

Stress as a Strategic Resource in Late Adulthood: Introducing the STRIVE Model for Psychological Resilience

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Abstract

Although aging often leads to physical and emotional vulnerability, emerging scientific evidence suggests that stress can be a catalyst for resilience rather than decline. This article presents the STRIVE (Stress Transformation and Resilience through Intentional Values-based Empowerment) model, an integrative system designed specifically for older adults. Combining principles from cognitive behavioral therapy, narrative psychology, positive psychology, and neuroplasticity research, STRIVE views stress not as a threat but as a biopsychosocial signal. Core components of the model include triadic adaptation (body-mind-spirit alignment through biofeedback, cognitive reframing, and values clarification), resilience narratives (re-writing life stories to emphasize their adaptive power), intergenerational scaffolding (intergenerational peer mentoring), volitional flexibility (cognitive pivot training), and empowerment through legacy (channeling stress into meaningful, long-term contributions). The model utilizes both high-tech tools, such as wearable biofeedback devices and gamified applications, and low-tech, community-based approaches for accessibility. Drawing on cutting-edge theories such as polyvagal theory, social-emotional selectivity theory, and post-traumatic growth, STRIVE offers a holistic pathway for turning stress into a force for conscious evolution in later life.

Keywords: stress resilience, cognitive-behavioral therapy, aging, neuroplasticity, legacy building

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Introduction

As populations around the world age, the question of how to maintain psychological well-being and resilience in late life has become increasingly relevant. While aging is often viewed in terms of decline and loss of former strength and capabilities, a growing body of research in psychology, neuroscience, and gerontology suggests that later adulthood also holds unique potential for growth, meaning-making, and adaptive transformation (Carstensen, 2006; Park & Bischof, 2013). Specifically, stress, which is typically viewed as a harmful or destructive force, can, under certain conditions, serve as a strategic resource for developing resilience, creativity, and legacy building in older adults.

The issue of transforming stress into a strategic resource has become particularly relevant in light of recent global events. The COVID-19 pandemic, geopolitical instability, and economic uncertainty have had an extraordinary impact on older adults, intensifying experiences of chronic stress, isolation, and loss of agency (Armitage & Nellums, 2020). At the same time, rising life expectancy has extended the length of late adulthood, creating both new challenges and unprecedented opportunities for second-wave flourishing (Kleiber & Linde, 2014). As demographic trends predict a dramatic rise in the number of adults over 65 in both developed and developing countries (UN, 2023), the need for culturally sensitive, scalable, and evidence-informed ways to support this group of people becomes apparent.

The current study presents a novel integrative model, STRIVE (Stress Transformation and Resilience through Intentional Values-based Empowerment), to change the perception of stress as a biopsychosocial signal rather than a threat, and to implement resilience interventions specifically designed for people in late life. Drawing upon evidence-based approaches from cognitive-behavioral therapy (CBT), narrative psychology, acceptance and commitment therapy (ACT), positive psychology, and recent findings in neuroplasticity and aging, the STRIVE model offers a structured yet flexible pathway to support older adults in transforming stress into fuel for personal and generational empowerment.

The model consists of six interrelated components – Stress as Signal, Triadic Adaptation, Resilience Narratives, Intergenerational Scaffolding, Volitional Flexibility, and Empowerment Through Legacy – each addressing a specific aspect of the psychological and social challenges associated with aging. STRIVE also emphasizes cultural adaptability, technological accessibility, and cross-network scalability, making it suitable for both clinical and community applications.

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The purpose of this article is to (1) present the conceptual foundations and structure of the STRIVE model; (2) explore its potential applications in diverse aging-related contexts; and (3) outline a roadmap for empirical validation. In doing so, we aim to contribute to the development of integrative approaches to mental health and resilience in late adulthood.

