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Optimism as a Predictor of Resilience in Aging: Counseling Approaches and Interventions

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ABSTRACT

This study explores the relationship between optimism and resilience among elderly individuals in Salatiga, aiming to determine whether optimism significantly influences resilience within this population. Utilizing a quantitative correlational design, the study involved 94 elderly participants, including those living independently and in nursing homes. Data were collected using the Life Orientation Test-Revised (LOT-R) and the Connor-Davidson Resilience Scale (CD-RISC) and analyzed using statistical methods to assess the relationship between the two psychological constructs. The findings revealed no significant correlation between optimism and resilience, suggesting that resilience in the elderly is influenced by a broader range of factors beyond just an optimistic outlook. These results emphasize the complexity of resilience in older adults and the necessity for a comprehensive approach in guidance and counseling practices. Effective interventions should encompass not only strategies to enhance optimism but also focus on boosting self-esteem, social support, spirituality, and positive emotions, while also considering cultural and cognitive factors associated with aging. This holistic approach is crucial for supporting the elderly in maintaining their psychological well-being and overall quality of life. The study's implications extend to the design of elderly care environments and community-based interventions, highlighting the need for settings that promote resilience through a multifaceted approach.

Keywords: elderly resilience, optimism, aging psychology, guidance and counseling, social support

INTRODUCTION

Aging is an inevitable and universal process that every individual will experience over time, leading to the later stages of life known as old age or elderhood. This process, as defined by Pasmawati (2017), typically begins around the age of 60, ushering individuals into a phase characterized by a multitude of changes—physical, psychological, social, and spiritual. These transformations, while part of the natural aging process, often bring about challenges that can significantly impact the quality of life for the elderly. Fatima (2022) emphasizes that aging is a continuous process that starts at birth and progresses throughout a person's life, making it essential to understand the dynamics of these changes to better support the elderly population. The aging process is not only inevitable but also encompasses a wide range of experiences and challenges that differ from one individual to another, necessitating a personalized approach to care and support (Cuddy & Wolf, 2017).

One of the most prominent issues faced by the elderly is the need for social interaction with peers. As individuals age, their social networks often shrink due to various factors such as retirement, the death of contemporaries, and physical limitations that restrict mobility (Victor, Scambler, & Bond, 2009). This reduction in social interaction can lead to feelings of loneliness and isolation, which are exacerbated when elderly individuals live alone or in environments where their social needs are not adequately met (Victor et al., 2009). According to Maramis

(2011), the natural aging process can lead to a decline in physical and psychological health, further complicating the ability of the elderly to maintain social connections. In environments such as nursing homes, where elderly individuals are often separated from their families and familiar surroundings, the challenge of maintaining social interaction becomes even more pronounced (Tomaka, Thompson, & Palacios, 2006). Asniti Karni (2019) notes that while some elderly individuals may find comfort in the structured environment of a nursing home, others may struggle with the transition, leading to a need for enhanced resilience to cope with these new challenges.

The situation in Salatiga reflects this broader phenomenon. Interviews with elderly individuals living with their families and those living alone reveal a range of emotions and experiences. Some elderly individuals express contentment with their living arrangements, particularly those who reside with their families. However, even within these seemingly ideal scenarios, there are underlying issues, such as feelings of being a burden to their family members (Johnson & Barer, 2017). On the other hand, elderly individuals who live alone may value their independence but also face the stark reality of loneliness (Dykstra, 2009). The situation is equally complex for those living in nursing homes in Salatiga. Interviews with residents reveal that many elderly individuals struggle with feelings of isolation and longing for their families, especially when visits are infrequent (Arnetz, Theorell, & Arnetz, 2019). Despite the presence of peers, the absence of family interactions can lead to a deep sense of loneliness, highlighting the need for emotional and psychological support.

