

Building resilience throughout our increasingly longer lives.

Document derived from the 5th International Longevity Forum on “Building resilience across the life course”

Resilience was the theme of the 5th International Longevity Forum in Rio de Janeiro in October 2017. Although it has become a ubiquitous subject in global social policy conversation, it has been less considered in the context of the *Age of Ageing*. Resilience and capacity building across all age groups is particularly important in this “time of cholera”ⁱ in which insecurity, divisiveness and limited opportunity are distressing countless lives and communities.

“Building resilience is a key factor in protecting and promoting health and well-being at both the individual and community levels”.

Health 2020, European Health Policy Framework, World Health Organization, Regional Office for Europe.

It is the constantly changing, life-long interplay of risk and protection, within both the person and the environment that shapes the concept of **Active Ageing**ⁱⁱ and guides the work of ILC-BR. Fundamental to that dynamic is resilience – defined as having **access to the reserves needed to adapt, endure, and grow from the challenges encountered in life.**

Biological make-up, psychological dispositions and personal/cultural features and behaviours greatly influence the development of resilience. So too, do the external determinants – most of which are highly affected by policy decisions. A resilient society promotes the development of individual resilience, of *active ageing throughout the life course*, but it equally recognises the indispensable role of publicly coordinated efforts. Addressing the causes of vulnerability, reinforcing capacity/preparedness in all age groups, and incorporating such components as cultural safety into policy can significantly contribute to an overall strengthened resilience.

Resilience is not a trait. It is a dynamic relational process. Human beings are never found in a finished form. We are all unsteady travellers though the journey of ageing, buffeted daily by the conditions and the contradictions of our own histories. *We are constructed from uncertainties.* The longevity revolution has revealed to us that life is now more like a marathon than a 100-meter sprint. But it is a marathon that we run without knowing where and when is the finish line. The challenge is to measure ourselves against a unique, undefined, unpredictable yet unavoidably finite endeavour. We must learn to fully recognise ourselves in each of the transformative stages of the ageing continuum. The speed and the shock of contemporary change means that many find that recognition a struggle. Longer lives are increasingly being experienced in the context of a barrage of disruptive innovations that are upending our assumptions and undermining many of our skill-sets.

“We are living longer but the relevance of much of our acquired knowledge is expiring earlier. The longevity revolution must be accompanied by an education revolution with life-long learning at its core”.

Alexandre Kalache; President of the International Longevity Centre-Brazil (ILC-BR) / Co-President of the International Longevity Centres Global Alliance (ILC-GA)

Circumstances matter enormously but adversity itself is not accurately predictive of later-life functioning. More accurately predictive are the responses to that adversity and it is clear that these responses are not fixed. There is more to us than our default settings. The new research on neuroplasticity has revealed that the human brain is far from hard-wired and is able to significantly change its own function, and even its own physical structure, right through into very old age. Magnetic resonance imaging is now allowing us to witness this dynamism of our own brain maps.

“We can make ourselves more or less vulnerable by how we think about things”.

George Bonanno; Clinical Psychologist, Columbia University / Head of the Loss, Trauma & Emotion Lab.

We have enormous capacity to generate responses that are more helpful to us. Research results are showing that the skills that lead us to an increased resilience can be learnt at any age and that an enhanced well-being can be achieved as a consequence.

“In the same way that we once learnt dental hygiene, we can also learn mental hygiene”.

Gabrielle Kelly; Director of the Wellbeing & Resilience Centre, South Australian Health and Research Institute (SAHMRI).

Mindfulness is an awareness of thoughts and feelings as they occur – a purposeful, moment-by-moment connection with our bodies and our experiences believed to lead us to greater self-acceptance and compassion for others.

“Mindfulness is about being more cognizant of ourselves and the world around us”.

Gil Sant’Anna; Researcher, D’Or Institute for Research & Education (IDOR), Rio de Janeiro / World Economic Forum (WEF) Global Shaper.

Studies suggest that mindful practice can enable individuals to stand back from their thoughts, to identify unhelpful patterns or early signs of anxiety, and to process them more effectively. Evidence for its usefulness in building resilience currently exists in such areas as health, education, prisons and workplaces among others. Mindfulness does not provide the answer to everything but it has been demonstrably shown that it can induce suppler and healthier responses, even from individuals faced with seemingly over-powering losses. Those, whose peak of functional capacity has long since passed, can use it to call upon the reserves that have accumulated in their internal world in order to help them to rebound from traumatic situations and to further their personal growth. Expression through art, in any of its forms, is a particularly effective way to reveal the uniqueness of the journey.

“We must put Arts where they belong.... at the heart of resilience-building”.

Silvia Perel Levin; Chair, NGO Committee on Ageing at the United Nations, Geneva / ILC-GA Representative to the United Nations, Geneva.

