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Fostering resilience later in life: a narrative approach involving people facing disabling circumstances, carers and members of minority groups

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ABSTRACT
Over the last two decades, the concept of resilience has become the focus of a growing body of gerontological research. However, there is a dearth of qualitative research that explores how socio-economic and socio-cultural factors shape older people's resilience. This study addresses this gap and explores the concept of resilience through the lens of 25 Australians from a variety of backgrounds, investigating the resilience strategies they employed in the face of different challenging life events. A qualitative narrative methodology involving one focus group and semi-structured interviews was employed. A stratified convenience sample of 34 people aged 60 and over participated in semi-structured interviews between 2009 and 2011. The study describes the meaning participants assigned to the term resilience, and focuses on the range of resilience responses and strategies they employed, bringing to light some key commonalities and differences. The study's findings suggest that access to economic and cultural resources and the nature of the adversity older people face can shape and limit their resilience strategies. The article outlines how the concept of resilience could be incorporated into aged care practice and argues that resilience-focused interventions that potentially broaden the resilience repertoire of older people should be explored within an aged care context.

KEY WORDS – resilience, socio-economic factors, socio-cultural factors, older people, healthy ageing, coping, community aged care.

Introduction

Whereas a growing body of research sheds light on later life resilience, there is a dearth of qualitative approaches that explore how socio-economic and socio-cultural factors shape older people's resilience strategies and use of resilience-enhancing assets (also referred to in this paper as 'resilience

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repertoire'). This study explores the concept of resilience through the lens of 25 older Australians from a variety of backgrounds, investigating the resilience repertoire they employed in the face of different challenging life events. It describes the meaning participants assigned to the term and focuses on the range of resilience strategies and assets that, in their eyes, assisted them in facing significant obstacles and challenging situations. The article highlights key commonalities and differences in the participants' accounts of their resilience and explores how socio-economic and socio-cultural factors potentially shape older people's resilience. Moreover, the article explores how the concept of resilience can be deployed by aged care professionals to encourage older people to explore strategies that might foster their resilience.

The concept of later-life resilience and its associated concepts of risk and protective factors (assets) continue to be ill-defined and there is a lack of clarity of how the concepts are to be operationalised (Windle 2011). The term resilience has become pivotal in the positive psychology movement, particularly within developmental psychology, where it has facilitated a shift in focus from pathological behaviour to positive adaptation in the face of adversity (Luthar, Ciccetti and Becker 2000). In developmental psychology, the concept of resilience was initially associated with research focusing on the personality traits and protective factors that enable children to survive hardship (Garmezy 1985). Since the 1980s, the subject of resilience has become a growing focus within gerontological research. Gerontological resilience research derived most of its initial impetus from the field of psychology. Earlier contributors to this field employed approaches that borrowed largely from theories on stress and coping (*see e.g.* Lazarus and Folkman 1986; McAllister and Walsh 2003). In this literature, resilience is often conceptualised in terms of personality traits and psychological coping resources that promote inner strength, hardiness, locus of control, perseverance, meaning making, positive affect, sense of purpose, acceptance, adaptability, compensation and realistic outlook (Bennett 2007; Bonanno *et al.* 2002; Hawkley *et al.* 2005; LaFerriere and Hamel-Bissell 1994; Moore and Stratton 2003; Wagnild and Young 1990; Yorgason, Piercy and Piercy 2007). Subsequent researchers adopted more holistic approaches that emphasise the confluence of individual, social, physical and environmental factors (Bauman, Harrison Adams and Waldo 2001; Braudy Harris 2008; Fuller-Iglesias, Sellars and Antonucci 2008; Hegney *et al.* 2008; Reichstadt *et al.* 2007; Wild, Wiles and Allen 2011; Wiles *et al.* 2012; Windle 2011). This article contributes to this *oeuvre* by conceptualising resilience as a confluence of individual, social, economic and environmental assets that individuals, families and communities have at their disposal when they respond to challenging conditions.

