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Psychological Hardiness Among the Elderly : A Theoretical Approach in Light of Health Psychology

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Summary

Aging represents a developmental stage characterized by a set of psychological, social, and physical transformations that may impose new patterns of adaptation on the individual. With advancing age, the elderly may face a relative decline in physical abilities, the emergence of some chronic diseases, the loss of close people, a change in social and professional roles, in addition to the possibility of feeling isolated or decreased independence.

In this context, psychological toughness emerges as one of the psychological resources that helps the individual confront pressures and deal with them in a more adaptive manner. Hardiness gains special importance in the field of health psychology because it is linked to how the individual perceives health pressures, his interpretation of illness and physical changes, and his ability to maintain psychological balance in the face of difficult circumstances. Research on older adults has shown that positive psychological characteristics, including health-related hardiness, are associated with better indicators of perceived health.

Keywords : psychological hardiness ; the elderly ; health psychology.

Introduction

During his life, a person passes through successive stages of development, beginning with childhood, through adolescence, youth, and adulthood, all the way to old age. Each of these stages has its own needs and problems that increase in complexity and sensitivity with age. Perhaps the most important characteristic of the aging stage is the many changes that occur to the elderly biologically, cognitively, emotionally, socially, health-wise, and financially, as aging coincides with retirement.

With the great improvement in health care in the world, the number of elderly people in society has increased, as experts expect that 20% of the world's population in 2030 will be elderly people over 65 years old.

The latest statistics issued by the United Nations indicate that the world population will exceed 9 billion people in 2050, compared to 6 billion in 2009, and it is expected that 1.1 billion people will be over the age of sixty years. (Barakat, 2009, p. 3).

At the level of the Arab world, the proportion of the number of elderly people has increased. In 1980, the number was 2.4 million, and it became 4.635 million people in the year 2000, meaning that the number increased by 95% (Al-Ghalban, 2008, p. 13).

Aging should not be viewed as a disease, but as a natural process that includes gradual change in form, function, and the ability to withstand stress. It begins with the gradual deterioration that occurs from the peak of physical and health maturity, so age-related changes begin.
According to some researchers, the elderly person is anyone who has reached old age and has lost status and social effectiveness, facing a stage of weak connection between him and the family community or the external community. (Abdel Fattah et al., 2003, p. 79).
Aging also refers to the regular changes that occur in genetically mature organisms living under representative environmental conditions with advancing chronological age. (Badr. 2007, p. 67)
This elderly person, who was once a young, strong young man, after years of work and giving, finds himself an old, neglected, forgotten man, unable to perform even the simplest tasks. Which causes him a number of psychological, social, health and other problems.
In Samira Al-Mashharawi's study on family ties and their connection to the problems of the elderly, she found that the elderly suffer from many problems, some of which are related to the elderly person and some of which are linked to the environment surrounding the elderly person. They differed in their severity depending on the strength or weakness of the degree of family bonding. Among the most prominent problems of the elderly person we find health, social, economic, psychological, and finally recreational problems. (Al-Mashharawi.1997)
Cubaza believes that psychological toughness is an individual's general belief in his effectiveness and ability to use all available psychological and environmental resources in order to perceive, interpret, and effectively confront stressful life events. (Al-Mufarji, Al-Shehri, 2008).
We find a study by Joltan Hijazi and Etaf Abu Ghali (2008) that aimed to identify the problems that the elderly Palestinians suffer from in the Gaza governorates, and their level of psychological hardiness. It also aimed to reveal the relationship between the problems that the elderly suffer from and the level of psychological toughness, and to identify differences between the sexes in the problems and the level of psychological hardiness. The results of the study showed that the order of the dimensions of the problems that the Palestinian elderly suffer in the Gaza governorate was as follows: Problems Social economic, psychological problems, physical health problems. The results of the study also showed that the level of psychological toughness among the Palestinian elderly is high, and that there is an inverse and statistically significant correlation between the problems of the elderly and their psychological toughness. The results of the study also indicated that there are no statistically significant differences in problems among the elderly due to gender, while there are statistically significant differences in the level of psychological hardiness in favor of males. That is, problems affect psychological hardiness (Hegazy and Abu Ghali, 2008)

