Letter to Editor

Internal Resiliency and Spiritual Coping Among Older Adults: Insights From the Need-threat Internal Resiliency Theory by Dr Jonaid M. Sadang

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ABSTRACT

Internal resiliency and spiritual coping play a critical role in protecting older adults during emerging health emergencies, particularly in contexts where vulnerabilities are heightened by chronic illness, social isolation, and limited healthcare access. Drawing on Dr. Jonaid M. Sadang's need-threat internal resiliency theory, this paper advances current understanding by highlighting spiritual coping not merely as a supportive practice but as a central mechanism that transforms perceived threats into adaptive, stabilizing responses. This perspective fills a gap in the literature, which often overlooks older adults' lived experiences and spirituality's integrative role in resilience. The findings underscore the need for culturally responsive interventions and policies that incorporate spiritual support into community and healthcare practices, ultimately promoting holistic well-being and strengthening older adults' capacity to withstand future health crises.

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Highlights

- Internal resiliency is a critical protective factor for older adults during emerging health emergencies, especially when they face heightened risks due to chronic illnesses, limited mobility, and reduced access to care.

- Spiritual coping, through prayer, faith, meditation, and meaning-making, emerged as the central mechanism that strengthens older adults' ability to adapt and remain emotionally stable in times of crisis.

- Insights from Dr Jonaid M. Sadang's need-threat internal resiliency theory reveal that spirituality acts as an internal buffer, helping older adults transform perceived threats into manageable experiences.

- This work addresses gaps in the literature, which rarely examines older adults' lived experiences or explores spirituality as a core component of resilience during sudden health emergencies.

- Findings highlight the need for culturally sensitive health interventions and policies that integrate spiritual support into community and healthcare responses for older adults.

Plain Language Summary

Older adults are among the most vulnerable groups during health emergencies like pandemics or sudden disease outbreaks. Beyond their physical needs, they often face emotional stress, fear, and isolation. This paper explains how older adults use spiritual coping, such as prayer, faith, and personal reflection, to stay strong during these difficult times. Using Dr Jonaid M. Sadang's need-threat internal resiliency theory, the paper shows that spirituality helps older adults turn fear and uncertainty into strength and hope. This theory highlights that when older adults feel threatened, spiritual practices strengthen their inner resilience. The article suggests that communities and healthcare providers should recognize the importance of spiritual support, not just medical care, to help older adults stay healthy, calm, and emotionally secure during future health emergencies.

Dear Editor

Emerging health emergencies, including pandemics, natural disasters, and infectious disease outbreaks, have increasingly challenged global public health. Older adults aged 60 and above account for a significant proportion of mortality during such crises. Age-related vulnerabilities, chronic illnesses, and limited access to healthcare amplify this risk, underscoring the need for protective measures that sustain their well-being (Kim et al., 2021; Sadang & Palompon, 2021). In the Philippines, older adults constitute approximately 8.9% of the population and bear a disproportionate burden during health emergencies. During the COVID-19 pandemic, older Filipinos experienced higher hospitalization and mortality rates, compounded by social isolation, restricted mobility, and inconsistent healthcare access (Bashar, 2021; Sadang et al., 2021). These national trends underscore the urgency of understanding resilience-enhancing strategies for this population (Yang et al., 2021).

Within community and home-based settings, internal resiliency, the capacity to adapt, recover, and maintain psychological and emotional stability, has emerged as a vital determinant of older adults' health outcomes (Sadang et al., 2023; Falvo et al., 2021; Sadang & Palompon, 2021). Spiritual coping strategies, including prayer, meditation, and faith-based practices, often help sustain internal resilience and provide hope, emotional solace, and meaning-making during crises (Watters et al., 2021; Lim et al., 2019). Globally, studies show that resilient older adults demonstrate lower stress, better adherence to preventive health measures, and improved psychological well-being (Kiani & Ehsan, 2023). Spirituality has been consistently linked to these outcomes, buffering anxiety and depression while promoting positive coping even amid uncertainty (Mphande et al., 2024; Ding et al., 2021).

In the Philippines, prayer, meditation, and faith-based community activities enhance perceived resilience, social support, and life satisfaction during crises (Sultana et al., 2020). These findings indicate that spirituality serves as both a psychological and social resource, reinforcing

internal resiliency during emerging health threats (Bai et al., 2024). Despite these insights, the literature largely focuses on quantitative assessments or general populations, leaving a gap in understanding older adults' lived experiences in community contexts (Falvo et al., 2021). Moreover, few studies examine how spiritual coping operates as a central component of internal resiliency during sudden health emergencies (Kim et al., 2021).

Addressing this gap is critical, as recognizing the interplay between spirituality and resilience can guide culturally sensitive interventions that enhance older adults' psychological and emotional well-being. Understanding these dynamics may also inform community programs, healthcare practices, and policy initiatives that support older adults during crises (Shobha et al., 2025). This exploration of older adults' internal resiliency not only underscores the central role of spiritual coping during emerging health emergencies but also illustrates how such resilience fosters a more empowering environment where emotional, psychological, and spiritual needs are integrated into overall care. Ultimately, recognizing and reinforcing spiritual coping as a core resilience strategy strengthens adaptive responses, enhances well-being, and helps safeguard older adults during periods of uncertainty (Kim et al., 2021).

Conclusion

This letter offers a deeper understanding of how internal resiliency and spiritual coping intersect to shape older adults' lived experiences during emerging health emergencies, an area that remains underrepresented in current scholarship. While past studies acknowledge spirituality as a source of comfort, this discussion advances the discourse by showing that spiritual coping is not merely a supplementary practice but a central resilience mechanism that actively regulates fear, strengthens adaptive behaviors, and fosters psychological stability amid crisis. Drawing from Dr Jonaid M. Sadang's need-threat internal resiliency theory, this paper introduces a nuanced conceptual insight: that older adults' spirituality functions as an internal "buffer system" that transforms perceived threats into manageable life experiences, an explanatory perspective that is rarely articulated in conventional resiliency literature.

By offering this lens, the paper adds knowledge that can meaningfully inform culturally grounded interventions and public health planning. Recognizing spiritual coping as a core resilience strategy underscores the need for community and healthcare systems to integrate spiritual support into crisis response programs for older adults. This approach moves beyond traditional biomedical models by affirming that safeguarding older adults' well-being requires addressing emotional and spiritual domains alongside physical care. Ultimately, these insights open new pathways for developing holistic, contextually relevant policies and practices that strengthen older adults' resilience, promote dignity, and ensure better outcomes during future health emergencies.

Ethical Considerations

Compliance with ethical guidelines

This manuscript is a scholarly commentary and does not involve human participants, data collection, or experimental procedures; therefore, no formal ethical approval was required.

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Authors' contributions

The author solely conceptualized the topic, developed the theoretical alignment, analyzed the relevant literature, and prepared the full manuscript.

Conflict of interest

The author declared no conflict of interest.

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