

Impact of Regression Anchoring on Self-Esteem, Psychological Distress, and Resilience in Older Adults

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Abstract

The process of ageing is often accompanied by physical, psychological and social shifts for an individual. While these challenges are extensively focused upon in research, evidence for interventions of coping remains limited. Older adults may often experience lower self-esteem due to loss of previously held societal roles. They may also be prone to psychological distress, specifically, anxiety, depression and stress due to loss of a spouse, loved one, financial difficulties or the “*feeling of being a burden*.” This may, in turn, impact their resilience, leading to a loss of hope in the future, lowering their ability to bounce back from adversities. This study thus discussed the impact of regression anchoring, a technique grounded in Neuro-Linguistics Programming’s (NLP) anchoring. The sample population for this study consisted of 137 older adults from different cities in India, who participated in the intervention, employing sensory cues to anchor emotional states from positive events of the past. Pre and Post-Intervention assessments measured self-esteem, Psychological Distress (depression, stress and anxiety), and resilience. Results indicated a significant rise in resilience and self-esteem and a significant reduction in depression, stress and anxiety among the participants. These findings indicate that Regression Anchoring effectively boosts self-esteem and resilience in older adults while mitigating the symptoms of depression, anxiety and stress. The study underscores the need for more interventional studies that may help develop coping strategies and interventions for older adults. Further research is recommended with diverse populations to explore the long-term impact and scalability of this technique.

Keywords: Regression Anchoring· Self-Esteem· Resilience· Psychological Distress· Stress· Anxiety· Depression· NLP

With the ageing of the global population, the psychological mechanisms that underpin the process of ageing and its impact on well-being in the later years of life have become of increasing interest to researchers. While the “traditional” ageing discourse may centre around a more physical decline, a more nuanced conversation emerges around “Regression Anchoring.” Regression Anchoring is an emotional and cognitive process wherein individuals are asked to “anchor” certain memories from the past (often positive) with negative experiences of the present by focusing on or pressing on certain parts of their body, such as the palm or a specific point on their arm (Coradeschi & Loutfi, 2008). In older adults, this anchoring of the body to memories may create an impact on critical domains of life such as self-esteem, psychological distress, and resilience, bridging the gap between their current self and a more “empowered” former self (Smith & Hollinger Smith, 2015).

Regression anchoring may be used when an individual’s sense of worth is attached to their past achievements, physical capabilities, or societal roles that they may no longer serve. When an individual uses physical anchors to navigate the challenges of ageing, it may directly influence their self-esteem, providing a counternarrative to their present vulnerabilities with their recalled successes (Crocker, 2002).

This technique may also play a role in the management of psychological distress, specifically, anxiety, depression, and stress, as a way of grounding while dealing with moments of loss, a feeling of helplessness, or vulnerability (Berberat, 2023). The use of regression anchoring may also act as a tool for resilience, determining how soon an individual can “bounce back” (resilience) in the face of age-related setback, accessing their internal emotional resources within these physical triggers.

The intersection of somatic memory, i.e., memory of events stored within the body, and cognitive framing may prove beneficial in assessing how older adults maintain a sense of self-continuity (Haslam et al, 2011). Investigating how regression anchoring may function as a coping strategy, researchers can gain a better understanding of the variance in mental health outcomes among the geriatric population. A shift in focus from a rigid and purely clinical decline to the physical and active management of one’s own experiences of emotions allows for an integrated and holistic view of the ageing experience. Ultimately, then, an individual anchoring their past to their present body may define their ability to create and find meaningful experiences and stability in the last chapters of their life.

The Ageing Adult: Changes and Challenges

A move from adulthood to late adulthood may be characterised by a complex interplay of shifts, including those that may be psychological, socio-emotional, or physical. This move often challenges an individual's sense of historical continuity and identity. Of the challenges experienced by older adults, "Identity Erosion" stands at the forefront, where the physical body of an individual may no longer align with their internal, or cognitively preserved image of themselves (Menninger, 1999). With a decline in sensory and motor decline, older adults may frequently encounter a discrepancy between their current physical limitations and competence as they remember it (Kempen et al. 1996). This dissonance of the self may have a destabilising impact on self-esteem, as societal roles, responsibilities, and physical capabilities begin to fade (Litchfield, 2010).