Model Overview: Conceptual Foundations of STRIVE

The acronym STRIVE stands for Stress Transformation and Resilience through Intentional Values-based Empowerment. The term “strive” itself – meaning to exert effort in pursuit of something meaningful – encapsulates the core philosophy of the model: not the avoidance or

suppression of stress, but the intentional and values-driven engagement with it as a potential catalyst for growth, wisdom, and purpose.

The STRIVE model was developed as a response to the unique psychological challenges and opportunities of late adulthood, where stress often intersects with issues of health decline, identity shifts, social loss, and existential questioning. Rather than viewing these stressors as threats to be minimized, STRIVE reframes them as biopsychosocial signals – invitations to deepen self-understanding, expand adaptive capacities, and foster meaningful legacy.

This integrative framework draws upon principles from cognitive-behavioral therapy (CBT), narrative psychology, acceptance and commitment therapy (ACT), and positive psychology, alongside insights from neuroplasticity research, polyvagal theory, and theories of aging and generativity.

Each component of the model addresses a distinct but interrelated dimension of adaptive functioning in older adults – including physiological regulation, cognitive reframing, life story integration, intergenerational dialogue, psychological flexibility, and legacy building. Together, they form a coherent system for transforming stress from a source of vulnerability into a strategic resource for resilience, contribution, and self-transcendence.

Stress as Signal

In the STRIVE framework, the first and foundational component – Stress as Signal – reconceptualizes stress not as pathology but as adaptive communication. This shift is rooted in the neurovisceral integration model (Thayer et al., 2009), which emphasizes the bidirectional relationship between the central autonomic network and emotional regulation. Rather than suppress physiological stress responses, older adults are taught to recognize these cues – such as elevated heart rate or muscle tension – as bio-intelligent feedback. Psychoeducational sessions introduce the concept of stress literacy, encouraging clients to monitor bodily cues using HRV-monitoring wearables or analog self-tracking. This aligns with Lazarus and Folkman's (1984) transactional model of stress and coping, where appraisal, not stimulus intensity, determines adaptive potential. By rebranding stress as a signal, STRIVE creates the cognitive and emotional space necessary for more empowered and values-aligned responses.

Triadic Adaptation

This component of STRIVE reflects a systemic approach to resilience-building by synchronizing interventions across the somatic, cognitive, and existential domains. Physiologically, it utilizes biofeedback training – particularly heart rate variability (HRV) – as an entry point for autonomic self-regulation. This approach is grounded in polyvagal theory (Porges, 2011), which posits that vagal tone modulates social engagement and stress responsiveness. Cognitively, it incorporates cognitive restructuring and cognitive defusion, encouraging flexible reinterpretation of stressors as growth opportunities. Spiritually, participants engage in values clarification, a core process in Acceptance and Commitment Therapy (Hayes et al., 2006), fostering alignment between stress and meaningful action. By integrating these three dimensions, Triadic Adaptation promotes not only symptom relief but also enhanced coherence and psychological agency in late adulthood.

Resilience Narratives

The “Resilience Narratives” component of STRIVE leverages the reconstructive power of autobiographical storytelling to promote meaning-making and psychological integration. Building on narrative identity theory (McAdams, 2001), participants are supported in reframing past adversities as turning points of growth. This process aligns with post-traumatic growth (PTG) theory (Tedeschi & Calhoun, 2004), which posits that trauma can catalyze new perspectives, personal strength, and deeper appreciation of life. Structured interventions include digital storytelling (e.g., audio journals, video diaries), group discussions, and intergenerational narrative exchanges. In addition to enhancing cognitive coherence and emotion regulation, Resilience Narratives foster social connection, self-efficacy, and legacy creation – essential factors in healthy aging. This narrative re-authoring supports identity continuity while inviting reinterpretation of stress as a source of enduring value.