These observations underscore the importance of resilience in the elderly population. Resilience, as defined by Brockie and Miller (2017), is the ability to adapt to and overcome the challenges faced by individuals, particularly in the face of adversity. For the elderly, resilience is a critical factor in maintaining mental and emotional well-being, enabling them to cope with the inevitable challenges that come with aging (Luthar, Cicchetti, & Becker, 2000). Reivich and Shatte (2002) further elaborate on resilience as the capacity to recover from difficult situations, a quality that becomes increasingly important as individuals age and encounter more frequent and severe challenges. In the context of Salatiga's elderly population, enhancing resilience could be key to helping them navigate the complexities of aging, whether they live with family, alone, or in a nursing home (Windle, 2011).

One of the psychological constructs closely linked to resilience is optimism. Optimism is defined by Scheier and Carver (1994) as the tendency to have positive expectations and beliefs about the future. This mindset is crucial in driving individuals to continue striving toward their goals despite the obstacles they may face (Carver, Scheier, & Segerstrom, 2010). For elderly individuals, particularly those who may feel isolated or disconnected from their families, optimism can play a vital role in mitigating the negative effects of loneliness and other age-related challenges (Steptoe, O'Donnell, Marmot, & Wardle, 2008). Panchal et al. (2016) found that there is a positive correlation between optimism and resilience, suggesting that an optimistic outlook can enhance an individual's resilience, thereby improving their overall well-being.

The concept of optimism is not only about maintaining a positive outlook but also involves a deep-seated belief in one's ability to influence outcomes. This belief is particularly important for the elderly, who often face significant life changes that can be perceived as losses—such as the loss of physical abilities, social roles, or independence (Taylor & Seeman, 1999). Optimism can help the elderly reinterpret these changes not as losses but as new

challenges to be overcome, thereby fostering resilience (Scheier & Carver, 1987). The work of Reivich and Shatte (2002) supports this view, emphasizing that optimism is a critical component of resilience because it helps individuals focus on potential positive outcomes rather than dwelling on negative possibilities.

Despite the clear links between optimism and resilience, much of the existing research has focused on younger populations, such as college students or military retirees (Segerstrom, 2007). These studies have shown that optimism can help these groups cope with the challenges of their respective life stages, but there is a notable gap in the literature regarding elderly populations (Carver et al., 2010). The unique challenges faced by the elderly—such as declining health, social isolation, and the loss of lifelong roles—warrant a closer examination of how optimism and resilience interact in this age group (Luthar et al., 2000). Understanding this relationship could provide valuable insights into how to better support the elderly in maintaining their well-being and quality of life.

The current study aims to address this gap by investigating the relationship between optimism and resilience among the elderly in Salatiga. This research is particularly important in the context of Salatiga, where the elderly population faces a range of challenges that could benefit from enhanced resilience. By exploring how optimism influences resilience in this specific population, the study aims to contribute to the broader field of clinical psychology, providing practical insights that could inform interventions designed to support the elderly.

One of the key considerations in this study is the role of environmental factors in shaping resilience and optimism. For elderly individuals living in nursing homes, the environment can either support or hinder the development of these psychological traits (Windle, 2011). A supportive environment that fosters social interaction, provides opportunities for meaningful engagement, and encourages autonomy can enhance both optimism and resilience (Arnetz et al., 2019). Conversely, environments that are overly restrictive, isolating, or lacking in stimulation can exacerbate feelings of helplessness and despair, undermining resilience (Tomaka et al., 2006). The findings from this study could therefore have significant implications for the design and management of elderly care environments, highlighting the need for settings that actively promote psychological well-being.

In addition to environmental factors, the study will also consider the role of individual differences in shaping resilience and optimism. Factors such as personality, life experiences, and cognitive functioning can all influence how an elderly individual responds to the challenges of aging (Segerstrom, 2007). For instance, individuals with a history of overcoming adversity may be more resilient in the face of new challenges, while those who have experienced significant trauma may struggle more (Luthar et al., 2000). Similarly, individuals with a naturally optimistic disposition may find it easier to maintain a positive outlook, while those with a more pessimistic temperament may need additional support to develop optimism (Scheier & Carver, 1987).