The process of ageing may thus necessitate a restructuring of social networks caused by retirement, bereavement, or restricted physical endurance. This reduction in the experience of social validation from external sources may force a psychological retreat into the "self as they remember it," becoming a source of comfort (Atchley, 1989). However, without effective grounding mechanisms, an overreliance on the past may exacerbate psychological distress, leading to a sense of disruption. Maintaining the coherent narrative of the self then becomes an integral challenge while navigating a reality that increasingly emphasises their vulnerabilities over strengths from the past (Habermas & Köber, 2015).

A cognitive perspective of ageing may state that the difficulty in combining a positive past with a distressing present may manifest itself as a diminished capacity for resilience. For instance, when an ageing individual lacks the tools to integrate their somatic experiences with emotional history, the risk of psychological distress in forms such as anxiety or depressive symptoms may increase (Christensen et al. 1999). The physical self may then become a site of conflict where negative experiences of the present, such as pain, grief, or loss of autonomy, may threaten to overshadow the anchored successes and positive experiences from the past (Segal, 2018). Consequently, the development of a mechanism that helps the individual access memories and positive experiences from the past through physical, sensory triggers, bridging the gap between their age and their emotional identity, remains the primary psychological challenge.

Self-Esteem

Individuals may differ in the trajectory of their development of self-esteem; however, recent longitudinal studies suggest that self-esteem may increase from adolescence to middle adulthood, peaking around the ages of 50 to 60 years before falling drastically into old age (Orth & Robins, 2014). With the challenge of social isolation and loss of societal roles, older adults may experience a reduction in worth-based self-esteem. Studies suggest that when an individual is faced with the possibility of exclusion from social groups, their worth-based self-esteem may be at risk (Leary & Downs, 1995).

As opposed to this, self-esteem based on efficacy may result from self-attributions when individuals have successfully maintained coherence between meanings derived situationally

and standards of identity, reflecting and observing their own behaviours, such as "successful" behaviours, may result in efficacy-based self-esteem (Franks & Marolla, 1976; Gecas & Schwalbe, 1983).

Psychological Distress

The self-verification theory proposed by William B. Swann, Jr., holds that people strive to maintain consistent, stable self-views, even if they are negative, to ensure a predictable, coherent social world (Swann and Brooks, 2012). Individuals achieve this through selective interaction, behaviorally eliciting confirming reactions from others, and interpreting information to fit existing self-concepts. When this process is disrupted for older adults, studies have shown that negative emotional consequences may emerge. This disruption may result in distress in forms of depression and anxiety (Higgins, 1985).

Resilience

Resilience, also known as the ability of an individual to "bounce back," is evolving through ongoing experiences. It is not viewed generally as a set of personal characteristics that one may be born with, but an adaptive mechanism that may be learned over time. Low resilience may often be seen in older adults due to the many vulnerabilities that accompany the process of ageing. Resilience may enable adults to accept the harsh realities of ageing while coping with struggles such as loss of loved ones or the acquisition of a disability (Glickman, 2006).

Findings from one meta-analysis and systematic review indicate an overall pooled estimate of the prevalence of anxiety in older adults as 18.7% (Patel et al, 2024), higher than that of adolescents, as found by another meta-analysis (Madasu et al., 2019). According to the Longitudinal Ageing Study in India (LASI), wave 1 report (2020), the prevalence of measured probable major depression based on the Composite International Diagnostic Interview – Short Form Scale was 8% among older adults (International Institute for Population Sciences et al., 2020).

Perceived stress may be defined as a consequence of events or demands that exceed an individual's perceived ability to cope (Lazarus, 2006). The negative impact of stress has long been reported in research. One study found links between multimorbidity and stress (Stubbs, 2018), while another study discusses the impact of stress on mild cognitive impairment (Koyanagi et al, 2019). Stress in old age may be a result of many factors, such as social isolation (Issalillah & Aisyah, 2022), declining physical and cognitive functioning (Paul, 2017), elderly abuse (Johannesen et al., 2013), financial stressors (Krause & Baker, 1992), and more. Findings from one study indicate the need for community-based interventions (Thapa et al., 2020).

Literature Review

In NLP, limited evidence exists for the technique of Regression Anchoring. The concept was first cited in early NLP Literature where Bandler and Grinder described "anchoring" as a core modelling tool for eliciting and reproducing subjective states (Bandler & Grinder, 1976). In the near future, practitioners added regression to deepen the

elicited state. They argued that a cue which is tied to vivid experience from the past may “stick” more neurologically, therefore, becoming easier to access in the present or future (Grinder & Bandler, 1981; O’Neil, 1995). By integrating regression, which may be viewed as a guided return to early memories (in this case, the “resourceful memories”), the researcher may create temporally-linked anchors that are powerful enough to facilitate rapid change work in clients (O’Neil, 1995).

