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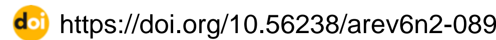
COPING IN AGING: STRATEGIES OF ELDERLY WOMEN



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ABSTRACT

The objective of this study was to evaluate the *coping* strategies of elderly women living in a metropolitan city in São Paulo, Brazil. This is a descriptive, quantitative and cross-sectional study with 226 elderly women. In summary, it was observed that elderly women predominantly use coping strategies focused on the problem to face the adversities present in this stage of life. Finally, the need to develop strategies for cognitive and behavioral interventions in the area of positive psychology that contribute to aging with health, well-being and quality of life is highlighted.

Keywords: Aged. Aging. Woman. *Coping*.

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INTRODUCTION

The world population is currently undergoing an aging process never seen in its entire history, most countries in the world have experienced an exponential increase in the number and proportion of elderly people in their population (Souza et al., 2017). In the Brazilian scenario, studies indicate that in 2050 the country's elderly population will be around 65 million inhabitants, making it the fifth largest population of elderly people on the planet (Miranda, Mendes, & Silva, 2016).

Thanks to technological and scientific advances, especially those related to healthcare, people have started to live longer. However, researchers of human longevity comment that greater population longevity is not always accompanied by an increase in health expectancy and quality of life. In many cases, the arrival of old age can represent a stage of difficulties for people, since it can be followed by serious complications of a physical, psychological and social nature. Such adversities can negatively impact the lives of the elderly, preventing them from living with dignity, freedom, autonomy, health, and quality of life (Dias, & Pais-Ribeiro, 2019).

As far as Brazil is concerned, the arrival of old age has often been surrounded by chronic and complex diseases, which require special and double attention, with continuous medications and periodic examinations. This fact directly reflects on the increase in the search for health services by the elderly, requiring professionals who serve this public to be prepared and recognize the specific needs of this population age group (Merighi et al., 2013).

Another important characteristic observed in the face of greater population longevity is the issue of the "feminization of old age", a fact that has aroused the interest of scholars on the issue of "gender and sex" related to old age. Data indicate that in 2010, there were approximately 20 million elderly people in Brazil, and that of these, 55.5% were female, with the life expectancy of women being higher than that of men. In general, lower female mortality is pointed out as the main explanation for this difference in the composition of the elderly population by sex (Merighi et al., 2013).

With regard to the issue of aging and gender, it can be inferred that they are complex themes and that their intersection refers to the very diversity of human experience, as they deal with both the heterogeneity and similarity of the aging process of men and women, as well as the relations of domination and social exclusion (Bassit, & Witter, 2006). Lloyd Sherlock (2002) mentions that old age has a strong gender component and, as an example,

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cites the fact that elderly women are more likely to be widowed and often in a disadvantageous socioeconomic situation.

Ramos, et al., (2017) report that elderly women tend to be more fragile to psychological changes when compared to elderly men, due to situations of family stress, interrupted relationships, as well as genetic and hormonal biological factors. The authors also mention advanced age, low socioeconomic status, housing, education, social support, stressful events, previous psychiatric condition and functional and cognitive decline as triggering elements for this condition.

Finally, in view of these arguments, studies such as this one that intend to study the issue of aging with regard to the issue of sex and gender are important, since they can contribute to the gap in knowledge that exists on this topic in the current literature, serving as a reference for politicians, managers and health professionals who work directly with this population. Therefore, the main objective of this study was to identify the coping strategies that elderly women use in the face of adversities present in this stage of life.

COPING STRATEGIES

In this study, coping is approached from a cognitive point of view, according to the model proposed by Lazarus and Folkman. In this context, coping is seen as the strategies and skills used by individuals in contexts considered unfavorable, or that require adaptation. The expression coping can be better understood, figuratively, as "to face", "to face" or "to move forward". According to Lazarus and Folkman, coping is defined as a grouping of cognitive load and behavioral effort used by people in unique situations and demands that arise from stress-causing episodes, considered as an overload on mental health (Cano, & Moré, 2016).

According to Lazarus, & Folkman (1984) coping is defined in two models, which were adopted in this study. The first model refers to coping with a focus on emotion, which is classified as efforts aimed at stabilizing the emotional state, that is, regulating the emotions linked to the stressful event. The second model, on the other hand, refers to problem-focused coping, characterized by an effort to regulate the stress-causing situation, trying to transform it.