Intergenerational Scaffolding

This component of STRIVE is designed to counteract social isolation and age-based marginalization by fostering reciprocal mentorship between older and younger adults. Rooted in Socioemotional Selectivity Theory (Carstensen, 2006), this component acknowledges that emotional salience and generative purpose become primary motivators in late life. Structured interventions include digital storytelling partnerships, “Tech & Wisdom Exchanges,” and co-led community projects. Older adults contribute emotional regulation strategies, resilience narratives, and life wisdom, while younger participants offer digital fluency, cultural trends, and energizing perspectives. This mutual exchange enhances psychological resilience, promotes role continuity, and strengthens social identity. Beyond therapeutic benefit, Intergenerational Scaffolding fosters cultural transmission and helps dismantle ageist narratives – aligning with gerontological models of successful aging.

Volitional Flexibility

The “Volitional Flexibility” component in the STRIVE model refers to the intentional cultivation of cognitive and emotional agility in the context of stress. This component integrates principles from cognitive-behavioral therapy (CBT), Acceptance and Commitment Therapy (ACT), and contemporary neuroplasticity research. Participants engage in structured cognitive “pivoting” exercises that challenge habitual negative appraisals and promote adaptive reinterpretation (e.g., reframing threat as challenge). The use of gamified platforms reinforces neurocognitive retraining by providing real-time feedback, rewards, and social encouragement. This approach counters age-related stereotypes about mental rigidity and leverages the brain’s enduring capacity for change (Park & Bischof, 2013). By repeatedly practicing reframing in safe, engaging contexts, older adults develop greater psychological flexibility, emotional self-efficacy, and resilience in real-world stress encounters.

Empowerment Through Legacy

This component represents the culminating phase of the STRIVE model, where stress is reframed as a driver for meaning-making and contribution. Anchored in generativity theory (Erikson, 1950) and terror management theory (Greenberg et al., 1997), this component invites participants to engage in acts of symbolic immortality – from memoir writing and creative expression to mentoring, ritual creation, and cultural storytelling. The process

acknowledges that legacy is not solely material or familial, but also spiritual and narrative, tied to one's values, beliefs, and sense of interconnectedness. Activities such as "Legacy Labs," wisdom-sharing circles, or community storytelling projects help older adults reclaim agency over their narrative and construct a purposeful frame around life's adversities. This not only fosters psychological well-being, but reinforces continuity of identity, dignity, and cultural belonging – essential dimensions of healthy aging.

Implementation and Practical Applications

The STRIVE model is designed not only as a conceptual framework but also as a flexible, action-oriented system adaptable to diverse real-world contexts. Its strength lies in its modular structure and multimodal delivery formats, which allow for tailored implementation in both clinical and community settings.

In clinical contexts, STRIVE can be integrated into individual or group therapy with older adults experiencing stress, anxiety, or life transitions. A typical eight-week protocol includes psychoeducation on interpreting stress as a biopsychosocial signal, biofeedback training, cognitive reframing exercises, narrative reconstruction, and legacy-focused interventions. Therapists are trained in using wearables to monitor physiological stress responses, applying ACT techniques for values clarification, and guiding clients through structured resilience timelines and "legacy labs." This application prioritizes therapeutic depth, client-centered pacing, and psychophysiological feedback tools (see Appendix A).

In community settings, STRIVE is implemented through group-based formats such as monthly workshops, peer-led storytelling circles, or intergenerational events. Emphasis is placed on resilience narratives, creative legacy-building, and mutual mentoring between older and younger participants. Activities may include digital or analog biofeedback games, collaborative art projects, and low-tech stress tracking tools like "stress diaries" or bingo cards rewarding adaptive coping (see Appendix B). This format enhances accessibility and leverages local resources, making the model especially suited for retirement communities, religious groups, or rural populations.

Cross-setting strategies ensure sustainability and scalability. These include train-the-trainer initiatives, grant-based funding, cultural and linguistic adaptation of materials, and hybrid delivery formats (e.g., in-person and virtual). Evaluation combines validated quantitative measures (e.g., PSS-10, Connor-Davidson Resilience Scale) with qualitative feedback to assess changes in participants' relationship to stress (see Appendix C).