Resilience as strategy

A handful of researchers emphasise the strategic connotations of resilience (Bauman, Harrison Adams and Waldo 2001; Felten 2000; Neary 1997; Yorgason, Piercy and Piercy 2007). For example, drawing on 18 interviews with mainly Caucasian participants, Neary (1997) highlights the importance of taking action whenever possible, strategising to maximise resources and learning to deal with emotional consequences of adversity. Bauman, Harrison Adams and Waldo (2001), based on ten interviews with mainly Caucasian participants, outline the social, spiritual, emotional and physical dimensions of resilience, and highlight the importance of strategies such as reframing, cultivating a positive frame of mind, remaining active and seeking information. Braudy Harris (2008), involving participants with Alzheimer's, highlights the importance of effective coping strategies, positive attitude, developing social networks and locating resources within the community. Interestingly, some researchers observed that 'self-care' is a theme frequently mentioned by older people in connection with resilience (Bauman, Harrison Adams and Waldo 2001; Becker and Newson 2005; Reichstadt *et al.* 2007), whereas others were unable to find evidence that older people regarded 'self-care' to be of importance for the development of resilience (Moyle *et al.* 2010). This article suggests that by taking into account the wider fabric that underpins the resilience of individuals and communities, it is possible to discern that socio-economic and socio-cultural factors may shape people's resilience strategies, potentially limiting their capacity to engage in 'self-care', for example.

Indeed, Wiles *et al.* (2012), among others, foreground the importance of resilience-shaping environmental factors, such as urban and community infrastructure, culture and social relations, appropriate housing, assistive technology, low traffic volume, quality of the built environment, and availability and quality of health facilities. Wiles *et al.* (2012) also detect gender and socio-economic qualities in older people's resilience strategies and suggest that older people tend to compensate for resilience factors that are not within their reach. When employing a more multi-faceted conceptual lens, it is possible to see how access to infrastructure, education, relaxation, community and social support services play a crucial role in the ability of individuals and communities to respond to adversity.

By employing a more holistic conceptual framework, it is also possible to distinguish more clearly how aged care professionals can become actively engaged in assisting older people to expand their resilience repertoire. Several researchers argue that the re-narration of life events harbours a therapeutic quality and that this re-narration process represents in itself a resilience strategy allowing older people to reconcile themselves with loss

and to discover their own ability to overcome adversities and to see themselves as resilient. Seen as a psychological cumulative that occurs over a lifetime, this process is said to contribute to the maturity older people require to deal better with adversity (Alex 2010; Anderson 2009; Gattuso 2003; Moyle *et al.* 2010; Nakashima and Canda 2005). Nakashima and Canda, and others, argue that resilience involves the balancing of a dialectical tension between resistance and surrender and between external resources and internal coping capacity, resulting in an opportunity for continuing personal and communal growth (*see e.g.* Nakashima and Canda 2005; Wiles *et al.* 2012). Aged care professionals can assist older people to locate these external and internal resources and encourage them to use them to build their resilience actively.

Some researchers focusing on cultural minorities provide a glimpse of the socio-political context of resilience, highlighting the fact that people and groups have unequal access to resilience-enhancing resources and assets. They also show that resilience can be about relationships of power. It can be about empowering people to change power dynamics to obtain access to the resources they require to become actors and to build their own resilience (*see also* Anderson 2009). For example, Becker and Newsom (2005), interviewing 38 older Afro-Americans, highlight that culturally distinct features of resilience foreground strategies borne out of discrimination, such as resisting in the face of discrimination. Moreover, they highlight the importance of acquiring knowledge, social engagement and goal setting. Browne, Mokuau and Braun (2009), focusing on the resilience of Hawaiians, argue that resilience can be a collective good grounded in cultural values and tradition, political autonomy and control over key resources. Moreover, Fredriksen-Goldsen *et al.* (2011) focus on resilience in the context of lesbian, gay, bisexual, transgender or intersex (LGBTI) minorities, highlighting the need for minority group-appropriate services. However, the socio-political dimension of resilience has remained under-explored. This study addresses this gap in the literature.

The more strategically focused conceptualisations outlined above resonate closely with the stories underpinning this study and formed the basis for the development of the coding table. We define resilience as the capacity of adults who are exposed to potentially highly disruptive events to maintain relatively stable levels of psychological wellbeing (adapted from Bonanno 2004). It should be noted, however, that participants in this study tend to view resilience in broader terms.