According to Dias, & Pais-Ribeiro (2019), the development of the term coping has accompanied psychology since its origin, focusing on the way individuals adapt to unpredictable situations in life. In summary, the concept of coping emerged from research in

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the area of psychology regarding stress, after it was found that this is not just an involuntary process of stimulus-response, but motivated by mediating factors that can be internal and external.

Originally, Folkman and Lazarus' stress and coping theory divided the phenomenon into two categories: problem-focused coping and emotion-focused coping. This research was based on factor analysis, which produced two main domains that researchers used to define two types of strategies (Antoniazzi et al., 1998). Coping is seen from this perspective as having two functions: to regulate emotions or anxiety (emotion-focused coping) and to manage the problem causing anxiety (problem-focused coping). Both forms are used in encounters that are considered more stressful, and the proportions of each type vary according to the way in which the encounter is qualified (e.g., as having the potential to control or as not a subject of control) (Folkman, & Lazarus, 1984).

Problem-focused coping refers to the choice of a problem-focused strategy, which is a way of processing stressful events through the collection of information about stressful situations for decision-making (Folkman, 2010). They are seen as adaptation strategies, since they allow the situation to change, either by trying to solve the problem, or by reducing the impact of the stressor source (Lazarus, & Folkman, 1984).

The function of this strategy is to change the problems that cause tension between people and the environment. Therefore, the use of coping can be directed internally or externally. "When problem-focused coping is oriented towards an external source of stress, it includes strategies such as negotiating to resolve an interpersonal conflict or soliciting practical help from others." When directed internally, it usually includes cognitive restructuring, such as the redefinition of the stress-causing element (Antoniazzi et al., 1998).

The second coping strategy focuses on the emotional component and is characterized by keeping distance, avoiding problems, and seeking emotional support. (Folkman, 2010). The authors describe the attempt to replace or regulate the emotional impact of stress, which is mainly the result of defensive techniques that make the person realistically avoid facing the stressful threat (Lazarus & Folkman, 1984). The main function of emotion-focused coping is to regulate the emotional response caused by the problem/stressor with which the individual is faced, and may represent distancing or palliative attitudes in relation to the source of stress, such as denial or avoidance (Seidl, Tróccoli, & Zannon, 2001).

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These coping measures are aimed at a physical and/or emotional level with the aim of changing the emotional state. Smoking cigarettes, taking tranquilizers, watching TV series, and going for walks are examples of strategies for dealing with emotional stress on a physical level. Its function is to reduce unpleasant physical sensations in stressful situations (Antoniazzi et al., 1998).

It should be noted that these coping styles are not necessarily mutually exclusive, as we know that different strategies can be used simultaneously to cope with a given stressful situation (Seidl, Tróccoli, & Zannon, 2001). The different types of coping often work together, so regulating anxiety (emotion-focused coping will allow the person to focus on decision-making (problem-focused coping. This, in turn, is informed by a review of core values and objectives (targeted adaptation). In principle, there must be some independence between these processes so that they are predictable. But in reality we are dealing with a dynamic system of highly interactive processes" (Folkman, 2010).

METHOD

The respective study was descriptive, cross-sectional and with a quantitative approach. The choice for descriptive and cross-sectional research is due to the objective of presenting the description of the characteristics of a given population, and cross-sectional, by analyzing the data collected in a specific period in time (Polit, Beck, & Hungler, 2019).

PARTICIPANTS

In this study, the study population was composed of women aged 60 years or older living in a metropolitan city of São Paulo, Brazil. According to (Lopes, Araújo, & Nascimento, 2016), the chronological age of the elderly can vary according to the conditions of each country, in developed countries the World Health Organization recognizes as elderly people aged 65 years or older, while in developing countries, in which Brazil is inserted, people with 60 or more years of life are recognized as elderly.

The sample consisted of 226 elderly women aged 60 years or older who lived in the community of that region. The sampling method chosen for sample selection was non-probabilistic, heterogeneous by quota. The non-probabilistic method consists of selecting a sample that is accessible to the researcher, that is, by non-statistical criteria. In the heterogeneous quota technique, strata of the population are initially identified based on

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their characteristics, and then quotas are established for each stratum, with the aim of strengthening the representativeness of a sample (Polit, Beck, & Hungler, 2019).

