importance of expressing emotions and fears. Irena states: "I find strength and comfort in sharing my feelings with my family," while Sofia laments that "I haven't told my family everything, nor even my close friends," indicating that she feels isolated when she "keeps everything bottled up." Forgiveness also plays an important role in family relationships. Algirdas notes: "Forgiveness is

very important. If you forgive, then you have no enemies.” Jadvyga states: “I don’t know how to be angry at all... but somehow I forgive, and that’s it.” The ability to forgive and let go of past hurts promotes emotional healing and resilience in the family. Honest and open communication, which includes the expression of emotions and forgiveness, strengthens emotional bonds in the family and helps to overcome difficulties.

Providing mutual support

The third category highlights how a various forms of support from family members, both immediate and extended, are essential in building older people’s resilience. This support is often reciprocal, as older people also want to provide help within their families, fearing they may become a burden.

Support from family members comes in many forms, ranging emotional, practical, and financial assistance to offering a sense of belonging. The participants shared how their family members take care of them and help with daily tasks during times of illness or difficulty. For example, Birutė says that a family member “helps with everything – from shopping in the store to managing medicines, which takes a huge burden off my shoulders.” Valerija adds: “What I’m asking for all the time is all the harder work... he does whatever he can.” Emotional support is also extremely important: “I recover when... we are together, there is such peace, everything is fine.” Additionally, financial help from the family can be very significant when older people are in need: “My brother helped me then... he took that money and gave it to me.” Support from family members makes it easier to overcome daily challenges, providing both physical and emotional relief as evidenced by the experiences of the research participants.

Close family members, especially spouses and children, provide critical support that is important to overall resilience. Spouses and children often act as the main sources of support: “My family – husband and children – are always there when I need help. Their support is the most important thing for me.” The support of spouses is especially valuable: “My wife supports me a lot... I trust her and everything goes back to normal”; “My husband has always been my strength, especially in difficult times”; “Whatever needs to be lifted or carried... my husband helps me with daily tasks like these. He washes the dishes.” Relationships with children are also essential in the lives of older people, providing important daily care: “I have very good daughters, and they help take care of me”; Support from children is especially important when there are health problems: “My daughter helps me visit the doctor, and my son takes care of heavy work at home”; “helps me a lot, especially when my health began to falter.” Relationships with grandchildren also improve emotional well-being: “My grandchildren bring so much happiness and remind me of the importance of family continuity.” In addition, extended family members such as sisters, brothers, and other relatives also play an important role in providing support.

They can provide emotional understanding, perform household chores, and offer financial support: “I have good relatives who always help and understand”; “I feel that they support me”; “Through conversations, communication, being around.” Irena speaks about receiving special help in times of difficulty: “I’m lying in the hospital, it was such a miracle for me, I can’t do anything, my sisters came, they bathed me, my hair (laughs), they washed me, I’m sitting there in such joy.” Aldona adds that her “sister... helped a lot financially.” Immediate family members, especially spouses and children, provide critical emotional, practical, and financial support that is essential to older adults’ resilience, and relatives also contribute to this support by providing emotional understanding and practical help during difficult times.

The nature of family support is mutual, as older people actively respond to the support they receive and cooperate within families, creating a network of mutual support. Valery says: “The support is so mutual. ... We love each other and always help each other, we don’t demand anything from each other.” Elena adds: “We supported each other, and it strengthened our bond.” Mutual support strengthens family relationships: “The help I provide to my spouse and the help I receive from my children have made our family relationships stronger and more resilient”; “She asks me to chop, I chop. She asks me to peel, I peel... And then she cooks, because I am unable to see.” Effective collaboration lightens the load: “We share the housework evenly, so it’s more manageable and everyone feels supported.” Regina emphasizes that taking care of a sick spouse, although difficult, strengthens her and makes her feel needed: “Taking care of a sick husband is a big challenge, but it also strengthens me.” However, some participants express the fear of becoming a burden on their loved ones: “I am very afraid that others will have to take care of me.” This mutual support fosters a sense of community and belonging. In this way, older people actively respond to the support they receive, cooperate, and strengthen mutual relations.

Inheriting and continuing through intergenerational connections

The fourth category highlights the importance of intergenerational connections and the passing of knowledge, values, and traditions from one generation to the next. Older adults play a crucial role in the transmission of family history, cultural practices, and personal values, which contributes to their psychological resilience.

Older people understand the heritage of resilience through family history, values, and positive role models that have helped them overcome life’s challenges. Family history and past memories give them strength in the face of adversity. Laima emphasizes that “not only are parents and grandparents important, but also the whole family, whose history you learn.” Teodora shares memories of her mother, who used to tell family stories and pass on wisdom in this way: “I was

very happy when my mother told me, and maybe I was the only one in the family she told, because I used to ask questions, and I was always pestering.” Positive family role models help older adults build resilience. Teresa remembers her grandmother’s sister, exiled to Siberia, and her experiences: “She survived and came back.” Jadvyga also shares her memories of her hard-working grandmother: “My grandmother was a busy bee... very hard-working.” Teodora speaks about her grandfather who, even after the loss of his wife, continued to care for his children, expressing his strength through song: “When dad came in from the fields, singing all the time.” The life examples and moral values of parents and grandparents give older people the strength to overcome difficulties. Jadvyga notes: “Parents were an example of life. How to live, how to work... Don’t give up. No matter how difficult it is, you have to find a way out.” In this way, the family plays an important role in the formation of values and beliefs that provide emotional stability during difficult times. As Laima emphasizes: “The main thing is honesty, helping others. This, uh, these most important things came from the family and gave him, as they say, a solid foundation”; “The family raises a person to be who they later become in adulthood.” Teodora emphasizes that “at least one person in the family should have a good heart, so that the children can have a full set of values.” The participants revealed how faith, family ties, and parental values have been important in their lives. Teresa remembers how her father relied on prayer when faced with paralysis: “It’s the rosary, prayer was what helped him cope with his challenges.” Aldona also emphasizes the spiritual wealth of her family: “Spiritually rich... who believed, who went to church.” Irena speaks of how her mother, in the face of difficulties, encouraged her to think about the value of life: “There were a lot of difficult things on my life path and I wanted to give up at one point, but my mother said: ‘Irena, you always have to think about how bad it can be for you – how long can it hurt, maybe a day, maybe two, maybe three, and how much more life do you have?’” The life principles, beliefs, and moral and religious values of parents and grandparents leave deep traces in the lives of older people. As Laima points out: “Perhaps in the face of misfortune and such a terrible truth, true values are revealed in a person, because these days we’re more interested in shiny new things.” In this way, older people take on family values, which shape their worldview and provide emotional stability in difficult moments of life.

