

**A QUALITATIVE APPROACH TO THE STUDY OF
RESILIENCE IN OUR ELDERS**

by

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ABSTRACT

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The purpose of this study was to examine successful aging. Specifically, the intent of this phenomenological study was to explore and then identify certain factors that contributed to the expressions of resilience in elders. These factors were then examined to see how they assisted the participant in coping with the challenges presented in each participant's life. Because the qualitative method of study emphasizes the individual's singular life experience, it was well suited to discovering the meanings the participants of this study placed on the events of their lives. The qualitative method was therefore followed, which allowed rich and full descriptions to emerge from the data collected.

Five white females, ages 70 to 85 years of age, were interviewed, based on the recommendations of professionals who know them and work with them. These

recommendations were made at the request of the researcher, and were based on knowledge of the individual's general health, ability to reminisce, and agreement to participate voluntarily. Interviews were conducted in the homes of the participants, all of them residing in the Upper Midwest.

Following the spirit of positive psychology, this phenomenological study was guided by the following research questions:

1. What is resilience?
2. What are some markers that might indicate a resilient person?
3. How have resilience variables assisted these individuals in coping with life's challenges?
4. Are we born as a resilient person, or can we learn to be resilient by acquiring skills?

Results demonstrated a variety of individual and external factors identified in the five women of this study as markers of resilience. Individual qualities were evidenced in all areas of these women's lives. These characteristics helped them to cope with various challenges during their lifetimes. The external factors that support resilience were also important. These women tended to create environments in their lives in which resilience could grow and flourish. These factors worked together in the women's lives and allowed them to meet challenges head on and to master problems during their lifetimes. Even though the women reported times of discouragement and uncertainty when faced with obstacles, their basic qualities of resilience and common sense enabled them to manage difficulties and overcome hardships.

These women had wisdom and advice to share with younger people. Their philosophy of life tended to be ingrained and woven into their lives. This wisdom became the foundation from which they lived every day. Their resilience amplified the existing literature on resilience. Although the resilience literature has been primarily aimed at at-risk children and families in distress, studies on aging and elder's lives have much to contribute to our understanding of living well. Their remarkable stories teach us how to live with dignity and integrity, growing more resilient with each year.

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To my Mother: Without the late evening discussions and wonderful talks we had when I was growing up, I would not have learned about people and how fascinating human behavior is.

To my Dad: I wish you could be here now.

To Jody: Your friendship and laughter has kept me on an even keel.

To Frank, my husband, and lifelong friend: I thank you for your knowledge of computer-land and the time you have so generously allowed me. Your support has been unwavering.

To Susie: Absolutely. Your encouragement and belief in me has kept me going. You have made this happen for me.

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CHAPTER ONE

Introduction

Purpose For This Study

In our efforts to understand human behavior and emotions, psychology, with its reductionistic theories and traditions, has continuously moved in problem-focused directions. Psychological training looks at pathologies in people and other negative perspectives about or aspects of human beings in societies. Diagnosis and treatment of pathologies require a “fix-it” view of people and prevent us from seeing these same people as individuals with unique strengths and capacities for navigating life’s challenges. The “predominant negative bias of traditional psychology” has continually moved us away from considering what characteristics may be working in favor of the individual’s successful and effective functioning (p.216, Sheldon & King, 2001). Instead, our attentions are too often directed towards negative and error-filled perspectives of human behavior and emotions. Seligman and Czikszentmihalyi (2000) refer to psychology as becoming a “victimology”. This negative bias “prevents psychologists from perceiving many important human processes, outcomes, and strengths” (p.217, Sheldon & King, 2001).

Theoretical psychology has limited our understanding of the innate human capacity for resilience and has instead encouraged practitioners to focus on the errors and weaknesses of the human spirit. The interest has been more in damage than in recovery (Pipher, 1996). This would seem to be a long way to travel towards achieving a healthy mental stability within a society.

Optimal health and the processes that support it are critical as our society ages. Everyone alive ages every day (Hooyman & Kiyak, 1999). Successful aging is a health and quality of life issue not just for elders but for all of those who love and care for them. The family is deeply

affected by the concerns and challenges of their elder members (Butler, Lewis & Sunderland, 1998). Medical and technological advances have resulted in much greater human longevity, with proportionate increases in survival at all stages of later life (Hooyman & Kiyak, 1999). The fastest growing group of elders is the oldest old or those above age 85 (Administration on Aging, 2001). The oldest old is also the group that tends to have the highest rate of adverse health conditions and other more deleterious effects of aging (Hooyman & Kiyak, 1999). According to the recent Surgeon General's report these demographic changes and the losses and challenges associated with aging can create mental health related disability and will constitute a major societal health problem in the future (U. S. Department of Health & Human Services, 1999). Thus exploration of factors that promote physical and mental well-being for elders is critical for the entire society and all of its members.

Individuals vary greatly in response to life challenges (p.767, Maddox, 1994). The same is true of individual experiences and responses with aging (Werner, 1989, 1995; Thomae, 1990; Poon, et. al., 1992; Maddox, 1994; Rowe & Kahn, 1997; Vaillant, 2001, 2002). Understanding such variation will promote society's flexibility in response to individual experiences. A positive resilience focus could enhance the aging experience/quality of life and functioning for elders. Understanding resilience could also have life changing impact for younger persons in anticipation of aging. Individuals who age successfully can forestall or even prevent many complications often associated with aging (Rowe & Kahn, 1997; Walker, 2001; Vaillant, 2001, 2002).

Much can be learned from our current elders. In studying elders and how they have navigated through life's obstacles in an era of depression, war, and shifting societal values and beliefs, we can draw upon their wisdom and begin to appreciate the ordinary human capacity for

resilience. As we look at the lives of our resilient elders, we begin to consider what sources of strength such individuals have drawn upon that others seem to have lacked. Mihaly Csikszentmihalyi states: “In human behavior, what is most intriguing is not the average, but the improbable” (p.7, Seligman & Csikszentmihalyi, 2000).

Theoretical Framework

Positive Psychology seeks to redefine how we study the individual’s functioning in society today. Instead of looking at what is wrong with people, positive psychology encourages the study of “ordinary human strengths and virtues” (p.216, Sheldon & King, 2001). It poses the question, “What is the nature of the effectively functioning human being, who successfully applies evolved adaptations and learned skills?” (p.216, Sheldon & King, 2001). Positive psychology “remind(s) our field that psychology is not just the study of pathology, weakness, and damage; it is also the study of strength and virtue” (p.7, Seligman & Csikszentmihalyi, 2000). It finally encourages investigators of resilience to study the difference between “challenging experiences that undermine development versus those that promote development” (p.235, Masten, 2001). The aim, therefore, of positive psychology, is to change the focus of psychology from preoccupation with damage control and its ensuing disease framework, and move towards the study of the positive traits in an individual that facilitate successful adaptation to the challenges of life and allow that individual to flourish (Seligman & Csikszentmihalyi, 2000).

Given the histories of some individuals, we might wonder why certain children grow and develop into successful and contributing adults within society, while others never achieve even a basic level of functioning. We may be fascinated with the fact that some have avoided helplessness and hopelessness and have even managed to be proactive in taking action “that has

positive consequences for their life course" (p.233, Masten, 2001). However, focus on the strength of an individual is incompatible with traditional psychology's pathological approach to the individual's interpretation of crisis and response. Up until the 1970s, therapy required the diagnosis of a disease, disorder, or pathology in order to begin repair work in the client. Today, researchers are beginning to recognize that the resources to adapt may already be in place within an individual (Masten, 2001). Clients are being encouraged to become aware of their own strengths and abilities to handle crisis events in their lives. The Challenge Model (Wolin & Wolin, 1993) suggests that individuals be seen as victorious in the face of change and adversity instead of the victims of life's hardships.

Statement of the Problem and Research Questions

This study will attempt to listen as our elders describe some of the challenges they have encountered in their lives. More importantly, the focus is on *how* these people transcended crises and successfully negotiated their way through life's obstacles. Theories, concepts, and more recent research will be used to facilitate an understanding of resilience in our elders in an attempt to explore the question, "How is resilience experienced by people as elders? How has resilience affected the life course of elders?" Following the spirit of positive psychology, this phenomenological study will be guided by the following research questions:

1. What is resilience?
2. What are some markers that might indicate a resilient person?
3. How have resilience variables assisted these individuals in coping with life's challenges?
4. Are we born as a resilient person, or can we learn to be resilient by acquiring skills?
5. Why has one person "succeeded" while another person has "failed"?

Definition of Terms

For the purposes of this study, the following terms and definitions will apply:

Acceptance: Reconciling the course of a life with ideals and expectations of how a life should be lived (Koenig, George, & Siegler, 1988).

Adaptation or Adaptability: Ease of response to new or altered situations, independent of the initial response. Pertains to a range of behaviors to meet demands, from developing habits to meeting problems and frustrations through managing intense anxiety. (Whitbourne, 1985).

Adoptable or Adoptability: The ability to attract others who, at various times in a life, become the mentors and surrogates who light the way and fill gaps left by the past. The ability to attract people and to use what they offer. (Rubin, 1996).

Coping: State of congruence between the individual and the environment in which the individual maintains a sense of well-being or quality of life. (George, 1980). Coping reaches out to preserve, maintain, or transform values of importance in the face of negative life experience. It is a search for significance in stressful times. (Pargament, Van Haitsma, & Ensing, 1995).

Constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person (p.141, Lazarus & Folkman, 1984).

Crisis: Normative and non-normative life events that disrupt an individual or family system and that precipitate changes in, or the necessity for changes in, the individual's patterns of functioning, thus placing the individual at risk for continued decline in functioning leading to dysfunction. Continued instability, disorganization, and dysfunction (McCubbin, McCubbin, Thompson, Han, & Allen, 1997).

Locus of Control: A sense of control, if not over external events, then over how those events are

perceived and managed internally or externally. (Rubin, 1996).

Protective Factors: Mechanisms that moderate a person's reaction to stressful situations or chronic adversity in order to produce a more successful outcome than would normally be present. (Werner, 1994). Examples: Family cohesiveness and bonding, community support, traditions, routines and celebrations, communication. (McCubbin, McCubbin, Thompson, Han, & Allen, 1997).

Resilience: There is currently no single definition of resilience. There is also no uniform measure of resilience (Masten, 2001; Slap, 2001). Therefore, several definitions of resilience are offered and will be incorporated when describing resilience in this study.

1. Good outcomes in spite of serious threats to adaptation or development. (Masten, 2001).
2. Ability to fall down seven times and get up eight. (Rubin, 1996).
3. Sustained competence under stress. (Werner, 1994).
4. Tendency to rebound or recoil: regaining functioning following adversity. (Garmezy, 1993).
5. Good developmental outcomes despite high risk status. (Werner, 1995).
6. Refusal to bow to victimization or to let it control ones life or the way they interpret and use the experience. (Rubin, 1996).

Risk Factors: There are a variety of risk factors associated with difficulty in functioning. These include: poverty, parental psychopathology, disruptions of the family unit, parental alcoholism (Werner, 1994), socioeconomic (SES) status measures, massive community trauma, divorce, cumulative risk calculations (Masten, 2001).

Self Determination: Proactive, engaged, self-motivated. (Ryan & Deci, 2000). With enough personal intention and effort, almost all obstacles can be overcome, the environment can be manipulated, and one can improve oneself (Kaufman, 1986).

Stress: The relationship that exists between the organism and its environment, “damaging transaction between specific organism and particular condition...” (Garmezy, 1993).

Tolerance for Pain: Ability to recognize it, to live with it, to accept it, to understand its source, and to master it (Rubin, 1996).

Vulnerability: Susceptibility to negative developmental outcomes after exposure to serious risk factors (Werner, 1994).

Limitations of this Study

There are three basic limitations associated with this study. The findings reported here have limitations associated with (a) qualitative research, (b) definition of terms and (c) generalizability. Each of these limitations will be discussed at greater length below.

Qualitative Research

This was a qualitative study and thus there were limitations associated with the researcher as the instrument used to develop topic understanding. Only a preliminary review of previous research, articles, and books on the topic of resilience were performed prior to data collection, but there is still the real possibility of biased observations and inferences on the part of the researcher. In qualitative study even after a brief review of literature, a researcher may have a firm idea of what she is listening for as interviews with participants are conducted. The presence of the researcher may also affect participants. This influence of the researcher on the answers given by the participant may be unintended (Miles & Huberman, 1994). The participant may edit what they share in order not to offend the researcher. There is also the possibility that a participant who is being interviewed will alter what they say in order to appear as a successful example of a resilient elder to the researcher.

There are also limitations associated with the in-depth focus of qualitative case studies. Since even a half hour interview can result in masses of data to be analyzed, sample sizes must be limited. In this study the data collected was limited to five tape recorded interviews. Efforts to ensure the accuracy and adequacy of the data despite this small number included careful selection of the participants to be interviewed. All elders were chosen as exemplars or outstanding examples of elder resilience. The selection process was guided by the recommendations of various professionals in the field and was based on their perceptions of resilient elders. There were no “poor” examples of resilience as seen in these elders, and therefore, comparisons between good and bad examples of resilience in elders cannot be made in

this study.

Definitions of Terms

Because there is no one definition of resilience or related terms that are generally accepted by scholars and scientists (Slap, 2001), the choices of definitions presented in this study are purely subjective. Definitional concerns may not be as critical in a qualitative study such as this, since this is the method of choice when there is insufficient information about a topic or about how it is experienced in the population studied. Qualitative research allows emerging understanding to inform the research. Later research can then build on the refinements and understandings that have developed in earlier phases (here interviews).

Generalizability

With only five interviews of elders conducted, results obviously cannot be considered typical of a more general population. However, in-depth and detailed descriptions will be used when discussing individual interviews. Since none of the individual participants knew each other, their choice of wording and terminology when describing their thoughts and actions can suggest important common factors. An effort to identify commonality across interviews and within interviews is known as triangulation and lends confidence to findings. The strength of such commonalities, when looking at the five interviews as a group, an *internal generalizability*, or “generalizability of a conclusion *within* the setting or group studied” (p.97, Maxwell, 1996) will determine the extent of internal generalizability.

*Life is not a matter of holding
Good cards, but of playing a
Poor hand well.*

- Robert Louis Stevenson

CHAPTER TWO

Review of Related Literature

Historic Overview

As early as the 1920s, psychology was looking at some positive aspects of the individual. Effective parenting, giftedness, marital happiness, and the meaning of life as explored by Jung were all studied. However, with the advent of World War II the focus of research narrowed as psychologists began to look at the populace with regard to “fit” within the Army and Navy. Uniform testing was designed to assess individual aptitudes in order to classify enlisted personnel more effectively within the various military branches (p.7, Department of Defense, 1999). After World War II tests were adapted to assess individuals for various career choices (p.7, Department of Defense, 1999; p.6, Seligman & Csikszentmihalyi, 2000).

With the founding of the Veterans Administration in 1946 psychologists began to look at treating mental illness and other pathologies (Seligman & Csikszentmihalyi, 2000). In 1953 B.F. Skinner published his book, *Science and Human Behavior*, in which he presented his theory of behaviorism, which focused on the relationship between environmental events and the behavior of the organism (Skinner, 1953). Though an important aspect of human behavior, behaviorism is just that – one aspect. Human beings were seen as “passive foci” while “stimuli came on and elicited responses” (p.6, Seligman & Csikszentmihalyi, 2000). Unfortunately, the internal workings of the individual were considered less important than behaviors that could be observed.

These combined influences of testing, treating pathology and behaviorism led to the disease framework and model of psychology. Assessments of individual flaws, weaknesses, and

suffering steered psychologists in the direction of fixing and repairing the damage in the individual. The focus was on the negatives in an individual, while the positives were yet to be recognized (Pipher, 1996; Sheldon & King, 2001). In 1962 Lois Murphy previewed the positive psychology movement, by emphasizing the 19th century pioneer values of courage and the “will to do” in contrast with the 20th century’s preoccupation with failures. “We know that there are devices for correcting, bypassing, or overcoming threats, but for the most part these have not been directly studied” (p.2, Murphy, 1962). A number of researchers began to look at these more positive characteristics of human beings. The remainder of this historic overview will include (a) new developments, (b) study of resilience, (c) genetic/environmental vs learned resilience and (d) summary. The examination of positive human characteristics will be discussed in the next section, New Developments.

New Developments

A few psychologists became interested in those people who seemed to maintain their purpose in life and continued to function successfully, despite adversity (Werner, 1989, 1994; Wolin & Wolin, 1993, 1995; Rubin, 1996). Seligman and Csikszentmihalyi (2000) became intrigued with what “sources of strength” such people seemed to draw upon (p.6).

Csikszentmihalyi noticed that those who emerged with their integrity and sense of purpose from the chaos of the war in Europe were not the people he had expected would have survived psychologically. The better educated and more skilled individuals were not necessarily the ones who emerged intact. What could be the explanation for these survivors? What was their secret to successfully coping with their hardships? As Csikszentmihalyi states, “In human behavior what is most intriguing is not the average, but the improbable” (p.7, Seligman & Csikszentmihalyi, 2000).

In the 1960s a new perspective in psychology began to emerge. Psychologists began to take a more humanistic view of the person. In many circles, the clinical approach was being discarded in favor of one that was predicated on inherent human goodness, potential and capacity for self-actualization. The idea of coping as a way to handle stressful events did not even begin to appear in references until 1960 and then the individual was still seen as having negative life events happen to them, eliciting a response in reaction to these events. However, Erik Erikson believed that successful coping would in turn encourage the individual to continue to attempt to master difficult situations (Fine, 1991). Erikson's psychosocial theory was a more positive view of human potential and growth (Hergehahn, 1990). Since Erikson, other psychologists have also come to believe that "challenges, successfully met, produce resilience" (p.162, Pipher, 1996; Masten, 2001; Fine, 1991; Erikson, 1963).

Reuben Hill's ABC-X Model of Family Stress (1949, 1958) directed the attention of psychologists to the resources a family might already have when faced with a crisis. These resources included qualities that might be described today as protective factors, such as "...its (family's) role structure, flexibility, and previous history with crisis..." (p.9, Hill, 1949).

In 1962 Lois Murphy noticed that for the "thousands of studies of maladjustment" there were very few concerned with how life's problems are dealt with by individuals using their own personal strengths. She called this "problem literature" and was puzzled as to why an achievement-oriented nation such as the United States should still be focusing on difficulties, failures, and defeat in humans (Murphy, 1962). The field's expanded awareness of human potential and survivability led increased numbers of researchers to begin the study of resilience. The study of resilience will be discussed below.

Study of Resilience

The formal study of resilience began to take shape in the 1970s as individual strengths and capacities began to be recognized in children (Masten, 2001). The idea of characteristics that could buffer the individual against life stressors drew attention to the need for more study of the capabilities of humans to manage stress in life (McCubbin & McCubbin, 1988; Garmezy, 1993; Rubin, 1996; Masten, 2001).

Family resilience emerged as an area of study in the late 1980s and continues to the present day (Antonovsky & Sourani, 1988; Bikerts, 2000; Hawley, 2000; Hawley & DeHaan, 1996; McCubbin, McCubbin, Thompson, Han, & Allen, 1997; Richardson & Hawks, 1995). Resilience in children considered to be at risk in their development became an area of study, expanding the focus of family resilience (Bikerts, 2000; Brooks, 1994; Garmezy, 1993; Werner, 1989, 1994; Wolin & Wolin, 1995, 1996; Wyman, et.al., 1992). Each of these researchers was primarily interested in the “key role resilience plays in understanding healthy development under conditions that favor developmental failure” (Wyman, et.al., 1992).

Wolin and Wolin (1993) conceptualized The Challenge Model. This model “includes possibilities for resilience and healthy development in at-risk groups...” (p.249). It rejected the idea that people were victims of life events and instead focused on the innate survival capacity of children in hardship, particularly children of alcoholics (COAs).