Stratification is made based on variables that reflect important differences in the dependent variable under investigation. The variables (age, gender, ethnicity, socioeconomic status, and medical diagnosis) are the most commonly used (Polit, Beck, & Hungler, 2019). Thus, the sample was distributed in quotas according to age group and sex, with reference to population data of the female elderly population in the city of Mogi das Cruzes, obtained through data from the Brazilian Institute of Geography (IBGE). In each stratum, quotas proportional to the distribution of the target population were maintained. Table 2 below presents in detail the distribution by quotas carried out.

Table 1. Distribution of the population and sample by quotas of older women

Age group	Population of Women		Sample by quotas	
	n	%	*n*	%
60 to 69	12.359	55,3	125	55,3
70 to 79	6.834	30,6	69	30,6
80 or more	3.128	14,1	32	14,1
Total	22.321	100	226	100

Source: IBGE.

The respective research was set in the city of Mogi das Cruzes in São Paulo, located in the southeastern region of Brazil. The municipality of Mogi das Cruzes has 721 square kilometers (km²) of territorial extension. Its population, according to data from the Brazilian Institute of Geography and Statistics – IBGE, is currently approximately 450,000 inhabitants (Brasil, 2021).

The inclusion criteria for participating in the study were as follows: Residing in the city of Mogi das Cruzes; be 60 years of age or older; be female; have preserved cognitive conditions; agree to participate in the study; sign the informed consent form.

MATERIAL

To carry out this study, the following instruments were used for data collection:

- Sociodemographic and health characterization: this instrument was developed by the authors of the study and was intended to obtain personal, family, economic and health identification data of the interviewee, such as: age, sex, religion, education, marital status, number of children, work situation, satisfaction with monthly income, current perception of health, chronic diseases and physical activity.

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- Mental assessment questionnaire: This is a questionnaire to assess the patient's cognitive state. It consists of ten questions that summarize the tempo-spatial orientation and memory for late events. The respective questionnaire is indicated as an initial strategy for a later deeper investigation (Kahn et al., 1960). In this study, the questionnaire was used to detect if there was any cognitive deterioration that would impair the participation of the respondent, and this research did not have the objective of properly assessing the cognition of the elderly.

- Problem Coping Mode Scale (EMEP): The Coping Mode Scale according to Vitalino et al., (1985) has been validated for Portuguese by (Seidl, Tróccoli, & Zannon, 2001). This scale was developed based on the interactive stress model, conceptualizing coping as a set of specific responses to a given stressful situation. The scale contains 45 items and their answers are given on a five-point Likert scale (1 = I never do this; 5 = I always do this). Scores range from 1 to 5; the highest indicate greater use of a certain coping strategy (Seidl, 2005).

PROCEDURE

Data collection was carried out through interviews in natural places such as streets, squares, churches and homes. The present study followed the precepts established in the Declaration of Helsinki and the recommendations of the Brazilian Ministry of Health for research with human beings. Before the beginning of the interview, the participant became aware of the objectives of the study, the instruments to be applied and the guarantee of anonymity and confidentiality of the data. By agreeing to participate in the study, the interviewee will become aware of the Free and Informed Consent Form. It is worth mentioning that the respective study was approved by the Research Ethics Committee of the University of Mogi das Cruzes, SP under substantiated opinion No. 341,143.

DATA ANALYSIS

The study data were processed and analyzed using the Statistical Package for the Social Sciences (SPSS) program. Measures of absolute, relative, mean and standard deviation frequencies were used.

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RESULTS

The results are presented in two parts, the first will deal with the sociodemographic and health characteristics of the elderly women participating in this study, and the second on the findings regarding coping strategies:

SOCIODEMOGRAPHIC AND HEALTH CHARACTERIZATION

The 60 to 69 age group was the most prevalent among women in this study, with approximately 55%. In the distribution by marital status, 61.5% reported not having a partner, and with regard to children, 94.2% reported having one. The majority (97.3%) reported being religious, with the Catholic religion being the most prevalent with 57.7%. About 70% reported being retired. Regarding health, 58.8% said they felt satisfied, and 71.2% had chronic diseases. Regarding lifestyle, only 39.4% reported practicing some type of physical activity.

COPING STRATEGIES

The results of the evaluation of coping strategies are presented below through tables 2 and 3:

Table 2. Coping index of elderly women living in the community by age group and total.

Coping *Strategy*	60 to 69 years old	70 to 79 years old	80 years old or older	Total
Focused on the Problem	3,56	3,60	3,28	3,53
Emotion-Focused	2,04	2,08	1,87	2,03
Score from 0 to 5.				