Kobasa (1979) conducted a study in which some psychological variables that would help the individual maintain his physical and psychological health despite his exposure to pressure were examined on a sample of (76) individuals with a chronological age between (40-49) years. The results indicated that people who are more psychologically resilient are less exposed to pressure and that they are more steadfast, accomplished, driven, and internally controlled. They are also

characterized by flexibility, activity, initiative, and realism. Kobasa et al. (1982) also conducted a study in which they assumed that psychological toughness and its components (control - commitment - challenge) mitigate the impact of stressful events on psychological and physical health on a sample of (259) individuals with an average age of (40) years. The results revealed that psychological toughness does not mitigate the impact of stressful events, but rather represents a source of resistance, resilience, and prevention of the effects that pressures have on the psychological and physical health of individuals.

The results of the study by Holahan and Moss (1985) on a sample of (267) individuals confirmed that a family environment characterized by warmth, love, and acceptance makes the individual more psychologically solid, more capable and effective in confrontation, and less depressed. It also showed that males are more psychologically solid than females. (Al-Mufarji, Al-Shehri, 2008)

Define concepts

Aging

Linguistic definition :

Old age is the final or last stage of a person's life. (Nima et al., 2001, p. 807)

As for the origin of the derivation of the word, it goes back to a person becoming old and old. A sheikh is one who has reached old age, which is usually at the age of fifty, which is a stage above old age and below old age, and he has a position in knowledge, virtue, or leadership. It is said that a man grows old, meaning he has reached the utmost age and weakness, so he is old, so old age means old age. (Al-Ghalban, 2008, p. 36)

Terminological definition:

Byrne and Renner define aging as: It refers to the regular changes that occur in genetically mature organisms living under representative environmental conditions with increasing chronological age. (Badr, 2007, p. 67).

Hassan Jaafar defines aging as a natural biological phenomenon resulting from the effects of the passage of time and aging on the human body. Aging is a direct result of the gradual accumulation of tired cells over the years. (Jaafar. 2003, p. 7).

Psychological toughness

Linguistic definition

Toughness: hardness, resistance, steadfastness, determination, rigor, courage. (Nima et al., 2001, p. 845) Hard, meaning very hard. Something is solid, so it is solid, and solid means strong. (Radi, 2008, p. 21)

Terminological definition

Copaza defines psychological hardiness as an individual's general belief in his effectiveness and ability to use all available psychological and environmental resources in order to perceive, interpret, and effectively confront stressful life events. (Mukheimer, 1996, p. 277).

Mkhaimer defines psychological toughness as the individual’s prevailing belief about his effectiveness and his ability to use all available psychological and primitive resources in order to perceive, interpret, and effectively confront life’s events and problems. (Mkhaimer, 1996, pp. 284-285)

First : old age

1- Definition of aging:

Definition of aging from a medical perspective : Aging from a medical perspective is those irreversible physiological changes that occur in the body as a result of aging and continue incrementally. (ScholonkerEd. 1998 p. 329)

Definition of aging from a psychological perspective : The individual who, as he grows older, is unable to adapt successfully, considering that self-adaptation is the change in behavior in order to successfully adapt to a changing social situation. (Qenawy, 1987, p. 17).

Definition of old age from a social perspective: A person who has reached old age and lacks social status and effectiveness faces a stage of weakening of the connection between him and the family community or the external community. (Osman et al., 2003, 79).

2- Stages of human life:

Determining the age or age of old age is very difficult, so we find several classifications:
Regarding individual development and growth, a person passes through the following stages:

2-1 Youth stage (modernity):

- From 18-21 years old for males.
- From 16-20 years old for females.

This stage witnesses the stabilization of sexual maturity and the attainment of several functions in the body to their maximum stage of development.

2-2 The stage of adulthood :

It is divided in turn into two stages:

A- The first stage of maturity:

- From 22 to 36 years old for males.
- From 21 to 35 years old for females.

B- The second stage of maturity:

- From 36 to 60 years old for men.
- From 36 to 55 years old for women.

Some doctors suggest a new division for the stage of maturity, which is:

A- The middle stage of maturity:

It lasts from 25-40 years and is characterized by the fact that the person enjoys good physical and emotional condition and a high ability to be creative.