This view of resilience was further developed by Ann Masten and other researchers. Masten (2001) proposed that resilience and its various characteristics was actually more commonplace than previously suggested. “The most surprising conclusion emerging from studies of these children is the ordinariness of resilience” (p.227). She believed resilience is common in the individual and “arises from the normative functions of human adaptational

systems” (p.227). These findings offered a more positive outlook for human coping in the face of adversity.

As the study of resilience matured, there was a much greater appreciation for the tremendous variation in response to challenge expressed by individuals. Researchers began to focus on the extraordinary, the very common experience of meeting life’s challenges successfully. Researchers became interested in what led to the development of such resilience. Two lines of research emerged that focused on resilience development, genetic/environmental and learned resilience. These will be discussed in the next section.

Genetic/Environmental vs. Learned Resilience

Two human resilience perspectives emerged. The genetic/environmental view was that children are born with such risk factors as: perinatal problems, low maternal education, poverty, learning disabilities, parental divorce, parental psychopathology and disruptions of the family unit (Garmezy, 1993; Werner, 1994; Masten, 2001). Other researchers began to identify a set of protective factors that seemed to ameliorate the risk of later life difficulties. A partial protective factor list includes: an intact family unit (Werner, 1994; Bikerts, 2000), education (Werner, 1989, 1994; Masten, 2001), family traditions, celebrations, rituals, routines (McCubbin & McCubbin, 1988; Barnard, 1994; Wolin & Wolin, 1995; McCubbin, McCubbin, Thompson, et al., 1997), supportive adults or mentors (Werner, 1989, 1994; Brooks, 1994; Wolin & Wolin, 1995; Rubin, 1996; McCubbin, McCubbin, Thompson, et al., 1997; Pipher, 1999; Rosenblum, 1999; Bikerts, 2000; Stein, 2000), and determination (Kaufman, 1986; Barnard, 1994; Werner, 1989, 1994; Wolin & Wolin, 1995; Rubin, 1996; Ryan & Deci, 2000).

The genetic/environmental view was limited in application because it seemed to suggest a predetermined cap on human resilience. Only those individuals born with specific characteristics

in particular enriched environments would grow to develop flexibility and resilience in the face of later life challenges. However, this line of inquiry was fruitful because it did provide a framework to understand the development of resilience and thus helped the field to target interventions to promote greater individual resilience.

Another view of resilience in people emerged with the premise that individuals learned effective coping skills, which then encouraged successful mastery of life challenges. Elaine Hartsman, Ph.D. (2001) suggested that resiliency could be developed. She described resiliency as a process with seven skills to learn. These included a willingness to confront painful issues, learning to problem solve, learning to discern when to accept and when to change, and learning to create meaning out of personal tragedy. Barbara L. Fredrickson (2001), who drew from positive psychology, was also intrigued with the idea that resilient strategies could be taught to less resilient individuals. Emmy Werner (1989, 1994), in her famous 30-year study of children on the Hawaiian Island of Kauai, noticed that many who had been troubled as children had somehow become functioning adults who contributed to their communities.

“All children can be helped to become more resilient if adults in their lives encourage their independence, teach them appropriate communication and self-help skills and model as well as reward acts of helpfulness and caring” (p.111, Werner, 1989).

Summary

Historically, psychology and the study of humans focused on a deficit model with most attention paid to fixing the individual. Over time some researchers and theorists began to focus on what went right in people’s lives. Positive psychology for instance, began to focus on the individual’s assets and strengths. This more positive framework ultimately led to a very different approach, the study of resilience.

In examining resilience, researchers began to explore how individuals could survive and flourish in spite of life. Two schools of thought emerged. One focused on fairly stable characteristics (genetics and environment), the other focused on a much more fluid view of resilience (learned skills and resilience capacity). At the same time that the earliest resilience work was being done, other lines of research were emerging. Psychologists pursued a number of related topics these will be discussed in the next section including resilience theories, models and pivotal research that had bearing on the emerging understanding of resilience.

Resilience Theories, Models, and Pivotal Research

Psychologists began to seek out better information about what helped people thrive. Those efforts will be described in this section and include: (a) resilience theories, (b) models of coping and resilience and (c) pivotal research on resilience. The emergence of theories of resilience was pivotal and will be discussed on the next page.

Theories of Resilience: Adaptation

As evident from the historical overview, a number of studies emerged that emphasized positive coping in the face of life demands. These studies provided a foundational framework for understanding resilience or the tremendous human capacity to emerge intact despite negative life experiences. The resilience related theories that will be discussed in this section include those related to (a) adaptation and those related to the (b) development of resilience.

Adaptation. Several theories regarding stress, coping, and successful adaptation have been proposed since the end of World War II. In the late 1940s and 1950s researchers began to recognize the historical value of the years people were living through. The years of the Great Depression and World War II provided a rich source from which to launch studies of how people

coped and adapted to stressful situations in their lives. Theory building was a natural development that emerged from the early studies of families and children under stress.

If we acknowledge psychological stress as the “particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (p.19, Lazarus & Folkman, 1984), then we also understand that there is an evaluation of the stress event before there can be a response to it. It is this evaluation or individual perception of the situation and the meaning it carries for the individual that will determine the coping response to the stressor (McCrae, 1982).

The Life Events Model of Adaptation (p.600, Whitbourne, 1985) was a simple linear construction that directly linked coping strategies used by the individual to the resources available to the individual and the stress emanating from the life event of threat, loss, or challenge. However, this model’s validity was diminished because it failed to take into account the individual’s perception of the life event, the meaning the individual may have given the event, and the strengths and weaknesses the individual may have gained in his/her life’s journey up to that point (Whitbourne, 1985). As Lazarus and Folkman (1984) suggested, the event-response relationship is circular by nature because one serves to define the other.

There has been a wealth of research on stress, coping skills and responses, and the antecedent stressor event (Hill, 1949; Lazarus & Folkman, 1984; Whitbourne, 1985; Folkman, et al., 1987; Koenig, et al., 1988). McCrae (1982) conducted two studies in which he attempted to determine how the loss, threat or challenge event influenced the choice of coping responses by members of a study on aging, the Baltimore Longitudinal Study of Aging. According to McCrae “a *loss* is defined as damage that has already occurred...*threat* also refers to damage but damage that is anticipated and may or may not be inevitable...*challenges* differ from threats in their

generally positive tone...and are probably more often controllable” (p.920). McCrae’s findings suggested that there were a large number of individual coping strategies used by the individual, and that preferred coping responses were directly related to how the individual perceived or interpreted the loss, threat, or challenge event.

In their book, *Stress, Appraisal and Coping*, Lazarus and Folkman (1984) tried to assess the coping process systematically. They asserted that in order to assess coping in people, the context and meaning of the stress event must be understood as applied to the individual.

“The way these thoughts or actions function in any instance can only be known by a careful examination of the context in which they occur, and perhaps through an in-depth examination of their place in the person’s overall coping strategy” (p.319, Lazarus & Folkman, 1984).

In contrast to other coping research, Lazarus and Folkman acknowledged that even the “ordinary daily hassles of living” could predict stress and that major life events were not the only cause of stress to the individual (pp.326-327). Other researchers began to examine human responses in the face of tremendous change. Reuben Hill explored such change within the family and developed a theory discussed below.

ABC-X theory of family stress (1949, 1958). In 1949 Reuben Hill published his book, *Families Under Stress: Adjustment to the Crises of War Separation and Reunion*. In this book he searched for “the characteristics and processes which set off successful from unsuccessful families in the face of two war-born crises” (p.7, Hill, 1949). The two crises Hill referred to were war separation and the subsequent reunion of fathers to their families. He explored how crises impacted family life and how families adjusted to the crises. In his work he suggested that the impact of a particular crisis differed from family to family. The variability of the impact of the

crisis on a family was a direct result of adequate family resources to meet the crisis and the definition the family gave the crisis – was it or was it not “a threat to their cherished goals”? (p.103, Hill, 1949).

In developing this model four variables were noted in stressful family crisis situations: *A (Stressor Event)* was defined as a life event such as parenthood, divorce, death, loss, or money, which has the potential of producing change in the family’s social system. *B (Family’s Crisis-meeting Resources)* was defined as the family’s resources for meeting the demands produced by hardships and stressor events. These resources are part of the family’s capabilities for resisting crisis and preventing a damaging disruption from the stressor event. *C (Family Definition of the Event)* was defined as the meaning a family attaches to the experienced stressor event. A family may view such an event as a challenge to be met (positive) or as a preamble to the eventual destruction of the family.

X (Family Crisis) was defined as the resulting factor when A, B, and C converge within a family. Change is demanded within a family structure as the family attempts to restore stability.

This theoretical model was later expanded to acknowledge that life stressors rarely occur one at a time but instead many different stressors occur simultaneously. The resulting more comprehensive model, the Double ABC-X Model is described below.

The double ABC-X model. *aA (Family Demands)* acknowledged that multiple stressor inputs become a stress pile-up entering into a family system. The initial stressor, coupled with prior strains, all contributed to stress pile-up in a family system. *bB (Family Adaptive Resources)* includes personal resources of a family member, internal resources of the family system, and the social support given to the family. These resources enhance the family’s ability to meet the demands and challenges of a crisis situation. *cC (Family Definition and Meaning)* incorporates

the new meaning the family unit may give to the crisis situation. It is generally acknowledged that if a family can re-frame and re-define a crisis situation in a positive way, such as a “challenge” or an “opportunity for growth”, the chances for the family to cope and adapt are improved. *xX (Family Adaptation)* includes factors related to the individual family member, the family as a unit, and the community to which the family members and the family unit belong. The family’s efforts to achieve a balance after a crisis event are characterized within this factor of the Double ABC-X Model. The model asserted that families with a variety of resources from which to draw would suffer fewer crises.

Researchers examined a number of factors that appeared to affect how an individual or family group would respond in the face of change. These researchers began to see response patterns and resources that seemed to promote adaptation and create a buffer from ill effects. Another group of researchers examined characteristics that appeared to promote the development of resilience. These theories will be discussed in the development of resilience section below.

Theories of Resilience: Development of Resilience

Another fruitful line of inquiry emerged that examined the individual experience of adjustment and the factors that contributed to such adaptation. The most relevant theories in providing a framework for understanding resilience were the (a) Eight Stages of Psychosocial Development, (b) Control Theory of Attachment Behavior, (c) Broaden and Build Theory of Positive Emotions and, (d) Self-Determination Theory. Each of these theories provided another key perspective on the tremendous variability and potential for resilience when humans were faced with extraordinary challenge. The first of these theories, Erikson’s (1963) Eight Stages of Psychosocial Development has been discussed in depth. This is due to the applicability of life stages and developmental tasks for understanding an individual’s capacity for resilience across

the life-span. The broad applications of Erikson's theory make it especially relevant to the current study of resilience in elders as will be explained below.

Eight stages of psychosocial development (1963). Erik Erikson based his first five stages of personality development on Freud's psychosexual stages of development, but only at the age at which they are to occur. Erikson differed with Freud when he described what occurred during these stages; in fact, the last three stages had no Freudian parallel and represent Erikson's own work (Hergenhahn, 1990).

For the purposes of this study, each stage is viewed with resilience in mind:

1. **Infancy: Basic Trust vs. Basic Mistrust (Birth – 1 year).** Basic trust is developed in the infant if the infant's caregivers can satisfy its needs in a loving and consistent way. The virtue of *hope* emerges from this stage and Erikson believed this would strengthen the ego.
 "Trusting children dare to hope, a process that is future oriented..." (p.154, Hergenhahn, 1990). Hopefulness has been identified as a characteristic of a resilient individual (Brooks, 1994; Werner, 1994; McCubbin, et. al., 1997).
2. **Early Childhood: Autonomy vs. Shame and Doubt (Years 1 – 3).** A child will develop good will and pride if the parent can teach and discipline without injuring the child's sense of self control or autonomy. If autonomy is developed to a greater degree than shame and doubt, Erikson believed the virtue of *will* emerges.
 This virtue was described in part as "the unbroken determination to exercise free choice as well as self-restraint..." (p.119, Erikson, 1964). Determination and self-discipline have been identified as markers of resiliency (Werner, 1994; Wolin & Wolin, 1995; Ryan & Deci, 2000).

3. **Preschool Age: Initiative vs. Guilt (Years 4 – 5).** This stage is the time when a child learns to initiate ideas and actions, therefore is able to plan future events. The child is moving away from limitations and learning about future possibilities. If caregivers ridicule or undermine a child's imagination and sense of initiative, the child will eventually lack self-sufficiency. When the child develops initiative, the virtue of *purpose* emerges.

Purpose in this stage is described as the courage to pursue valued goals without the repression of defeat (Hergenhahn, 1990). Courage in the face of crisis is a precursor to resilience since the person must learn to cope successfully with life's challenges (Wolin & Wolin, 1993, 1996).
4. **School Age: Industry vs. Inferiority (Years 6 – 11).** A sense of industry and diligence is the result of this stage. A child gains confidence in his/her ability to become a productive member of society. The virtue of *competence* is the result of this stage. Erikson saw competence as the "free exercise of dexterity and intelligence in the completion of tasks..." (p. 124, Erikson, 1964). As the individual successfully adapts to the challenges in his/her life, a sense of competence and mastery builds. Resilience is enhanced by competence since the more often a challenge is successfully met by the individual, the better the chances for continued success in meeting crises (Fine, 1991; Pipher, 1996; Masten, 2001).
5. **Adolescence: Identity vs. Role Confusion (Years 12 – 20).** Erikson saw this stage as the break between youth and adulthood. Children search for an identity in this stage and ultimately commit themselves to some plan for life. They emerge from this stage with the virtue of *fidelity*.

Erikson's definition of fidelity relates to another marker of resilience. "The ability to sustain loyalties freely pledged in spite of the inevitable contradictions of value systems" (p.125, Erikson, 1964).

6. Young Adulthood: Intimacy vs. Isolation (Years 20 – 24). This stage explains the young adult who eagerly seeks a love relationship with another and has the capacity to commit to a concrete partnership and then is able to abide by this commitment. If this capacity for productive work and intimacy is not developed within the young adult, the individual will "withdraw into themselves, avoid close contacts, and thus develop a feeling of isolation" (p.160, Hergenhahn , 1990).
The virtue of *love* marks this stage. Those considered to be resilient individuals are able to reach out to others and explore their options or alternative paths. This cannot be done in withdrawal and isolation (Ryff, 1989; Wolin & Wolin, 1995).
7. Adulthood: Generativity vs. Stagnation (Years 25 – 64). These are the years when the individual attempts to pass on to the next generations the knowledge and wisdom gained up to this stage. It encompasses an unselfish concern for the welfare of the next generation, often by mentoring or providing guidance to those younger. If the individual develops generativity then he/she also gains the virtue of *care*, or the "widening concern for what has been generated by love, necessity, or accident..." (p.131, Erikson, 1964).

Humanistic psychologists stress the importance of good relations with others as a central characteristic of the fully developed person. Carol Ryff (1989) called this *others orientation* and cited positive relations with others as an important quality of positive functioning in older adults. Wolin and Wolin (1995) described this quality as

Morality, which in its end developmental stage, grows into serving others in the neighborhood and society.

8. Old Age: Ego Integrity vs. Despair (Years 65 – Late Adulthood). As the individual looks back on a life of completion and fulfillment, he/she has *ego integrity* because they have been able to adapt to the hardships in life as well as the triumphs. If life has been full of frustrations and disappointments, the individual experiences despair.

Adapting well to life and all of its challenges, the individual emerges with the virtue of *wisdom*.

Wisdom is a necessary component of benefiting from one's experience. The individual becomes wise as she/he employs the strategies that have proven successful and avoids the mistakes of the past. The resilient individual has learned from past mistakes and has found ways to apply past learning to present challenges (O'Hanlon & Weiner-Davis, 1989).

In addition to Erikson's model, numerous researchers identified characteristics postulated to affect an individual's life course and thus resilience. These included efforts to examine early life influences (control theory), persistent characteristics (positive emotions), and the individual's response to life (self-determination). Control Theory of Attachment Behavior focused on early life relationships as defining influences and is described below.

Control theory of attachment behavior (1969). John Bowlby's Attachment Theory "focuses on the role of the primary caregiver as a secure base from which an infant can explore and learn about the environment." (p.821, Posada & Jacobs, 2001). Bowlby believed "that all human infants have the potential to develop a secure base relationship with one or a few primary

caregivers”, which then allows the infant to begin to explore its environment (p.821, Posada & Jacobs, 2001). Bowlby also proposed that this function of human behavior was favored by evolution because it allowed the infant to explore and learn, yet always return to the safety and security of its mother or some other caregiver. While the infant is protected in its explorations, the opportunities for learning about the environment are increased and the value of close relationships is clearly recognized (Bowlby, 1969).

Broaden and build theory of positive emotions (1998). Fredrickson (2001) suggested that positive emotions prompt individuals to engage and participate within their environments because these positive emotions tend to broaden the individual’s “thought-action repertoire”, or choices of thoughts and actions (Fredrickson, 2001). “Broadening builds enduring personal resources, which function as reserves to be drawn on later to manage future threats” and thus positive emotion benefits were seen as adaptive (p.220, Fredrickson, 2001).

This theory also described how negative emotions narrow an individual’s attention, while positive emotions tend to expand attention, thereby providing the individual with a wider array of thoughts and actions from which to choose (Fredrickson, 2001). Fredrickson related the benefits of positive emotions and the broaden and build theory to resilience by linking positive affect in people to better coping skills, ability to find positive meaning in adversity, and the subsequent accumulation and compounding of the effects of positive emotions. This was seen as an upward spiral of emotional well-being over time, a contributor to psychological resilience.

Self-determination theory (2000). Ryan and Deci (2000) examined some positive and persistent features of human nature, such as intrinsic motivation, self-regulation, and well-being. They identified three psychological needs that form the basis for self-motivation: (a) competence, (b) relatedness, and (c) autonomy. These needs “appear to be essential for

facilitating optimal functioning of the natural propensities for growth and integration, as well as for constructive social development and personal well-being” (p.68, Ryan & Deci, 2000). Self-Determination Theory also recognized that humans can be either “proactive and engaged” or “passive and alienated” but that this depends on the social conditions in which the individual develops and functions (p.68, Ryan & Deci, 2000).

As these new ways of understanding human development and behavior emerged, other theorists focused more specifically on human responses in times of challenge. These theories and studies have formed the foundation of our understanding of human coping and resilience.

Models of Coping and Resilience

A model can be defined as “an interrelated set of concepts intended to explain a limited area of human behavior” (p.37, George, 1980). It is generally accepted that life events carry varying degrees of importance to the individual. Life event impact will also be felt on different levels. In the last 40 years research has focused on identifying the conditions in which some life events lead to negative outcomes in the individual (George, 1980). The following are examples of only a few of the models that have been presented in recent years in an effort to understand response to stress and resulting resiliency.

Two-process model of child-rearing effects (1980). According to this model, parental child-rearing styles have a direct influence on the development of coping dispositions and trait anxiety in the child. The child-rearing styles were described as “support” and “restriction”, or “praise” and “blame” (p.143, Krohne, 1992). This model attempted to explain anxiety and coping tendencies in children by examining their “conditions of socialization” (p.144, Krohne, 1992) or child-rearing styles as used by their parents. The child’s *competencies*, “person’s ability to generate a specific coping behavior in defined problem situations” (p.144, Krohne, 1992), and

the child's *expectancies*, or "belief concerning one's own competence to successfully execute a certain coping behavior in a problem situation" (p.144, Krohne, 1992), were "regarded as central factors whose formation serves as the explanatory basis for individual differences in anxiety and coping tendencies" (p.144, Krohne, 1992).

As an example, persons considered as high-anxiety examples should reveal a low expectancy that they can manage a problem situation. As a result, this expectancy should lead to generally low coping capabilities.

According to the two-process model, the development of high trait anxiety and dispositional determined coping modes can be traced back to the degree of restriction, support, aversiveness, and ambiguity present in the parents' childrearing behavior" (pp.145-146, Krohne, 1992).