In summary, it is observed in chart 2 that elderly women predominantly use strategies focused on the problem to cope with the difficulties present at this stage of life.

Table 3. Coping strategies most pointed out by elderly women living in the community to face life's adversities.

	Coping *Strategies*	Score	
		0 to 5	*%*
Items	Focus on the Problem		
1.	I take into account the positive side of things.	3,90	78,0
15.	I try to be a stronger and more optimistic person.	3,89	77,8
17.	I focus on the good things in my life.	3,88	77,6
	Focus on Emotion		
18.	I would like to change the way I feel.	2,78	55,6
23.	I feel bad that I couldn't avoid the problem.	2,38	47,6

Chart 3 shows that the items that were most frequently mentioned as coping strategies used by elderly women in the face of adversities present at this stage of life can be identified.

DISCUSSION

The discussion of the results will be presented below in two parts. In the first, coping strategies focused on problem solving will be addressed, while in the second, coping focused on emotion will be discussed.

PROBLEM-FOCUSED COPING STRATEGIES

As previously mentioned in the results, predominantly, elderly women reported using "problem-focused" coping strategies to face the adversities that arise at this time of life.

Problem-focused coping refers to the coping strategies that are taken with reference to the problem, that is, it refers to the scheme we use to face and solve stressful events throughout life. In summary, in problem-centered coping, the main concern is in solving the problem. To do this, the individual collects and analyzes information about a given situation that he considers stressful for decision-making, that is, to face adversity. In practice, the problem is first defined, the alternatives are enumerated, the costs and benefits are compared, and finally, an action is chosen to cope with it. This type of strategy is directed towards reality, in the sense of seeking to modify pressures and reduce or eliminate the source of stress (Folkman, 2010).

Problem-focused coping strategies involve direct actions to address the source of the stress, reflecting an active attempt to modify the adverse situation. Recent studies point out that this approach may be related to the greater perception of control that older women have over their lives, as well as to the development of skills over time, which allow them to face challenges more effectively (Tennant, 2007).

In this sense, it is important to consider that elderly women accumulate a range of experiences throughout their lives that can shape their coping strategies. Research indicates that resilience, often developed through challenges faced at different stages of life, contributes to a more proactive approach to problem-solving (Masten, 2001). This can be observed in problem-focused coping strategies, which are based on the active search for solutions and the implementation of concrete actions to deal with stressors.

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In addition, the social role of women can influence how they respond to adversity. In many cultures, women are often socialized to play caregiver and problem-solving roles, which may predispose a greater propensity to use resolution-focused strategies (Cheng et al., 2014). This social context not only encourages the search for solutions, but can also reinforce the sense of control and self-efficacy, which are fundamental for mental health and well-being in old age (Bandura, 1997).

In this scenario, social support stands out as an important tool in the mediation of coping strategies. Studies demonstrate that a robust social network can provide not only emotional support, but also practical resources that help with problem-solving (Taylor et al., 2000). Older women often maintain stronger family and community ties, which can facilitate access to information and concrete help in times of need. This social support network can therefore act as a facilitator of problem-focused coping strategies, contributing to a more successful adaptation to adversity.

However, it is crucial to recognize that the choice of coping strategies is influenced by a number of cultural and contextual factors. While many older women may favor problem-solving-focused approaches, others may opt for emotion-focused strategies or a combination of both, depending on their personal experiences and the context in which they live (Folkman, 2010). Thus, it is worth noting that culture also plays a fundamental role, as different societies have different norms on how to deal with stress and which strategies are valued. Studies show that in cultures where the collective is emphasized, coping strategies may more often include social support and help-seeking (Cheng et al., 2014). In contexts where individuality is more valued, problem-solving may be more prominent, reflecting the pressure to remain autonomous and independent.

Given this scenario, it is essential that interventions aimed at the mental health of older women consider the diversity of their experiences and coping strategies. Promoting a balance between problem-focused strategies and emotion-oriented strategies can be key. While problem-focused coping is effective for dealing with specific stressors, incorporating emotional strategies can facilitate feeling processing and psychological adaptation, promoting more holistic well-being (Folkman & Moskowitz, 2004).

With regard to the items of the dimension focused on the problem, highlighted above, the ones that achieved the highest score were the following: "I take into account the positive side of things", "I try to be a stronger and more optimistic person" and "I focus on the good things in my life". In view of these findings, it is noted that the elderly women try to use

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positive and optimistic thoughts as their main tools for coping with the problem, concentrating, above all, on the good things in life.