The participants revealed how the difficult fates and experiences of loved ones become an integral part of their identity. Older people remember often recall the suffering endured by their relatives: “Uncle Jurgis and his family were exiled... And my aunt, my mother’s sister, was exiled because her husband was a partisan leader”. Another shared: “My great-grandfather, my mother’s grandfather, was a conscript, my grandfather was a bookseller... Mom’s older brothers were volunteers, one brother was a partisan and when he was arrested, he was tortured a lot.”

Positive examples of how family members overcame adversity strengthen older adults' resilience and play key role in shaping their identity. Teresa, for instance, shares memories of her grandmother's experiences in exile, which became a model of endurance for her: "Afterwards I really loved being there... some kind of connection, and her stories." Laima also remembers her family history: "My grandfather's sister's whole family was taken away... my grandmother helped raise all those children, and they returned from Siberia." Aldona shares a story about the food parcel sent to her uncle, a priest in Siberia, which saved his life: "I was walking around the village, buying bacon, sausages. I made a package and sent it. When I sent it, he wrote to me that if it wasn't for your parcel, I probably wouldn't be here... Eating the bacon you sent me piece by piece."

The ongoing heritage of resilience is a vital mission for older generations, who diligently cultivate it through family traditions and gatherings to instill these values in younger generations. Such traditions and reunions play a crucial role in preserving family connections and fostering a sense of continuity across generations. Irena highlights the significance of their annual family meetings: "Every year, we organize these gatherings, known as the 'Big Family Meeting'... that's where the strength and unity are derived from." Sofia highlights the importance of tradition: "Christmas has always been a special time for our family, full of traditions that bring us closer together." Older women often take an active role in organizing family events. Irena does not limit herself to just a meeting, but makes sure that the celebration has meaning: "I write the script myself, I do everything myself so that the celebration is not only a meeting." Such gatherings not only strengthen fellowship, but also create a space where family members can share memories, experiences, and emotional connections. Laima emphasizes: "family gatherings, where we shared meals and stories, were the cornerstone of our family life." Meanwhile, Elena remembers: "Several families would gather, we would have lunch, and then we played cards and split up." In addition to daily gatherings, events such as summer camps also help maintain family traditions and create lasting memories. Teodora recalls that "themed summer camps were a great way to create lasting memories and strengthen our family bonds." Participating in shared meals, outings, and games fosters connections among family members, strengthens relationships, and promotes emotional well-being.

Beyond fostering resilience and maintaining traditions, older generations are deeply committed to passing on their wisdom, life lessons, and values to younger family members, ensuring that the legacy of perseverance and connection endures. Teodora shares her efforts to preserve her family heritage by writing down her life's wisdom for her children and grandchildren: "I decided to write down my thoughts and wisdom in notebooks for my children and grandchildren, hoping to pass on my life experiences and lessons learned." She also aims to strengthen the

resilience of her children and grandchildren by encouraging them to accept life's challenges: "I tried to pass on my family's heritage and values to my children and grandchildren, encouraging them to accept life's challenges." Moreover, Teodora encourages her son to share his difficult childhood experiences with his children so that they understand the importance of appreciating difficult moments in life and being content with their achievements. She encourages her son to be proud of overcoming a difficult stage in his life: "You are proud of the stage you have passed..." And now he started talking... my grandson says, 'you know, grandma, that's why dad has achieved so much, because he has worked a lot since childhood.'" Finally, she prepares her loved ones to come to terms with death and encourages them to continue their lives after her departure: "You know, you will still have to see me off at some point... cry for seven days, cry, and after seven days stand up, remember what was good between us, and live your lives." These lessons help preserve family traditions, experiences, and values for future generations.

4. Discussion

Family relationships and support play a crucial role in enhancing psychological resilience in older adults. However, the specific ways in which family contributes to this type of resilience remain somewhat ambiguous. In our research, we identified four categories that illustrate how family dynamics bolster individuals' resilience: searching for meaning, promoting family cohesion and effective communication, providing mutual support among family members, and transmitting and continuing resilience via family history and traditions. We examined our research findings through the lenses of Maslow's motivation theory, Bronfenbrenner's ecological systems framework, Erikson's psychosocial development, and Havighurst's developmental task theory, integrating contemporary perspectives in resilience research.