In developing this theory, data was collected from over 1,200 girls and boys, ages 8 to 16. The parenting styles were assessed separately as Mothers to Boys, Mothers to Girls, Fathers to Boys, and Fathers to Girls. It was found that a child's high anxiety was significantly related to frequent and intense negative parental feedback and to parental restriction. In addition, the mother was especially implicated as it was shown that inconsistent child-rearing behavior predicted low competence expectancies from the child. More specifically, "while high consistency of the mother was always associated with low trait anxiety in the girls, highly inconsistent maternal behavior only led to elevated trait anxiety if support from the father was low" (p.153, Krohne, 1992). For boys ages 11 to 14 years, as parental support decreases, anxiety increases.

Werner (1989) found from her study of the children on the Hawaiian Island of Kauai that the children who were considered resilient had at least one person who accepted them unconditionally, just as they were. Acceptance was also central in Brooks' (1994) examination of factors that contributed to resiliency in high-risk children. "The emotional support and encouragement offered by significant adults in a child's life are crucial for promoting self-worth and resilience" (p.551, Brooks, 1994).

It is noted in Krohne's paper on the Two-Process Model that the child's behavior can influence the parental behavior and the childrearing techniques employed by the parents. Nevertheless, this model did provide another avenue of understanding why some individuals seem to handle life's difficult and painful events far better than others.

Solution focus therapy (1989). O'Hanlon and Weiner-Davis (1989) suggested a brief therapy focused more on future solutions to a client's problem than the traditional repair-the-damage model. As in the positive psychology movement, the focus was "on clients' strengths and abilities, in our view a more humane, less painful way to help people change than on the old focus on deficits" (p.12). In other words, this therapeutic approach focused on enhancing and supporting resilience by drawing on the resources, competencies and strategies people develop throughout life. Among several assumptions of the solution-oriented approach were that "clients have resources and strengths to resolve complaints" (p.34) and the "focus is on what is possible and changeable, rather than what is impossible and intractable" (p.49). Clients were not deficits; instead, a positive approach empowered the client to draw upon the strengths and capabilities already in place.

Challenge model (1993, 1995, 1996). This model was developed in response to the *Damage Model* offered in traditional psychology. In direct contrast to the Damage Model where

individuals are portrayed as “helpless, vulnerable, and inalterably tied to the family”, the *Challenge Model* “included possibilities for resilience and healthy development...” (p.249, Wolin & Wolin, 1993). Emphasis was placed on the individual’s subjective view and perception of an emotionally significant event (Wolin & Wolin, 1996). This model also identified seven resiliencies, or “clusters of strength”, that children developed to actively protect themselves against threatening and harmful environments (p.250, Wolin & Wolin, 1996). They are:

1. *Insight*: protects children by impeding their tendency to internalize the problems at home and to feel guilty.
2. *Independence*: separating from the troubled family keeps children out of harm’s way.
3. *Relationships*: intimate and fulfilling ties to others that provide the nurturing and guidance troubled families cannot give.
4. *Initiative*: push for mastery that combats the feelings of helplessness that troubled families can produce in their children.
5. *Creativity*: presentation and resolution of inner conflicts in aesthetic forms, gives expression to pain and transforms the imposed ugliness of life in a troubled family into metaphors, images, and symbols.
6. *Humor*: finding the comic in the tragic, turning a trauma into a mere joke; culminates in an ability to laugh at one’s own emotional pain.
7. *Morality*: a capacity to differentiate good from bad, both inside and outside of the family (pp. 424-426, Wolin & Wolin, 1995).

One of the most comprehensive studies of resilience was conducted over a 30 year period by Werner (1989). The study greatly expanded understanding of resilience because it examined

the long-term consequences of a variety of identified risk-factors on later life outcomes. Especially relevant was the emergence of protective factors that appeared to buffer children and enhance resilience. The Kauai study is discussed at greater length below.

Pivotal Research on Resilience

Kauai longitudinal study (1955-1985). Beginning in 1955, 698 infants on the Hawaiian island of Kauai were studied with two principal goals in mind: (1) to assess the long-term consequences of prenatal and perinatal stress and (2) to document the effects of adverse early rearing conditions on children's physical, cognitive and psychosocial development (p.106, Werner, 1989).

These children were followed until well into their 30s and were assessed at various stages of their development. The stages of assessment were age one/infant, age two/toddler, age 10/elementary school, age 18/graduation from high school, and age 32/early 30s. As this study progressed, a new facet began to reveal itself. Werner and her colleagues noticed

“several ‘high risk’ children who, in spite of exposure to reproductive stress, discordant and impoverished home lives and uneducated, alcoholic or mentally disturbed parents, went on to develop healthy personalities, stable careers and strong interpersonal relations. We decided to try to identify the protective factors that contributed to the resilience of these children” (p.106, Werner, 1989).

From birth to age 18 it was discovered that the impact of perinatal stress diminished, and the developmental outcome became increasingly dependent on the quality of the home environment. In other words, the children displayed more competence as the quality of their rearing environment improved (Werner, 1989).

At early ages markers of resilience could be identified in these children. For example, as infants, resilient children could “elicit positive attention from family members as well as strangers” (p.132, Werner, 1994). As toddlers, these children tended to have a “positive social orientation” (p.132, Werner, 1994). At the age of 10, this positive social tendency continued to manifest itself as teachers and parents alike reported that these same children got along well with their classmates and also had many interests and hobbies that they readily shared with others. By the time they were graduating from high school, the resilient youths had been able to establish a close relationship with at least one parent, grandparent, older sibling or other substitute parent figure. They also had a strong sense that they had control over their lives, a sort of internal locus of control. In short, these children had been able to develop a positive self-concept, and with the help of significant others in their lives, acquired a belief that their lives had meaning and purpose (Werner, 1994).

The last assessment was done when these children were in their early 30s. Though it was found that they had stress related health problems, such as migraine headaches and backaches, they had also developed a reliance on faith and prayer (spirituality) and a sense of self-determination and personal competence (Werner, 1994).

Werner was able to identify five groups of *protective factors* that appeared in the lives of the high risk children, now adults, who seemed to have adapted successfully. They encompassed (a) personality characteristics; (b) skills and values, educational and vocational plans, and structured household chores and responsibilities; (c) parents’ caregiving styles that fostered competence and self-esteem; (d) supportive adults and mentors; and (e) opportunities at major life transitions, such as education programs at community colleges, voluntary community service, or religious orientation.

Werner also found that even the most resilient children can have problems, especially when the stressful life events outweigh the protective factors present in the individual's life. "As long as the balance between stressful life events and protective factors is favorable, successful adaptation is possible" (p.111, Werner, 1989; p.134, Werner, 1994).

Summary

As some theorists and researchers began to reject the deficit model of fixing and repairing the damage in the individual, a more positive movement within psychology began to take hold. Theories attempting to define the concept of successful individual adaptation and resilience began to emerge. Models to describe this area of human behavior were conceptualized by those who recognized the phenomenon of resilience in individuals. Research that originally began with the intent of assessing the effects of stress and early adverse rearing conditions on children's development began to reveal another element of surviving and thriving individuals. Werner's (1989) longitudinal study of 698 infants on the Hawaiian island of Kauai discovered that several children identified as "high risk" because of genetic or environmental factors present at birth, were growing up to develop healthy personalities, stable careers, and strong interpersonal relationships.

Success in coping with stressful life events and the recognition of a resilience in these children's personalities that enabled them to master each developmental milestone successfully, revealed another facet of the individual's innate will to survive and thrive. Researchers began to identify and study life factors that posed definite risks in the individual's attempts to cope with hardships, as well as the factors that acted as buffers or protection against such challenges and obstacles in life.

As mentioned, much of the research on resilience arose from the study of children and families. Aging research has revealed some interesting perspectives about resilience and those who thrive in later life. Several studies about successful aging will be examined in the next section, Research Studies on Aging and Later Life Resilience. These reflect an ever increasing interest in the understanding of the experience of successful aging.

Research Studies on Aging and Later Life Resilience

At the same time that processes and models related to resilience emerged, researchers developed a keen interest in the experience of aging. As people lived longer lives, there was increased interest in understanding the aging process and what could be done to promote healthy aging. In 1938 the Grant Study was begun to study the types of men attending Harvard who were physically healthy and functioning well. The need for a more positive focus within traditional psychology was anticipated in the methodology of this study. From the Grant Study, the Study of Adult Development at Harvard University emerged between 1939 and 1942 (Vaillant, 2000).

Study of Adult Development at Harvard University (1920-1930-1940)

This was one of the first studies that attempted to follow adolescents for 60 years or until death. Other subsequent studies have been flawed by the failure to include individuals who died before ages 60 to 70. This “selective mortality” resulted because other studies were started later in the individuals’ lives (Vaillant & Mukamal, 2001). In the Harvard study two cohorts of adolescent males, college students and core-city youth, were followed in order to study physical and mental health from adolescence to old age.

This study classified subjects as “happy-well” (physically and mentally healthy college septuagenarians and core-city sexagenarians) and contrasted them with the “sad-sick” and prematurely dead (p.841, Vaillant & Mukamal, 2001). Six domains of function aided in these

classifications: (a) objective physical health (physician-assessed), (b) subjective physical health (octogenarians), (c) length of active life (number of years before age 70 or age 80 without either objective or subjective physical disability, (d) objective mental health (competence in work, relationships, play and absence of psychiatric care or medication), (e) subjective life satisfaction (marriage, job, children, friendships) and (f) social supports (friends, spouse and children) (p.841, Vaillant & Mukamal, 2001).

Among the Independent Predictor Variables assessed before age 50, the following were included: (a) smoking, (b) alcohol abuse, (c) years of education, (d) exercise, (e) stability of marriage, (f) depression, (g) parental social class, (h) ancestral longevity, (i) stability of childhood temperament, and (j) objectivity disability. By age 50, the college cohort had shrunk by 12 deaths and 19 withdrawals (from 268 to 237). The core-city cohort had shrunk by 33 deaths and 91 men who had withdrawn or had incomplete sets of data (from 456 to 332) (Vaillant & Mukamal, 2001).

Some of the results of this study suggested that level of education may be an important factor in health maintenance, more so than other aspects of socioeconomic status. Mature or adaptive defenses such as humor, anticipation, and suppression (the ability to “postpone paying attention to a conscious impulse and/or conflict”) were also predictive of successful psychosocial aging (p.94, Vaillant, 2000). A warm marriage, the absence of a major depressive disorder and good physical health at age 50 also had a marked influence on successful aging, as did whether or not an individual had any control over some of these protective factors (Vaillant & Mukamal, 2001).

Vaillant concluded that individuals can influence their own aging by the choices they make in their lives. This seems to be in agreement with other researchers who have also

considered the idea of an individual's control or perception of control over their environment as a marker of resilience in that individual (Ryff, 1989; Werner, 1994).

Kansas City Studies of Adult Life (1952)

This early study is now considered to be a landmark examination of the sociological aspects of aging. It demonstrated the extreme variability in resilience as it is experienced by elders. Although earlier studies were very helpful in demonstrating that specific factors were important for resilience, the Kansas City studies helped to demonstrate that resilience factors had varied expression. A particular orientation, the importance of 'living fully' demonstrated that resilience was not bound by life circumstance.

The study was formally begun in 1952 with an original sample of 1,300 subjects. Seven years later 110 subjects were still available to participate. This was a study of white, urban subjects between the ages of 48 and 68 that focused on life styles and successful aging. While two life styles emerged as successful – *Familism* (family is stronger than the individual) and *Living Fully* – “no single life style inevitably is successful for all older adults” (p.767, Maddox, 1994).

As noted at the beginning of this chapter, the psychological climate of the first 50 years of this century was one of decided negativity when studying individuals or humans in groups. The Kansas City Studies “challenged the then current stereotypic notion of aging as inevitably a bleak and unrelieved landscape characterized by irretrievable loss” (p.767, Maddox, 1994). Instead, aging well was considered to be “an expected outcome, not an exception” (p.765, Maddox, 1994). This conclusion seems to predict later findings of researchers that resilience is common and an ordinary process in humans (Pipher, 1999; Masten, 2001). Because it has been

found that we all may have more control over our own biopsychosocial health well into the later years, aging well becomes an optimistic expectation (Vaillant & Mukamal, 2001; Walker, 2001).

Duke Longitudinal Study (1955-1980)

The Duke First Longitudinal Study examined such areas as adaptation and effects of retirement, widowhood and the “empty nest” syndrome. The Duke Second Longitudinal Study, conducted by the Duke Center for the Study of Aging and Human Development, analyzed physical, psychological, and social resources of the elderly. It measured the adaptation of individuals before and after five events in later life occurred. These life events included: (a) retirement, (b) spouse’s retirement, (c). major medical events, (d) widowhood, and (e) departure of last child from home (p.842, Palmore, et al., 1985).

Cohorts were between the ages of 45 and 70 years old in 1968 and were mainly white and middle and upper income level. The data was collected between 1968 and 1976 in two-year intervals. At the beginning of the study there were 502 subjects however, the final analysis was based only on 375 participants (p.842, Palmore et al.,1985).

A review of the various analyses of life events and their impact on the level of adaptation of the individual elder showed that retirement, by far, had the most significant negative impact on this group. Widowhood, surprisingly, had “few lasting negative effects” (p.847). Even more interesting was that there were “*no negative effects of last child leaving...*” (p. 847), though the empty nest syndrome had been thought previously to be problematic and even cause persistent negative effects (p.842, Palmore et. al., 1985).

Because this study had the advantage of being longitudinal in design, it was possible to note that the cumulative effect of stressful life events had more impact on an individual elder than did any single event (Palmore et al., 1985). Palmore and his colleagues concluded from this

study that “many of these potentially stressful events have less serious long-term outcomes than a ‘crisis orientation’ would suggest; and those with good physical, psychological, and social resources have even less to fear from these ‘fearful’ events” (p.850, Palmore, et al., 1985).

Similar findings about the cumulative effects of life events were evident in a study in Bonn as will be discussed below.

Bonn Longitudinal Study on Aging (BOLSA) (1965-1984)

The Bonn Longitudinal Study took place in Western Germany. The original sample consisted of 222 women and men, ages 60-70 years. The average length of education was 11.2 years and the subjects were mainly from a lower middle class status. This was an examination of subjects who were not institutionalized (Poon, et al., 1992). At each of eight measuring points during the years of 1965 to 1984, the goal was to assess the interactions of the psychological, social, and physical conditions of the subjects.

In the second analysis of BOLSA, perceived stress in the daily lives of the subjects was examined. As expected, perceived stress was found to be higher in those who died before the study was completed. Survivors were found to have more active coping skills and to possess the quality of hope when responding to problems. These responses seemed to predict survivorship. This study discovered, as in other studies (Hill, 1949; Palmore, et al., 1985; Garmezy, 1993), that “chronic exposure to stress in several areas of life is the most crucial factor in structuring different patterns of aging” (pp.131-132, Thomae, 1990). In addition to examining factors that were predictive of survival, some studies have examined factors that contribute to a robust later life. One of those studies, the Georgia Centenarian study, is described below.

Georgia Centenarian Study (1988)

This study was considered by its authors to be a cross-sectional design for the first stage of research. The aim was to compare the characteristics of this oldest-old cohort to younger cohorts. At present, the study has examined patterns of adaptation and life satisfaction within the cohort in an effort to unlock the secrets of *master* (those in their 80s) and *expert* (those in their 100s) survivors (p.4, Poon, et al., 1992).

Three cohorts with 88 participants in each cohort were studied: (a) those born in the 1880s (centenarians), (b) those born in the 1900s (80-89 years old at time of testing), and (c) those born in 1920s (60-70 years old at time of testing). These people were specifically selected because they all had the experiences of the Great Depression and World War II in common (p.9, Poon, et al., 1992). Centenarians were tested in their homes, one-on-one. The other age groups were tested in groups of 6 to 10 participants at centralized locations around the state of Georgia.

Various instruments were used to measure and examine the different variables or predictors of adaptation for different individuals. Some of these variables include: (a) family longevity; (b) social and environmental support; (c) personality, stress and coping; (d) life satisfaction and morale; (e) physical health; (f) mental health; (g) intelligence and cognition, including acquisition and retrieval of new information, memory, and problem-solving ability; (h) reminiscence and life review, and (i) religiosity.

Because this is a more recent study, it is in its first phase, that of descriptions of long-lived individuals. Successful adaptation characteristics in older individuals (80 to 100+ years), will be studied at a causal level in the next stage of study. The objective is to examine personality characteristics, coping strategies, mental health and morale, cognitive abilities, and spirituality or religion as they influence the adjustment and adaptation of the oldest-old (Poon, et al., 1992).

Summary of Research Studies on Aging and Later Life Resilience

In this section aging research was reviewed. The research showed that resilience was not defined by lifestyle and was a common experience for adults in later life. The Harvard study examined objective and subjective function, life satisfaction and social connection. People were found to have control of protective factors or resilience through the choices they made in their lives. Higher levels of education and adaptive defenses (similar to emotional coping described in other studies) were helpful as people aged. Resilience was expressed in many ways and was found in adults with varied lifestyles. The Kansas City study showed commonalities in resilience were related to an emphasis on family rather than self and a focus on living life fully. These resilience findings have been robust even when stressful life events were the focus of study. The second Duke study also showed resilience was a common experience for older adults. Older persons tended to thrive even when faced with serious life challenge. Good physical, psychological and social resources were buffers even after serious life change. Hope and an active approach to coping were predictive of older life success in the Bonn study. The growing emphasis on a positive focus when trying to understand human experience and adjustment was also evident in aging research. The current Georgia Centenarian study has focused on expert and master survivors and will examine many of the factors that have emerged as important in understanding resilience throughout the lifespan.

The Consensus on Resilience

Resilience is an elusive concept, but one that has proven to be important to people of all ages as our world continues to become more complex and unsettled. Because there is no single definition or uniform measure of resilience, it has become a subjective term that is applied to health, behavior, social and environmental surroundings, and life events (Slap, 2001). An

individual is not considered resilient if there has never been a significant threat to their development. In other words, “there must be current or past hazards judged to have the potential to derail normative development” (p.228, Masten, 2001; Fine, 1990). As Pipher (1996) says in *The Shelter of Each Other: Rebuilding Our Families*, “Easy environments can produce hothouse flowers” (p.121).

In the last 30 years there has been a slowly emerging recognition that human beings have an innate capacity for resilient responses to situations of challenge and threat. As Susan B. Fine (1991) states, “The good news is that those who rise above adversity do not belong to an exclusive club. It is not a closed system” (p.500). Ann S. Masten agrees with Fine’s statement: “The great surprise of resilience research is the ordinariness of the phenomena. Resilience appears to be a common phenomenon that results in most cases from the operation of basic human adaptational systems” (p.227, Masten, 2001). And Mary Pipher (1999), in her book *Another Country: Navigating the Emotional Terrain of Our Elders*, discovered the adaptability and resilience in our elders. “The amazing story is how well people adapt to such difficult circumstances. Humans adjust to anything, and many people rise to the occasion” (p.167).

This research promoted great interest and further examination of individual strengths and qualities of resilience. However, today an atmosphere still persists that has encouraged psychologists and therapists “to perceive everyone we come in contact with as having some disorder, or if not in clear evidence, as having some sophisticated way of disguising their various deficits” (p.136, Barnard, 1994). The positive psychology movement objected to this deficit-focused view and instead has aimed to underscore and build the positive qualities and capabilities in human beings (Masten, 2001; Seligman & Csikszentmihalyi, 2000). As an example, The Challenge Model (Wolin & Wolin, 1993, 1995, 1996) confronted traditional

psychology's damage model of thinking and offered a more positive and empowering view of people. In therapy, Solution-Focus Therapy has been offered as an alternative model that allows individuals to use their strengths and capabilities in addressing their needs (O'Hanlon & Weiner-Davis, 1989).