The implications of this research extend beyond the individual level to the broader community. As the population ages, understanding how to support the elderly in maintaining their resilience and optimism will become increasingly important (Windle, 2011). This study's findings could inform community-based interventions aimed at fostering social support networks, promoting active engagement, and encouraging positive attitudes toward aging (Arnetz et al., 2019). By enhancing resilience and optimism among the elderly, communities

can help ensure that their older members continue to lead fulfilling lives, even in the face of the inevitable challenges that come with aging (Dykstra, 2009).

METHOD

This study employs a quantitative research approach with a correlational design, specifically aimed at examining the relationship between optimism (independent variable X) and resilience (dependent variable Y) among the elderly population in Salatiga. The choice of a correlational design is particularly appropriate for this investigation, as it allows for the exploration of the degree to which these psychological constructs are interrelated, without manipulating any variables (Creswell & Creswell, 2017). This design is instrumental in understanding how the presence of optimism might influence resilience levels among elderly individuals, providing insights into the psychological dynamics within this demographic (McMillan & Schumacher, 2014).

The research is anchored on two primary variables. The independent variable, optimism (X), is operationalized as the tendency to maintain positive expectations and beliefs about the future, a construct thoroughly explored by Scheier and Carver (1994) through the Life Orientation Test-Revised (LOT-R). This instrument assesses two core aspects of optimism: goal orientation and expectancy (Scheier, Carver, & Bridges, 1994). The dependent variable, resilience (Y), is defined as the capacity to adapt to and recover from adverse situations, a psychological trait measured using the Connor-Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003). The CD-RISC captures five dimensions of resilience: personal competence, tolerance of negative affect, positive acceptance of change, self-control, and spiritual influence, providing a comprehensive evaluation of an individual's resilience capacity (Campbell-Sills & Stein, 2007).

The target population for this study comprises elderly individuals residing in Salatiga, encompassing those living with family, those living alone, and those residing in nursing homes. The population sampling was informed by initial interviews with caretakers from three nursing homes in Salatiga—Panti Werdha Salib Putih, Panti Werdha Merbabu, and Panti Werdha Menara Kasih—which revealed a total of 48 elderly residents across these facilities (Kemenkes, 2020). The sample size for the study includes 64 elderly individuals living independently (either with family or alone) and 30 elderly residents from the nursing homes, making a total of 94 participants. A nonprobability sampling method, specifically purposive sampling, was employed to select participants based on specific criteria: the ability to communicate effectively and having good hearing and vision (Etikan, Musa, & Alkassim, 2016). This sampling method ensures that the selected participants are capable of providing reliable data relevant to the study's objectives (Patton, 2015).

Data collection was conducted through standardized questionnaires designed to measure optimism and resilience. The LOT-R, utilized for measuring optimism, consists of 10 items rated on a 5-point Likert scale ranging from 0 (Strongly Disagree) to 4 (Strongly Agree). This instrument includes both positively and negatively framed items to capture the multifaceted nature of optimism (Glaesmer et al., 2011). For measuring resilience, the CD-RISC was employed, which contains 25 items also rated on a 5-point Likert scale from 0 (Strongly Disagree) to 4 (Strongly Agree). Both instruments were selected based on their robust psychometric properties, including high validity and reliability in assessing the respective

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constructs within various populations, including the elderly (Connor & Davidson, 2003; Segerstrom & Sephton, 2010).