Empirical research began in the mid-1990s, when a controlled study compared standard anchoring with regression anchoring in 48 participants undergoing performance anxiety reduction. Findings indicated that the regression condition produced significantly larger effect sizes ($d = 0.78$ vs 0.42) and maintained the results at a 6-month follow-up (Hammond, 1996). A meta-analysis that synthesised findings from over 12 controlled trials found that regression anchoring yielded moderate to large improvements in the desensitisation of phobia, self-efficacy, and habit reversal. The methodological heterogeneity of the studies, however, limits definitive claims (Heap, 2000; McHugh et al., 2022).

One study investigating the effectiveness of Integrated NLP as a supplementary intervention for individuals with depressive symptoms in the Philippines, employed various NLP Techniques including meta model, reframing, Timeline Therapy, Hypnotherapy and Anchoring over 4 sessions across a month. The findings show significant reductions in depressive symptoms across all participants, specifically in areas related to negative self-concept, negative expectations and low self-esteem on the Hopkins Symptom Checklist (HSCL) and the Automatic Thoughts Questionnaire (ATQ-30) (Ybias et al., 2024).

In a systematic literature review, findings indicated that NLP Techniques, including anchoring, can help reduce anxiety and promote behavioural changes, improving mental health and reducing work stress (Nompo et al., 2021). Milton Erikson’s strengths-based interventions emphasise small and achievable goals and perspective reframing, which may enable older adults to get their life back on track and enhance their self-esteem and self-concept (Blundo & Simon, 2015). Erikson (1994) also posited that older adults who retrospectively appraise their lives with a sense of acceptance and meaning, a state he conceptualised as “integrity”, demonstrated greater capacity to adapt to the inherent challenges of the ageing process. This reflective process, in turn, enables a sense of completeness and closure, fostering resilience in the face of physical and cognitive challenges and transitions in social roles.

Regression Anchoring Technique

This technique creates a Somatic and emotional Anchor. Beginning with rapport building, the intervention requires an environment of safety for the participants. The participants are then guided to mentally revisit their memories of past events through timeline regression. The aim is to access emotionally significant memories with somatic charge instead of focusing on specific dates or a chronological sequence. As the next step, participants are invited to identify positive memories or resourceful events from the past that may evoke emotions like

success, happiness, or strength. Events that contribute to the participant’s sense of empowerment are emphasised; however, the researcher avoids suggesting memories to ensure no risk of personal bias. The participants are encouraged to engage the VAKOG, i.e., the Visual, Auditory, Kinesthetic, Olfactory, and Gustatory, to their possible extent and recall as many sensory details as possible, to make the memory emotionally impactful and clear (Bandler & Grinder, 1975). The significance of vividly re-experiencing these positive memories is underscored by repeated and meaningful interaction with memories, enhancing retention (Ebbinghaus, 1913).

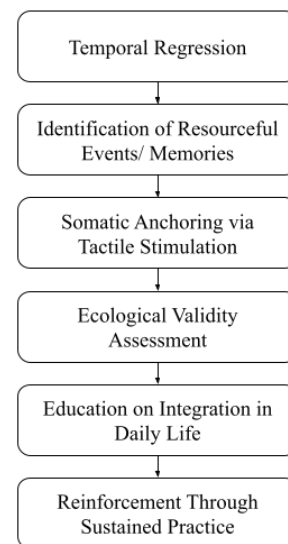


Figure 1
Process of Regression Anchoring in NLP

The researcher proceeds to anchor the state in which the participant is entirely immersed in the emotional state associated with the positive memory or resourceful event. This anchoring is done with the use of a kinaesthetic stimulus, often a gentle and light touch on a non-competing and unique area of the body, for instance, a certain point between the thumb and the finger of the left hand. Each time that the touch is applied consistently, the emotional state linked to the resourceful event is reinforced. The touch is required to be subtle and non-intrusive in nature, ensuring the calibration of shifts in sensory and physiological cues, such as changes in facial expressions or posture of the individual, in turn leading to the successful activation of the emotional state (O’Connor & Seymour, 2011). The effectiveness of a resourceful anchor is evaluated through an ecology check. During this check, participants may be asked to dissociate or think about a slightly negative/ neutral event. They are then guided by the facilitator to access the anchor while thinking about the negative or neutral event, observing the effects of the anchor. The anchor may or may not produce a significant emotional shift for each participant. If this anchor does not produce the expected emotional shift, the facilitator may further guide the participant to strengthen or refine the anchor by imagining a stronger new memory or identifying a memory linked to even more resourceful/ positive events. Once the anchor is assumed to be established successfully, stably, and effectively, participants are educated on the utility of this anchor in everyday life, including how the participant can access and

