

Open Peer Review on Qeios

Personal coping strategies

Oldřich Čepelka

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How do older adults cope with their aging and old age, which is full of stressful events and changes in the physical, mental and social domains? This is done with the help of a particular personal coping strategy (PCS) which is a not fully conscious complex of actions, attitudes and feelings that predetermines behaviour and experience in relation to one's own ageing and old age. PCS is a general "guide" for coping with continuously occurring life circumstances and events, and represents the basis of lifestyle in old age. It is therefore not about reactions to single stressful events such as brachial violence, prayer or a use of sedatives, it is a complex of diverse elements of behaviour and experience, including real actions, cognitive processes and emotions, which are complementary and often mutually reinforcing. It can be argued that the best coping strategy is that which leads to the longest possible life lived in physical, mental and social health.

As ideal types (in the sense of the Max Weber's types), two "pure" coping strategies can be defined: a positively oriented, offensive, proactive strategy is based on anticipating aging and aims at improving or maintaining functionality and physical, mental and social capacity. It corresponds to the WHO concept of active ageing and is a conscious choice. A defensive, passive and often maladaptive strategy usually suppresses the symptoms of ageing or suppresses the awareness of increasing difficulties or leads to resignation.

An offensive, proactive strategy is to mobilize the internal and external resources available to the subject. Internal resources include, for example, learning from one's own experiences, acquired or innate resilience, vitality and flexibility. External resources include the use of friends and acquaintances as helpers and mentors, studying of similar situations (from friends, from reading), etc. Within this type, we can find, for example, a performance of a variety of activities that adequately affect physical, mental and social capacities and functions, including volunteer work or neighbourhood aid and maintaining a supportive social environment (especially family and friends) with opportunities for daily exchanges of ideas and emotions. Furthermore, an ongoing reinforcement of friendship bonds, practicing daily rituals that help to satisfy the need for security, for reassurance and for (self-) recognition, and striving for 'healthy eating', sufficient sleep and immunity support. The implementation of this strategy is likely to have clear preventive effects, slowing down ageing processes in the physical, mental and social dimensions.

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