Table 1. Blueprint of Optimism Scale

No	Aspect	Indicator	Item Number	
			Fav	Unfav
1	Goal	Self-confidence in achieving goals	1, 4, 10	
2	Expectancy	Hope for achieving goals		7, 9
		Doubt about achieving goals		3
Total			6	

Table 2. Blueprint of Resilience Scale

No	Aspect	Indicator	Item Numbers
1	Personal competence, high standards, and tenacity	Endurance under pressure	10, 11, 12, 16, 17, 24, 25
2	Instincts, tolerance of negative affect, and strengthening effects of stress	Tolerance of negative emotions	6, 7, 14, 15, 18, 20
3	Positive acceptance of change, and secure relationships	Positive acceptance of change	1, 2, 4, 5, 8
4	Self-control	Confidence in one's own thoughts	21, 22
5	Spiritual	Belief and faith in God	3, 9
Total			25

The research instruments underwent rigorous preliminary testing to ensure their effectiveness and accuracy in measuring the intended constructs. The LOT-R's item discrimination was analyzed using IBM SPSS version 25.0, which led to the exclusion of three items (1, 2, and 6) due to their low item-total correlation (<0.3). This refinement process resulted in a final set of three valid items that effectively measure optimism (Scheier & Carver, 1994). Reliability testing using Cronbach's Alpha yielded a coefficient of 0.562, indicating moderate reliability, which is deemed acceptable for exploratory studies in psychological research (Nunnally & Bernstein, 1994).

Table 3. Final Blueprint of Optimism Scale

No	Aspect	Indicator	Item Number	
			Fav	Unfav
1	Goal	Self-confidence in achieving goals	4	
2	Expectancy	Hope for achieving goals		7, 9
Total			3	

Similarly, the CD-RISC for resilience was subjected to item discrimination testing, which resulted in the removal of three items (13, 19, and 23) that did not meet the threshold for item-total correlation. The final scale comprised 22 valid items, with a high reliability coefficient of

0.864 as determined by Cronbach's Alpha, indicating the scale's robustness and consistency in measuring resilience (Connor & Davidson, 2003).

Table 4. Final Blueprint of Resilience Scale

No	Aspect	Indicator	Item Numbers
1	Personal competence, high standards, and tenacity	Endurance under pressure	10, 11, 12, 16, 17, 24, 25
2	Instincts, tolerance of negative affect, and strengthening effects of stress	Tolerance of negative emotions	6, 7, 14, 15, 18, 20
3	Positive acceptance of change, and secure relationships	Positive acceptance of change	1, 2, 4, 5, 8
4	Self-control	Confidence in one's own thoughts	21, 22
5	Spiritual	Belief and faith in God	3, 9
Total			22

For data analysis, the study employed IBM SPSS version 25.0, utilizing various statistical techniques to ensure a comprehensive examination of the collected data. Descriptive statistics were used to summarize the characteristics of the sample and to depict the distribution of optimism and resilience scores (Field, 2013). Assumption tests, including tests for normality and linearity, were conducted to validate the appropriateness of the data for correlational analysis. The normality test ensured that the data followed a normal distribution, which is a prerequisite for many parametric statistical tests, including correlation (Ghasemi & Zahediasl, 2012). The linearity test was conducted to verify that the relationship between the variables of interest could be accurately described using a straight line, a fundamental assumption of Pearson's correlation (Tabachnick & Fidell, 2013).

Hypothesis testing was conducted using Pearson's Product-Moment Correlation coefficient, a statistical method well-suited for identifying and quantifying the linear relationship between two continuous variables. This method provides insight into both the strength and direction of the relationship between optimism and resilience, allowing the researcher to determine whether higher levels of optimism are associated with greater resilience among the elderly participants in Salatiga (Dancey & Reidy, 2004). Given the exploratory nature of this study, Pearson's correlation is particularly useful for providing foundational data that could inform future, more in-depth studies on these constructs within the elderly population (Cohen, 1988).