4.1 Maslow's Motivation Theory

The research findings can be effectively linked to Maslow's hierarchy of needs, offering insights into how family relationships contribute to psychological resilience and motivation among older adults. Specifically, this relates to the need for love and belonging, as individuals strive for meaningful relationships and emotional connections with others. Our findings indicate that family plays a crucial role in fulfilling social needs, nurturing strong bonds, and promoting communication, thereby providing a sense of purpose and accomplishment. Based on the data presented, older adults fulfill social and esteem needs through family roles, which promote a sense of belonging, security, and purpose. Our study shows that family engagement, both in person and virtually, helps older adults overcome feelings of loneliness and isolation, which are closely tied to Maslow's social needs, while supporting their emotional well-being and resilience. According to Walsh (2015), resilient families are characterized by strong bonding and effective communication. Such family relationships provide a sense of security that enhances emotional

stability and supports adaptive coping strategies (DeHaan et al., 2013; Rafaeli & Hiller, 2010). Nelson-Becker (2012) asserts that support exchanges within family networks enhance an individual's resilience. At the highest level of the hierarchy, familial relationships enable older adults to realize and achieve self-actualization. Our research participants found meaning and inspiration in their family roles, which supported their personal security and growth. This study highlights how family engagement—through sharing traditions, preserving family history, and transmitting values—helps them realize their potential, attain self-fulfillment, and leave a lasting legacy. This process provides deeper meaning in their lives, aligning with Maslow's concept of self-actualization, where individuals seek to realize their potential and achieve a sense of purpose.

Furthermore, our data indicates that when older people share their experiences and knowledge, they receive recognition from family members, fulfilling their need for acknowledgment. This recognition not only boosts their self-esteem, but also reinforces their identity and place within the family structure. The study by Wong et al. (2019) explores how family resilience in the intensive care unit is supported through the process of "searching for meaning," helping family members cope with emotional adversity. This research findings align with these insights, showing that when families contribute to their loved one's recovery and find purpose in their role, it strengthens their resilience, underscoring the importance of family involvement and emotional support in the intensive care unit setting (Wong et al., 2019).

A significant proportion of older people remain widowed, live alone, or live in care institutions. For individuals without active family involvement, such as those in nursing homes or facing chronic pain or bereavement, the emotional support provided by healthcare workers, caregivers, and peers can become crucial in enhancing resilience and self-awareness, especially in difficult life transitions (Liao et al., 2023; Vance & Morganstein, 2020; Wong et al., 2019). Vance and Morganstein (2020) discuss the critical role of physicians in fostering resilience and promoting mental health during the COVID-19 pandemic by enhancing communication with the public, particularly through creating a "doctor-public relationship". They emphasize that effective crisis communication, which promotes safety, hope, and social connectedness, is essential in helping individuals and communities manage mental health challenges during widespread crises, such as the pandemic (Vance & Morganstein, 2020).

Bronfenbrenner's Ecological Systems Theory

The findings of this study align Bronfenbrenner's ecological systems framework, illustrating how family relationships and the surrounding environment influence psychological resilience in

older adults. This framework includes three systems: the microsystem, mesosystem, and macrosystem.

The microsystem, consisting of direct interactions with immediate and extended family members, plays a vital role in fostering resilience. The study highlights that close-knit family networks—comprising children, spouses, and relatives—provide emotional and practical support, which enables older adults to cope with stressors. These findings align with the concept of “aging buffers,” where social support mitigates stress and bolsters emotional well-being (Clark et al., 2018; Wong & Waite, 2016). Our study highlights that regular interactions with family members foster a sense of self-worth and identity, offering continuity and stability through meaningful roles. Participants' social engagement, trust, emotional intimacy, and communication within the microsystem nurture an environment where older adults feel valued and understood, directly strengthening psychological resilience. While technology facilitates autonomy and resilience (Parker, 2011), participants emphasized that virtual engagement complements, rather than replaces, in person interactions.

The mesosystem involves interactions between different microsystems, facilitates broader engagement with the social environment. The results demonstrate that family members facilitate older adults' engagement with the wider social environment, such as health services and community activities, helping them maintain connections and access resources beyond the immediate family, which strengthens both personal and family resilience. Although the focus of this research is on direct family interactions, the exosystem—comprising external influences such as social services, elder care programs, and local policies—plays an important role by indirectly shaping psychological resilience for older adults. These external supports alleviate stress on family members, enabling them to provide more effective emotional and practical assistance to older adults.

In healthcare contexts, the principles of Patient and Family-Centered Care underscore the importance of collaboration in addressing the needs of patients while providing emotional and psychosocial support to their families (Wong et al., 2019). For example, Wong et al. (2019) highlighted that family members of intensive care patients who are guided to find meaning in their situation are better able to cope with emotional adversity, contributing to their loved one's recovery and demonstrating resilience. These interactions, along with the older person's environment and organized activities, can significantly enhance resilience, even for those supported by family (Náfrádi et al., 2018). Relationships become particularly crucial in situations involving chronic pain, bereavement, or end-of-life care, where emotional support from healthcare workers can enhance the self-awareness and resilience of both patients and their family members (Náfrádi et al., 2018). Older individuals often face significant losses, such as the

death of a spouse, parent, relative, or even a child or grandchild. In such circumstances, healthcare and social workers play a pivotal role in helping individuals navigate grief and rebuild resilience. Náfrádi et al. (2018) emphasize that various aspects of the doctor-patient relationship, such as providing psychological support and fostering patient cooperation in treatment decisions, can empower patients to better manage their illnesses. This approach not only supports resilience but also helps patients maintain socially and personally meaningful activities and preserve their functional (physical) capacities. These findings underscore the critical role of external systems in fostering resilience by equipping families with the resources and support they need.

The macrosystem, which reflects cultural norms and societal values, further shapes resilience among older adults. This study reveals that family traditions, intergenerational support, and cultural values provide a framework that strengthens psychological resilience and continuity. Older adults preserve family heritage by passing down traditions, cultural knowledge, and values to younger generations, fostering a sense of continuity. In cultures that prioritize aging and close family ties, older adults report feeling valued and supported (Wiles et al., 2012). Becvar (2012) emphasizes that shared rituals enhance family resilience, while Ungar (2010) highlights the cultural significance of intergenerational solidarity. The findings underscore that cultural norms around caregiving, aging, and family roles shape how older adults navigate life transitions, amplifying their contributions to family dynamics and resilience. By preserving traditions and transmitting cultural values, older adults play a pivotal role in sustaining family cohesion and resilience across generations, aligning with the principles of the chronosystem.