In this study we take a holistic, cross-disciplinary approach building on the insights derived from the above literature. The study focuses on the meaning assigned by participants to the concept of resilience and the

breadth of their resilience repertoire, highlighting commonalities and differences. Moreover, the study foregrounds how different adversities as well as socio-economic and socio-cultural factors might shape the resilience of older people. The role of aged care professionals is discussed within this context, outlining possible avenues to build the concept of resilience into aged care practice.

Approach and methodology

A qualitative narrative methodology involving a focus group meeting and semi-structured interviews was employed. A narrative approach was most appropriate as it focuses on how participants make sense of events and actions in their lives, records participants' lived experiences, provides an appreciation of the temporal nature of that experience, highlights change over time, empowers participants to co-determine the most salient themes in an area of research, allows the impact of social structures on individuals to be documented (Elliott 2005) and allows participants to find new meaning in the challenging situations they face (Gilbert 2002). Interview questions and data analysis employed an action research-inspired participatory process involving five to eight older people. The project was conducted in two steps. Step 1 consisted of a summative literature review as well as a focus group meeting involving older people (aged 60+). The purpose of Step 1 was to identify likely themes in order to construct meaningful interview questions and prompts. Step 2 comprised data collection involving semi-structured interviews and data analysis.

Step 1: Focus group

A convenience sample of eight focus group participants was recruited in March 2009. Focus group participants comprised members of an existing reference group forming part of another research project. It is unlikely that their involvement in the other project biased the outcomes of this research project as that project differed considerably from the one outlined in this paper and as participants were acutely aware of the fact that they were contributing to another research project. Potential participants were approached by the researchers who provided them with a summary of the research aims and a plain language statement. Informed consent was obtained before the group meeting. The following questions and prompts were posed during the focus group meeting: What does resilience mean to you? Can you give me an example that highlights what resilience is for you? Have you ever been in a situation where your own resilience helped you

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to manage difficult times? Can you describe such an event? What was it exactly that helped you to be resilient? How would you go about building resilience? In addition, focus group members were asked whether they found the questions meaningful. It emerged that the question 'what does resilience mean to you' tended to generate definitions of resilience as an innate or learnt property of a person. However, when asked to situate resilience within the context of their lives (have you ever been in a situation where your own resilience helped you to manage difficult times?), focus group participants framed resilience in terms of strategies and access to resources. It was decided to bring out this distinction more clearly during the semi-structured interviews by introducing prompts asking participants to think about 'things they did' or the resources they employed. The resources named by focus group participants were used as prompts during the semi-structured interviews.

Step 2: Interviews

A purposive sample of 34 older people was recruited from a population of approximately 260 clients of a Melbourne-based domiciliary aged care case management provider and the private networks of the organisation's case managers. In order to be eligible to participate, participants had to be aged 60 or older, had to be able to participate in a face-to-face interview lasting around one hour and had to be able to give informed consent. Moreover, potential participants had to have experienced a challenging life event during the 24 months before the interview. We also attempted to capture the experience of individuals from minority groups (ethnic, cultural, linguistic, LGBTI) in order to ascertain whether this experience shaped their resilience repertoire. A total of six representatives were associated with minority groups. As we began to analyse the interviews, we developed the hypothesis that social stratification influences older people's resilience repertoire and attempted to include people with different access to cultural and economic capital.

Approximately two-thirds of participants were women and the majority of participants were from an English-speaking background. Table 1 presents an overview of participants' demographic information.

Potential participants were approached by case managers. If interested in the project, their contact details were, with their permission, forwarded to the research team. A research team member contacted potential participants and gave them an overview of the project. If the person was willing to participate, informed consent was obtained and a face-to-face semi-structured interview was conducted. Interviews took place between June 2009 and April 2012.