As researchers in the field tried to understand what made some people thrive despite challenge, valuable research occurred along a number of lines. This section will attempt by way of summary to synthesize some of the areas of research and understanding that emerged in those efforts. These included (a) stress and coping, (b) resilience among children, youth and families and (c) consensus. One of the earliest areas of research that contributed to resilience understanding was the tremendous body of work examining stress and coping. The emergent understanding of individual variation in response to challenging circumstances will be summarized below.

Stress and Coping

Individual circumstances are not as predictive of resilience in the face of adversity as are the individual's response to those stressful events. In support of this view, Lazarus and Folkman (1984) offered an early checklist *Ways of Coping (Revised)* that asked subjects to indicate thoughts, feelings, and actions when coping with the demands of a stressful event. Some of the response options were a portent of later findings from the resiliency research. As examples, the following items from the Ways of Coping (Revised) checklist are directly related to later identified protective factors of resiliency.

15. Tried to look on the bright side of things (*Optimism*).

26. I made a plan of action and followed it (*Internal locus of control*).

46. Stood my ground and fought for what I wanted (*Refusal to see oneself as Victim*).

60. I prayed (*Spirituality*) (pp. 328-333).

Folkman, Lazarus, Pimley and Novacek (1987) later looked at age differences in coping responses. They discovered clearly defined age differences between younger and older people. Older people tended to use more *emotion-focused* forms of coping. Examples of emotion-focus might be “distancing, acceptance of responsibility, and positive appraisal” (p.182, Folkman et al., 1987). This form of coping might be “more likely to occur when there has been an appraisal that nothing can be done to modify harmful, threatening, or challenging environmental conditions” (p.150, Lazarus & Folkman, 1984). In contrast, younger people used more *problem-solving* forms of coping, such as problem-solving and the seeking of social support (Folkman, et al., 1987). This form of coping would be used when the situation is appraised as one that can be changed. (Lazarus & Folkman, 1984).

Resiliency Among Children, Youth, and Families

Faced with little research on resilience in our elders, much of the data from the last 30 years has been the result of work done with children at risk and troubled families. The goal has been to identify attitudes and/or behaviors that promote resilience in the individual.

Author Lillian Rubin’s book, *The Transcendent Child* (1996), stems from her recollections of her own childhood and her awareness of how differently she and her brother experienced their environment and family. She became intrigued with how and why some people are able to flourish despite growing up in dysfunctional families. She proceeds to identify markers of resilience in surviving children who are interviewed as adults. In her newspaper article, *Comeback Kids* (19 Sept. 1999) Gail Rosenblum identified “keys to resilience” as

recognized in resilient children. Among them are initiative, spirituality, creativity, and a sense of humor.

Margery Stein, in her Sunday newsmagazine article, *For Every Child, A Full-Time Friend* (28 May 2000), focused on another factor in resilience in children. A supportive adult in a child's life, or a mentor, is identified as a key to the development of resilience in a child.

In his research on children in poverty, Garmezy (1993) suggested that there are risk factors and protective factors that influence the development of children in highly stressed environments. In his review of the literature then available, he cited family risk factors identified by previous research. Some of these risk factors then included marital instability, maternal psychopathology which may result in poor mothering ability, paternal criminality, stressful life events in the family, and large family size. Garmezy clearly acknowledged the negative cumulative effect of several stressors on the individual child. This agrees with Hill's Double ABC-X Model of Family Stress of multiple stressors resulting in a stress pileup in a family system.

However, protective factors were also acknowledged to have a neutralizing effect on the risk factors. He referred to the Kauai Study of the children of the Hawaiian island in which individual attributes, family support, and external support systems all served to moderate the child's reaction to stressful conditions or chronic adversity (Werner, 1989; Garmezy, 1993). The next section will provide an overall summary of the research through identification of the areas of consensus about resilience that emerged across all studies.

Consensus

A summary of what is known and unknown about resilience in elders is crucial for understanding the foundation and reasons for the current study. Prior to examining resilience in

elders it is helpful to have an understanding of the areas in which the study of successful adapting or resilience have merged. The research and literature have identified remarkably robust factors that shape resilience. As a way of summarizing the larger body of research and literature reported in this chapter, this section will provide a summary of (a) resilience risk factors and (b) resilience protective factors.

Resilience risk factors. There is a general consensus emerging among researchers that there are stress factors in an individual's life known as *Risk Factors*. These factors contribute to the individual's difficulty in functioning and predispose that individual to maladjustment following exposure to stress (Garmezy, 1993).

Examples of risk factors to psychological development include:

1. Poverty (Werner, 1989, 1994; Wyman, et al., 1992, Garmezy, 1993; Masten, 2001).
2. Perinatal Stress (Werner, 1989, 1994; Masten, 2001).
3. Divorce / Marital Instability (Werner, 1989, 1994; Wyman, et al., 1992; Garmezy, 1993; Masten 2001).
4. Parental Pathology (Werner, 1989, 1994; Garmezy, 1993; Wolin & Wolin, 1995, 1996; Bikerts, 2000).
5. Poor Maternal Health (Werner, 1989, 1994; Garmezy, 1993).
6. Reduced Family Support (Garmezy, 1993; Rubin, 1996).
7. Family Turmoil / Violence (Wyman et al., 1992).

Resilience protective factors. Protective factors are defined as mechanisms that moderate a person's reaction to stressful situations or chronic adversity in order to produce a more successful outcome than would normally be present (Werner, 1989, 1994). Werner further describes protective factors as being *internal* or *external*.

Some researchers have identified three domains of protective factors – individual, family, and community (Garmezy, 1993; Brooks, 1994; McCubbin, McCubbin, Thompson, et al., 1997).

Examples of Protective Factors include:

1. Intact Family Unit (Werner, 1994; Bikerts, 2000).
2. Family Climate (Brooks, 1994; McCubbin, McCubbin, Thompson, et al., 1997).
3. Temperament (Wyman, et al., 1992; Brooks, 1994; Rubin, 1996).
4. Education (Werner, 1989, 1994; Masten, 2001).
5. Coping Skills (McCrae, 1982; Lazarus & Folkman, 1984; Folkman, et al., 1987; Manfredi & Pickett, 1987; Koenig, et al., 1988; Wyman, et al., 1992; Brooks, 1994; Pargament, et al., 1995; Ruth & Coleman, 1996; McCubbin, McCubbin, Thompson, et al., 1997; Pipher, 1999).
6. Family Traditions, Celebrations, Rituals, Routines (McCubbin & McCubbin, 1988; Barnard, 1994; Wolin & Wolin, 1995; McCubbin, McCubbin, Thompson, et al., 1997).
7. Supportive Adults / Mentors (Werner, 1989, 1994; Brooks, 1994; Wolin & Wolin, 1995; Rubin, 1996; McCubbin, McCubbin, Thompson, et al., 1997; Pipher, 1999; Rosenblum, 1999; Bikerts, 2000; Stein, 2000).
8. Internal Locus of Control (Ryff, 1989; Wyman, et al., 1992; Barnard, 1994; Brooks, 1994; Werner, 1994; Rubin, 1996).
9. Humor / Optimism / Positive Emotions (Whitbourne, 1985; Fine, 1991; Barnard, 1994; Werner, 1994; Wolin & Wolin, 1995; Rubin, 1996; Pipher, 1999; Fredrickson, 2001).
10. Adoptibility (Werner, 1989, 1994; Wolin & Wolin, 1995; Rubin, 1996; McCubbin, McCubbin, Thompson, et al., 1997).

11. Social Support Network (McCubbin & McCubbin, 1988; Wyman, et al., 1992; McCubbin, McCubbin, Thompson, et al., 1997).
12. Spirituality / Religious Faith (Manfredi & Pickett, 1987; Koenig, George & Siegler, 1988; Werner, 1994; Pargament, Van Haitsma, Ensing, 1995; Wolin & Wolin, 1995; Ruth & Coleman, 1996; McCubbin, McCubbin, Thompson, et al., 1997; Pipher, 1999; Hodge, 2001).
13. Hope (Wyman, et al., 1992; Brooks, 1994; Werner, 1994; Rubin, 1996; McCubbin, McCubbin, Thompson, et al., 1997; Rosenblum, 1999).
14. Determination (Kaufman, 1986; Barnard, 1994; Werner, 1989, 1994; Wolin & Wolin, 1995; Rubin, 1996; Ryan & Deci, 2000).
15. Perception of Event / Ability to Reframe (Hill, 1949; Kaufman, 1986; Koenig, et al., 1988; Thomae, 1990; Fine, 1991; Barnard, 1994; Wolin & Wolin, 1995, 1996; Pipher, 1996; Rubin, 1996; McCubbin, McCubbin, Thompson, et al., 1997; Walker, 2001; Vaillant, 2002).

It is obvious from the length of these lists of risks and protections and the number of associated citations, that some consensus has developed about the experience of resilience. How well this research can be applied to the lives and experiences of elders will be summarized in the next section, resilience in our elders: summary of what is known and unknown.

Resilience in Our Elders: Summary of What is Known and Unknown

The central issue addressed by this study is the identification of resilience in elders and how the characteristics of resilience are manifested in the lives of older persons. The purpose of this phenomenological study is to explore and then identify certain factors that contribute to the

expressions of resilience in our elders. These factors will then be examined to see how they assist an individual in coping with life's challenges.

It is difficult to apply what we know about resilience in individual children to a larger population of adults, such as those who have lived 70, 80, or more years. It cannot be assumed that children who have successfully overcome difficult or hazardous childhoods have then gone on to become functioning and contributing adults. The tremendous variability of impact and importance of a life event in the individual's adult middle age and old age lifespan are important factors when studying resilience in elders. Hill (1949, 1958) wrote of the meaning a family attaches to a crisis event as a challenge to be met (positive) or as a preamble to the eventual destruction of the family (negative). Similarly, the individual's perception of a crisis event as a challenge or opportunity for growth will enhance the chances for successful coping and adaptation. "For some persons at some points in the course of life, particular forms of adversity are experienced as insurmountable obstacles; others are able to use these misfortunes as the basis for renewed efforts at coping, leading to continued resilience" (p.397, Anthony & Cohler, 1987).

Risk factors and protective factors have been identified by several researchers as they continue to study children and families in adverse and challenging events. These factors tip the scales in favor of, or against, the individual / family successfully coping with a crisis event.

Most encouraging is the current knowledge that there seems to be a "...natural human propensity for healthy adaptation" (p.302, Anthony & Cohler, 1987). This offers a more positive outlook on individual adaptation, as well as on the individual's potential for successful coping with crises in life. In addition, a new direction for policy and practice aimed at at-risk children and adults has been established (Masten, 2001). Public education efforts by the American

Psychological Association (APA) for a “Resiliency Campaign” were launched on September 11, 2002, the anniversary of the terrorist attacks (p.20, Fisher, 2002).

While there are some studies of older individuals and their coping skills, there is still not much research on people who have lived 70 or more years. As the average lifespan of the individual increases, studies need to be extended to examine how resilience is experienced beyond the age of 65.

In the past 30 years, beginning with the boat people and other refugees from the Vietnam War, there has been an influx of immigrants who have seen tremendous hardship and abuse in their lives. People from various African nations, South American countries, and more recently the war zone of Bosnia bring with them ways of perceiving these terrible events and also skills in coping with the hardships presented in their lives. Because America is comprised of people from all parts of the world, it is necessary to study coping skills, adaptation, and resilience in people from such varied backgrounds and cultures.

If resilience can be identified in individuals, can it also then be taught to others who are less resilient, in the form of strategies and flexible coping skills? Can ways of thinking be learned in order to enable individuals to successfully navigate through life’s obstacle course? Or is Darwin’s “survival of the fittest” the genetic component that rules an individual’s chances for “good developmental outcomes despite high risk status” (Werner, 1995)?

As the interest in successful aging grows, the study of coping skills and strategies employed by the older individual may be applied backward to youth. However, there are still relatively few studies in which elders reflect upon their own past as a resource promoting resilience and coping in life (Anthony & Cohler, 1987). Today, as elders reminisce about past adversity and then recall what led them to prevail over their misfortunes, a subtle discernment

and wisdom can be heard. This study is an effort to listen to these elders as they talk about their lives and the hardships they have endured. The wisdom they impart will be a legacy of strength to those who wish to learn from the experienced.

*You have set the powers of the four
quarters of the earth to cross each
other. You have made me cross the
good road and the road of
difficulties, and where they cross,
the place is holy.
- Black Elk*

CHAPTER THREE

Method

The purpose of this study was to examine successful aging. Specifically, the intent of this phenomenological study was to explore and then identify certain factors that contributed to the expressions of resilience in elders. These factors were then examined to see how they assisted an individual in coping with life's challenges.

Topics covered in this chapter are (a) research design, (b) participants, (c) researcher as instrument, (d) data collection procedures, (e) data analysis, and (f) procedures for assuring fidelity and trustworthiness. The method used to explore and identify factors that contributed to resilience in elders will be discussed in this chapter.

Research Design

Grounded Theory

This examination of resilience in our elders was approached by way of *grounded theory*. The use of a grounded theory approach enables a researcher to take a new look at phenomena of interest. The purpose is discovery, as often the researcher is looking for patterns, as well as concepts, and relationships among these concepts (Gilgun, 1994). The name *grounded theory* is derived from the process whereby concepts and hypotheses are developed, all the while linked to the empirical world (Gilgun, 1994). It is "rooted in data" (p.30, Gilgun, n.d.) and therefore works well with qualitative data.

Purpose

Joseph Maxwell (1996) has suggested three considerations when choosing a research design: *personal purpose* (that which motivates the individual to do the study), *practical purpose* (focuses on accomplishing something or achieving a goal), and *research purpose* (understanding something or gaining some insight into what is going on and why it is happening). A qualitative research design was chosen for this study for two reasons. A personal motivation to recognize this “capacity to extract something positive from the most difficult moments of life” (p.83, Rubin, 1996) in those more experienced in life was an inducement to hear elders’ life stories. From the personal purpose a research purpose evolved, and it became important to understand what enabled people to “fall down seven times and get up eight” (p.229, Rubin, 1996). As Stake (1994) has written, the potential for learning is sometimes more significant in purpose than the attempt to find the typical representative study.

Qualitative Inquiry

“Qualitative research is defined as processes used to make sense of data that are represented by words or pictures and not by numbers” (p. 24, Gilgun, n.d.). The data collected in this study came in the form of words, not numbers. Real life is manifested as the qualitative data focus on “naturally occurring, ordinary events in natural settings” (p.10, Miles & Huberman, 1994). As several researchers have acknowledged, it is not so much how events are experienced and remembered, but how those events are interpreted and what meaning an individual gives to those experiences that becomes important (Anthony & Cohler, 1987; Barnard, 1994; Fine, 1991; Hill, 1949, 1958; Koenig, George, & Siegler, 1988; Lazarus & Folkman, 1984; Pargament, Van Haitsma, & Ensing, 1995; Rubin, 1996; Vaillant, 2002; Walker, 2001; Whitbourne, 1985).

This study explored how individual elders have transcended crises and successfully negotiated their way through life's obstacles. Because the qualitative method of study emphasizes the individual's singular life experience, it is well suited to discovering "the *meanings* people place on the events, processes, and structures of their lives..."(p.10, Miles & Huberman, 1994).

Following the spirit of positive psychology, this phenomenological study was guided by the following research questions:

1. What is resilience?
2. What are some markers that might indicate a resilient person?
3. How have resilience variables assisted these individuals in coping with life's challenges?
4. Are we born as a resilient person, or can we learn to be resilient by acquiring skills?

Participants

Participants were selected for interviewing based on the recommendations of the professionals who know them and work with them. The professionals consisted of a social worker from a nursing home, a representative from the Alzheimer's Association, and a representative from a community health organization. Recommendations from these professionals were made at the request of the researcher. Professionals based their recommendations on their knowledge of the individual's general health, ability to reminisce, and agreement to participate voluntarily. This, then, was a "convenience sample" (p.103, Manfredi & Pickett, 1987), consisting of five white, female elders between the ages of 70 and 85 years of age. They were selected to be interviewed individually in their places of residence, which included a nursing home, a senior citizen housing complex, and single family homes. Places of

residence were located in the Upper Midwest. Although eight subjects were actually interviewed, only five subjects were chosen as participants, based on a preset limit of five interviews for this study.

Researcher as Instrument

In the last 25 years I have become painfully aware of poverty and the possible power and influence it can have on one's life. Lack of education, or insufficient education, is often associated with poverty, together presenting what may seem to some an insurmountable obstacle in life. When children are added to the mix, such hardship often seems overwhelming. There were always those who were easily observed to be drowning in life's struggles. What was not as easily seen were those who were "...not ungrounded when they face their most serious challenges in life." (p.48, Pargament, Van Haitsma, & Ensing, 1995), or who seemed to have an inborn capacity for self-righting (Rosenblum, 1999; Werner, 1995).

These were the intriguing examples that eventually directed the framework for this study. There were few preconceived notions as to why some people were able to survive such realities and others succumbed to the stress. Always, the motivation (personal purpose) has been closely linked with gaining some insight into the phenomena of resilience (research purpose) (Maxwell, 1996).

Kazdin (1981) has suggested that it is not only how a case study is conducted, but more importantly, how the researcher conceptualizes the study as well. As the sole researcher for a study of psychological resilience, there is the strong tendency to rely heavily on "preexisting beliefs and making bias-ridden judgments" (p.262, Miles & Huberman, 1994). In an attempt to counteract this common error, during the months of August, September, and October, 2001, interviews were conducted with eight professional people who work with the elder population in

some capacity. These professionals included social workers, a researcher, a counselor, directors of services in nursing homes and the Alzheimer's Association, and a volunteer coordinator. This was an attempt to gain further understanding of coping skills, characteristics, and patterns that result in the expressions of resilience in our elders, from those whose work provides them with a broad base of insight.

The author of this research study was the sole interviewer, and as such, her mere presence may have had an unintended influence on the answers given by each participant. As an example, the physical presence of the interviewer may influence the participant to edit what she shares in order not to offend the interviewer. Or, there is also the possibility that a participant who is being interviewed will alter what she says in order to appear as a "successful" example of a resilient elder to the researcher.

Data Collection Procedures

This research study was "discovery-oriented", using a form of life history review from each participant to obtain a general picture of patterns of resilience (p.120, Gilgun, 1992). Because the researcher was the sole interviewer of each participant, all questions and comments directed to the subject during the taped interview were from the researcher only. Thus, subjective bias was always a consideration in this project.

Interviews took place during the months of January and February of 2002. Subjects were interviewed face to face for approximately one hour to one and a half hours in length. At all times subjects were free to decline to answer any question asked or not to discuss matters they were uncomfortable with. Each interview was tape recorded, with the written permission of the participant, in the home or place of residence so that the individual could be most comfortable

(see Appendixes). The time of the interview was set at a time that would be most convenient to each participant.

Forms and Questions

Three consent forms were read and explained to each participant to be interviewed. Each one required the participant's signature. These consent forms included *Consent to Give Name*, in which the participant gave permission to a particular agency or facility to give their name to the researcher for interview purposes. The *Consent to Tape Record* gave permission to the researcher to tape record the participant's interview. The *Agreement Form* was an invitation to the individual to participate in this research project, as well as agreement to share the information from the interview with the researcher for the purpose of this study. A sample copy of all consent forms is included in Appendixes A, B, and C.

Development of interview questions followed Patton's (1980) approach to interview instrumentation types. Questions for this study followed the standardized open-ended interview type, whereby all interviewees are asked the same basic questions in the same order. This eases the organization and analysis of data collected (p.206).

Interview questions were developed covering family history and recall of specific events in each participant's life. Most often, reminiscence from each participant was used to recall and remember turning points and events that had impact on their lives. Information was gathered through semi-structured, open-ended questions, though a set of predetermined questions was used as a guide by the interviewer. This mode of research required the interviewer to listen rather than counsel. Some notes were taken during the course of the interview in order to further clarify verbal accounts by the interviewed participant.