From the theoretical point of view on this topic, positive psychology has been highlighted in recent decades, especially in the social and behavioral sciences, taking into account, among others, characteristics such as happiness and other positive emotions, highlighting their advantages and ways to develop it. Therefore, positive psychology emerges as an attempt to break the negative nature of human development through the study of the positive aspects present in people, focusing attention on the positive strengths, instead of simply focusing on the weaknesses of the human development.

According to this perspective, positive beliefs and thoughts can be considered protective factors for good physical and mental health, and quality of life. In addition to influencing the individual's emotional state, these strategies can bring about physiological and neuroendocrine changes and stimulate healthier lifestyle habits (Vivan, & Argimon, 2008). In this sense, positive coping seems to protect and help the elderly woman to face the problems that arise at this stage of human life, bringing more hope, happiness and meaning in relation to her lived experience. Therefore, we can infer that positive psychology emerges as an important strategy capable of improving the way elderly women face their difficulties, consequently impacting the health, well-being and quality of life of this population.

Studies show that positive thinking is associated with reduced stress, anxiety, and depression (Seligman, 2011). Individuals who cultivate an optimistic outlook tend to have a better response to difficult situations, seeking solutions and maintaining a focus on opportunities rather than limitations (Carver et al., 2010). This mindset not only improves mental health but also impacts physical health, contributing to healthier aging (Boehm & Kubzansky, 2012). According to Carver et al. (2010), the optimistic approach can reduce the perception of stress and improve mental health, promoting greater resilience in elderly populations. Focusing on positive aspects not only helps in reducing feelings of anxiety and depression, but also contributes to building a sense of purpose and meaning in life.

Positivity-based coping strategies include practices such as gratitude (Emmons & McCullough, 2003), mindfulness (Kabat-Zinn, 2003), and cognitive reappraisal (Folkman & Moskowitz, 2004). Gratitude, for example, can be cultivated through journaling or daily reflections on the good things in life, promoting a shift in the focus of attention (Emmons &

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McCullough, 2003). The practice of mindfulness helps to increase awareness of the present, reducing worries about the future and regrets about the past (Kabat-Zinn, 2003).

Therefore, the positive approach and coping strategies focused on optimism play a vital role in the health and well-being of older women. By encouraging a positive-minded mindset and strengthening support networks, it is possible to create conditions that favor a fuller and more satisfying life, even in the face of the challenges that aging can bring (Seligman, 2011).

Therefore, to maximize the benefits of the positive approach, it is essential to integrate these practices into health policies and community programs aimed at the elderly population (Roff et al., 2017). Interventions that promote optimism and social support can help create an environment where older women feel encouraged to adopt a positive outlook (Boehm & Kubzansky, 2012). This not only improves mental health, but also promotes active, meaningful, and quality of life aging.

EMOTION-FOCUSED COPING STRATEGIES

Research on coping strategies among elderly women revealed an interesting pattern, where "emotion-focused" coping had lower rates compared to "problem-focused" coping. This difference suggests that older women tend to prioritize approaches that involve finding practical solutions to problems, rather than focusing on the emotions associated with them. However, the items that obtained the highest scores within the emotion-focused coping, such as "I wish I could change the way I feel" and "I feel bad for not having been able to avoid the problem", indicate that, even in a predominantly solution-oriented approach, emotions play a significant role in coping with difficulties.

In the theoretical field, coping with a focus on emotion has as attributes the distancing, the escape from the problem and the search for emotional support. Thus, emotion-focused coping strategies generally translate into defensive processes that prevent individuals from realistically facing the source of stress (Talarico et al., 2009, Folkman, 2010). In other words, emotion-focused coping is a strategy that seeks to manage the emotions associated with stressful situations, rather than dealing directly with the situation itself. This approach is particularly relevant for older women, who often face significant challenges such as loss, life changes, and health problems. The use of this type of coping can have profound implications for the emotional well-being and mental health of older women.

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Emotion-focused coping is often used in situations where the individual realizes that he or she has no control over the stressful situation, and therefore seeks to deal with the emotions that this situation provokes (Folkman & Moskowitz, 2004). In the case of elderly women, this strategy can manifest itself in feelings of powerlessness and in the search for ways to change their emotions, as evidenced in the items "I would like to change the way I feel" and "I feel bad for not having been able to avoid the problem". These feelings reflect an internal struggle that can be difficult to manage, leading to increased emotional distress.