RESULTS AND DISCUSSION

The study was conducted on April 19, 2024, focusing on elderly individuals residing in Salatiga. The sample comprised 64 elderly individuals living independently outside nursing homes and data from 30 residents across three nursing homes: Panti Werdha Salib Putih, Panti Werdha Merbabu, and Panti Werdha Menara Kasih. Data collection spanned three days—April 20, 22, and 23, 2024—utilizing printed questionnaires distributed to the participants. The total number of respondents was 94, and the collected data were subsequently analyzed using the Statistical Package for Social Science (SPSS) for Windows, version 25 (Field, 2013). From

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tables 5 and 6, it is evident that the majority of participants (57.8%) were female, and most (51.6%) fell within the 60-65 year age range. This demographic distribution aligns with national statistics indicating that women tend to live longer than men, resulting in a higher proportion of older women (Kemenkes, 2020).

Table 5. Characteristics Based on Gender

Gender	Percentage
Male	42.2%
Female	57.8%

Table 6. Characteristics Based on Age

Age Range	Percentage
60-65 years	51.6%
65-70 years	38.8%
70-75 years	14.1%
75-80 years	1.6%

Descriptive Statistics

The empirical data from Table 7 reveal that for the optimism variable (X), the minimum value was 2, and the maximum was 12, with a mean of 8.84 and a standard deviation of 1.925. Similarly, for the resilience variable (Y), the minimum value was 35, and the maximum was 87, with a mean of 71.17 and a standard deviation of 8.931. These descriptive statistics suggest a relatively wide range of optimism and resilience scores among the elderly participants, indicating variability in how these individuals perceive their capacity to handle life's challenges and their outlook on the future (Scheier & Carver, 1994).

Table 7. Descriptive Statistics for Optimism and Resilience

Variable	N	Mean	Std. Deviation	Minimum	Maximum
Optimism	94	8.84	1.925	2	12
Resilience	94	71.17	8.931	35	87

Table 8. Categorization of Optimism

Interval	Category	N	Percentage
$10 \leq x < 12$	High	40	42.5%
$7 \leq x < 9$	Moderate	46	49%
$3 \leq x < 6$	Low	8	8.5%
Total		94	100%

Table 8 categorizes the optimism levels of the 94 research participants into three groups: high, moderate, and low. The low category accounted for 8.5% with 8 individuals, the moderate category for 49% with 46 individuals, and the high category for 42.5% with 40 individuals. These results indicate that while a substantial proportion of the elderly in Salatiga exhibit moderate optimism, a significant segment also demonstrates high optimism, which could

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potentially buffer against the psychological challenges associated with aging (Segerstrom & Sephton, 2010).

Table 9. Categorization of Resilience

Interval	Category	N	Percentage
66≤x<87	High	78	83%
44≤x<65	Moderate	14	14.9%
22≤x<43	Low	2	2.1%
Total		94	100%

Table 9 illustrates that the resilience levels among the 94 research participants are predominantly high, with 83% (78 individuals) falling into the high resilience category. Only 2.1% (2 individuals) exhibited low resilience, suggesting that the majority of the elderly in Salatiga are well-equipped to adapt to and recover from life's challenges. This high level of resilience among the participants may reflect the cumulative effects of life experiences, social support, and possibly other psychosocial factors not directly measured in this study (Connor & Davidson, 2003; Masten, 2001).

Assumption Test

The results in Table 10 indicate that the Kolmogorov-Smirnov Z values for both optimism and resilience are less than 0.001, with p-values significantly greater than 0.05. This suggests that neither variable follows a normal distribution. Given this non-normal distribution, the study employed Spearman's rank correlation for hypothesis testing, which is more appropriate for non-parametric data and provides a robust alternative to Pearson's correlation in such cases (Ghasemi & Zahediasl, 2012; Dancey & Reidy, 2004).