Interview Protocol

Prior to the beginning of the actual interview, the following three statements were read to each participant:

“This is a qualitative study.

Open-ended questions will be used to guide the interview.

Follow-up questions may be asked as needed to ensure understanding.”

Each of these statements was then further explained by the interviewer in order that each participant fully understood the procedure to be used for the interview. A copy of interview protocol can be viewed in Appendix D.

Interview questions were designed to pursue Maxwell’s (1996) intention of *research purpose*: understanding something or gaining some insight into what is going on and why it is happening. Seven open-ended questions were used to guide each interview, with follow-up questions asked as needed to ensure understanding of each participant’s narrative. The flexibility of open-ended questions allowed for added information and explanations to be shared by the interviewed elder without the constraints of a preset framework in which only a “yes” or “no” answer becomes sufficient to the answer of a question. Open-ended questions further allowed the individual to thoughtfully consider each inquiry and to verbally process the impact individual crises had in her life. Follow-up questions and added questions tailored to the individual being interviewed were asked throughout the interview process in order to maximize the information being shared by each participant.

Following is the list of questions used during each interview session, along with prompts and probes that were also used.

1. Tell me about yourself and about your life.

How would someone else describe you?

What would you say is the “theme” of your life?

Do you have a philosophy of life? If so, what is it?

What are the most important things you have learned over your lifetime?

Describe the most positive, as well as negative, experiences of your life.

What do you recall as turning points? Describe some.

2. Tell me about how you have adjusted to adversity in your life.

What do you think to yourself in order to cope with problems?

If you were going to advise me on how to adjust and adapt to living, what would you say to me?

How have you coped with bad events, losses, failures, or disappointments?

How have you managed, coped, or kept yourself on an even keel?

What did you do or think that kept you from giving up and helped you to get through the situation?

3. Rubin says resilience is when you fall down seven times and get up eight.

Resilience, or the ability to bounce back, has been described in many different ways. What is resilience to you?

What does resilience mean to you?

How do you see resilience in yourself?

How do you see resilience in others?

4. Where do you think your resilience comes from?

How resilient do you think your parents were?

Given problems that you have had in your life, do you think you have done better or worse than your family and parents did?

Do you think your child(ren) has/have done better than you?

5. If you were to impart wisdom to a younger person, what would you tell them?

6. What else would you like to say that I might not have asked you about?

7. Is there anything you didn't get to say that you'd like to tell me?

Each participant was asked to briefly tell the interviewer about her life in order to form a backdrop for the recognition and understanding of resilience in her life. The remaining six questions and follow-up questions were explorations of adversity and each participant's adjustments to personal hardships. Questions 3 and 4 were directly concerned with the subject of resilience. At the end of the interview, the participant was asked if she would like to add

anything or to expand on anything she may already have said. The information shared by each participant has been used anonymously and each participant's name and identifying data was held strictly confidential.

Analysis of Data

The analysis phase of a narrative and qualitative study is probably the area of most conflict and disagreement (Fitzgerald, 1999). The challenge is to use the collected data to find patterns that are explanatory and yet rich in description (Fitzgerald, 1999).

Information from interviews was analyzed consistent with recommendations from Miles and Huberman (1994). Data was reduced through identification of recurring words and phrases or coding from within. As patterns, themes and turning points or moments of crises began to emerge, that information was noted with codes for individual interviews noted. The research advisor separately coded themes in each interview as a check on veracity and accuracy, adequacy of analysis.

Each interview was then printed on different colored paper for ease in referring back to individual interviews. Responses were cut into data bits and sorted into categories with like responses. Each category was then reviewed for themes that best captured the experience of the group as a whole. Categories and themes were recorded with illustrative examples noted.

After all responses were coded with themes and categories identified, each interview was again reviewed to ensure that the analysis accurately captured the experience of each interviewee. Note was made of any individual variations and those variations were included in the report of findings. Report of the categories and themes that emerged in the analysis are reported in the Results chapter.

Procedures for Fidelity and Trustworthiness

Similar to the idea of reliability and validity in quantitative research, in qualitative research there is room for error or inaccuracy in analyzing and interpreting data. Confidence in results is enhanced when controls are set in place to reduce such inaccuracies and potential bias. This study incorporated a number of measures to enhance fidelity and trustworthiness or lend confidence to the result that follow.

Prior to initiating the study, interviews with a number of key informant experts in the field were consulted. They assisted with study design, the development of a protocol that guided the interviews and the identification of exemplars. These outstanding living examples of resilience were then interviewed. All interviews were tape recorded to ensure accuracy in data collection.

The study, by virtue of its multiple case-study format, provided ample opportunity for triangulation. Triangulation is defined as “combining research methods” (p.423, Davis, 1994). Triangulation allows the researcher to view the findings “by seeing or hearing multiple *instances* of it from different *sources* by using different *methods...*” (p.267, Miles & Huberman, 1994). Data, insights, and perspectives from multiple participants were collected and informed the process throughout. Later interviews integrated the information that was emerging through the development of new probes. Questions were open ended to allow participants to identify that which was most important to resilience without researcher bias. Follow up probes allowed thorough exploration and lends richness to the data described in the results chapter. The protocol was designed to allow within-interview triangulation. Resilience was explored throughout the

life course via reminiscence as well as through description of the participant's ideal resilient person as well as through self-reflection.

Multiple fidelity and trustworthiness enhancement strategies were also used after the data was collected in the data analysis process. Coding was done both within and across cases. Each interview was coded separately to ensure that individual perspectives were captured. A second person coded separately as a check on the accuracy and adequacy of the themes and categories that emerged. A cross case comparison was made with codes identified that emerged as important for the group as a whole. Later the individual cases were again reviewed to ensure that the themes and categories fit individual experience and no data was lost through the analysis process.

Results are reported with ample use of direct quotes, again to allow rich or thick description of how resilience was experienced in the lives of elders. Common themes and unique experiences were both recorded and reported in the results that follow. Quasi-statistics were used in report of findings to give the reader a sense of how common a particular theme was across cases and the strength of that particular theme for each individual. Report of results follows.

*Behind every beautiful thing,
there's been some kind of
pain. – Bob Dylan*

CHAPTER FOUR

Findings

Defining and assessing resilience in human beings continues to be an area of interest today, after some 30 years of study. Though there is no one standard definition of resilience (Masten, 2001; Slap, 2001), there is nonetheless agreement that to be considered resilient, “there must be current or past hazards judged to have the potential to derail normative development” (p.228, Masten, 2001). The individual is “not considered resilient if there has never been a significant threat to their development” (p.228, Masten, 2001). It appears that by mastering each event of challenge in life, one becomes more successful and *resilient* in meeting life’s next challenge (Erikson, 1963; Anthony, 1987; Fine, 1990; Pipher, 1996; Masten, 2001). In other words, the more often a challenge is successfully met, chances for success in meeting crises increases.

With this in mind, this study was proposed with the intent to elicit our elder’s advice and wisdom in living life successfully. The phenomenological approach to this study was guided by the following questions:

1. What is resilience?
2. What are some markers that might indicate a resilient person?
3. How have resilience variables assisted these individuals in coping with life’s challenges?
4. Are we born as a resilient person, or can we learn to be resilient by acquiring skills?

Five participants were chosen by recommendation of professionals in the areas of social work and mental health. Based on their knowledge of each participant's general health, ability to reminisce, and agreement to voluntarily participate, professionals in social work, from the Alzheimer's Association and from a community health organization recommended five white, female elders for this study. These women ranged in age from 70 years to 85 years of age. Interviews were conducted in each participant's place of residence at a time that was convenient for each one. Places of residence were located in the Upper Midwest in Western Wisconsin.

Interviews conducted with these individuals provided a wealth of information that was later studied for themes, patterns, and markers denoting resilience. An element common to all five women was that of loss. Each one suffered multiple losses, devastating and traumatic, all very painful. Few things in this life are more difficult to bear than the loss of a spouse, a son or daughter, mother and father, or a brother or sister. Yet these women did not go untested, but have each struggled with the deaths of loved ones, and have endured other losses in their lives as well.

Individuals are not considered resilient if there has never been a significant threat to their development; there must be current or past hazards judged to have the potential to derail normative development. In other words, there must be demonstrable risk (p.228, Masten, 2001).

Clearly, these women could be considered resilient in their lives.

A set of guiding questions were used with each participant so as to reduce the variability within each interview, at the same time increasing the reliability within the group. These questions included seven main questions with prompts used as follow-up questions. The seven main questions were:

1. Tell me about yourself and about your life.

2. Tell me about how you have adjusted to adversity in your life.
3. What is resilience to you?
4. Where do you think your resilience comes from?
5. If you were to impart wisdom to a younger person, what would you tell them?
6. What else would you like to say that I might not have asked you about?
7. Is there anything you didn't get to say that you'd like to tell me?

When analyzing the data from each interview, the inter-rater approach was used.

This method insured that all themes and patterns were noted in the data from the interviews.

When there was agreement between the two coders themes and categories were recorded. This procedure, used in the qualitative method, enables the researcher to double-check the data analysis and compensate for potential *lone researcher bias*. The use of multiple coders establishes greater confidence in the resulting research findings.

The Means to be Resilient

The process of developing ways of dealing with new and difficult situations in life often involves the examination of coping strategies used by the individual. "Coping patterns are most easily seen when a child or an adult is confronting a new situation which cannot be handled by reflex, habitual, or other routine or automatic action" (p.6, Murphy, 1962). In the present study it quickly became evident that "new situations" were presented continually in the lives of elders. As with most human beings, unless the individual has been exposed to the same event several times in life, each obstacle can become either a setback in their life or it can become an opportunity to learn to master the challenge despite multiple factors working against that individual. For these women, the challenges in their lives served to become opportunities to get up that eighth time (Rubin, 1996). This chapter will discuss the characteristics that seemed to

allow these women to master challenges over a lifetime. Findings will be discussed related to: (a) Markers of Resilience – Internal Qualities, (b) Markers of Resilience – External Support Factors and (c) Emergent Theory. The first section, Markers of Resilience – Internal Qualities, follows.

Markers of Resilience – Internal Qualities

During the course of this research, factors that promoted resiliency among elders began to emerge. Elders, throughout their interviews, described their unique ways of coping, which allowed them to adapt to the ever-changing landscape of their world. Resilience may have been the result of nature, but it seemed to be nurtured, too, in each of the participants at some point in their early lives. As the interviews with elders progressed, certain phrases and words were used consistently by individuals when describing their life challenges and how they coped. These were identified as themes and were later placed in categories. Of interest was that each elder interviewed spoke of different characteristics in her life. No two interviewed elders seemed to possess the same mix of these characteristics of resilience. Yet each one did indeed employ at least one quality of resilience as identified in the research and literature. In real life, these people were not a composite picture of resilience. Instead, they each made use of particular characteristics available to them in managing crises in their lives.

Individual resilience markers that were observed included (a) self-reliance and independence, (b) optimistic and positive outlook / feel happy, (c) humor, (d) takes responsibility, (e) takes initiative, (f) feels lucky, (g) acceptance, and (h) insight or to know oneself. Following is a discussion of the various internal markers of resilience as expressed through qualities of the individual participants.

Self-reliance and Independence

There were 31 data bits related to this category. Four of the five interviewed women referred to their own self-reliance or independence in their narratives. W1, who ran an upper scale restaurant by herself for 10 years after her husband's death, commented, "I could do it." Later, when speaking of decisions she had made, said in a positive manner, "And that I could do. I could do that very easy."

Self-reliance was a strong theme throughout the narrative of W2. When her high school age daughter became pregnant at a time when such things were not openly talked about, W2 stated, "I was always willing to help and to save things, to put things together, to keep things together." She admitted that she "cried every night when I went to bed. There you are. That's it. I had to be strong. I had to be strong, you know."

Independence was expected by her parents as W3 was growing up. "They sort of expected you to solve your own problems", she said of her parents. "If you're ill you go to bed and you stay there until you're well, you know. Not a lot of namby-pamby stuff, just kind of expecting, expecting you to handle things." In turn, W3 taught her son to be independent. "I don't do his laundry!...I gave him a couple of laundry lessons before he went off to college, and I said, 'He's never done anything but his own laundry and he never expects me to do that.'"

Independence was very important to W3 in her later life, as evidenced by her words. "And I had been independent, had earned my own living. And I think that's important." She spoke of the years during World War II when she had no car but used public transportation, "So I got along just fine." Later, her marriage enabled her to continue to be independent. "When we were married...I had a house of my own, we had a car..." As an older woman, she spoke of taking a

cab to the medical clinic and to do other errands. She firmly established her independence by saying, “I don’t want somebody to have to do that for me.” She was clear when she said, “I am pretty independent, as you know.”

As with W3, independence was very important to W4. Independence and the need to be self-reliant seemed to be what she strived for all her life. Growing up, W4 remembered being taught to take care of herself. “...’cause I know that’s what I was told all the time, too. You know, after awhile you have to take care of yourself. Nobody’s going to do it for you.” As her daughter grew up W4 taught her the same things. “I knew I couldn’t always take care of her and I always used to say to her, ‘Well, you know, when you get a certain age you’re going to have to be on your own, whether you like it or not.’” When her daughter was ready to go to college, W4 told her, “You can live at home and I’ll give you your clothes.” However, as W4 said, “but the college I think she had to get herself.” As an older woman, W4 continued to show independence and has been determined to continue to be self-reliant. One occasion, when she was sick, she recalled calling the ambulance herself. When her daughter became aware that her mother had been in the hospital overnight, she said to W4, “You know, when in the world are you ever going to let somebody help you?” When W4 spoke of her abilities at her present age of 84, she understood that there are some things that she can no longer do by herself. “And as of now, I don’t call on her unless there is something I absolutely can’t do myself. I’ve just been too independent.”

Optimistic and Positive Outlook

There were 20 data bits presented in this category. Four of the five interviewed women spoke of being happy or they used positive words and phrasing in their narratives.

W1 spoke of having happiness in her life, specifically that her childhood was very happy. "...but I've had some...many happiness, much happiness, too. Now my childhood was very happy." She saw herself as a good person with good ideas. As she spoke of an afterlife, she said, "So I think my idea is as good as anybody else's." W1 felt strongly about heaven and her place in heaven: "And I don't think I've been so bad that I'm going to hell. So, there's only one other place I can go!" When asked if she had always felt positive or optimistic, she stated, "I think I've always been like that."

W2 spoke of her parents as being happy. "They never had it rough. They were happy." While reminiscing about her folks she remarked, "My dad was always jolly." She also remembered her childhood with fondness. Her parents played cards with their children in the evening and made popcorn and ate apples. "Yeah, I was raised on a farm and I had a very happy childhood."

Happiness was ever-present for W3. She spoke of a happy childhood. Even more obvious in her interview was her positive attitude towards events in her life. When her young son was diagnosed with a childhood cancer she stated that she trusted the doctors and their care. "...and things do get better. And of course, in our case with (son's name) when he was so ill, that was a terribly scary time. But I had a lot of confidence he was going to be better." They had "wonderful health care" and "that was the blessing." W3 also spoke of her present lifestyle. Her son shares the same home with W3, yet is free to live his own life. "Yes. I'm happy with it. I'm happy."

As W4 looked back on her life, it was very clear that she felt she had had a good life. At several points during her interview, she remembered things positively. As she remembered a childhood of poverty, she commented, "But no, I don't think that I had that bad a life. I really

don't." When asked about the loss of her parents and difficult times, she said, "Well, I don't think that they were that bad. I don't really think that they were that bad. Because we were all going through the same thing." Her view of herself is decidedly positive. When asked if she felt she had done better or worse than her family and parents, she reported, "Oh, I think I've bettered myself to a certain extent anyway." Her positive view of others and of her own life is obvious. "...everybody treated me well... You know, I think that I've had a pretty good life."

W5 was a very introspective woman. During a very difficult time in her life, she and her husband were faced with a decision that could mean a major change in the way they lived. They did not want to move and felt very strongly about living where they were. Circumstances did not permit them to stay and they were very sad to leave. When their daughter and son-in-law asked them to consider moving to another state to be closer to them, she recalled, "And afterwards my husband and I got talking about it and we said, 'And why not?'" "So anyway, the upshot was, why not move closer, you know, to them?" As she remembered some of the more challenging times of her life she tried to understand her thoughts and feelings. "You just get caught up in the moment, the importance of the moment. And I guess maybe I've always been, well maybe this goes back to being optimistic... yesterday was history. What can I make of today?" W5 was able to summarize her optimistic nature. "I fervently believe that when I look at a pitcher, that I see it half-full rather than half-empty. I think that one can do just about anything if they try."

Humor

Humor goes hand-in-hand with a positive attitude and optimistic outlook. "Humor minimizes troubles by turning... a trauma into a mere joke" (p. 252, Wolin & Wolin, 1996). In this category there were 80 data bits related to the area of humor. All of the women were well represented in this category, though a couple women showed a stronger sense of humor than the

others. Throughout all interviews, smiles, chuckles, and laughter were in abundance during these interviews.

When asked to impart wisdom to a younger person W1 admitted, “I don’t know if I’d be brave enough.” She chuckled.

W2 was able to tell humorous stories within the tragic events that engulfed her husband and daughter. On the night of her daughter’s wedding W2 went bowling. “I went bowling that night. And ever since then I’ve thought, I’ve thought of this so many times, how I went *bowling* that night...(chuckle)...I belonged to a team and I was supposed to bowl and I just went. You know.” She tried to further explain her actions: “...there was nothing going on and I don’t know what possessed me that a normal person would do...(laughs)...to go bowling that night, but...” Though her husband had many problems that caused difficulties in their married life, W2 could still see humor in some things. She mentioned that he was of German ancestry and was strong-willed. However, she had devised a way to have her say in matters that were important to her. She spoke of how she could suggest a trip to a particular destination, yet let her husband think it was idea all along. “Like, say I suggest it, ‘Let’s make a trip to so-and-so.’ ‘Oh, I don’t know’, you know. But it’s got to be their idea. So that’s why they have to think about it. And then all of a sudden they’ll come with, ‘Say, let’s make a trip to so-and-so.’” Both W2 and the interviewer laughed. “I let him think he was running the show.” And W2 and the interviewer laughed again. At the end of her interview W2 reflected on what she had talked about. “I told (her ex-daughter-in-law), ‘Boy, I could write a book on my life!’ Once again, there was laughter.

The son of W3 survived childhood cancer and grew into adulthood. As she explained his return to the family home, she saw the child who never left. “He went away to college and came home and never left...(Laughs)...One of those.” W3 spoke very lovingly of her two

granddaughters, but was also humored by them. She recalled her granddaughters discussing whether or not the older one would get a cell phone for Christmas. As W3 recalled the conversation she said, “It tickled me so, I couldn’t believe it!” W3 observed that her 15-year-old granddaughter was “the only one of her group that hasn’t had a cell phone for a year or so. So, she’s suffering.” W3 laughed. W3 then spoke of the amount of homework children today have, and in particular how much homework her granddaughters have, even on weekends. “I don’t think I ever did homework on a Friday afternoon.” W3 and the interviewer laughed. “Well, that was the weekend, you know.”

W4 was still amused 60 years later as she recalled going to the doctor when she was in high school. The doctor gave her a physical and told her that her blood pressure was too high at 8 o’clock in the morning. “‘You’ll be lucky if you see 50 years’, he said. So, I’ve outlived him!...(Laughter)...’Cause he passed away afterwards...(Laughter)...But I’m still here (Laughs).” Laughter and finding things to laugh about each day was very important to W4. She spoke of her “care-girl” who would come three times a week to help W4 out in her home. “‘Well, now, you know Phyllis, we have to have a good laugh today ‘cause that’s what you’re supposed to do.’ So always something comes up so we can have a good laugh. And I think it kind of makes her day for her too.” In her efforts to laugh each day W4 was also able to make another person happy as they laughed together.