In this context, considering that the solutions to many of the problems faced by elderly women are not within their reach, due to the various related factors that negatively impact the aging process, emotional coping emerges as a defensive and palliative strategy for them to overcome the problems. Research has shown that while emotion-focused coping may offer temporary relief, it often does not result in effective solutions to underlying problems (Lazarus & Folkman, 1984). This can lead to a cycle of rumination and increased emotional distress, especially in vulnerable populations, such as older women, who face significant loss and changes in their lives (Nolen-Hoeksema, 2001).

The low use of emotion-focused coping among the elderly women participating in this study may indicate an aversion to expressing or processing their emotions, reflecting a culture that values resilience and problem-solving. However, this dynamic can have negative consequences, since emotional suppression can intensify the experience of stress and contribute to mental health problems, such as anxiety and depression (Gross, 2002).

On the other hand, emotional acceptance, which is a form of emotion-focused coping, has been linked to more positive outcomes. Acceptance allows older women to recognize and process their emotions, facilitating a healthier adaptation to changes (Carver et al., 2010). Emotional acceptance involves acknowledging and welcoming one's emotions, rather than trying to suppress or avoid them. This process is critical, as emotional suppression can lead to increased anxiety and depression (Gross, 2002). In contrast, acceptance has been associated with greater emotional resilience and better levels of life satisfaction (Keng, Smoski, & Robins, 2011). For older women, who often face loss and transition, cultivating acceptance can be a powerful path to adaptation.

The ability to accept and process emotions is particularly relevant in times of transition, such as retirement, the loss of loved ones, or changes in health. Emotional acceptance can help older women find meaning and purpose even in challenging

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circumstances (Folkman, 2010). This not only improves quality of life, but also enhances mental health, contributing to more active and significant aging.

Therefore, it can be inferred that the validation of emotions is an important aspect that contributes to healthy emotional coping. When older women feel that their emotions are acknowledged and validated, it can strengthen their ability to cope with challenges (Kawachi & Berkman, 2001). In environments where emotions are welcomed, elderly women feel more comfortable expressing what they feel, allowing for more complete and less painful emotional processing.

Thus, intervention programs that encourage emotional expression and self-acceptance can be beneficial, helping older women to deal with their experiences more constructively (Carver et al., 2010). Additionally, promoting emotion regulation skills can facilitate a balance between problem- and emotion-focused coping strategies, leading to better mental health outcomes. Therefore, it is essential that mental health interventions for older adults consider the inclusion of approaches that emphasize emotion-focused coping. Therapies that teach self-expression, identification, and acceptance of emotions can help turn the internal struggle into an opportunity for emotional growth. Activities that promote open discussion about feelings and experiences, such as support groups, can contribute to a safer environment where older women feel comfortable exploring and expressing their emotions.

FINAL CONSIDERATIONS

Elderly women's coping strategies are fundamental to understanding how they face the adversities that arise throughout aging. The predominance of problem-focused coping among these women evidences an active and practical approach in the search for solutions to their difficulties. This behavior reflects not only the accumulation of lifelong experiences, but also the influence of social norms that shape the way women are socialized to cope with challenges. This willingness to seek solutions is indicative of the resilience that many older women develop, allowing them to maintain a sense of control over their lives.

However, the low use of emotion-focused coping, although understandable in certain contexts, can lead to negative consequences. Difficulty processing and expressing emotions can result in an increase in emotional distress, enhancing mental health problems such as anxiety and depression. Emotional acceptance, in contrast, has been shown to be a more adaptive strategy, contributing to greater life satisfaction and resilience. Thus,

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integrating practices that promote emotional acceptance and validation into interventions targeting this population is crucial.

The findings of this study underscore the need for mental health interventions that not only focus on problem-focused coping, but also promote a balance with emotion-focused coping strategies. Programs that encourage emotional expression, self-acceptance, and the construction of social support networks can contribute significantly to the well-being of older women. Fostering an environment where emotions are validated and welcomed allows older women to not only deal with their problems more effectively but also build a sense of purpose and meaning in their lives.

Finally, health policies and community programs should consider the diversity of coping experiences and strategies among older women. Encouraging an approach that integrates both problem-solving and emotional acceptance can result in healthier, fuller aging. Thus, positive psychology presents itself as a valuable tool to enhance the strengths of elderly women, promoting mental health and quality of life throughout this phase of life.

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