There is the risk however, that all the burden of success or failure is placed on a person’s character. Resilience is also a communal good and a collective responsibility. It is clear that it is more likely to occur in the presence of cumulative protective factors such as strong family/friendship networks, supportive built environments, the

reassurance of security, a mature culture of care and well-conceived social policies and actions – and less likely to occur in the absence of them. Individuals who have been systemically excluded cannot be blamed for missing the opportunities for healthier choices throughout their lives. The dynamics of power and powerlessness cannot be ignored. It is concerted efforts that are required for progress on the promotion of health and citizenship in the face of inequality and discrimination. Resilience should license neither a tolerance of adversity nor delusory nor damagingly individualistic instincts. We are now learning how to build and to strengthen individual resilience through interventions at the community level at the same time that community resilience itself is built and strengthened – thus creating a virtuous circle.

“Belonging to something bigger than ourselves, empowers us”.

Silvia Gascón; Professor, Psychology, ISALUD University / Adviser to Age-friendly Buenos Aires Project.

From the public policy perspective, the components of **health, life-long learning, participation** and **security** are the key pillars on which to base strategic action. Active Ageing offers a broad and integrative policy framework to all social institutions – one that opens spaces for individuals to seize opportunities over the full course of their lives and to establish a trajectory toward an improved well-being in older adulthood. The goals are preventative, restorative and palliative – addressing needs and desires across a full range of individual capacity and resources. The societal or systemic interventions that support sustained active ageing efforts at the individual level are closely linked to the strengthening of citizenship and the consolidation of a rights-based perspective.

“Human rights are about empowerment and empowerment is about resilience”.

Karla Giacomini; Professor of Geriatrics, Federal University of Minas Gerais / Former President of the Brazilian National Council for the Rights of Older Persons.

Positive psychology prompts individuals to value their own lives more, to better appreciate the differences that make one moment more rewarding than another and to identify the personal experiences that lead to greater strength and happiness. The methodological proposition targets institutions in addition to the personal development of individuals of all ages.

“While you can’t control your experiences, you can control your explanations”.

Martin Seligman; Professor of Psychology, University of Pennsylvania / Director of the Positive Psychology Centre / Past President of the American Psychological Association (APA).

The approach is based on the **PERMA/PERMA+ model**.

P – positive emotions

E – engagement

R – relationships

M – meaning

A – accomplishments

There are four subsequent additions (the **Plus**) – *physical activity, nutrition, sleep, optimism*.

In what is arguably the largest, single community resilience-building exercise in the world, the State of South Australia is operationalizing the **PERMA+** blueprint state-wide using a “lead, build and embed” approach.ⁱⁱⁱ The strategy works across all levels of advantage and disadvantage and the full life course. Research is showing that elevated levels of the PERMA components strengthen resilience, protect against negative emotions, reduce depression and improve life satisfaction.

“Health is created and lived by people within the settings of their everyday lives; where they learn, work, play and love”.

Ottawa Charter for Health Promotion: First International Conference on Health Promotion, 1986.

Architecture gathers people in the spaces that it creates. From curves and straight lines are formed social places where people live and develop relationships.

“Life is more important than architecture. What matters is to improve human beings”.

Oscar Niemeyer; Brazilian architect / key figure in Modernism.

The built environment can promote health and well-being as effectively as it can marginalise and disable. The conceptual framework of the Age-friendly City^{iv} and new generations of urban designers present a particular promise but a strenuous effort must still be made to ensure that inclusive design *truly is inclusive* – that it crosses all socio-economic divides and embraces the full range of physical and mental capacity.

“We need to think about all age brackets as simply different stages of the same life”.

Matthias Hollwich; Architect / Author of New Aging: Live Smarter Now to Live Better Forever.

Innovative approaches to community care, such as the Buurtzorg model that emphasize tailored health coaching at home for both patient and family, are creating simpler, more compassionate, joined-up care-delivery structures. With a focus on co-design and self-management, the new person-centred care models are showing ways to build resilience simultaneously among both receivers and providers of care.

“Humanity should always be put above bureaucracy”.

Jos de Blok; Nurse/Founder & Director of Buurtzorg Nederland.

Pro-resilience practices and interventions should take place at the individual, community and systems levels. Efforts must be operationalized across the entirety of the life course. Investments should be made in four strategic interconnected domains – **health** (prevention, promotion, prolongation); **knowledge** (shifting the paradigm to embrace continuous life-long learning); **participation** (facilitating social capital, supportive environments and inclusive design); and **security** (investing in safety, the culture of care and emergency preparedness).

““We cannot build resilient communities if we do not work on integration.”

Volker Deville; Professor, Economics, Bayreuth University/ Allianz Group.

The quest for greater human resilience, whether individual or collective – whatever age, class, gender, ethnicity, belief or sexuality, is a challenging undertaking. It is a journey of faith and hope, purpose and courage, confrontation and conciliation,

opportunity and chance, care and need, art and knowledge, teaching and learning. Above all, it is a proactive endeavour engineered out of respect for universal dignity and full citizenship.

ⁱ The *time of cholera* is a reference to the novel “Love in the Time of Cholera” by Nobel-prize-winning Colombian author, Gabriel Garcia Marquez.

ⁱⁱ Active Ageing: A Policy Response to the Longevity Revolution; International Longevity Centre Brazil (ILC-BR), 2015; Active Ageing: a Policy Framework, World Health Organisation (WHO) Publications, 2002

ⁱⁱⁱ <https://www.wellbeingandresilience.com>

^{iv} Global Age-friendly Cities: a Guide, World Health Organisation Publications, 2007.

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