W5 spoke several times of her parents and how much she appreciated their wittiness and the sense of humor. She acknowledged how humor had helped her during many difficult times in her life.

One of the things that I am equally appreciative of, is their sense of humor. My father had a very wry sense of humor. You had to

listen very closely, or it would go (makes a “whoosh” sound) over your head. My mother had more of a slapstick sense of humor, funny.

But both were very witty and I think that that has been a saving grace within myself.

W5 was also an admitted staunch Republican and was not afraid to say so. She told the story of having dinner at her friend’s house as a young college student. Her friend’s uncle joined the family for dinner and proceeded to ask her if she knew any of the (...), her family name. As he asked her about each (...) he finally got to

that s.o.b. (first and last name). Did you know him? In the meantime, the family were trying to shut him up. I could tell that they were kicking him under the table and trying to talk over him,...(chuckling)... but it didn’t work. He just raised his voice higher. He said, “Did you know him?” And I said, “Well, a bit. He was my father.”

There was much laughter then from W5 and the interviewer. She then acknowledged that she was “well-versed in the fact that not everybody in the world was a Republican...(Laughter)... Well, I just thought that they were very short-sighted and very misguided.” There was much laughter again, from both W5 and the interviewer, as she declared, “I think my ego is pretty well intact!”

Takes Responsibility

The ability to take responsibility was a quality represented in three of the five women interviewed. There were 20 data bits representing this category.

W1 spoke at length of the financial responsibility that she and her siblings felt toward their mother. “We had to pay room and board and pay Mother so much of our salary. We kept enough

to buy some clothes and then, if we got a raise, half of it belonged to Mother.” Later, as W1 recalled her early working years, “...as soon as we got out of high school, we all started to work, of course. And then when we got a raise, Mother got half of it.” When the interviewer commented, “And you didn’t argue that”, W1 replied, “Oh, no.” Sometimes there was a cost to W1 when she accepted responsibility.

And after we had been in business for three years my husband died and I was left with (the restaurant) and I still had two children in high school. So I ran (the restaurant) for ten years alone. So I have no, really, no social life. I ran (the restaurant) and took care of two daughters who were in high school, so I didn’t have time for a social life.

W3 recalled taking responsibility for things at a very young age. While growing up helping her parents and family was not an option. “We just kind of pitched in and did it, you know. And when I think of it, it was fun, but it was work and it had to be done now.” As she thought about those years she noted, “There were times when we have to do something at a particular time, whether we want to or not. And maybe that’s where that responsibility comes from.” W3 also remembered doing homework in the evenings as a young girl. “We had radio but there was no TV. And I don’t know that they (parents) even paid much attention to what I was doing. It was my responsibility and I accepted that in a way, I think.”

For W4 helping her family financially was a way of taking responsibility. “Everything we could do helped out. We had to watch what we did and spend.”

Twice during her interview W4 stated, “At that time, why, my family believed you didn’t get anything unless you could pay for it.” Later, “...and like I say, you didn’t get anything unless

you could pay for it.” When she got pregnant and was not married, W4 took responsibility for her actions. “Should have known better.” She described the early 1940s and how the young men were being sent overseas to fight in World War II. “Well, you met some people and got a little attached and you shouldn’t have...” As an adult W4 was able to take responsibility for herself and her new baby. “That’s why I started in sewing right away. Just taking care and raising her and making a living.”

Takes Initiative

The ability to take the initiative in a crisis situation became a proactive response in the individual. Three of the five women interviewed revealed initiative in their life stories. There were seven data bits representing this category.

One of the events that had the greatest impact in the life of W2 was her daughter’s pregnancy during high school. Because there was a strong taboo against being pregnant and not married, and because her husband refused to acknowledge his daughter or her pregnancy, W2 found it extremely difficult to carry on her daily routine in the small town where they lived. However, she faced the situation head on. “And I went ahead with the whole thing. I talked with our priest; I had to make all the plans. I had to go to the doctor and I had to go to the priest...I made all the arrangements for her to get married...And I had it planned and invited his parents to be with us.” After she described this truly difficult time for her, she stated, “And I was the one that had to go down and face the public everyday, when these things all happened.”

For W4, taking the initiative meant becoming a leader and taking charge. She talked about the friends she had made while working at a discount store and how important it was that they continue to stay in contact with each other. “Before, I used to be the instigator to get everybody to go together. ‘Cause usually when we started I’d say, ‘The one that had a birthday

that month should make arrangements where we were going to go and out to eat.” This was a way for W4 and her friends to retain their friendships and connections with each other.

One of the most difficult times for W5 was when the state took possession of her family’s historic home and destroyed it to make room for another project. She fought to remain in her family home, “and it was painful, but we left no stone unturned. We went to Washington, we went to Albany, we went everywhere. Because we...I didn’t want to move.” In the end, it was devastating for her to lose her home, but she took the initiative and did everything she could to save the homestead.

Feels Lucky

The sense of feeling fortunate in life or feeling lucky in their lives was an emotion three of the five women verbalized. Two of the women expressed this notion more than once during their interviews. Five data bits were recorded under this category.

For W2, the house she lived in at the time of the interview was the home she knew was meant for her. She had known this fact for years.

“I knew that this was where I was going to end up, right here.
And I’d be sittin’ over there watchin’ them move in and out
and I wanted this place so bad, but I had to have a place. And
it just turned out that somebody moved out when I needed to
move in. I was very, oh, we were so lucky.”

As she looked back, W3 felt lucky throughout her life. She felt fortunate to have had a happy childhood, to have been an adult when she married, and to have been independent and earning her own living before marriage. “I really was lucky. I had a happy childhood and I was 26 when I got married. So I wasn’t just a kid, you know. And I had been independent, had earned

my own living.” During the years of raising her children W3 also felt fortunate to be able to spend time at home with them. “And in 1965 I took a teaching job here in (name of town). I stayed at home with my children prior to that. And I was lucky to do that, I thought.”

As with W2, the home was very important to W4. At the age of 84, “I feel I’ve been very fortunate to have, and still be in, my own home.” As she looked back on her early life, W4 remembered living very simply.

“I know lots of times probably we thought we didn’t have enough food, but by the time we got through, we always managed each day. And like I say, my dad used to go down and get day-old bread...but no, I don’t think that I had that bad a life. I really don’t. I feel lucky. I do.”

Acceptance of Change / Recognizes Uniqueness and Differences in Others

This category had a strong representation from the participants of this study. All five women spoke of acceptance in their lives. Several times throughout their individual interviews each spoke about their ability to accept difficult challenges in their lives. There were 33 data bits illustrating this category.

When asked how she had coped with bad events and other crises in her life, W1 reply summarized her idea of acceptance: “If you have a situation like that and you think about it and there’s absolutely no way you’re going to fix it, then you might just as well forget about it. Just go on with the next thing.” W1 showed an ability to accept not only situations in life, but could recognize the differences in others and accepted people as they are. “I think everybody is different. I think everybody does it in their own way. This is just the way I do it.”

W2 understood the lack of acceptance in her husband. “Our daughter was pregnant in high school and that was a tough one. And her father would not accept it. He just absolutely would not accept it. It didn’t happen as far as he was concerned.” Because challenges were presented throughout her married life, W2 talked to her children about them if they inquired. She accepted the fact that these subjects would come up in their family conversations, as difficult as it was for her to discuss them with her children. “And he asked me about that...So these things do come up once in awhile.”

W3 remembered her mother having to accept circumstances in her life. She had to tend the family garden and be ready to can when the produce was ready. When the interviewer submitted that W3 was brought up to take responsibility, she corrected this statement.

To accept it...My mother and my grandmother _____ and she loved to garden, which was fine; but my mother didn’t always want to garden. Or things would be ready to can when my mother would rather have done something different. But I observed that, too.

W3 has also accepted loss in her life. “And I lost my husband...It’ll be 12 years next month. So, I’ve learned to live with that, too. And I’m accepting it. I think you have to do that, too.”

As W4 recalled her pregnancy without being married, she displayed an acceptance of what had happened. She accepted the responsibility (“Should have known better.”) while accepting the hardship it must have presented in her life at that time. “These things happen.” When asked what resilience meant to her or how she might see resilience in herself or others, W4 replied, “Well, like I said there, I take each day as it comes and what will be, will be.”

The pain of losing her 11-year-old son from scarlet fever required W5 to learn to accept this loss. “So you come to the point where you had to accept that for whatever reason, it was God’s will. And you know you have to, as I said, finally accept that there’s, you know, a will greater than your own.” When the interviewer pointed out to her that she had used the word *accept*, W5 replied, “Well, because you could not change it.”

The loss of her family home was an event she had to also accept. “Oh, and you beat your head against the wall so many times, and you recognize that the wall isn’t moving. That the thing that’s going to stop your head from aching is to quit beating your head against the wall.”

Insight or To Know Oneself

Three of the five women were able to express insight into their individual personalities. There were 12 data bits recorded in this category.

W3 spoke of handling various situations and the knowledge and confidence that she could do that. “Well, by that time I would handle that because I was sure he was going to stay here.” Later, she acknowledged, “Oh, that was a little tough, too, but I could handle that.”

W4 knew herself well enough to admit that she had a very strong will. “I’m very set. I’m a bullheaded Dutchman I call myself all the time. Stubborn as the dickens.” As she spoke of her daughter she recognized some of her qualities in her daughter. “She’s strong-minded, like I am.”

Perhaps the one who seemed to know herself best was W5. She was able to list characteristic traits that she saw in herself.

But then these might be personality or characteristic traits
that I see in myself that probably are centered around my
value systems because I think that I’m flexible, self-directing
and a self-starter. I am independent, self-sufficient. I’m frugal –

“waste not, want not” – I suppose has an element of philosophy.

Again, as she recognized that she might be outspoken, she tempered that with “I think that I’m forthcoming, but diplomatic. I will say nothing if I think it will be hurtful.”

She summed up her personality: “And I’ve been that way all my life. I know who I am and where I am.”

Summary

The women who participated demonstrated a variety of personal characteristics that supported and demonstrated resilience. These internal characteristics were evident in their childhoods, descriptions of past experiences, methods of coping with major life challenge, and in their descriptions of themselves and their current lives. Identified characteristics included: self reliance/independence, optimistic/positive/happy, humor, takes responsibility, takes initiative, feels lucky, acceptance/recognizes uniqueness and differences in others, and insight/to know oneself. The individual internal characteristics varied somewhat among participants but there was a surprising degree of similarity across them and each woman displayed some unique combination of these characteristics. Resilience was also supported and maintained by factors external to these women. These external factors were described as important in the lives of these women and seemed to be factors that the women always returned to in their lives and in their stories. The next section will describe factors supporting resilience – external.

Markers of Resilience – External Support Factors

The women who were interviewed described a variety of external factors that promoted a resilient response to life. The factors supporting resilience – external that emerged in this study included: (a) spirituality, (b) home and stability, (c) family, (d) support, (e) social, and (f) work. Spirituality, as an external factor supporting resilience, is discussed below.

Spirituality

This category was well represented by all five women. There were 37 data bits pertaining to the category of Spirituality. This category was subdivided into eight themes: (a) faith, (b) prayer, (c) church, (d) guidance and direction, (e) life has purpose / God's will, (f) inner strength, (g) forgiveness, and (h) hope.

Hope was the main theme of W1's references to spirituality. She had a strong belief in an afterlife and was very hopeful that her ideas of life after this world were true.

"And I just wonder if maybe...I like to think that it's going to happen, that I'll see my mother and dad and my husband, my children. I hope that happens." She spoke of the people who had died only to come back and tell others what they have seen. "And you see these people that have evidently died and then come back, so to speak. They say it was beautiful." Later, she remarked, "I hope that's what happens."

The spirituality for W2 touched four themes: faith, prayer, forgiveness, and inner strength. Her high school daughter's pregnancy became very divisive for her marriage and family. She struggled to keep her family together, taking on much of the responsibility and work herself. "I had faith, yeah, that it would turn out OK. It had to, you know. I figured it would. I figured that, well especially after a baby is born, how can you fight it?" Her husband's refusal to accept his daughter's pregnancy made this struggle even harder for W2. "And I just knew he'd come around but I didn't know when, you know." Besides her faith, W2 used prayer to help her cope with problems. "I prayed. Let's put it that way, I prayed. I prayed my rosary every day, too, you know." W2 also recognized an inner strength within herself. "I thought I couldn't handle it. But you'd get some inner strength there, a little extra strength there, somewhere." As she talked about her husband's troubles and how she supported him through those times, she felt very

unsure of her life. “Well, you know, there were the times when I think, ‘I can’t do these things. I’ll never, I’ll never make it.’ But I did. You get some strength from somewhere.” Finally, forgiveness, as her faith taught her, helped her get through such difficult times. When asked what she had learned from these difficult times in her life, W2 replied, “I learned that...and, like I said, had to try to continue my life. Keep on going, you know? You can’t keep on going as if nothing happened. But you got to forgive and forget...forgiveness is such a good feeling, you know.”

Just as *hope* was the main theme of W1’s spirituality, *faith* seemed to be the main theme of spirituality for W3. When her young son was diagnosed with a childhood cancer, W3 spoke of her faith as being very important to her.

I think having a faith is an important thing for me. I just...
 during the illnesses, which were the worst things of our lives...
 just having faith that things won’t, that either they will be better,
 or if they’re not going to be better, there’s something better after.

She continued to talk about her son and his journey back to health from his illness.

And, of course, I had confidence that he was going to be, they
 kept telling us that he was going to...the prognosis for that
 disease was good. And I had a lot of faith that it could happen.
 But I think faith is really a big thing. When I see people who
 don’t believe in a future, it’s not very easy to be positive, in
 my observation.

W3 worried about her granddaughter learning to drive in the city with traffic. She had lived in a small town for 60 years and the thought of her granddaughter driving in a large city made her

very uneasy. Prayer for her helped her manage her worries and fears. “You just have to pray it’s going to be all right.” W3 relied on hope to help her cope with various challenges in her life.

When her children were quite young and her husband was gone so much of the time, she had hope that life would get better. The interviewer observed that W3 was doing all things by herself at that time. “Yeah. But it was...as I said, it was going to be better.” As she has gone through her life, her church has become a foundation and structure for her and her family, a place she can turn to in times of need. “Because we’ve been brought up in the church, stayed in the church our whole lives long. Our kids are in the church, my daughter and her faith are stronger than mine!”

It was obvious that faith was very strong for W4. This theme was repeated throughout her interview. She was also very aware of this strength within herself. “I have a very strong faith.” Her faith included a strong prayer life and prayer was used to help her cope with difficult times in her life. “Yeah, I have to...prayers every night, ‘cause I’m so used to doing. That’s just part of my life, I guess. That’s all.” One of the difficult times in her life was when she was diagnosed with cancer and needed surgery. Prayer helped her have hope that things would be all right.

And like I did when I was going to have my surgery, I just prayed that whatever would be would be. And it’s still that. If there is something that should happen to me it will, and I know that I’ll just only hope that I have the strength to carry out, with it.

Finally, W4’s spirituality included a belief in the will of God and His purpose for her life.

“Because that’s what I always say, evidently, God’s got some purpose that I’m still here yet.”

W4 had her own idea as to why God had put each of us on earth. “‘Cause that’s why we’re here. We’re supposed to take care of one another. Some way or another, if we possibly can. Maybe in just a little way.”

W5 was very aware of the spirituality of other people and how faith aided them in their lives.

Well, I think that hope is very difficult to snuff out. And I have seen that time and time again, but most vividly when I was a student nurse and you would be at the bedside of a patient who was dying. And the one thing that I noticed above all else in the dying was almost always the desire to live one more day, that tomorrow might be better.

As she spoke of the Jews and other Holocaust victims, she marveled at the survivors and their resilience in the wake of brutal atrocities. She wondered, “What made them, what helped them to survive against insurmountable odds?” One possibility, as W5 saw it, was that the victims looked to God for guidance and direction. To her, this was faith. “It’s the only thing I can come up with to account for how they survived.” Later in her discussion of the Holocaust survivors, she reiterated, “As I say, I think that there was something in their constitutional make-up. Plus, as I said, guidance and direction from God.”

Home and Stability

Four of the five women contributed to this category. Eight data bits were found to symbolize what the home and its stability meant to these women.

Years ago, W2 and her husband would visit their son and his wife when they lived in a small town in Wisconsin. She fell in love with the house across the street from their son’s home.

During the summertime we were over there a lot. And I knew that this was where I was going to end up, right here...And I’d be sittin’ over there watchin’ them move in and out and I wanted

this place so bad, but I had to have a place.

Home was where she could settle and rest. When their children were young, W2 and her husband traveled around the country, pulling a trailer for 30 years. And W2 learned to make home wherever she was. “We were sort of adventurers. We traveled a lot. And every place we went we were home.”

Stability for W3 came from being able to live in her home for the past 30 years. She lived in the same home with her husband before he died and now had her son living with her in the same home. She said she was comfortable and that this home worked out very well for her. “And I just can’t even think of getting it emptied out and moving!”

At the time of her interview, W4 was still living in the house she had been born in. “I’ve lived here my 83 years. All my life.” When her daughter was born W4 brought her back to her childhood home and her mother helped her raise the child. There was a stability that the home brought W4 because she was always able to go home to the same house during the course of her lifetime.

W5’s family home was a very big part of her life. There was significant history attached to the home, and it was in this home that W5 grew up.

But the home had been in our family since it was built.

Oh, it was a big, old house, as old houses are. It had a fireplace in every room and...oh! And one interesting thing about the house. This was the library, this wing was the library. (We are looking at photos in her photo album). And it was there in the library that the plans for the Erie Canal were developed.

As she reminisced about this special home, its meaning for her became clear.

And, of course, that's where I grew up. And looking at the windows you would see etched in the windows with a diamond ring, you know, family initials. And dates. So, of course, it was...It had a great deal of sentimental value to me.

Family

For these five women, the families they grew up in and the families they later created with their husbands and children became more than just the environment they lived in. Their families gave them a happy childhood and early family life in which to develop, provided them with strong role models to emulate, and furnished them with an extended family with rich family relationships and connections. Family values were learned within these early family structures and later taught to the newly created families when children were added.

There were six themes that emerged in the family category. These were: (a) happy childhood, (b) role models, (c) children and grandchildren, (d) family life, (e) family relationships, and (f) family values. The family category was represented by 117 data bits which were contributed by all five women interviewed.

For W1, her mother was her strongest role model, a model from whom she learned how to deal with unplanned and sudden hardship. When her husband died, W1 found herself suddenly responsible for a large high-end restaurant and two daughters to raise.

And I think probably we were acting the way my mother acted. She had to take over and take hold all of a sudden.

And I think she taught all of us children to do the same thing.

She was a wonderful person...I had a strong mother...And maybe I felt that if Mother could do it, I could do it.

W1's children and grandchildren were spoken of with love and pride. Her youngest daughter proved to be a challenge to raise.

But I wasn't home with them as much as I would have like to have been. They were on their own a lot. They turned out fine, but it could have been disastrous. The youngest one was a little, um, oh, she liked her own way. Little flighty, but she turned out fine.

W1 spoke of her grandson and her great-granddaughter. "...and they just had a baby girl who is the pride of everybody in the family. She's a beauty." Again, her love for her family was clear. "I love all my grandchildren and we get along beautifully."

Raised on a farm, W2 reported that she had "a very happy childhood." She remembered playing cards in the evening with her parents.

They played cards with us in the evening and made popcorn and apples. Dad raised their own popcorn and they raised their own apples, you know. What we did at night, our parents played cards with us. That's why I play cards all the time.