B- Late stage of maturity:

It extends from the age of 40 to 60 years, during which the individual achieves the fullest professional and practical success. It is characterized by the following aspects:

- Disturbances in a person’s physical and psychological health.
- A general decline in a person's biological abilities.
-Increased need for rest and relaxation.

3-2 - The advanced age stage: It extends as follows:

- From 61 to 74 years old for men.
- From 56 to 74 years old for women.

In some new classifications, this stage is divided into two stages:

A- Young adulthood stage:

It extends from the age of 65-75 years.

B- The fragile (weak) stage of old age:

Over the age of 75 years.

As for population classifications, according to the World Health Organization, human stages are divided into five age groups, which are as follows:

1- The first age group:

It is the youth age group and includes individuals from birth until the age of 44 years.

2- The second age group:

It is the middle age group and includes individuals from 45 years old to 59 years old.

3- The third age group:

It is the advanced age group and includes individuals from 60 years old to 74 years old.

4- The fourth age group:

It is the aging group and includes individuals from 75 years old to 89 years old. This category is also called the middle age group.

5- The fifth age group:

It is the long-life group and includes individuals from the age of 90 years and above, and this group is called the very old group.

From a scientific and realistic standpoint, we consider "elderly" every person who has entered retirement age, which begins after the age of 60, according to the social systems in force in many countries of the world.

The percentage of people aged 60 years and over is used as a standard from which we determine and demonstrate the degrees and tendencies of aging in the population. If this percentage does not exceed 10% of the total population of a particular country, we consider that country to be among the "young countries group" in terms of demographic growth.

However, when the mentioned percentage is between 10% and 15%, the country is included in the "group of countries in the transitional phase," meaning that it is at the entrance or corridor of aging, or in other words, it is at the beginning of the crossing of the corridor of old age. When this percentage exceeds 15%, the designated country becomes part of the "group of aging countries" in demographic terms.

Some specialist scholars consider that the "group of countries with a young demographic composition" should be counted as those countries in which the percentage of individuals aged 60 years and over exceeds 8% of the total population in a given country.

From a social medical perspective, aging is classified into two groups:

1- The first group:

It is linked to the struggle against premature aging in order to achieve maximum prolongation of life and maintain strength. This work begins from the embryonic (fetal) and childhood stages, and this task falls on the entire medical and health staff. At present, they focus on the role of individual (personal) and social prevention in combating premature aging as a pathological phenomenon.

2- The second group:

It is related to health care for people of advanced age and age in order to meet the medical and social needs of these elderly people. Within this framework, a set of various and diverse procedures are included to restore the vital capabilities of the elderly individual (recovery and revitalization of vitality, improvement of health status), such as: treatment with food or diet, motor therapy, occupational therapy, psychological therapy...etc.

The methods and approaches to treating these two main groups from a social health perspective differ from one country to another. (Jaafar, 2003, pp. 9-11).

3- Pyramid factors:

Longevity in humans is linked to several factors, including:

Genetic factors (aging genes): They represent 65% and are internal factors at the cellular level. Researchers in medical sciences have been able to know the human genetic stock, and have come to understand the causes of aging related to "aging genes." It forms an internal biological clock in the body that determines the decline of each cell.

These genetic factors are related to the deficiency in the ability of normal cells to divide, renew and reproduce, which in turn determines a person's lifespan. White blood cells are renewed, multiplied, and increased according to necessity, while the reproduction and renewal of nerve and muscle cells and fibrous cells in the lens of the eye stops shortly after birth. Therefore, damage to these cells due to accidents or aging cannot be accompanied by the replacement of dead cells with new cells by the remaining cells.

Cell activity weakens with age due to slow blood flow caused by atherosclerosis, which leads to a lack of nutrition for these cells.

2- External factors:

Its percentage is 35%, and it increases the decline of cells, making them more susceptible to damage, including the following:

Gravity.

Environmental factors:

-Ultraviolet sunlight (contributes to damaging skin cells).

-Air. - the heat. - Cold. - Humidity. - Lethargy and stagnation. - Obesity.

-Malnutrition, especially in poor countries.

As for premature aging, it occurs due to:

-Psychological factors. (Frustration, psychological exhaustion, depression, anxiety).