4.2 Erikson's Psychosocial Development Theory

Erikson's theory of psychosocial development highlights development across the life course, which encompasses life transitions over time. It also emphasizes how evolving family roles—such as becoming a grandparent or caregiver—contribute to stability and continuity during life changes. Our analysis shows that older adults adapt to changes in family dynamics by finding meaning in their evolving roles, which is crucial for maintaining resilience later in life. For instance, Cheung and Kam (2012) demonstrate that resilience in older Hong Kong Chinese individuals stems from a combination of early life experiences, family socialization, and religious faith. Their findings underscore that family socialization significantly contributes to resilience, challenging conventional views that resilience primarily arises from external social support (Cheung & Kam, 2012).

In later life, the stage of ego integrity versus despair illustrates how positive family dynamics can enhance the reflective processes essential for obtaining fulfillment. A strong sense of purpose

plays a crucial role in mitigating the risk of suicide by fostering an optimistic outlook on the future, boosting motivation, reinterpreting challenges, countering feelings of helplessness, and enhancing resilience (Gómez-Tabares et al., 2024). The study by O'Neill et al. (2020) highlights the emotional and stressful transition of older adults moving to a care home, emphasizing the lack of autonomy in decision-making during this period. These findings underscore the role of family in strengthening individuals' resilience, as maintaining connections with family members provides essential emotional support, helping them cope with the sense of loss and regain their identity during this major life transition (O'Neill et al., 2020). Our analysis reveals that participants demonstrate that adapting to new familial responsibilities often involves a process of meaning-making, which necessitates developing new skills and lifestyle-based coping strategies. This aligns with Clark et al. (2018), who assert that deriving meaning from relationships and roles is essential for resilience. The process of creating meaning is a vital aspect of resilience that enables individuals to manage stress and maintain a positive perspective (Bolton et al., 2016; Zautra et al., 2010).

Our study underscores the role of family support in fostering ego integrity, alleviating hopelessness, and enhancing psychological well-being. Based on the data presented, trust and emotional closeness in family relationships enable older adults to reflect on experiences, express their feelings, and share their thoughts. These factors enhance their capacity to understand their past and support their path to ego integrity. Another study by O'Neill et al. (2022) explores older people's initial experiences of adapting to life in a care home, emphasizing the emotional challenges of connecting, adapting, and regaining independence during the transition. These findings highlight the vital role of family in strengthening individuals' resilience, as maintaining connections with family and home helps residents re-establish their sense of belonging and autonomy, supporting a smoother and more positive adaptation to life in a care home (O'Neill et al., 2022). Our research further underscores how family dynamics, particularly the maintenance of family connections, enhance resilience during this transition, enabling individuals to retain their sense of identity and cope with feelings of lost autonomy. This highlights the importance of family involvement and support in the relocation process. Moreover, older participants derive a sense of identity and continuity from their family's history and values. Sharing traditions and life experiences strengthens their sense of belonging and reinforces their resilience across generations. This aligns with Nelson-Becker (2012), who emphasizes the role of intergenerational relationships in building resilience. The process of internalizing family values and modelling behavior, where older adults replicate the coping strategies of previous generations, highlights the family's role in resilience (Becvar, 2012). By reflecting on their lives and contributions, they cultivate a sense of pride and contentment,

which reduces feelings of despair and hopelessness. Engaging in reflection about their family's legacy allows older adults to understand their place within the broader family narrative. This process is key for cultivating a sense of completeness and personal fulfillment, aligning with Erikson's final stage of development.

4.3 Havighurst's Developmental Tasks Theory

Our findings align with Havighurst's theory, showing how family relationships help older adults navigate developmental challenges during later life. As they transition into retirement or confront issues such as declining health or the loss of loved ones, older adults often face the need to redefine their identities and adjust to changing circumstances. This process of adaptation reflects an oscillation between loss and recovery, where life events such as bereavement, the onset of ill health, retirement, or relocation can profoundly affect their connection to social environments (Nelson-Becker, 2012; Urbaniak et al., 2023). The aging-related resiliency theory further illustrates how older individuals build resilience by embracing acceptance, adaptation, and recovery when facing life's challenges (Feliciano et al., 2022). The research shows that family interactions, whether in person or virtually, are crucial for maintaining social connections, combating loneliness, and fulfilling emotional needs. Engagement in family relationships and roles promotes self-esteem, social adjustment, and overall resilience, aiding in successful aging. These interactions are essential for successful social adjustment and emotional health, supporting Havighurst's emphasis on social engagement in later life.

Emotional backing is vital for discussing health changes and facilitating smooth transitions into later life stages. The strength-vulnerability integration model indicates that, while older adults typically develop effective strategies for managing emotions and steering clear of negative stimuli, they can also become more vulnerable when facing prolonged emotional distress (Charles, 2010). This vulnerability can hinder their ability to regain emotional balance (Charles, 2010; Reinilä et al., 2023). These dynamics significantly impact their psychological resilience, showcasing both strengths and age-related challenges to emotional well-being. Our findings indicate that open dialogue within families nurtures an environment where older adults feel valued and understood, empowering them to navigate their developmental tasks successfully. Dahò (2020) explores how parents of infants with life-limiting conditions use metaphors to represent their experiences of perinatal hospice, emphasizing the emotional and familial value of the care. The study highlights how parents perceive the experience as "a blanket of love," with moments of love and connection, supported by both family and care providers, and accompanied by expressions of spirituality and transcendence (Dahò, 2020).

Similarly, our study highlights that older adults often require both emotional and practical assistance from their family members. This support may encompass help with daily activities, transportation, and medical care. By offering such support, families empower older individuals to sustain their independence and enhance their quality of life while also aiding them in facing the challenges associated with aging. The willingness of family members to provide care or companionship fosters a stronger sense of belonging and self-worth among older adults. This support network is crucial for addressing the physical and emotional aspects of aging, enabling older individuals to approach their developmental tasks with greater confidence.