The model's flexibility allows it to function as a formal therapeutic protocol, a public education curriculum, or a community engagement platform. STRIVE can be adapted for different cultural belief systems, material resources, and time frames – ranging from brief psychoeducational series to ongoing therapeutic groups. By honoring context while preserving core principles, the STRIVE model promotes a sustainable, person-centered approach to aging well under pressure.

Planned Empirical Validation of the STRIVE Model

While the STRIVE model is grounded in evidence-based principles from cognitive-behavioral therapy, neuroplasticity, narrative identity theory, and positive psychology, it has not yet undergone full empirical validation as an integrated framework. To address this, a

multi-phase validation plan is proposed to assess the feasibility, acceptability, and effectiveness of STRIVE interventions across both clinical and community contexts.

Phase 1. Feasibility and Acceptability Study

Objective: assess whether older adults (65+) find the STRIVE model understandable, relevant, and engaging.

Design:

- Mixed-method pilot study involving 30 older adults conducted over 8 weeks in a community center.
- Participants experience each of the 6 STRIVE components.
- Data collected via:
 - pre/post Perceived Stress Scale (PSS-10);
 - Connor-Davidson Resilience Scale (CD-RISC);
 - qualitative interviews on meaning, relevance, and clarity.

Expected outcome: improved scores on perceived resilience and stress management; rich feedback for model refinement.

Phase 2. Randomized Controlled Trial (RCT)

Objective: evaluate the model's clinical effectiveness in enhancing psychological resilience and reducing stress-related symptoms in late adulthood.

Design:

- 2-arm RCT with intervention group (STRIVE-based 8-week program) vs. active control (psychoeducation-only group).
- 120 older adults recruited from outpatient geriatric clinics.
- Measures:
 - PSS-10;
 - CD-RISC;
 - Geriatric Depression Scale (GDS-15);
 - Purpose in Life Scale (Ryff);
 - HRV (heart rate variability) biofeedback for physiological data (optional lab substudy).

Hypotheses: (1) participants in the STRIVE group will show significantly greater improvement in resilience, purpose, and stress-related biomarkers than control; (2) neurocognitive and emotional flexibility will mediate treatment outcomes.

Phase 3. Longitudinal Implementation Study

Objective: assess long-term sustainability and real-world application of the STRIVE model in diverse settings.

Design:

- 6–12-month follow-up of community-based programs.
- Multi-site implementation in senior centers, primary care, and faith-based organizations.

- Focus on intergenerational scaffolding and legacy projects as key mediators of enduring change.

Methods: (1) semi-structured interviews, focus groups, legacy project analysis; (2) measures of continued practice (e.g., journaling, mentoring) and subjective well-being.

All phases will follow strict ethical protocols for working with older adults, with particular attention to cognitive impairment screening, informed consent, and dignity-centered communication. Materials will be adapted for multilingual and multicultural populations.

This stepwise empirical validation plan ensures that STRIVE is more than an inspiring framework – it becomes a rigorously tested, evidence-based approach to psychological resilience in late adulthood. These studies will not only assess clinical outcomes but also illuminate how older adults actively transform stress into meaning, redefining the landscape of aging.

Conclusion

The STRIVE model offers a novel, integrative approach to psychological resilience in late adulthood by repositioning stress as a potential ally in the process of conscious aging. Grounded in well-established therapeutic traditions – such as cognitive-behavioral therapy, narrative psychology, and acceptance and commitment therapy – and supported by emerging evidence in neuroplasticity and gerontology, STRIVE reframes stress not as a threat to be managed, but as a meaningful signal to be engaged with intentionally.

Through its six interdependent components – Stress as Signal, Triadic Adaptation, Resilience Narratives, Intergenerational Scaffolding, Volitional Flexibility, and Empowerment Through Legacy – the model supports older adults in cultivating self-awareness, adaptive agency, and a sense of intergenerational purpose. It embraces a strengths-based perspective, encouraging individuals to not only cope with stress, but to transform it into an opportunity for reflection, growth, and contribution.