-Neurological factors. - Family and social factors. - Economic factors (unemployment). - Religious factors.

(Jaafar, 2003, pp. 7-9) .

4- Characteristics and symptoms of aging:

There are several characteristics that characterize the aging stage :

-General external appearance: He is often thin, and if he is obese, it is during his youth. Most physically fit people lose weight after they reach the age of sixty. Likewise, the weight of elderly women is slightly more than the weight of elderly men.

There is also a significant decrease in stature as a result of changes in the cartilage cushions, in addition to twisting at the knees and pelvic bones. Here we find that height decreases at a rate of 3 to 5 cm compared to that in youth, and is accompanied by a gradual hunching and curvature of the spine. (Eid, 2007, 66).

Body composition: Studies have shown that the percentage of fat and solids in it increases from 27% in young people to 55% in those at the age of 85. High fat is a relative increase due to atrophy of the muscles and internal organs in the body, and this increase is in percentage and not quantity.

-Hair: The disappearance of the natural color and the appearance of gray or white color is observed before baldness, whether complete or in some areas of the head. It may be accompanied by the growth and presence of hair in the nose and ears in men and the face in women.

-Skin: The skin withers in old age, especially in the face, neck, and extremities. It also becomes dry and wrinkled, and is dark in color in some places. Red spots may appear on the hands of the elderly due to thin capillary bleeding due to the weakness of the capillary walls in this part of the body. Atrophy also occurs in the components of the skin, which causes dryness as a result of atrophy in the number of sebum secretions. We also find in the elderly a greater susceptibility to basal cell carcinoma and symptoms of confusion in the skin pigment cells.

-Hands and feet: As for the hands, tremors and the blue color are constant factors in the elderly. As for the feet, in addition to their blue color in the elderly due to lack of blood circulation, between 10 and 20% of the elderly have swelling due to the storage of fluids in them as one of the complications of varicose veins in the legs, which is widespread in the elderly at a rate ranging from 30% to 50%.

Movement: It is often limited and restricted and is performed with great difficulty, especially walking, which sometimes deteriorates with age to just short movements with small steps. Of course, we must be careful in applying all these characteristics to all peoples, as they are more present in countries with a lower economic, social, and health level.

-Facial changes: An example of this is wrinkling, which is a form of wrinkles, and is due to the continuous use of muscles in expression in a way that leads to an increase in wrinkles. Also, the loss of

Fat around the eyes leads to a sunken appearance in the face, and loss of fat and elastic fibers leads to skin laxity. (Badr, 2007, p. 67) .

-Changes in the various body systems: There are aspects of the components of the human body that do not change with age, including: blood volume and blood sugar, when the body is in a state of rest and relaxation, while changes occur in the volume of air absorbed by the lungs and the performance of the kidneys' functions, and the process of building and demolishing protoplasmic cells is not due to these cells performing their functions, but rather due to the occurrence of diseases .

One of the most important functional effects of aging is in some parts of the body there :

Body temperature: The body maintains its normal temperature (36.37), but the body of the elderly is unable to deal with changing temperatures, and therefore it affects its temperature unlike young people. The reason for this is decreased metabolism, muscle atrophy, poor blood circulation, and a decrease in the number of sweat cells in the skin.
- The combustion of sugar in the body: The combustion of sugar in the body is different in the elderly than in the young, due to several factors, including:
- The percentage of concentrated sugar (glycogen) in the liver decreases with aging.
- Decreased insulin secretion by the pancreas.
- Decreased absorption of sugars in the small intestine and a decrease in the body's ability to consume sugar.

Muscles: Research has shown that muscle strength is lower in the elderly than in young people, due to atrophy and physiological and organic changes in muscle cells. (Badr 2007, 68)

The elderly's body systems: changes and deteriorations that affect them:

A-Heart and blood circulation:

The blood circulation is one of the organs most affected by aging and therefore affects the rest of the other organs, because it supplies them with food and oxygen. We find that the weight of the fry decreases and its ability to pump blood to other organs decreases. This decrease is estimated at 40%. The heart rate decreases to 55-70 beats per minute compared to 70.90 beats in young people. Blood pressure rises in the elderly, so the systolic pressure becomes 150.185 mm of mercury compared to 100.140 in young people. Young people, as for blood circulation decreases in the extremities, we find the elderly complaining of coldness, and this coldness is accompanied by a blue color in the skin.