activate the anchor during distressful moments or when they catch themselves ruminating. Guidance on integrating the anchor into their routine activities, such as right after waking up, in moments when they feel emotionally overwhelmed, or while going to bed, may also be provided. The facilitator's skills and the participant's willingness to engage in the Regression Anchoring Technique may impact the effectiveness of the technique itself. A safe, supportive environment, promoting trust and encouraging deep emotional exploration, all contribute to the skills of an effective facilitator. The skilled facilitator maintains rapport and offers guidance without any impositions. This is a crucial process in fostering an environment in which the participant can feel safe and comfortable, even while visiting vulnerable or emotionally loaded memories of the past. The skilled facilitator also ensures to take into consideration cues provided by the participant's senses, such as any emotional responses or body language. This allows for a holistic view of the participant's present state of mind and facilitates a precise conduct of the intervention.

As stated, the participant's willingness may also play just as big a role. The curiosity and readiness that the participant brings are equally important to the process of Regression Anchoring. The need for a collaborative approach is highlighted here. One where the facilitator understands and respects the participant's comfort and pace, and where the participant brings with them the readiness to engage in the process. This allows the process to occur naturally. Therefore, this study aimed to contribute to the existing literature on the mental health of older adults by evaluating the effectiveness of regression anchoring on Self-Esteem, Psychological Distress in terms of Stress, Anxiety, and Depression, as well as resilience as shown by these individuals.

Methodology

This study aimed to investigate the impact of the Regression Anchoring technique on the Self-Esteem, Psychological Distress (Stress, Anxiety, and Depression), and Resilience in the geriatric population. Additionally, the relationship between Self-Esteem and Resilience was also investigated. A pre-post t-test design was used to assess changes in the variables following the intervention. The researchers identified and conducted guided sessions on Regression Anchoring in controlled settings among the relevant participants. A follow-up session was conducted after a period of 8 weeks (i.e., 2 months) post the first intervention session.

Hypothesis

1. There will be no significant increase in Self-Esteem Scores after the second Regression Anchoring session.
2. There will be no significant decrease in the Depression, Anxiety, and Stress Scores after the second Regression Anchoring session.
3. There will be no significant increase in the Resilience Scores after the second Regression Anchoring session.
4. There will be no significant correlation between Self-Esteem and Resilience scores.

Participants

The sample included 137 community-dwelling older adults aged 65 to 84 years from the cities of Haryana, Delhi,

Bangalore, Lucknow, and Mumbai in India. Of these participants, 77 were females, while 59 were males. The distribution of the participants as per the location has been given in a tabular form below. Participants were recruited through community networks. Informed consent was obtained prior to participation in the study from all participants. All participants were required to meet the inclusion criteria to ensure that they provided consent and actively engaged in the intervention.

Table 1

Distribution of participants according to location

<i>Location</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Harayana	22	16.058
Delhi	8	5.839
Mumbai	35	25.547
Lucknow	36	26.277
Bengaluru	36	26.277

Measures

Three psychometric tools were utilised to assess the study's dependent variables:

Rosenberg Self-Esteem Scale (RSE)

The RSE is a 10-item self-report tool designed by Morris Rosenberg in 1979. The purpose of this measure was to originally measure the self-esteem of high school students. However, the scale is now used with a wide range of individuals, including adults. Participants rated their responses on a 4-point Likert scale, ranging from "1= Strongly Agree, to 4= Strongly Disagree." The Test-Retest reliability of the RSE, tested over a period of 2 weeks, revealed correlations of .85 and .88, indicating high stability and a Guttman Scale Coefficient of reproducibility of .92, indicating high internal consistency (Rosenberg, 1979).

Depression, Anxiety Stress Scales -21 (DASS 21)

The DASS 21 is a brief, 21-item self-report tool developed by S. Lovibond and P. Lovibond to assess the three negative states of depression, anxiety, and stress. Employed in both clinical and research settings, the scale retains the robust psychometric properties of the original 42-item version while being highly efficient (Lovibond & Lovibond, 1995). The 21-item scale also shows strong internal consistency, with a Cronbach's Alpha value typically exceeding .80 for each subscale and reaching .91 for the total scale in large non-clinical samples (Henry & Crawford, 2005; Sinclair et al, 2012).