Our research indicates that intergenerational relationships and an understanding family history can help individuals navigate the social challenges of aging by providing a broader context that gives meaning to personal experiences. The participants shared insights into how the behaviors and coping strategies of their parents and grandparents influenced their own ability to confront difficulties. Bailey's (2017) study explores resilience in individuals with mild to moderate dementia, proposing a model that highlights the importance of maintaining a sense of continuity in life through personal approaches to dementia and social support, particularly from spouses and other family members. These findings further underscore the critical role of family in enhancing resilience, as social and familial support help individuals with dementia navigate their condition, maintain their identity, and foster well-being despite cognitive decline (Bailey, 2017). Moreover, our analysis reveals that positive behavioral patterns rooted in family history provide the strength to overcome current obstacles, thereby reinforcing a sense of identity and continuity that is particularly vital in old age. In conclusion, engaging in family history and traditions allows older adults to feel significant and valued within the family, even as their roles evolve, and enables them to share their experiences with social and physical challenges.

5. Limitations

This study has several limitations that should be considered when interpreting the findings. The targeted sample was primarily composed of older individuals with high psychological resilience and positive relationships, and it was limited to the cultural context of Lithuania. Most participants were female, highly educated, and either married or living with a partner. Additionally, the targeted sampling approach may have introduced biases that affected the authenticity of the data. The qualitative method may have led participants to provide responses influenced by social desirability or the expectation of aligning with societal norms (White & Cooper, 2022), particularly on topics like resilience and relationships, which are culturally valued. This may have impacted on the accuracy of the responses. Furthermore, grounded theory focuses on generating theories that are deeply rooted in the specific contexts and experiences of participants, rather than aiming broad statistical generalization (Glaser & Strauss, 1967). It

seeks theoretical generalization, extending the developed theory to similar contexts or groups where comparable processes may occur (Glaser & Strauss, 1967). Thus, this approach emphasizes the transferability of insights, rather than their universality. Therefore, targeted sampling and specific Lithuanian context limit the generalizability of the findings to the broader population of older adults. While the results offer valuable insights into the role of family in promoting psychological resilience, they cannot be generalized to all older adults, particularly those facing unique challenges.

6. Suggestions for future research and practice

Future research on the role of family in fostering psychological resilience among older adults should explore key directions to deepen understanding and broaden the applicability of the findings. These directions include cross-cultural exploration, intergenerational perspectives, family resilience interventions and studies of diverse older populations to enhance our knowledge of how family dynamics influence resilience across different cultural contexts. Comparative studies could identify both universal and culture-specific aspects of the family's contribution to the psychological resilience of older adults. Case studies on intergenerational dynamics would explore how resilience is passed down through generations. Evaluating interventions aimed at improving family cohesion and communication could offer valuable insights for future programs. Including a more diverse sample of older adults, such as those in institutional care or living alone, will provide a more comprehensive understanding of resilience dynamics. These research directions will help inform the development of targeted interventions. To build on these directions for future research, practical recommendations can focus on psychosocial interventions and programs designed to enhance the psychological resilience of older adults. These initiatives should prioritize strengthening familial bonds and promoting the intergenerational continuity of resilience. Potential interventions could involve life review and reflection sessions, encouraging older adults to contemplate their experiences and share stories with family members, which would not only deepen relationships but also bolster their psychological well-being. In addition, adaptation programs should be designed to help older people adapt to important life changes, allowing them to maintain their role in the family and actively contribute to family life. Interventions should be focused on making older people feel valued and able to actively contribute to the creation of family well-being. Strengthening family ties is one of the most important goals in order to increase the psychological resilience of older people. For this, it is recommended to hold family consultations and communication seminars that would help family members to better understand each other, solve mutual problems, and strengthen relationships. Communication workshops focused on aging and health can equip families to more effectively care for their older loved ones and bolster their support networks.

Emphasizing the importance of intergenerational nurturing is a key intervention strategy. Engaging activities, such as storytelling sessions or group projects, not only reinforce relationships among family members, but also keep older adults involved in family dynamics. It is important to encourage individuals to recall and share family stories, traditions, and the wisdom of their life experiences. Programs aimed at preserving cultural heritage and fostering its transmission within the family can significantly enhance the identity and psychological resilience of older adults. By integrating traditions and cultural practices into these initiatives, we can improve their effectiveness, helping older individuals maintain ties to their past while finding meaning and purpose in their lives (Mlinac et al., 2011; Zautra et al., 2010). Professionals working with this population must be attuned to cultural variances, considering family dynamics and unique cultural settings. Older adults from diverse cultural backgrounds may have varying views on family roles, aging, and social responsibilities, requiring interventions to be tailored to their unique experiences and needs. Furthermore, fostering the creation of community resources – such as caregiver support programs and caregiving services – can alleviate the stress faced by caregivers, ultimately enhancing the overall psychological resilience of older adults.

7. Conclusions

Family relationships and support play a crucial role in fostering psychological resilience among older adults. However, it is important to explore how exactly families contribute to this resilience. The findings of this study reveal the profound role of families in fostering psychological resilience among older adults, offering critical insights into clinical and health psychology. Family relationships contribute to resilience through four key mechanisms: providing meaning and purpose, fostering harmony and communication, delivering mutual support, and inhering and continuing through intergenerational relationships by family history, traditions, and values. These mechanisms not only enhance the emotional and psychological well-being of older adults but also reinforce the significant role of relationships in caregiving contexts. The results underscore the therapeutic value of family-centered approaches in clinical interventions, emphasizing how nurturing family bonds can help mitigate the psychological challenges of aging. Healthcare workers and practitioners can leverage these insights to strengthen doctor-patient relationships by advocating for holistic care that integrates family support into treatment plans. Ultimately, this research underscores the family as a cornerstone in the mental and emotional health of older individuals, offering practical frameworks for resilience-building that can enhance the caregiving experience and enrich the lives of older adults. Further research should explore these dynamics in different cultural contexts and evaluate the effectiveness of specific family-centered resilience interventions.