B- The urinary system: In the aging stage, kidney functions begin to decrease in efficiency in all respects at a rate of about one rate. Studies have shown that these functions decrease in the elderly to a rate between 40-54% of what is normal in youth.

C- The respiratory system: We notice in the elderly the shortness of breath that accompanies any effort, even simple, (dry cough).

D- Fertility in the elderly: It is known that when a woman reaches menopause, she completely stops having children, but she does not lose the desire for sexual intercourse. This is what happens to elderly men when the testicles stop producing sperm, but their ability to have sexual intercourse does not stop until a very late age.

E- The nervous system and the brain: Recent research has proven that there is a noticeable decrease in blood circulation and the brain, and the lack of formation of new cells for brain tissue to replace dead cells, due to aging.

F- The digestive system and the liver: Studies have shown that the digestive system undergoes several changes, such as: a decrease in the amount of saliva secretion, a noticeable decrease in the stomach's secretion of hydrochloric acid and digestive enzymes to 60%, the ability of the stomach to empty decreases, a deficiency in the ability of the small intestine to absorb, and a weakness in the ability of the large intestine to empty. Therefore, we notice that the elderly suffer from constipation, and pancreatic secretions decrease, while in the liver, we notice that its size and weight decrease to about two-thirds of the normal state. (Badr 2007, p. 71)

M- The senses: There is a significant decrease in them, especially hearing and vision, as changes begin in them from the forties onwards, and thus the response to external signals and communication decreases.

J- Change in the weights of the body's organs: Aging is accompanied by changes in the various organs of the body, and these changes appear in the form of a change in their weights.

- **Aging in women**: Aging in women is associated with menopause, which is accompanied by a cessation of monthly menstruation, which usually begins at the age of 45-50 years and is either sudden or gradual. It is the direct result of the inability of the ovaries to secrete its own hormones, which are estrogen and progesterone.

Aging affects a woman's breasts. As age increases, the percentage of glands present in it gradually decreases and they begin to sag.

Some women suffer from noticeable weight gain and dark hair on the chin and around the lips. Many also suffer from itchy skin, and some suffer from dryness in the vaginal mucosa, sometimes accompanied by pain when urinating.

Some women may suffer from emotional tremors and psychological anxiety accompanied by insomnia and trembling in the extremities. Generally, women in menopause complain of feelings of heat and redness in the face, with cold sweat on their foreheads. Many become severely depressed to the point where some of them commit suicide, and some of them suffer from obsessions of various degrees and types.

Women differ from each other in adapting to this age. Some of them pass this stage without suffering from any nervous or emotional disturbance. Others are the opposite. (Ibid., p. 74).

Psychological changes: Aging changes as it is a state of decline in one's psychological and social capabilities that help in harmony. Among the most prominent psychological changes are:

-Cognitive change: represented by difficulties in forming new concepts and skills, mental rigidity. Problem solving. Creative abilities. Defensiveness... has changes that slow down and lead to mental deterioration, as well as society's view of mental ability when it comes to accelerating the onset of this deterioration.

Personality changes: These changes are linked to the elderly person's view of his past and what he has achieved in it. If his view inspires happiness and a sense of accomplishment, he will pass the stage of old age feeling complete and satisfied. However, if his view of the past is characterized by frustration and disappointment, he will feel despair.

The most important personal changes in aging are: fear and anxiety, and anxiety is usually related to health, retirement, separation anxiety, and death anxiety. (Al-Nayal et al. 2007, p. 102) .

5-Theories explaining aging:

There are many theories that address the stage of aging, whether in terms of its characteristics, the nature of its problems, or its causes. Among the most important of these theories we find:

-**Social theory**:

Four theories fall within it:

Activity theory:

This theory emphasizes the importance of social relationships and the presence of a supportive and saturated social environment. The emotional support that the elderly person receives protects him from the influence of frustrating and sad events that the elderly person may go through and lead to his illness. The elderly person's continuation of his activity or his conversion to an alternative activity is important in the elderly person's harmony, and this harmony is achieved if the individual is able to find alternative goals to those goals that he was seeking to achieve before he reached old age, and thus the person who reaches adulthood Aging successfully with the changes that occur at this stage. The elderly person who struggles against difficulties is better than the one who adapts to them. (Badr, 2007, p. 192).