Brief Resilience Scale

The Brief Resilience Scale is a six-item self-report measure developed by Smith et al. in 2008 to assess an individual's perceived ability to "bounce back" from the impact of a stressful event (Smith et al. 2008). Participants rate their responses on a 1-5 Likert Scale with 3 positively worded items and 3 reverse-scored items. Evaluations of the scale's psychometric properties consistently yielded good internal consistency across four samples with a Cronbach's Alpha Value ranging from .80 to .91, and an acceptable test-retest reliability of ICC= .69 over 1 month, and .62 over 3 months.

The BRS shows strong convergent validity and a predictable relation with sources of resilience, such as optimism, social support, and active coping, while it showed negative relations with perceived stress, anxiety, depression, negative affect, and physical symptoms across samples (Smith et al. 2008)

Variables

The Regression Anchoring Intervention was the Independent Variable in this study, and the Dependent Variables were as follows:

1. Self-Esteem: Measured using the RSE, with higher scores indicating higher self-esteem in participants.
2. Psychological Distress (Depression, Anxiety, and Stress): Measured using the DASS- 21, with higher scores reflecting greater emotional distress in the three domains.
3. Resilience: Assessed via the BRS, with higher scores indicating greater ability to bounce back from stress.

Ethical Considerations

Participant welfare was ensured using different measures during the research process. All participants included in the study provided informed consent and confirmed understanding of the purpose of the study, procedures involved, and the voluntary nature of their participation. Confidentiality of all data was maintained throughout the study via de-identification and secure storage, accessible only to authorised individuals. Safeguards were established to minimise risks and address any emotional distress experienced during the intervention. Trained professionals were made available for immediate support, if and when required. Participants were debriefed at the end of the study by providing an explanation of the research objectives and any preliminary findings at the end of the study.

Data Analysis

A normality test was conducted, and the results indicated that the scores in Self-Esteem, Psychological Distress, and Resilience were approximately normally distributed and thus met the assumptions for parametric testing. The inherent heterogeneity in the sample population, encompassing older adults from Lucknow, Bengaluru, Delhi, Harayana and Mumbai cities of India, was reflected in the distribution of scores. Moreover, the data pertaining to psychological constructs such as Self-Esteem, Psychological Distress (Depression, Anxiety, and Stress) and Resilience, which may exhibit variability in populations with diverse life experiences and health statuses (Friedman et al. 2012), demonstrated sufficient normality within the sample for parametric analysis. Given the satisfaction of the assumptions of normality, parametric tests were used to interpret the data. Post-intervention changes in the dependent variables were analysed using paired sample t-tests to compare the pre- and post-intervention scores. The relationship between Self-Esteem and Resilience was examined using Pearson's Correlation Test. These statistical methods provided insights into the efficacy of Regression Anchoring and its potential impact on the psychological well-being of older adults.

Results

The Regression Anchoring Intervention produced statistically reliable improvements across all 3 outcome variables in the

sample of 137 older adults. Self-Esteem, measured using the Rosenberg Self-Esteem Scale, increased from a pre-intervention mean of 25.02 (SD= 4.63) to 28.16 (SD= 5.46), representing a mean difference of 3.13. The paired samples t-test confirmed the highly significant gain, $t(136) = -6.56$, $p < .001$, with a moderate effect size ($d = 0.56$), indicating that participants had a noticeable rise in their confidence and worth following the intervention. Depression, Stress, and Anxiety, as assessed with the DASS-21 total score, decreased from 21.74 (SD= 8.14) to 18.84 (SD=9.40), with a statistically significant reduction $t(136) = -4.51$, $p < .001$, yielding a small effect size ($d \approx 0.30$). This finding suggests a meaningful alleviation of depression, stress, and anxiety among the participants post-intervention.

Resilience, measured using the BRS, showed substantial improvement in participants with an increase from 16.01 (SD= 5.12) to 19.77 (SD= 5.87). This highly significant change, $t(136) = -8.13$, $p < 0.001$, produced a large effect size of $d = 0.69$. This reflects a significant enhancement in the participants' ability to bounce back from adversity and setbacks. The Pearson correlation indicated that Self-esteem scores were modestly significant and positively correlated to the Resilience Scores ($r = .215$, $p = .012$). This indicates that participants with higher self-esteem also tend to report a greater ability to bounce back from adversity. Despite a relatively small effect size, self-esteem may serve as a psychological resource that supports resilience in the older adult population ($N = 137$).