TABLE 1. *Demographic overview of participants*

Gender	Age	Language spoken at home	Principal life challenge	Interview	Focus group
Male	85	English	Minor mobility issues	x	
Male	100	English	Mobility issues	x	
Female	78	English	Mobility issues due to accident	x	
Female	60	Italian	Life-long chronic illness	x	
Female	78	English	Disability, mobility issues	x	
Female	Mid-80 s	Cantonese	Disability, vision impairment	x	
Male	Mid-80 s	English	Stroke, disability, mobility issues	x	x
Male	Mid-70 s	English	Disability, amputation, acquired brain injury, stroke	x	
Female	65	English	Parkinson's, disability, mobility issues	x	
Male	81	English	Medical accident, disability, mobility issues	x	
Male	81	English	Carer	x	
Male	Mid-80 s	English	Acquired brain injury, disability	x	
Female[1]	Mid-70 s	English	Stroke, disability, mobility issues	x	
Male	78	English	Carer (dementia, bereavement)	x	x
Female	79	English	Carer (dementia, bereavement)	x	
Female	70	Italian	Carer (disability, mobility issues)	x	
Female	80	English	Carer (disability, mobility issues)	x	
Female	Mid-80 s	English	Carer (disability, mobility issues)	x	
Female	80	English	Abusive relationship	x	
Female	Mid-70 s	English	Abusive relationship	x	
Female	81	English	Abusive relationship	x	
Female	65	English	Carer (mental health)	x	
Male	64	English	Carer (terminal illness)	x	
Female	64	English	Chronic illness	x	
Female	62	English/ATSI	Carer (terminal illness)	x	
Male	96	English	Hearing loss, mobility issues	x	
Male	80	English	Stroke, cancer		x
Male	76	English	Carer (dementia)		x
Female	77	Italian	Stroke, arthritis		x
Female	74	Serbian	Carer (dementia)		x
Male	79	Ukrainian	Arthritis, mobility issues		x
Female	75	Singhalese	Stroke		x

Notes: 1. Proxy response. Aboriginal or Torres Strait Islander (ATSI).

Participants were asked the questions trialled during focus group session and expanded by the above-mentioned prompts.

Data analysis

Focus group responses were recorded in note form only. A content analysis was conducted focusing on how participants responded to the questions. Interviews were digitally recorded. Of the 34 recordings, five were not transcribed due to media (iPhone) failure and one due to poor sound quality. The remaining 28 interviews were de-identified, transcribed and, where necessary, translated into English. Six of the 28 interviews involved

interviews with couples where one person expanded on the narrative of the other. In these six cases only the narrative of the main interviewee was included in the analysis. Hence, 25 narratives informed the data analysis. Transcripts were imported into a qualitative analysis software package (NVivo). The data were thematically organised (Smith 2000) and irrelevant or redundant information, such as repeats or clearly evident deviations from the interview questions (*i.e.* comments about the cookies being served), was removed (narrative smoothing). Participants were provided with a copy of the shortened de-identified interviews and were invited to make changes (member checking); around half the participants took up this offer. A hybrid approach of inductive and deductive coding and theme development integrating data- and theory-driven codes was used to interpret raw data (Fereday and Muir-Cochrane 2006).

As the themes derived from this process aimed to highlight the strategies and assets employed by participants, the development of categories built on the work of Bauman, Harrison Adams and Waldo (2001), Becker and Newson (2005), as well as Neary (1997) and others. In addition, we aimed to create themes that could be easily understood so that aged care practitioners could refer to them in practice. Finally, we imposed a meta-theory borrowed from Bourdieu (1992) comprising the main categories of cultural, social, economic and environmental capital to highlight the socio-political dimension of resilience.

Cultural capital includes access to cognitive and emotional strategies, such as 'adapting', 'challenging', 'managing', 'motivating' and 'problem solving'. Social capital includes strategies and assets such as seeking out 'social connections' and 'informal emotional support'. Economic capital refers to 'financial resources' as well as access to the 'labour market' and to 'support services'. Environmental capital includes access to 'clean air', 'nature' and an 'aged-friendly neighbourhood'. These categories contained further sub-categories. Table 2 provides an overview of the coding table. It is important to note that because context enjoys an elevated importance in narrative inquiries, coding took into account the context of statements. As a result, seemingly similar statements could be assigned to different categories. Readers who would like to examine the collection of narratives underpinning this paper are referred to another publication (Ottmann 2013).