Separation theory:

This theory focuses on the social and psychological aspects of the elderly. This theory assumes that any individual is the focus of a group of social relationships and interactions, and as he grows older and progresses toward old age, his social relationships and participation in various social activities begin to diminish, as does his connections to various social patterns. This is a result of the weakness that afflicts the individual as he grows older. This process is inevitable and general, with a positive impact on the individual and society. This theory is based on its assumption that the separation between the elderly and their society is general and inevitable. Maddox questions this theory's claim of the inevitability and generality of this separation. He also believes that separation is not necessarily beneficial for the elderly because the attached person is usually more satisfied with his life and happier than the less attached person. (Muhammad, 2000, pp. 8-9)

Developmental Theory:

It came as a criticism of the separation theory in its suggestion that unattached old age is the most happiness, and therefore scientists proposed another theory, which is the developmental theory, which is based on the fact that adaptation to old age can develop in multiple directions, and it depends in this on the past life experiences of the elderly person, with an emphasis on continued growth between aspects of the stages of a person's life, so some scientists specializing in the study of the elderly have considered this theory to be continuous. Developmental psychologists have reached personality patterns that remain largely constant throughout a person's life, at least Regarding the way in which individuals adapt or fail to adapt to the social environment in which they live. (Badr, 2007, p. 196).

Symbolic interactionist theory:

This theory believes that the conflict between the different theories has been resolved through the belief that each theory depends on the other. Explanations related to the adaptation and well-being of the elderly are still viewed in light of the framework of developmental or personal processes. This theory also believes that subjective or private theories do not explain the issue of withdrawal from society, nor recent findings that society may practice re-participation. Hence, the need for another theoretical framework to explain the phenomena of successful aging in the context of an interactive environment, which is an environment specific to people and things together, is also an environment that can withdraw but can lead to participation. Others participate in it.

This theory holds that people as they grow older may not be able to maintain their entity and traditional roles, and in order to compensate for this they must search for alternative entities, and this theory is similar in broad outlines to theories.

- Psychological theory:

It aims to explain patterns of adaptation in the last years of life, on the basis of patterns of behavior throughout life that are generalized through the term personality. Newgarten, one of the poles of this approach, believes that this term is unnecessary, and believes that society is part of the environment that can be adapted to, influenced by, or responded to, but not necessarily interacted with, while Henry emphasized the importance of the term "self" in the sense of various personality processes, and as such it represents "ego" processes with a history of development and a clear path of its own, and a positive force that can influence the reaction to external events and the choice of response to them (Badr, 2007, p. 198).

Second: Psychological toughness:

The concept of psychological toughness is a relatively recent concept, and it is one of the important psychological characteristics for an individual to successfully face multiple and successive life pressures.

There is no doubt that each of us goes through different psychological and social situations and circumstances in our lives that push us in some way into difficult situations that affect the course of our normal daily lives. These are the stressful situations that force each of us to confront in one way or another. Some give up, others resist it, and others resist it at times and fail at other times, just like a patient's struggle with illness.

We find that studies in the past few years have begun to go beyond simply studying the relationship between perception of stressful events and forms of psychological suffering, to pay attention and focus on the variables that support the individual's ability to effectively confront or the factors of resistance.

Definition of psychological toughness:

- Porter (1998) and Michelle (1999) defined psychological toughness as a source of internal personal resources for resisting the negative effects of life pressures and alleviating their effects on mental and physical health.

Kobaza concluded that hardiness is: an individual's general belief in his effectiveness and ability to use all available psychological and environmental resources in order to perceive, interpret, and effectively confront stressful life events.