In summary, these findings suggest that the Regression-Anchoring Intervention effectively boosted self-esteem and resilience at moderate and large effect sizes, respectively, and produced a moderate but significant reduction in psychological distress among the geriatric population, supporting its utility as a brief psychological intervention for older adults.

Discussion

The findings of the study demonstrate the effectiveness of Regression Anchoring as an impactful intervention for enhancing participants' self-esteem and resilience while reducing Depression, Stress, and Anxiety.

The significant reduction in DASS-21 scores highlights the intervention's capacity to alleviate psychological distress to some degree, in turn reducing these negative emotional states. In NLP, anchoring uses a classical conditioning model, associating the emotions from one situation with a previously unconditioned stimulus (in this case, the specific body part), linking it to a positive memory or event, to produce a response that is conditioned, i.e. the reduction in distress while experiencing a negative emotion when pressing on the specific body part (the now conditioned stimulus) (Mukherjee, 2012). This is particularly relevant given the high prevalence of stress, depression, and anxiety in older adults (Jalali, 2024).

Regression Anchoring also appears to boost self-esteem in older adults by creating a link between their past resourceful events and experiences and the present moment. This may create a bridge between the capabilities of their past self and their current distress, in turn boosting their confidence and

self-worth (Demiray & Freund, 2017). Evidence for this may also be paralleled with Reminiscence Therapy (RT), used often to improve cognitive abilities and cue memories from the past to improve self-esteem in patients with Dementia (Woods et al., 2018). This finding is also particularly noteworthy given the significant decline in self-esteem after the ages of 50-60, which may be due to factors such as lower socioeconomic status, loss of a loved one or cohabiting partner, disability, unemployment, physical or cognitive deterioration and loss of social roles and engagements (Von Soest et al. 2018).

Based on the study's findings, the Regression Anchoring intervention improved resilience significantly. This finding is also evidenced by another study that showed evidence for improving resilience in adolescents with non-suicidal self-injury (Djoenaedi & Pratitis, 2020). One study demonstrated with a single case study that Anchoring in NLP is effective in crisis intervention and enhancing resilience by superimposing inner resources (Field, 1990). A significant positive correlation was found between self-esteem and resilience in the population sample, in line with several studies that explore this relationship in varied populations (Lee et al, 2008; Windle et al, 2008; Cossío-Torres et al., 2019)

Conclusion

The present study's findings provide preliminary support for the Regression Anchoring Intervention as an effective yet brief psychological intervention used in NLP for older adults. Improvements in self-esteem, psychological distress, and resilience that were both statistically significant and clinically meaningful were observed across the participants. While the study provides substantial evidence for Regression Anchoring in improving self-esteem, boosting resilience and reducing psychological distress, several limitations of the study must be acknowledged. First, the absence of a control or comparison group precludes the definitive causal inference that may be drawn regarding the effectiveness of the intervention. A randomised controlled trial (RCT) with an active comparison condition, such as psychoeducation or counselling, could serve as a potential solution for this limitation. Second, the reliance on self-report measures introduces potential biases, including vague wording, culture-bound content, suggestive questions, social desirability, faking good or bad and recall bias, which may have inflated the pre-post differences viewed in the results of this study (Pouwer et al. 1998). Third, the generalizability of these findings is constrained by the characteristics of the sample, which included community-dwelling older adults who were voluntary participants in the study, introducing self-selection bias, leading to the selection of participants who are more functionally capable being over-represented when compared to those who are more isolated or vulnerable. Future directions for research may examine the effectiveness of the Regression Anchoring Intervention in more diverse and clinically complex geriatric samples, including those with Mild Cognitive Impairment or complex comorbid conditions.

The intervention appears particularly effective in boosting self-esteem and resilience, which may serve as foundational resources against the challenges of ageing. The results of this study, however, must be interpreted with caution, keeping in mind the methodological limitations. However, the results also

appear promising and warrant further investigation through more rigorous research designs. If replicated under controlled conditions, the intervention holds considerable potential as a brief, scalable and accessible intervention for addressing the psychological challenges of the global ageing population.

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Declarations

Conflicts of interest: The authors have no conflicts of interest.

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