Ethical approval

The study adhered to the ethical guidelines of the Scientific Ethics Committee of the Institute of Psychology at Mykolas Romeris University (approval no. 2/2023, 30.06.2023).

Informed Consent Statement

Informed consent was obtained from all subjects involved in the study.

Data Availability Statement

Qualitative data involves highly personal and sensitive information. To protect the confidentiality and anonymity of the participants, the raw interview data cannot be made publicly available, ensuring their privacy and the integrity of their responses are safeguarded.

Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any potential conflict of interest.

Funding

This article is based on research conducted as part of the post-doctoral internship project “Psychological Resilience of Older People: Expression and Experience in the Face of Challenges”, funded by the Lithuanian Science Council (Grant No. S-PD-22-60).

Authors' Contribution

JBS: Responsible for data collection, analysis, interpretation of results, and initial draft manuscript preparation. IŽ Provided guidance, consistent feedback, and assistance in data analysis, interpretation, and manuscript preparation. Both authors reviewed and approved the final manuscript.

Acknowledgments

We would like to extend our sincere gratitude to the Lithuanian older adults who generously participate in this study and shared their experiences. Our special thanks go to Dr. Pamela Irwin for her insightful consultations and inspiration in shaping this research on resilience and its social dimensions in later life. We also express our deep appreciation to the RESILIENCE TNA Program at the Foundation for Religious Studies John XXIII (FSCIRE) in Bologna for offering an invaluable internship opportunity.

References

1. Abdul Rahman, H., Tengah, A., Mohd Yusof, Y., Slesman, L., Hoon, C. Y., & Abdul-Mumin, K. H. (2022). Predictors of satisfaction with life and health status of older people in Brunei: A gender comparative study. *International Journal of Public Health*, 67, e1605042. <https://doi.org/10.3389/ijph.2022.1605042>
2. Aisenberg-Shafran, D., Bar-Tur, L., & Levi-Belz, Y. (2022). Who is really at risk? The contribution of death anxiety in suicide risk and loneliness among older adults during the COVID-19 pandemic. *Death Studies*, 46(10), 2517–2522. <https://doi.org/10.1080/07481187.2021.1947416>
3. APA Dictionary of Psychology. (2024). Resilience. Retrieved September 28, 2024, from: <https://dictionary.apa.org/resilience>
4. Bailey, G. H. (2017). *This is my life and I'm going to live it: A grounded theory approach to conceptualising resilience in people with mild to moderate dementia* (Doctoral dissertation, University of Edinburgh).
5. Becker, C., Kirchmaier, I., & Trautmann, S. T. (2019). Marriage, parenthood and social network: Subjective well-being and mental health in old age. *PLOS ONE*, 14(7), e0218704. <https://doi.org/10.1371/journal.pone.0218704>
6. Becvar, D. S. (2012). *Handbook of family resilience*. Springer Science & Business Media.
7. Bolton, K. W., Praetorius, R. T., & Smith-Osborne, A. (2016). Resilience protective factors in an older adult population: A qualitative interpretive meta-synthesis. *Social Work Research*, 40(3), 171–182. <https://doi.org/10.1093/swr/svw008>
8. Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20–28. <https://doi.org/10.1037/0003-066X.59.1.20>
9. Bronfenbrenner, U. (1981). *The ecology of human development*. Harvard University Press.
10. Brugiavini, A., Di Novi, C., & Orso, C. E. (2021). Visiting parents in times of COVID-19: The impact of parent-adult child contacts on the psychological health of the elderly. *SHARE Working Paper Series*, 73-2021. <https://doi.org/10.17617/2.3346085>
11. Burk, C. (2005). Comparing qualitatively research methodologies for systematic research: the use of grounded theory, discourse analysis and narrative analysis. *Journal of Family Therapy*, 27(3), 237-262. <http://dx.doi.org/10.1111/j.1467-6427.2005.00314.x>
12. Charles, S. T. (2010). Strength and vulnerability integration: a model of emotional well-being across adulthood. *Psychological bulletin*, 136(6), 1068-1091. <https://doi.org/10.1037/a0021232>
13. Cheung, C. K., & Kam, P. K. (2012). Resiliency in older Hong Kong Chinese: Using the grounded theory approach to reveal social and spiritual conditions. *Journal of Aging Studies*, 26(3), 355–367. <https://doi.org/10.1016/j.jaging.2012.03.004>
14. Chirico, I., Casagrande, M., Castelnovo, G., Cammisuli, D. M., Della Vedova, A. M., Di Rosa, E., Franzoi, I. G., Fulcheri, M., Granieri, A., Ottoboni, G., Pacchinenda, A., Peirone, L., Petretto, D., Quattropiani, M. C., Sardella, A., & Chattat, R. (2023). Clinical psychology of aging: The Italian manifesto. *Mediterranean Journal of Clinical Psychology*, 11(2). <https://doi.org/10.13129/2282-1619/mjcp-3730>