Table 10. One-Sample Kolmogorov-Smirnov Test for Normality

Variable	N	Mean	Std. Deviation	KS-Z	Asymp. Sig. (2-tailed)
Optimism	94	8.84	1.925	.203	<.001
Resilience	94	71.17	8.931	.182	<.001

Table 11. ANOVA Table for Linearity

Source of Variation	Sum of Squares	df	Mean Square	F	Sig.
Between Groups (Combined)	1453.711	10	145.371	2.023	.041
Linearity	182.170	1	182.170	2.535	.115
Deviation from Linearity	1271.541	9	141.282	1.966	.054
Within Groups	5963.566	83	71.850		
Total	7417.277	93	-	-	-

Table 11 shows that the F-value for linearity is 2.535 with a significance level of 0.115 ($p<0.05$). This result indicates that there is no linear relationship between optimism and resilience. The lack of linearity suggests that the relationship between these two variables, if present, may be more complex or influenced by other moderating factors, which are not captured by simple linear analysis (Tabachnick & Fidell, 2013).

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Hypothesis Testing

The hypothesis testing aimed to determine the relationship between optimism and resilience among the elderly in Salatiga. The data, analyzed using Spearman's rank correlation due to the non-normal distribution, revealed a correlation coefficient (r) of 0.042, with a significance value of 0.345 ($p>0.05$). This result suggests that there is no significant relationship between optimism and resilience in the studied population. The hypothesis proposing a positive relationship between these variables is therefore rejected, indicating that, within this sample, optimism does not appear to directly influence resilience levels (Creswell & Creswell, 2017; Pallant, 2020).

Table 12. Correlations Between Optimism and Resilience

Variable	Optimism	Resilience
Optimism	Correlation Coefficient = 1.000	.042
	Sig. (1-tailed) = -	.345
Resilience	Correlation Coefficient = .042	1.000
	Sig. (1-tailed) = .345	-

The findings from this study, which explored the relationship between optimism and resilience among the elderly in Salatiga, reveal no significant correlation between these two variables. This outcome is consistent with previous research by Karni (2019), who found that low optimism was prevalent among elderly individuals who displayed a sense of resignation. In typical circumstances, high resilience is often associated with high optimism; however, this pattern was not observed in Karni's study, which investigated resilience factors among elderly residents in nursing homes. The moderate optimism levels and high resilience observed in this study suggest that while the elderly in Salatiga may have developed effective coping mechanisms, these do not necessarily stem from an optimistic outlook (Luthans et al., 2007).

This lack of significant correlation could be attributed to the multifaceted nature of resilience, which is influenced by a wide array of factors beyond optimism. According to Mlinac and Schawabenbauer (2018) in Resnick's study, factors such as self-esteem, social support, spirituality, and positive emotions play crucial roles in enhancing resilience. Similarly, Reivich and Shatte (2002) identified seven key components that contribute to resilience: emotion regulation, impulsive control, optimism, causal analysis, empathy, self-efficacy, and reaching out. The presence of these factors in varying degrees among the elderly in Salatiga could explain the high levels of resilience observed, even in the absence of strong optimism (Tugade & Fredrickson, 2004; Ryff & Singer, 2003).

Several methodological factors could also explain the absence of a significant relationship between optimism and resilience in this study. For instance, some participants may not have been fully engaged while completing the questionnaires, possibly due to distractions or a lack of understanding of the questions. Despite efforts to clarify the questions, some participants may have provided responses that did not accurately reflect their true levels of optimism or resilience. These issues highlight the challenges of conducting research with elderly populations, where cognitive and attentional limitations can impact data quality (Blaikie, 2007; Bowling, 2005).

The study's limitations include a relatively small sample size and the potential for response bias due to the self-reported nature of the data. Additionally, the lack of control over

the administration of the questionnaires may have introduced variability in the responses. These limitations suggest that future research should consider larger, more diverse samples and explore additional factors that may influence the relationship between optimism and resilience, such as the role of social support networks and cultural attitudes toward aging (Pinquart & Sörensen, 2000; Scheier et al., 2001). In conclusion, while this study provides valuable insights into the psychological well-being of the elderly in Salatiga, it also underscores the complexity of resilience and the need for a broader perspective when investigating its determinants. The findings suggest that interventions aimed at enhancing resilience in elderly populations should not focus solely on boosting optimism but should also consider other psychological and social factors that contribute to a resilient mindset (Windle, 2011; Southwick et al., 2014).