After she married and their children were in high school, W2 and her husband traveled by trailer and vacationed all over the country. She described themselves as "sort of adventurers." Their enjoyment in traveling was enhanced when they could visit W2's sisters and their families. "We left the 15th of August and we traveled. And I have two sisters in California that each have seven children. And they're all out there. So we just stopped to see everybody!" Just as W1 spoke of

her children and grandchildren with love and pride, so too did W2 speak of her children “And (son’s name) is kind of a low-key person. He talks very quiet, he don’t talk loud like I do. He’s very soft-talking. He’s been...well, let’s see, he was our pride and joy, that kid.” W2 spoke of her daughter with admiration. “She makes up her mind she’s gonna do it and she does it. (Name of daughter) is very strong.” W2 was clearly impressed with how her daughter could manage her job and her volunteer work. “It’s hard along with her job and trying to do everything else. It’s hard for her, but she’s determined that she’s going to do it.” Whether the family was her sisters’ or her own, W2’s spouse and her children were the center of her adult life. She acknowledged that she had enjoyed her life with her husband, though it was not always an easy life. “...but it was all worth it. Because basically, he was good, you know.”

For W3 security was an important component to her family life. She had fond memories of her childhood and remarked that she had a happy childhood.

When we were kids we had this dining room table with a chandelier kind of a thing over it. A simple thing. We all sat around that table at night. My mother and dad read the newspaper there and we kids did homework and that was just, you know, we were all together but we were each doing our own thing...I had a happy childhood...And my father always had a job. Secure, always a secure family in that sense, too.

Later in her narrative W3 again expressed feelings of security in her childhood. “I never have felt unsafe at all. I just felt very safe growing up. Maybe that has helped with our resilience, too. There’s a security there.” Family life provided an environment in which W3 could observe her

mother and grandmother as role models. Her grandmother had a restaurant when W3 was very young. “And then later my grandmother sold that. It got to be too much. And she contributed to our family with her gardening and all of that, you know.” W3 watched her mother work at a job that she didn’t enjoy, yet she worked to help the family.

My grandmother had a restaurant when I was very young and my mother worked in the restaurant for a time. And she didn’t like that too well, either. I don’t think she found it to be help in her house, but her mother needed her so she did that.

When asked to describe the most positive as well as negative experiences of her life, W3 immediately noted her family.

Well, I think the most positive thing is my family. You know, I have some friends who don’t have family. And I think that with my son, because if he’s never been married he doesn’t have... He has lots of friends and he’s with a lot of people at a time, but I think down the road, you know, he’d kind of like to have a family.

W3 continued to express her feelings about family.

I think my family is roots. That’s a strong support for me in every way. Very positive. I can’t imagine not having had children. There are people who choose not to do that, that’s their choice and that’s why I...I can’t imagine it...That would not have been a happy way to do it. I really like that, that family unit.

The father of W4 was a strong influence for her. As a child she saw her parents working very hard so that the family had enough food and other necessities. Her family life, and her father's efforts in particular, taught her how to stay independent and self-reliant.

'Course, they never had a lot but they didn't expect to have a lot. I know my dad was unemployed. He used to go down there (the bakery) to get the old bread and stuff like that and sometimes walk over to the courthouse to see if he could be on the jury for a day to earn a couple of dollars.

With pride, W4 declared, "When my dad was out of work and that, he didn't go to welfare or that, and I didn't go to welfare." She also spoke of her sister and her brother and how they had handled hardships in their lives. She finally concluded, "I think we've handled things pretty well, I think. Now, I guess we just try to make the best of everything that we could."

W5's parents and childhood were very strong memories for her. Her parents in particular were very strong role models for her. "I truly think my parents were remarkable", she said. W5 had vivid memories of some of the values her parents felt were important. Reading was foremost. "My parents were avid readers and that was contagious." She went on to tell how her parents instilled a love of reading in their children.

W5 also recognized the part her mother and father played in the development of resilience in her own life. "I really think that my resilience, as you call it, stems from the nurturing that I received." And again in the interview,

I think in part it was nurtured by my parents. My parents were truly...
when I look back at it and contrast my childhood with that of,
well, even my classmates in grade school, there were humongous

differences for which I was very grateful.

W5 openly admires her own daughter and her son-in-law. She seemed to appreciate them for the people they are. She referred to her son-in-law as “a splendid young man.” She regarded her daughter with great esteem. “I think my daughter is, oh, she truly is such a lovely woman. A lovely woman. Very caring and loving, very demonstrative. Wonderful sense of values.” And later during the interview W5 submitted, “And of course, you know, the saving grace was that, you know, I had my daughter.” As she recalled her parents and the family values she learned from them, one theme seemed to stand out.

Both of my parents were people-oriented, you know. Valued people and you know, it was a reciprocal thing. That was the mantra of my family. Nobody is better than, but different from. And it behooves you to get to know them and to learn and appreciate the differences. That was drummed into us from the day one, I swear.

When asked if she felt she had followed this teaching in her own life, without hesitation, W5 replied, “I have repeated it into my grandchildren.”

Support

For these women, support came from not only their families, but often from friends and others. Sometimes support came from people the woman was not even particularly close to. Each woman openly recognized the help she received from various people in her life. Each also spoke of giving support to those who needed their assistance. This theme was evident in the responses of all five women. There were 56 support data bits.

W1 gave very strong examples of support-given and support-received as she reminisced during her interview. Though she had been very happy with her job as a secretary for a major corporation, she resigned her position so that she could offer support to her husband in his dream of owning a restaurant.

And we got along very, very well. What one wanted the other one kind of went along with. But he had had that dream for so many years, and when we finally got the money that's where he wanted to go. And I went along with it.

W1 supported her daughter not only as she grew up, but also as she was dying from cancer.

The first thing that I thought, was that I was so glad that she had come home so that I could be with her. She was alone and rather than stay up in northern Wisconsin where she worked to be by herself, she came home to me. And I could be with her holding her hand, giving her whatever support I could.

She spoke at some length about the time she spent with her daughter.

I went down to the hospital every day and sat there all day long with her...

Well, I knew she wanted somebody in the room with her...It just gave her

I think peace, to know that I was in the room with her.

W1 and her husband ran their restaurant for three years before he died. She was left with a restaurant to run by herself, besides raising their two high school aged daughters. Her support then came from the employees at the restaurant.

It was hard, but like I say, I had very, very good help. They stayed right there with me. If it hadn't been for them I never would have made it. I would have had to sell immediately. I know that.

W2 was the main support for her family. Besides being the sole support for her daughter during her pregnancy, W2 stood by her husband during a tragic event as well as during his years of alcoholism. “And we went every week, every Monday night we went to Alcoholics Anonymous. And I lived the program just like he did.” When her husband was in charge of the next meeting’s program, “and he’d had to give a talk and we’d be up until one o’clock in the morning getting something together, you know.” In answer to an observation from the interviewer of being very supportive, W2 replied, “I was supportive, yeah.”

While W3 acknowledged support from her parents all during her life, she described many examples of her friends supporting her through various difficult times in her life. She stated simply, “Friends have been very, very good.” During her first years of marriage her husband worked long hours and she was alone a great deal of the time.

I’d be getting together with my friends for coffee and going for a walk with our kids and so on. We were looking for support emotionally without really thinking about it. It was just activity that we were doing, but it was emotional support at the same time.

Just as she gained needed support from friends at the time, W3 also gave support to those friends when they were in need. “And so, we’d get out of the house or she could come to my house and...yeah, there was the support there that you didn’t even realize you were giving.” When her young son was very ill with cancer, friends again were her support. “I was teaching and I had friends who would stay with him during the day so that I could teach and then I would go in.” In addition to her friends, W3 also relied a great deal on the doctor and nurses who cared for her son. “I knew he had good care. I had great confidence in the doctor that he was with. And the staff there was just wonderful. Support again. And the right kind of support.” As she thought

about these difficult times, W3 admitted, “It isn’t easy for us to go to friends and look for support. Yeah, it is surprising sometimes where your support comes from.” W3 had a marvelous insight about support in times of hardship. “I don’t think you’re always resilient on your own. I think you’re resilient with a lot of other people. Support. We don’t go through this life alone.”

W4 was able to rely on her parents at a very crucial time in her life. Her life as a single parent was made easier because of the support her mother and father gave her. “They took care of me when I came home and had (baby’s name). Living here at home made it easy.” Her mother especially provided the help she needed at that time. “My mother at that time took (baby’s name) until it was time for her to go to school. In kindergarten. So my mother took care of her, more or less, when I wasn’t able to for, well, for the first five years I’d say.” W4 has since helped her own daughter and son-in-law. “While raising her kids why, I took care of them some, and she worked, her husband worked,…” Outside support in the form of community help was accepted by W4 as she has reached her elder years. “Since then, I’ve been with (name of community organization) and they’ve been taking care of me. But as long as I get all this help from (name of community organization) I’ll stay here.”

W5 gave support when her mother was ill, “I married and had my own home, but my mother became ill. I told you she had congestive heart failure, so she took this wing and made an apartment, duplex apartment for us, so that I would be near at hand.”

Later, her family home had been destroyed, W5 and her husband accepted the help and support of her daughter and son-in-law.

They helped us find an apartment so that we could get, you know, situated to look around in the area, to know where to go after that.

And my son-in-law and daughter found us an apartment three blocks

from them.

However, W5 was well aware that her support came from many people. "...and of course, friends and family, you know, as your support system." In a very troubling time of her life she was able to look beyond "with help and encouragement of everyone." For her, one of the factors that sustained her resilience was "the support that you've got from those around you."

Support then was given and received throughout the lives of these women. Often support was from family and friends but sometimes it came from the most unexpected places. Support arose from the varied avenues of social connections the women established in their lives. A social theme echoed strongly throughout the lives of participants as will be described below.

Social

Social contacts provided these women with friendships as well as outlets for their creative energies. They often gave the individual a sense of belonging to a larger group. Four of the five women spoke specifically about these social connections in their lives. There were 39 data bits presented in this category.

During three major times of her life, W2 found it necessary to make new friends. As her husband entered alcoholism recovery, Alcoholics Anonymous (AA) was a haven for healing. "I met a lot of nice people in that program. A lot of nice people." W2 also traveled around the country for 30 years with her husband, pulling a trailer and visiting new places, family, and making new friends. "You met an awful lot of interesting people when you're traveling. And we did. And I find that other people did, too, that they kept those contacts for years." When they made their final move to the home she resides in now, she had to once again make new friends. "I moved here, had to make all new friends." Nonetheless, W2 was able to make friends

whenever they were needed and wherever she was. “I get along well with everyone. I mean, if that makes any difference.”

W-3 acknowledged the value of her friendships in her life. As she reminisced, her friendships stood out as treasured details of her life. “But I have a dear friend that we’ve grown up together and we don’t see each other all that often anymore. But we even have a baby picture together.” W3 recalled another friend from the war years.

I have several good friends. One especially, she’s about, well, about two or three really that are 11, 13 years younger than I am. My experience of the war was really, you know, my friends were going off to war. And we were just kids.

After she was married and had young children, she found that she shared an important time of her life with these women. “There, too, I had good friends while I was in Luck. I had women with babies and children and we’d get coffee together and go for a walk together.” As an older woman, W3 remained active with many social connections. “I have a lot of friends, and I’m active in my church. And I have different groups that I belong to.”

W4’s workplace became a social outlet for her; and friends made at work have remained friends, years after retirement. She and “the girls” continued their friendship.

And when I worked at the K-Mart it was just like working with a family group. They were so friendly and that. We knew what each girl, what their family was doing and that, and as of now, yet, some of us that are retired get out once a month, try to, and get together, and so then we can find out whether the other kids are doing, what their kids are still doing. And then this past year three of our girls have passed away. So it’s made

our group a little smaller. But we still enjoy getting together. Like I say, us girls go out, we're still girls, we are.

W4's openness was evidenced by her interest in other people and their families. "So, like I say, it's kind of interesting to see what everybody's doing." Her enjoyment of other people was obvious.

And I enjoy people coming and I got so used to it when they used to take in sewing. Having somebody pop in all the time. And so now, like I tell my granddaughter, I say, 'You know, you don't have to stay. Just so you show up so Grandma can see ya.'"

Volunteer work and community work has provided W5 with an abundance of social connections and social outlets. "I was always very active in the community, doing even then, a great deal of volunteer work." Her outgoing nature was served well by the many activities she was engaged in.

That which I do to keep from getting rusty is to audit classes over at the U. I'm a lap-reader over at Lakeshore School. I'm a poll worker at elections. I go to the YMCA three times a week for water aerobics for my arthritis. I'm currently undergoing acupuncture therapy, which I think is helping. I go to the Senior Center every Tuesday morning where I make dolls, the group makes dolls. And these dolls, stuffed dolls, are given to the children admitted to both Sacred Heart Hospital and Luther Hospital, either in the emergency room or when they're hospitalized. And what else? Oh, I play Bridge, love music, very active in politics."

Social interest and connection was a common theme weaving through these women's lives. It connected past, present and future. Participants consistently seized opportunities for social connection. Sometimes connections developed through the routines of daily life and sometimes through work. Work had varied meanings for participants as discussed below.

Work

Work has filled many needs at various times in the lives of these women. It has been a stabilizer for some, when things around them felt chaotic. For one woman work gave her a sense of control in her life "simply because I was teaching at that time." For another, work provided the bridge to social contacts and friendships.

Four of the five women reported work histories. There were 32 data bits representing the work category.

Work became a way of life for W1 and her husband. Before they bought a restaurant, W1 had worked as a secretary and had been very happy. "Well, before that he had his job and I worked at Minnesota Mining as a secretary, and I dearly loved it. I would have liked to have just kept right on doing that." However, her lifestyle changed when she and her husband opened an upper-scale restaurant.

He seemed to think that's what we had to do, was to work together at it. 'Course, we did everything. We were open seven days a week for over a year. And we did the cleaning, I did the bookwork, he did all the ordering. And at night he was a bartender, I was a hostess.

We'd work until maybe 1:30 and get up the next morning, get to work about 10:30, 11:00, go through the same thing all over again.

W2 also worked with her husband in his job. Again, married life involved work for both husband and wife.

He was on the road selling. And we worked together in the business.

I worked with him, and like I unpacked crate and put it away and he did the selling and I did the other stuff. And I did bookwork and stuff and we worked together on it.

W3's work involved fairly steady employment in the field of teaching. Shortly after she had started a new teaching job, her young son was diagnosed with cancer. Her work then became a stabilizing force for her, giving her a sense of control when she may have felt as if she had lost all control.

And I guess, control of my life simply because I was teaching at that time... And I think during the day, you know, when he was back in school, I'd get a peek at him every once in awhile to see how he was doing. If I had been at home with not enough to keep me occupied, I think that that might have been really hard. I think it was best I had a job. To go off to work every day.

When the interviewer commented that it must have been a very stressful time, W3 conceded,

It was, but as I said, I had just started working when he was diagnosed and I really think that was just... a blessing to have that job to go to because if I had to spend that time in the house...

Growing up, W4 learned that work was necessary to keep going. Work for W4 at first was a way for her to remain independent and self-reliant.

Well, I suppose because our family has always had to work. And to

keep going, I think, you knew you had to do different things just to, well, to make your livelihood. And try to get ahead a little bit, if you could.

As an adult woman, one of her jobs also developed into a surrogate family for her. “It’s been a nice group. That’s why I said it was really like family ties. With working with them all.” Work has continued to be the framework that W4’s life rests on.

Then I score myself when I haven’t done anything that I feel I should have accomplished something, because some days when I don’t do anything I feel a little guilty, that I should be doing something.

Work was part of the pattern of resilience displayed by participants. It provided an outlet, fostered the development of friendships, and afforded independence. Each woman who talked of her work had a slightly different view of the meaning of work, but all described it as central to their lives. A summary of the external factors that emerged in this study of resilience follows.

Summary

Certain factors outside the individual were found to be common elements in each woman’s story. Despite distinctly varied backgrounds, these five women had commonalities that were basic to each one’s environment. These common factors served to fortify and sustain the individual’s internal characteristics already described, thus reinforcing and promoting resilience. Environmental factors that were identified included: spirituality, home and stability, family, support, social, and work. These environmental factors, in conjunction with the individual internal characteristics, provided a framework from which each woman has lived her life. The next section will discuss philosophy of life, as voiced by the women in this study. Following, Our Elders’ Wisdom highlights Resilience as a Way of Life.

Resilience as a Way of Life: Our Elders' Wisdom

Each woman was asked what wisdom she would impart to help a younger person adjust to life hardships. In their responses, a design for living emerged, as told by women who are masters at overcoming obstacles and challenge. The following is a list of thirty “wisdoms” from the women who participated in this study.

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|------------------------------------|--|
| 1. Keep going. | 16. Believe in yourself. |
| 2. Handle it. | 17. Roll with the punches. |
| 3. Paddle your own canoe. | 18. Do things your own way. |
| 4. Life is what you make of it. | 19. Hang in there. Don't give up. |
| 5. Try, try again. | 20. Tackle it. You have to do it. |
| 6. Do what you can, when you can. | 21. Look to the future. Don't look back. |
| 7. Everyone has bumps in the road. | 22. Separate work from personal. |
| 8. What can I make of today? | 23. Take charge. Take control. |
| 9. Make lemonade out of lemons. | 24. Just let it go. |
| 10. Help others if you can. | 25. You just have to get through it. |
| 11. Do what you have to do. | 26. If I can do it, anybody can do it. |
| 12. Never let it get you down. | 27. Take things as they come. |
| 13. Just do it. | 28. Live life to the fullest. |
| 14. Get in there and do it. | 29. Live life as well as you can. |
| 15. Forgive and forget. | 30. Have patience. |

There were 66 data bits illustrating the wisdom of all five of these women. These were grouped into the following themes: Convictions: The Glue of Life; Keep going; Do what you have to do; Just do it; Try, try again; Look to the future: Don't look back; When you've been dealt lemons

you better make lemonade; Hang in there: Don't give up; and Live as well as you can. The first theme, *Convictions: The Glue of Life*, follows.

Convictions: The Glue of Life

Each woman interviewed portrayed a life of continuing to work towards her beliefs, even in the face of hardship. Personal convictions saw them through times that might have caused others to falter. Following is a brief look at some of these beliefs that encouraged these women to go on living for themselves and for others.

Keep going. This “mantra” had the strongest representation among these women. Four of the five women referred to this belief, each using the same words.

W1 painted a strong image of one who continued to work through challenges. When it was pointed out to her that she had not sold her restaurant when her husband had died, but had continued to run it by herself for another 10 years while raising her daughters, she replied, “Well, there wasn't anything else I could do.” Simple.

W2 in particular expressed this belief several times during her interview. As she spoke of her husband and the difficulties they encountered together, she remarked, “I just kept going.” Specific events appeared troubling to her, yet she explained how she dealt with them, “Keep on going, you know. Just like nothing was wrong.” When she was asked what she had learned from some of the turning points in her life, she said, “And like I said, had to try to continue my life. Keep on going, you know?”

W3 could not state her belief in any simpler terms. She particularly liked Lillian Rubin's definition of resilience. “I like your ‘fall down seven and get up eight’. You just...keep...just keep going! You just keep going.”

W4 talked about her sisters and how they lived their lives. She spoke of how she, too, had handled the difficult times in her life. “And keep going. Yeah. We’ve been able to do that.”

Do what you have to do: Just do it. For W1, there was no other way to look at things. She saw only one way to handle a situation: just do it. “When problems come up, if you have to live with them you think of the easiest way to go through it and...just do it.”

As W2 remembered the difficult time of her daughter’s pregnancy, she recalled, “And I had to go to the bank, the store, the post office, and I had to greet everybody just like nothing was wrong. But I had to do it. But I pushed. I had to push myself.” W2 could not have sat down and given up. “I guess I just had to do something.”

Throughout her interview, W3 expressed the same belief. When she spoke of her unhappiness during the early years of her marriage, she acknowledged, “...you just have to do what you have to do. You have to put up with things, you have to do the best you can.” She described how she was able to get through her young son’s cancer illness. “You did what you had to do and you let other things that weren’t important go.” W3 gave the same advice to her friend when things were hard for her. “And it *really* is so hard for her and I just said, ‘Gee, you do what you can do and you let the rest go’.” W3 was asked when the times were that she saw herself as resilient. Her reply was, “I guess just doing what you must do, you know. You don’t have any choice at times.”