15. Clark, P. G., Burbank, P. M., Greene, G., & Riebe, D. (2018). What do we know about resilience in older adults? An exploration of some facts, factors, and facets. In B. Resnick, L. P. Gwyther, K. A. Roberto (Ed.), *Resilience in aging: Concepts, research, and outcomes* (pp. 61-80). New York: Springer.
16. Dahò, M. (2020). "It was a blanket of love": How American and Italian parents represent their experience of perinatal hospice through the use of metaphors. *Bereavement Care*, 39(3), 112–118.
<https://doi.org/10.1080/02682621.2020.1828720>
17. DeHaan, L. G., Hawley, D. R., & Deal, J. E. (2013). Operationalizing family resilience as process: Proposed methodological strategies. In D. S. Becvar (Ed.), *Handbook of family resilience*, (pp. 17-29). New York: Springer.
18. DePoy, E., & Gitlin, L. N. (2016). *Introduction to Research: Understanding and Applying Multiple Strategies*. Mosby.
19. Erikson, E. H. (1959). *Identity and the life cycle*. International Universities Press.
20. Feliciano, E., Feliciano, A., Palompon, D., & Boshra, A. (2022). Aging-related resiliency theory development. *Belitung Nursing Journal*, 8(1), 4-10. <https://doi.org/10.33546/bnj.1631>
21. Fontes, A. P., & Neri, A. L. (2015). Resilience in aging: literature review. *Ciencia & saude coletiva*, 20(5), 1475-1495. <https://doi.org/10.1590/1413-81232015205.00502014>
22. Glaser, B., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitatively research*. Chicago: Aldine.
23. Glaser, B. G. (1998). *Doing Grounded Theory. Issues and Discussions*. Sociology Press.
24. Glaser, B. G., & Strauss, A. L. (2006). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Routledge.
25. Gómez-Tabares, A. S., Restrepo, J. E., Aguirre, N. H., & González-Pérez, A. (2024). The Mediating role of purpose in life in the relationship between hopelessness, depression, and suicide risk. *Mediterranean Journal of Clinical Psychology*, 12(1). <https://doi.org/10.13129/2282-1619/mjcp-4047>
26. Gross, C. B., Kolenkiewicz, A. C. B., Schmidt, C. R., & Berlezi, E. M. (2018). Frailty levels of elderly people and their association with sociodemographic characteristics. *Acta Paulista de Enfermagem*, 31(2), 209–216.
<https://doi.org/10.1590/1982-0194201800030>
27. Gupta, S., & Singh, A. (2020). The study of resilience and hope among elderly people. *Indian Journal of Gerontology*, 34(3), 343–352.
28. Haig, B. D. (1995). Grounded Theory as Scientific Method. *Philosophy of Education*, 28(1), 1–11.
29. Havighurst, R. J. (1952). *Developmental tasks and education*. David McKay.
30. Kroll, C. (2024). Social correlates of well-being. In *Encyclopedia of quality of life and well-being research* (pp. 6524–6526). Springer International Publishing. https://doi.org/10.1007/978-3-031-17299-1_3728
31. Liao, L., Feng, M., You, Y., Chen, Y., Guan, C., & Liu, Y. (2023). Experiences of older people, healthcare providers, and caregivers on implementing person-centered care for community-dwelling older people: A systematic review and qualitative meta-synthesis. *BMC Geriatrics*, 23(1), 207.
<https://doi.org/10.1186/s12877-023-03915-0>
32. Lima, G. S., Figueira, A. L. G., Carvalho, E. C. D., Kusumota, L., & Caldeira, S. (2023). Resilience in older people: a concept analysis. *Healthcare*, 11(18), 2491. <https://doi.org/10.3390/healthcare11182491>

33. Lu, J., Xiong, J., Tang, S., Bishwajit, G., & Guo, S. (2023). Social support and psychosocial well-being among older adults in Europe during the COVID-19 pandemic: a cross-sectional study. *BMJ open*, 13(7), e071533. <https://doi.org/10.1136/bmjopen-2022-071533>
34. Maslow, A. H. (2017). *A theory of human motivation*. Dancing Unicorn Books.
35. Mgbeojedo, U. G., Osiri, E. J., Isaac, F. S., & Anodebe, C. P. (2024). Depression and suicidal ideations in older adults. In F. M. Morales-Rodríguez (Eds.), *The Association Between Depression and Suicidal Behavior*. IntechOpen. <https://doi.org/10.5772/intechopen.1006654>
36. Mikulionienė, S., Rapolienė, G., & Valavičienė, N. (2018). *Vyresnio amžiaus žmonės, gyvenimas po vieną ir socialinė atskirtis: Monografija*. Lietuvos socialinių tyrimų centras.
37. Mlinac, E. M., Sheeran, T. H., Blissmer, B., Lee, F., & Martins, D. (2011). Psychological Resilience. In B. Resnick, L. P. Gwyther, K. A. Roberto (Ed.), *Resilience in aging: Concepts, research, and outcomes* (pp. 67-88). Springer.
38. Náfrádi, L., Kostova, Z., Nakamoto, K., & Schulz, P. J. (2018). The doctor–patient relationship and patient resilience in chronic pain: A qualitative approach to patients' perspectives. *Chronic Illness*, 14(4), 256–270. <https://doi.org/10.1177/1742395317739961>
39. Nelson-Becker, H. (2012). Resilience in aging: Moving through challenge to wisdom. In D. S. Becvar (Ed.), *Handbook of family resilience* (pp. 339-357). Springer.
40. O'Neill, M., Ryan, A., Tracey, A., & Laird, L. (2020). "You're at their mercy": Older peoples' experiences of moving from home to a care home: A grounded theory study. *International Journal of Older People Nursing*, 15(2), e12305. <https://doi.org/10.1111/opn.12305>
41. O'Neill, M., Ryan, A., Tracey, A., & Laird, L. (2022). "Waiting and wanting": Older peoples' initial experiences of adapting to life in a care home: A grounded theory study. *Ageing & Society*, 42(2), 351–375. <https://doi.org/10.1017/S0144686X20000872>
42. O'Sullivan, A., Alvariza, A., Öhlén, J., & Larsdotter, C. (2021). Support received by family members before, at and after an ill person's death. *BMC Palliative Care*, 20(1), 92. <https://doi.org/10.1186/s12904-021-00794-w>
43. Papi, S., & Cheraghi, M. (2021). Multiple factors associated with life satisfaction in older adults. *Menopause Review/Przegląd Menopauzalny*, 20(2), 65-71. <https://doi.org/10.5114/pm.2021.107025>
44. Parker, M. H. (2011). Optimizing Resilience in the 21st Century. In B. Resnick, L. P. Gwyther, K. A. Roberto (Ed.), *Resilience in Aging: Concepts, Research, and Outcomes* (pp. 317-330). Springer. <https://doi.org/10.1001/jama.2011.569>
45. Rädiker, S. (2023). *Doing grounded theory with MAXQDA*. MAXQDA Press.
46. Rädiker, S., & Kuckartz, U. (2020). *Focused analysis of qualitative interviews with MAXQDA*. MAXQDA Press.
47. Rafaeli, E., & Hiller, A. (2010). Self-Complexity. In J. W. Reich, A. J. Zautra, J. S. Hall (Eds.), *Handbook of adult resilience* (p.p. 171 -192). Guilford Press.
48. Rea, S., Samuel, V., Ferreira, N., & Williams, M. (2023). Role of psychological flexibility and self-compassion in people on home parenteral nutrition: Psychological, line care adherence and infection outcomes. *Mediterranean Journal of Clinical Psychology*, 11(2). <https://doi.org/10.13129/2282-1619/mjcp-3696>