-And both Scheier & (1987) see Carver, that the concept of psychological toughness refers to the individual's welcome and acceptance of the changes or pressures he is exposed to, as psychological toughness acts as a buffer or buffer against the bad physical consequences of pressures. (On the authority of Al-Mufarji. Al-Shehri. 2008)

Carver & Scheier define psychological toughness as: "The individual's welcome and acceptance of the changes or pressures to which he is exposed, as it works with solidity as a protective source against the bad physical consequences of the pressures." (On the authority of Hamada and Abdel Latif, 2002, p. 230)

2-Components of psychological hardiness

Hardness is a compound consisting of three basic interconnected elements, which are:
- Commitment: Jihan Hamza (2002) defines commitment as: "the individual's tendency toward knowing himself, defining his goals and values in life, and assuming responsibility. It also refers to the individual's belief in the value and benefit of the work he performs for himself or for everyone" (Abu Nada, 2007, p. 19).
Commitment is a type of psychological contract by which the individual commits himself to himself, his goals, his values, and others around him. Commitment reflects the individual's general sense of purposeful and meaningful determination, and is expressed in his tendency to be stronger and more active toward his environment so that he participates positively in its events and is far from isolation, negativity, lethargy, and laziness. (Hegazy, 2009, 118).
Mekheimer (1997) defines commitment as a type of psychological contract by which the individual commits himself, his goals, the value, and others around him. (Abdel Salam 2000, p. 14)
Kobaza (1979) also addressed the component of personal commitment in her reality, as she saw that it includes both:
A. Commitment to oneself, which I defined as the individual's tendency towards knowing himself, determining his own goals and values in life, and defining his positive attitudes in a way that distinguishes him from others.
b. Commitment towards work, and I defined it as the individual's belief in the value and importance of work, whether for himself or for others, his belief in the necessity of integration into the work environment and his competence in completing his work, and the necessity of assuming work responsibilities and commitment.
(On the authority of Muhammad Odeh, 2010, p. 69)
Control: It means the extent to which the individual believes that he can control the events he encounters, and bear personal responsibility for what happens to him in terms of the ability to make decisions, interpret and evaluate stressful events, and the ability to challenge. (Mkheimer, 1996, p. 115).
Weab (1991) defines it as "the individual's belief in anticipating the occurrence of stressful events and seeing them as severe situations and events that can be dealt with and controlled, or the possibility of effective control over them." (Al-Sayyed, 2001, p. 210)
Challenge: Kobasa defines it as: "The individual's belief that renewed change in life's events is a natural and even inevitable thing necessary for his advancement, rather than a threat to his security, self-confidence, and psychological well-being." (Al-Abdali, 2012, p. 29)
Tomaka (1996) also defines challenge as "those organized responses that arise to environmental requirements. These responses are of a cognitive, physiological, or behavioral nature and may come together and be described as effective responses." (Ibrahim, 2002, p. 41)

Characteristics of people with psychological toughness:

People with psychological toughness are divided into two types: one group is characterized by high psychological toughness, and the second group is characterized by low psychological toughness. Each group has characteristics and advantages.

Characteristics of people with high psychological hardiness:

Through previous studies conducted in the years 1979 (1985-1983-1982), Kobaza concluded that individuals who enjoy psychological toughness are characterized by a number of characteristics, which are as follows:
-The ability to withstand and resist.
-They have better achievement.
-They have an internal control point.
-More capable and tend to lead and control.
-More proactive, active, and better motivated. (Radi, 2008, p. 41)

Characteristics of people with low psychological hardiness:

Low psychological hardiness is characterized by not feeling a purpose for themselves, no meaning to their lives, they do not interact with their environment positively, they expect constant threat and weakness in the face of changing stressful events, they prefer the stability of life events, they do not have a belief in the necessity of identification and improvement, they are also negative in their interaction with their environment and unable to withstand the bad impact of stressful events. (Ibrahim, 2002, pp. 21-23)

Theories explaining psychological toughness:

Kobaza's theory and the studies emanating from it: (Kobaza 1979)

This theory was based on a number of theoretical and experimental foundations. The theoretical foundations were represented in the opinions of some scientists such as Frankel, Mazlo, and Rogers, which indicated that the individual's existence of a goal or meaning for his difficult life depends primarily on his ability to exploit his personal and social potential well. (Radi, 2008, p. 35)

The Lazarus model is one of the most important models on which this theory is based, as it was discussed through its connection to a number of factors and was identified in three main factors, which are:
-The individual's internal environment.
-Cognitive style.
-Feeling threatened and frustrated.