Try, try again. As W3 observed her own daughter and granddaughters, she noted the pressure their schedules imposed upon them. Her granddaughters’ homework was “...deadly. They just have so much homework.” But she felt that if they didn’t try, they would never know their limits. “And until you tried something...” And again, “But you don’t know if you don’t try.”

Recalling the traumatic experience of losing her childhood home, W5 had gained some very strong convictions. She remembered how they had done everything they could to save the family home. “You know, just try, try again...if at first you don’t succeed, try it again. Try a different approach.” Although her home was eventually destroyed, W5 still believed in getting up the eighth time. “And if at first you don’t succeed you pick yourself up, brush yourself off, and start over again.”

Look to the future: Don’t look back. Asked to comment on a philosophy of life, W1’s attitude was a positive one as she looked forward: “Don’t take life too seriously. And no matter what you think, the sun is going to come up the next morning.”

W2 explained how she had adjusted to adversity in her life. “We kept busy, I guess, that’s what you do, you keep busy and keep looking forward. You look to the future. Don’t look back.”

In addition to maintaining a view to the future these women exemplified a kind of rock solid core as they faced barriers. Over a lifetime small traumas seemed to ebb away. As W5 talked about how she had coped with losses, failures, and disappointments her thoughts were directed towards the future. “And constantly saying to yourself, in essence, ‘This, too, shall pass’.” In some contexts challenge was more disruptive and required considerable adjustment. The women interviewed had suggestions for how to deal with situations beyond their control, as will be described below.

When you’ve been dealt lemons, you better make lemonade. When asked to render advice, W4 had this to say, “Yeah, be accountable for yourself, take care of yourself, and make your way in the world. ‘Cause it isn’t always easy, but you just make the best of it.”

W5 was the most concise as she recalled living with the loss of her family home.

I truly think that the things that have happened to me, I really

think that I have been...well, my Yankee common sense maybe,

‘OK, you know, this has happened, and what are you going to do?

You’ve been dealt some lemons so you better make some lemonade’.

Making lemonade from lemons takes determination and persistence. Persistence was a very strong theme in the lives of participants as will be discussed below.

Hang in there: Don’t give up. W2 spoke of her sister and her determination when a stroke had affected many aspects of her life.

But she’s in a wheelchair, but when she’s...the stroke affected her speech. But she don’t give up. She’s now got so that...they said she could raise a spoon up to her mouth now. And she’s never giving up. Is that resilience?

When asked what she could tell someone who hadn’t gone through difficult times in their life yet, W3 answered, “Hang in there, I guess, is one of the things, you know. Sometimes you just have to dig in and try not to let things overpower you, I think, when things are the worst.” And later, “Sometimes you just have to live through it...” Persisting did not mean that these women were relegated to a bleak existence or that life was a misery. Stories from participants showed a zest for life and a philosophy that encouraged living life to its fullest, as will be described below.

Live as well as you can. When asked what she thought could be the philosophy of her life, W3 succinctly replied, “Well, to live every day as well as I can, I think.” W5 considered what she had learned in life and what she would pass on to others. “Well...I don’t know, it sounds so trite. But I think, you know, that life and living is what you make it, to a great extent.” These women described a certain power, not only to take action when needed, but also to make their lives full and rich even as they struggled. They made their lives good and resilience was just

a byproduct. The last theme very eloquently summarizes the way that these women viewed their own resilience and is a model and encouragement for others.

Summary: If I Can Do It, Anybody Can Do It

Looking back on the challenges she had met, W1 saw a strength in herself that she felt was present in everyone. “Well. I think if I can do it, anybody can do it. (Paused). I really mean that.”

Herein lies what Masten (2001) has called the “ordinariness of resilience.” The idea that “resilience appears to be a common phenomenon arising from ordinary human adaptive processes” (p.234), is clearly exemplified in the lives of these five women. Coping with challenges and hardships in life was done without analyzing, based on their beliefs and convictions. They acted upon their environments and the difficult problems that were presented in their lives, thereby proving that getting up the eighth time can be accomplished by each one of us.

Resilient old people have used their hardships to grow souls.

- Mary Pipher, *Another Country*

CHAPTER FIVE

Conclusions and Recommendations

Chronological is of little use in understanding resilience during the lifespan. Resilient factors, whether evident in childhood circumstances or whether seen during adulthood crises, also play an important role in the study of resilience in the elder population. The purpose of this phenomenological study was to explore the concept of resilience, specifically how resilience worked throughout the lifetimes of our elders. The qualitative method was used in order to listen to their stories. The focus was on how these people transcended crises and negotiated life challenges so that others could learn from those who have lived their lives well. Theories, concepts, and in depth interviews were used to facilitate an understanding of resilience in our elders. The following research questions guided this study of resilience in elders' lives.

1. What is resilience?
2. What are some markers that might indicate a resilient person?
3. How have resilience variables assisted these individuals in coping with life's challenges?
4. Are we born as a resilient person, or can we learn to be resilient by acquiring skills?

Answer to the Research Questions

In an effort to better understand how resilience was promoted and experienced through life, in depth interviews were conducted with five older women. Each of these women was identified as an outstanding example of resilience by a professional in the field. The following answers to the research questions will summarize research findings.

What is Resilience?

In this study resilience was a way of life. Throughout all the stories and challenges related by these women, their adaptability and tenacity was remarkable. They evidenced a ‘just do it’ approach to life. Difficulties were not ruminated about, instead these women repeatedly got on with the task of living.

A variety of individual characteristics were present that seemed to promote such resilience. These women also seemed to create environments in which their resilience could flourish. Repeatedly, when life changes occurred the women made choices and took action to create environments that would continue to nurture what was most important to them. Such actions were evident and plentiful. Just a few examples were: when a woman moved to her parents house after she became a single parent, when a wife relocated to help her husband get away from domineering parents, when a woman embraced the AA way to support her husband’s sobriety, when a woman used the condemnation of her family home to be closer to her children or when a woman described making an entire circle of new friends after she moved to a new town.

Perhaps the best definition of resilience came when women talked about resilience. As reported in the findings, these women had very unassuming views of themselves and of their coping mastery to define themselves as resilient. They were too busy in the art of living to

even have a working definition of resilience. Yet when the question of resilience and definitions came up, the understanding that emerged was that resilience meant survival.

What are some markers that might indicate a resilient person?

As discussed in the findings, there were a variety of individual and external factors observed as markers of resilience in this study. Following are the internal markers of resilience as identified in the five women of this study.

1. Self-reliance and independence
2. Optimistic and positive outlook
3. Humor
4. Takes responsibility
5. Takes initiative
6. Feels lucky
7. Acceptance of change. Recognizes uniqueness and differences in others
8. Insight or to know oneself

Following are the external support factors identified as markers of resilience for these women.

1. Spirituality
2. Home and stability
3. Family
4. Support
5. Social
6. Work

For a further description and explanation of these factors of resilience, please refer to Chapter 4: Findings.

How have resilience variables assisted these individuals in coping with life challenges?

These women definitely *had challenges*. Challenge for these women covered the gamut of human experience from coping with the war and depression, to human tragedy, such as grieving the loss of a child or spouse. Sometimes the challenge was personal, such as giving up a cherished dream; and sometimes it was simple survival or protecting a child from public humiliation. In each case these women rose to the challenge.

The individual and external factors described above aided these women in all of their endeavors. As mentioned previously, resilience was a way of life. Over and over again in the stories these women told of life struggles, the previously summarized resilience variables emerged as central to the way women tackled their lives. These characteristics were so ingrained over a lifetime of experience that it was impossible to separate the resilience factor from the woman. There were times, of course, when these women reported being discouraged, overwhelmed and uncertain in the face of obstacles, but invariably the kind of common sense, ‘just do it’ approach to life won out.

Are we born as a resilient person or can we learn to be resilient by acquiring skills?

The findings in this study showed that this was an ill-informed question. Resilience arose from who these women were, the environments in which they were born and raised and the environments they shaped in their adult lives. It was a unique blend of personal and external factors that allowed resilience to grow and flourish throughout the life experience. These women did have unique philosophies or life views that seemed to allow mastery skills to continue to develop over the life course. Some of the notable characteristics that seemed to promote skill development were: acceptance of imperfection, willingness to face challenge head on, not dwelling on the past, reaching out to others, and a determination to continue on with life.

All of these characteristics seemed to reinforce resilience. As one woman in the study said, “If I can do it, anybody can.”

Fit with Existing Research

Defining Resilience

There is currently no single definition of resilience, nor is there a uniform measure of resilience (Masten, 2001; Slap, 2001). However, several researchers have described resilience as expressed in their subjects. Some of those descriptions were:

1. Tendency to rebound or recoil: regaining functioning following adversity. (Garmezy, 1993).
2. Sustained competence under stress (Werner, 1994).
3. Good developmental outcomes despite high risk status (Werner, 1995).
4. Successful adaptation despite risk and adversity (Wolin & Wolin, 1995, 1996).
5. Ability to fall down seven times and get up eight (Rubin, 1996).
6. Refusal to bow to victimization or to let it control ones life (Rubin, 1996).
7. Good outcomes in spite of serious threats to adaptation or development (Masten, 2001).

Wolin and Wolin (1993, 1995, 1996) suggested The Challenge Model within which reside the 7 Resiliencies. Several of these seven resiliencies were observed in the five women participants in this study. These observed resiliencies included insight, humor, relationships, initiative, independence, and morality. Morality in the elder age group may be seen as the tendency to “serve others, neighborhood, and society” (p.252, Wolin & Wolin, 1996). The women of this study willingly and graciously shared their stories and advice, with the knowledge that what they said would be used to teach and inform others.

What is Known About Resilience

Resilience abounds in those around us (Rosenblum, 1999). Many people recover from incredible difficulties and learn to successfully negotiate the next challenge in their lives. Masten (2001) said that resilience is common and that it is “made of ordinary rather than extraordinary processes” (p.227). She emphasized the everyday nature of resilience in human beings. Werner (1994), in her longitudinal study of the children of the Hawaiian island of Kauai, stated that “what little we know so far has given us a hopeful perspective – an awareness of the self-righting tendencies...” (p.135). In *Another Country: Navigating the Emotional Terrain of Our Elders*, Pipher (1999) reported, “The amazing story is how well people adapt to such difficult circumstances. Humans can adjust to anything, and many people rise to the occasion” (p.167). As if to confirm the “everyday-ness” of resilience that researchers have discovered, W1 insisted, “If you had to do it, you could do it just as easy as I did...I think if I can do it, anybody can do it.”

However, “easy environments can produce hothouse flowers” (p.121, Pipher, 1996). When the level of risk or threat to the individual is low, there is nothing that pushes the individual to a new plateau of mastery of the hardship. Masten (2001) suggests,

Individuals are not considered resilient if there has never been a significant threat to their development; there must be current or past hazards judged to have the potential to derail normative development. In other words, there must be demonstrable risk (p.228).

In his Eight Stages of Psychosocial Development, Erikson (1963) submitted the concept of continued growth and development into adulthood. In particular, in the last stage of Ego Integrity

vs. Despair, which targets late adulthood, there is still a maturing that takes place in the individual. If the individual has been able to adapt well to the hardships experienced during their lifetime, Erikson says that the individual emerges with the virtue of wisdom. In his book, *Adaptation to Life*, Vaillant (1977) describes the surprise people have expressed at the idea of continued growth and development in the human being. “Funding agencies, like developmental psychologists, could not believe that the maturation of a human being might take a lifetime” (p.44, Vaillant, 1977).

In the lives of each of these women, especially in their adulthood, there have been challenges and traumas that have threatened continued growth and development. Yet each one has reached their seventh or eighth decade of life with a grace and competence that could only be achieved through continued growth resulting in resilience.

Furthermore, the credibility of these findings is strengthened by the research and theories that have been put forth in the last three decades. The qualities of these women which were identified as markers of resilience, as well as the identified external support factors in their lives, have been associated with resilient outcomes through the research of several scientists (Whitbourne, 1985; Kaufman, 1986; Anthony & Cohler, 1987; Manfredi & Pickett, 1987; Antonovsky & Sourani, 1988; Koenig, et al., 1988; Ryff, 1989; Werner, 1989, 1994; Wolin & Wolin, 1993, 1995, 1996; Barnard, 1994; Brooks, 1994; Pargament, et al., 1995; Rubin, 1996; Pipher, 1999; Bikerts, 2000; Fredrickson, 2001; Hodge, 2001; Liang, et al., 2001).

Suggestions and Implications

Our elders, as a population, have much to teach us about aging gracefully and aging well. They are a resource that our society seems to ignore in its quest for all things youthful. In the Native American culture, “the Lakota believe that if the old do not stay connected to the young, the culture will disintegrate” (p.43, Pipher, 1999). There is a wealth of wisdom and advice from our elders that is left unsaid because we often choose not to listen. At this time of uncertainty in our nation’s history, our elders can be consulted and their ideas considered as we all continue to recover from the trauma of September 11th. These elders have already lived through and survived the extreme poverty of the Great Depression, World War II and the losses suffered during those years, and the major societal shifts as our country has emerged into the liberating years for women and people of color. They have managed to survive all of this with a measure of dignity and integrity. If we miss their strengths, we also lose their wisdom.

Recommendations for Further Research

Further developmental study can add much to the understanding of resilience and the environmental conditions under which it can be developed. As Vaillant (1977) writes of the men who participated in the Grant Study, “there were none who experienced difficulties too severe to master; but there were also none who had survived the game of life without pain, effort, and anxiety” (p.37). There is a need to examine the lives of our elders in order to understand resilience in longevity. Poon, et al. (1992) asserts that there is not much research on the lives of people in their 70s and older. As we live longer and our population increases in age, there is a need to extend our studies of aging beyond age 65 in an effort to understand successful aging and what part resilience plays in the aging process. In addition, to expand these studies further, Anthony and Cohler (1987) have observed that there are few studies “of the manner in which

persons reflect upon their own past experiences as a resource promoting later resilience and coping” (p.397). Much can be learned from listening to elders explain resilient coping in their own words.

If resilience can be learned by less resilient individuals through modeling from significant and important people in their lives, then specific strategies for successful coping need to be identified through further research and studies. These strategies can then be implemented into school curricula and public education programs in an effort to teach the means to be resilient to young people as well as adults.

Cross-cultural studies of resilience deserve the attention of researchers. So far, most studies are of white, middle class, urban subjects (Study of Adult Development at Harvard University, 1920, 1930, 1940; Kansas City Studies of Adult Life, 1952; Duke Longitudinal Study, 1955). Yet today, the United States is seeing survivors of war-torn countries, refugees from genocide, and torture victims emigrating to escape their pasts. Vietnamese, Hmong, Cambodians, Bosnians and Serbs, and Somalis are all potential resilient survivors and have much to offer future generations.

An expansion of this study could be accomplished by using specific follow-up techniques in the qualitative method. Second interviews to target specific areas of interest that pertain to resilience in elders could be done to expand the knowledge gained so far from the present participants. Of interest would be the further exploration of what these women thought they had gained or lost by being faced with multiple stressors and traumatic events within their lifetimes. Could they trace the development of resilience in themselves?

Further exploration of resilient factors and more in-depth analysis of the emerging theory and implications will be forthcoming in a future publication.

Summary

Mary Pipher (1999) in her book, *Another Country* (p.38), wrote about the gift our elders are to us. Their wisdom in life is sorely needed in order that others may learn to live well.

We can learn a great deal from the old. They can teach us about the importance of time, relationships and gratitude. They can teach us how to endure and how to be patient. They can help us put our own pains and problems in perspective.

This study was an attempt to allow our elders to talk about their lives and the hardships they have endured. It is my hope that they will recognize their value to the rest of us and see that the wisdom they impart to us about life will leave a lasting legacy of strength to those of us who choose to learn from the experienced.

*...I've learned the hard way that some poems don't
rhyme and some stories don't have a clear beginning,
middle and end.
Life is about not knowing, having to change, taking
the moment and making the best of it, without knowing
what is going to happen next.
Delicious ambiguity.*

- Gilda Radner

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Appendix A

CONSENT TO GIVE NAME

Permission is given to the agency/facility of

to give my name and phone number to Rena Cleveland, the researcher conducting the study on Resilience in our Elders.

This is for the express purpose of contacting me and setting an appointed time to conduct the interview for this project.

Name _____

Phone _____

Date _____

Appendix B

Consent to Tape Record

I agree to have my interview with Rena Cleveland tape recorded. The purpose of this tape recording is to ensure accuracy and allow insights to be reported in participant's own words. Information from the interviews will be transcribed with no name or other identifying information. Each transcript will be assigned a code number. Following transcription the original tape recordings will be destroyed.

Name _____ Date _____

Appendix C

AGREEMENT FORM

This is an invitation to participate in a research project exploring ways resilience is expressed in the lives of our elders. The purpose of this study is to identify certain factors that help an individual in coping with life's challenges. This is a chance for you to share your wisdom, knowledge, and insight about aging. Rena Cleveland will be conducting this study as part of her Masters degree work.

An individual tape-recorded interview will be conducted, lasting approximately one hour. This interview will be held at a time and place that is convenient to you, the participant.

Any information that you share during the interview will be used for the purpose of this study only. Some of this information may be quoted anonymously (with no names or other identifying information) in the final study report so that participants' insights can be expressed in their own words.

All information that you share during the interview will be treated with complete confidentiality and anonymity. No information that might identify you as an individual, such as your name, is needed. Only Rena Cleveland who interviewed you will know your identity. Information about who you are will not be shared with anyone else.

Agreeing to be interviewed for this study is completely voluntary. There are no direct personal benefits to you. If you decide not to participate, that decision will not affect any other benefits from any other source. You may stop the interview at any time and decline to continue. Your participation will end when the interview is complete.

There is no expected risk to you. However, the information you agree to share during the interview will be used to increase our knowledge of successful aging in our elders. The information you share may benefit others as we discover how resilience is revealed in an individual.

If you have any questions about this research project, please contact:

Rena Cleveland (Graduate Student Researcher)	715-425-9762
S. Eberhard, Ph.D. (Research Advisor)	715-232-1442
IRB, Research Services (Human Subjects Protection) University of Wisconsin – Stout Menomonie, WI 54751	715-232-1126

Signature _____
Date _____

Appendix D

INTERVIEW QUESTIONS

Please Note:

This is a qualitative study.

Open-ended questions will be used to guide the interview.

Follow-up questions may be asked as needed to insure understanding.

1. Tell me about yourself and about your life.

Follow-up:

- How would someone else describe you?
- What would you say is the “theme” of your life?
- Do you have a philosophy of life? If so what is it?
- What are the most important things you have learned over your lifetime?
- Describe the most positive, as well as negative, experiences of your life.
- What do you recall as turning points? Describe some.

2. Tell me about how you have adjusted to adversity in your life.

Follow-up:

- What do you think to yourself in order to cope with problems?
- Do you think you have had “control” of your life?
- If you were going to advise me on how to adjust and adapt to living, what would you say to me?
- How have you coped with bad events, losses, failures, disappointments?
- How have you managed, coped, or kept yourself on an even keel?
- What did you do or think that kept you from giving up and helped you to get through the situation?

Appendix D

INTERVIEW QUESTIONS

3. Lillian Rubin says resilience is when you fall down 7 times and get up 8. Resilience, or the ability to bounce back, has been described in many different ways. What is resilience to you?

Follow-up:

- What does Resilience mean to you?
- How do you see Resilience in yourself?
- How do you see Resilience in others?

4. Where do you think your resilience comes from?

Follow-up:

- How resilient do you think your parents were?
- Given problems that you have had in your life, do you think you have done better or worse than your family and parents did?
- Do you think your child(ren) has/have done better than you?

5. If you were to impart wisdom to a younger person, what would you tell them?

6. What else would you like to say that I might not have asked you about?

7. Is there anything you didn't get to say that you'd like to tell me?