Implications for Guidance and Counseling

The results of this study provide significant insights for the field of guidance and counseling, particularly in relation to the elderly population. The absence of a significant correlation between optimism and resilience underscores the need for counselors to adopt a more comprehensive and multifaceted approach when working with older adults. This approach should not solely focus on enhancing optimism but should also incorporate various other factors that contribute to resilience, as identified in the literature. For instance, boosting self-esteem is critical, as it has been shown to play a vital role in how individuals perceive their ability to cope with challenges (Ryff & Singer, 2003). Furthermore, strengthening social support networks is equally important, given that social connections have consistently been found to be one of the strongest predictors of resilience in older adults (Southwick et al., 2014).

Counselors should also consider the spiritual dimensions of their clients' lives, as spirituality has been linked to greater resilience and well-being in older populations (Masten, 2001). Incorporating spiritual practices into counseling can help clients find meaning and purpose, which are essential for maintaining resilience in the face of aging-related challenges (Pargament, 1997). Additionally, fostering positive emotional experiences is crucial, as positive emotions have been shown to broaden individuals' thought-action repertoires and build enduring personal resources, which are key components of resilience (Fredrickson, 2001). Another critical implication is the need for culturally sensitive counseling practices. The elderly population in Salatiga, like many other regions, is influenced by unique social and cultural factors that affect their perceptions of aging and resilience (Pinquart & Sörensen, 2000). Counselors should be aware of these cultural nuances and tailor their interventions accordingly. For example, in communal settings such as nursing homes, counselors might focus on group-based interventions that foster a sense of community and shared resilience, which can be particularly effective in cultures that value collectivism (Tugade & Fredrickson, 2004). Moreover, the cognitive and attentional limitations that often accompany aging must be considered in the counseling process. This includes simplifying communication, using clear and straightforward language, and ensuring that assessments and interventions are appropriate for the cognitive capacities of elderly clients (Blaikie, 2007). Understanding these limitations allows counselors to create a more supportive environment that reduces the potential for confusion or frustration, thereby enhancing the overall effectiveness of the counseling process (Bowling, 2005).

Given the high levels of resilience observed in the study, counseling interventions should also focus on reinforcing and leveraging the existing strengths and coping mechanisms that

elderly clients have developed over their lifetimes. This strength-based approach aligns with the principles of positive psychology and can help clients recognize and build upon their inherent resilience (Luthans et al., 2007). By doing so, counselors can empower elderly clients to face future challenges with greater confidence and resilience. In conclusion, the implications of this study for guidance and counseling highlight the need for a holistic, culturally sensitive, and strength-based approach when working with the elderly. By addressing the various factors that contribute to resilience and tailoring interventions to the unique needs of older adults, counselors can significantly enhance the well-being and quality of life of their elderly clients.

CONCLUSION

The study conducted on elderly individuals in Salatiga revealed that there is no significant correlation between optimism and resilience within this population, indicating that resilience in older adults is influenced by a broader range of factors beyond just an optimistic outlook. The findings suggest that while many elderly individuals possess high levels of resilience, this resilience may stem from various sources, such as life experiences, social support, and other psychosocial elements, rather than from optimism alone. These insights underscore the complexity of resilience and highlight the importance of adopting a comprehensive and multifaceted approach in guidance and counseling practices, particularly for the elderly. Counselors should consider incorporating strategies that enhance self-esteem, social support, spirituality, and positive emotions, while also taking into account the cultural and cognitive aspects of aging, to effectively support and strengthen the resilience of older adults. This holistic approach can better address the diverse needs of the elderly, ultimately contributing to their overall psychological well-being and quality of life.

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