Lazarus stated that the occurrence of stress is primarily determined by the way the individual perceives the situation.

Considering it as coexistable plans, it includes secondary awareness, the individual's assessment of his own ability, and a determination of the extent of his efficiency in dealing with difficult situations.

An individual's negative assessment of his abilities confirms their weakness and inadequacy to deal with difficult situations. This makes him feel threatened, which according to Lazarus means the expectation of harm, whether physical or psychological. Feeling threatened in turn leads to a feeling of frustration, including a feeling of danger or harm that the individual has already determined will occur.
(Radi, 2008, p. 36)

These three factors are linked to each other. For example, the feeling of threat depends on the cognitive style of the situation. Positive perception leads to a decrease in the feeling of threat,

and negative perception leads to an increase in the feeling of threat, and leads to the evaluation of some personal characteristics, such as self-esteem.

Kobaza (1979) put forward the basic assumption of her theory, after she conducted a study on businessmen, lawyers, and middle- and upper-level workers in mental and physical health and traumatic events. She came up with some results, including:

-Discovering a new positive source in the field of prevention of psychological and physical disorders, which is psychological toughness in its dimensions and in 'commitment, control, challenge'.

- The more resilient individuals had lower rates of psychological disorders despite their exposure to strenuous pressures.

This assumption was that exposure to difficult, traumatic life events is necessary, and even inevitable, for the individual's advancement and emotional and social maturity, and that the psychological and social resources of each individual may strengthen and increase upon exposure to these traumatic events, and the most prominent of these sources is psychological toughness.

(On the authority of Muhammad Odeh, 2010, p. 80)

Venk's theory is a modification of Kobaza's theory (Kobaza 1979

In the field of prevention of developing disorders, a recent model has appeared that reconsidered Cubaza's theory and tried to develop a new modification to it. This model was presented by Venk (1992). This modification was presented through his study that he conducted with the aim of examining the relationship between psychological toughness, cognitive awareness, and effective coexistence on the one hand, and mental health on the other hand, with a population of (167) soldiers. The researcher relied on realistic stressful situations in his sample to determine the role of toughness, and he By measuring the variable of hardiness and cognitive awareness of difficult situations and living with them before the six-month training period that he gave to the participants, and after the end of this training period, he obtained important results, which are:

The two components of commitment and control are only related to the good mental health of individuals. Commitment was essentially linked to mental health through reducing the feeling of threat and using an effective coping strategy, especially the emotion control strategy, where the control dimension was positively linked to mental health through perceiving the situation as less stressful and using a problem-solving strategy to cope.

Venk conducted a second study in 1995 with the same objectives as the first study, but he used a violent training period for a period of 4 months during which the participants carried out the required commands even if they conflicted with their personal inclinations and preparations, and this was done on an ongoing basis, and by measuring psychological toughness and how cognitive perception of real (realistic) stressful events and ways of coexistence before and after the training period was completed, and then the same results were reached for the first study. (Odeh, 2010. p. 80-81)

Third: Psychological toughness among the elderly

The dimensions of psychological hardiness in the aging stage can be understood in light of the special circumstances that the elderly person lives in. Commitment may appear in his continued social and family participation, and control may be embodied in his maintaining his independence and making decisions related to his life and health, while the challenge may appear in his ability to accept and adapt to age-related changes. Psychological hardiness also takes on special importance when it is linked to health, because aging may be accompanied by an increase in

Conclusion

Psychological hardiness represents an important psychological resource that can contribute to understanding psychological and health adaptation in the elderly. It helps the individual, through the dimensions of commitment, control, and challenge, to deal with the changes and pressures associated with aging in a more adaptive way. Research evidence also indicates that resilience is linked to indicators of mental health and well-being, and its potential role in alleviating the negative psychological effects of loneliness and health stress. From the perspective of health psychology, the importance of studying psychological toughness in the elderly is highlighted as one of the protective factors that can be invested in designing preventive and counseling programs aimed at enhancing mental health, quality of life, and successful aging. Therefore, interest in psychological toughness should not be limited to studying its characteristics, but should also turn to examining the possibility of developing and strengthening it among the elderly, taking into account the health, social, and cultural conditions in which they live.

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