A key strength of the STRIVE model lies in its flexibility and contextual adaptability. Designed as a modular framework rather than a fixed protocol, STRIVE can be tailored to suit a wide range of cultural, technological, and therapeutic environments.

It is applicable in settings ranging from resource-rich clinical practices utilizing wearable biofeedback devices, to community centers operating with analog tools like stress journals and storytelling circles.

Delivery formats may include ongoing group therapy, short-term psychoeducational programs, legacy-building workshops, or intergenerational programs, lecture series or hybrid digital delivery.

This adaptability ensures that the model is both inclusive and scalable, empowering practitioners to preserve its core philosophy – transforming stress into meaning – while honoring the unique values and capacities of the individuals and communities they serve.

While STRIVE is grounded in strong theoretical foundations, future research is needed to empirically evaluate its effectiveness across populations and settings. Pilot studies, mixed-

method evaluations, and longitudinal follow-ups will be essential to validate the model's impact on psychological well-being, resilience, and quality of life among older adults.

By shifting the narrative around aging and stress, STRIVE contributes to a broader paradigm shift in mental health – one that emphasizes agency over decline, meaning over loss, and legacy over limitation. In doing so, it offers not just a model, but a philosophy of empowered aging in an increasingly uncertain world.

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Appendices

Appendix A: STRIVE Model Implementation in Clinical Settings

Target Population: older adults in individual or group therapy facing stress, anxiety, or major life transitions.

Core Focus Areas:

- S – Stress as Signal
- T – Triadic Adaptation
- R – Resilience Narratives
- V – Volitional Flexibility

A1. Staff Training

Clinicians receive training in:

- Biopsychosocial Framing (based on Lazarus & Folkman)
- Biofeedback Use (e.g., HRV via HeartMath/Fitbit)
- ACT Techniques: values clarification, cognitive defusion

A2. Eight-Week Clinical Protocol

Phase	Focus	Example Activities
Weeks 1–4	Psychoeducation, biofeedback, cognitive pivoting	HRV awareness, resilience timeline, reframing exercises
Weeks 5–8	Intergenerational scaffolding, legacy projects	Role-playing, storytelling, legacy project design and showcase

A3. Tools & Partnerships

- Apps: Calm, Happify for gamified engagement
- Community Links: Schools for digital mentoring sessions.

Appendix B: STRIVE Model Implementation in Community Settings

Target Population: older adults in community centers, religious groups, or residential communities.

Core Focus Areas:

- R – Resilience Narratives
- I – Intergenerational Scaffolding
- E – Empowerment Through Legacy

B1. Program Design: Monthly Workshops

1. Stress as Your Superpower – biofeedback demo
2. Storytelling for Strength – oral history sessions
3. Legacy Lab – art/memoir projects
4. Bridging Generations – “Tech & Wisdom Exchange”

B2. Volunteer Involvement

- Students – tech guidance
- Artists – lead creative legacy projects
- Healthcare workers – deliver self-regulation mini-trainings

B3. Low-Tech Alternatives

- Stress Diaries – paper tracking
- Analog Games – resilience bingo
- Community Boards – shared story murals

Appendix C: Cross-Cutting Implementation Strategies

C1. Sustainability & Reach

- Funding: AARP grants, local crowdfunding
- Train-the-Trainer: empower community leaders for scalability

C2. Cultural Adaptability

- Translation: multilingual handouts
- Flexible Legacy Framing: spiritual, cultural, or familial meaning

C3. Evaluation & Feedback

- Quantitative: PSS-10, Connor-Davidson Resilience Scale
- Qualitative: Focus groups (“How has your relationship with stress changed?”)

C4. Case Example: STRIVE in a Rural Senior Center

- Wisdom Garden: planting with personalized resilience messages
- Story & Soil: monthly sessions with 4-H youth — gardening + storytelling
- Minimal Tech: oral stories, handwritten reflections, nature-based practices.