49. Reich, J. W., Zautra, A. J., & Hall, J. S. (2010). Resilience: A New Definition of Health for People and Communities. In J. W. Reich, A. J. Zautra, J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 3-17). Guilford Press.
- Reinilä, E., Kekäläinen, T., Kinnunen, M. L., Saajanaho, M., & Kokko, K. (2023). Longitudinal associations between emotional well-being and subjective health from middle adulthood to the beginning of late adulthood. *Psychology & Health*, 1-16. <https://doi.org/10.1080/08870446.2023.2261038>
50. Ribeiro, O., Teixeira, L., Araújo, L., Rodríguez-Blázquez, C., Calderón-Larrañaga, A., & Forjaz, M. J. (2020). Anxiety, depression and quality of life in older adults: Trajectories of influence across age. *International Journal of Environmental Research and Public Health*, 17(23), 9039. <https://doi.org/10.3390/ijerph17239039>
51. Riccio, G., Hernandez, A. E., & Perrella, R. (2018). Resilience: A structuring force. *Mediterranean Journal of Clinical Psychology*, 6(3). <https://doi.org/10.6092/2282-1619/2018.6.1904>
52. Rodrigues, F. R., & Tavares, D. M. D. S. (2021). Resilience in elderly people: Factors associated with sociodemographic and health conditions. *Revista Brasileira de Enfermagem*, 74(Suppl 2), e20200171. <https://doi.org/10.1590/0034-7167-2020-0171>
53. Staudinger, U. M., & Greve, W. (2015). Resilience and aging. *Encyclopedia of geropsychology*, 1-9. https://doi.org/10.1007/978-981-287-080-3_122-1
54. Tomini, F., Tomini, S. M., & Groot, W. (2016). Understanding the value of social networks in life satisfaction of elderly people: a comparative study of 16 European countries using SHARE data. *BMC geriatrics*, 16, 203. <https://doi.org/10.1186/s12877-016-0362-7>
55. Ungar, M. (2010). Culture dimensions of resilience among adults. In J. W. Reich, A. J. Zautra, J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 404-423). Guilford Press.
56. Urbaniak, A., Walsh, K., Batista, L. G., Kafková, M. P., Sheridan, C., Serrat, R., & Rothe, F. (2023). Life-course transitions and exclusion from social relations in the lives of older men and women. *Journal of Aging Studies*, 67, 101188. <https://doi.org/10.1016/j.jaging.2023.101188>
57. Vance, M. C., & Morganstein, J. C. (2020). The doctor-public relationship: How physicians can communicate to foster resilience and promote mental health during COVID-19. *Journal of General Internal Medicine*, 35, 3697–3698. <https://doi.org/10.1007/s11606-020-06243-w>
58. Walsh, F. (2015). *Strengthening family resilience*. Guilford publications.
59. White, R. E., & Cooper, K. (2022). *Qualitative Research in the Post-Modern Era: Critical Approaches and Selected Methodologies*. Springer Cham.
60. Wiles, J. L., Leibing, A., Guberman, N., Reeve, J., & Allen, R. E. (2012). The meaning of "aging in place" to older people. *The gerontologist*, 52(3), 357-366. <https://doi.org/10.1093/geront/gnr098>
61. Willig, C. (2013). *Introducing qualitative research in psychology: Adventures in theory and method*. McGraw-Hill Education.
62. Wong, P., Liamputtong, P., Koch, S., & Rawson, H. (2019). Searching for meaning: A grounded theory of family resilience in adult ICU. *Journal of Clinical Nursing*, 28(5-6), 781–791. <https://doi.org/10.1111/jocn.14673>

63. Wong, P. T., & Waite, L. J. (2016). Theories of Social Connectedness and Aging. In V. L. Bengtson, R. Settersten (Eds.), *Handbook of theories of aging* (pp. 363-379). Springer Publishing Company.
64. World Health Organization. (2020). Global Health Estimates 2020: Deaths by Cause. *Age, Sex, by Country and by Region*, 2000.
65. World Health Organization. (2023). Mental health of older adults. Retrieved September 20, 2024, from: <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>
66. Zautra, A. J., Hall, J. S., & Murray, K. E. (2010). A new definition of health for people and communities. In J. W. Reich, A. J. Zautra, J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 3-17). Guilford Press.



©2024 by the Author(s); licensee Mediterranean Journal of Clinical Psychology, Messina, Italy. This article is an open access article, licensed under a Creative Commons Attribution 4.0 Unported License. Mediterranean Journal of Clinical Psychology, Vol. 12, No. 3 (2024). International License (<https://creativecommons.org/licenses/by/4.0/>).
DOI: 10.13129/2282-1619/mjcp-4457