Results

Meaning of resilience

A total of seven themes were derived from responses to the question 'what does resilience mean to you?' The themes attracting the most responses were

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TABLE 2. *Resilience themes by number of interviews in which the theme was present*

Resilience themes	Number of narratives containing theme
Cultural capital:	
Adapting – Accept limitations	2
Adapting – Finding a new role for oneself	7
Adapting – Making sense of one's circumstances	4
Adapting – Resourceful compensation	7
Challenging – Expanding what is possible	4
Challenging – Fighting discrimination, demanding social justice	4
Challenging – Getting involved in decision making	4
Challenging – Resisting disabling circumstances	14
Managing physical and mental stress – Creating positive routines	6
Managing physical and mental stress – Looking after yourself, self-care	16
Managing physical and mental stress – Relaxation, meditation, sensory experience, nature	11
Managing physical and mental stress – Sense of humour	4
Motivating – Having a sense of purpose	10
Motivating – Positive frame of mind	18
Motivating – Hope	6
Motivating – Exploring, having and maintaining interests, being active	19
Motivating – Values, commitment	7
Problem solving – Careful rational analysis	3
Problem solving – Controlling emotions	9
Problem solving – Goal setting	7
Problem solving – Learning from previous crisis point, hardship	16
Problem solving – Planning ahead	6
Problem solving – Seeking information	11
Economic capital:	
Financial resources	8
Labour market – Work experience	7
Support services – Capacity building	15
Support services – Case management	13
Support services – General practitioners	6
Support services – Home and personal care	12
Support services – Housing	4
Support services – Legal system	2
Support services – Peer support	3
Support services – Psychologist	6
Support services – Respite	6
Support services – Technological resources – Assistive technology	4
Support services – Transport	1
Environmental capital:	
Place of residence, aged-friendly neighbourhood	14
Clean air, nature	3
Social capital:	
Social connections – Cultivating social capital networks, friendships	23
Social connections – Family network	18
Informal emotional support – Support, understanding, encouragement	10
Informal emotional support – Volunteering	7
Informal emotional support – Working for the greater good	8
Informal emotional support – Practising a religion, seeking spiritual community	13

'personal strength' ('to be able to cope with life in a strong and independent way'; RES 014), 'the ability to accept change' ('accepting what life gives you'; RES001), 'confidence, hope, or faith ('being positive it's going to get fixed'; RES011), 'being in control' ('to be in control'; RES010), 'endurance' ('being able to keep going'; RES012) and 'reaching out ('swallowing your pride and reaching out for help'; RES015). Several of the participants were members of a minority group (cultural or disability) and/or a lower socio-economic stratum of society. Some of these participants saw resilience as a response to discrimination. For example, a person we will refer to as Angela (RES030) in this study, a member of a LGBTI minority, expressed resilience in the following terms: 'Resilience means fighting on, having lots of fights left in you and being able to fight things off . . .' (RES033). Also, members of ethnic or cultural minority groups often framed resilience more in terms of 'demanding social justice'.

Challenging life events

Only major challenging life events *highlighted by participants* were recorded. They included caring for someone with a significant illness or disability, coming to terms with the effects of an accident, disability or terminal illness, as well as dealing with financial difficulties, discrimination or domestic violence. Most of the participants faced more than one single life challenge. It is acknowledged that for some people, caring does not constitute a challenge. However, people contributing to this project referred to their care-giving activities as a major challenge in their lives.

Resilience strategies/assets

The thematic analysis of the participants' interviews yielded a total of 44 distinct strategies and assets. Table 2 provides an overview of the strategies and assets identified and the number of interviews in which they occurred.

Table 2 demonstrates that while there were several overarching themes, participants' resilience strategies were as diverse as their stories and the situations they found themselves in (*see also* Baltes 1987). Themes involving motivational strategies were most commonly mentioned, followed by themes involving social connectedness, social support and capacity building, problem solving and stress management strategies, as well as challenging the disabling circumstances associated with disabilities.

Environmental capital. Environmental capital is featured in 17 of the narratives. For one person with a family history of respiratory problems, the quality of air was important. This enticed the family to move from

Port Melbourne to the city's inner east. Another participant loved nature and relied on memories of sensory experiences of nature as a source of relaxation and strength. Also, 14 participants emphasised the importance of the communal, age- and disability-friendly nature of their neighbourhoods:

> I find it's very good – there are a lot of places that will provide access for wheelchairs. Surprisingly enough . . . the places that are not all advertised, but there is a lot – if you look around there's lifts everywhere. (RES014)

> I didn't have close contact there [a neighbourhood the participant inhabited previously] with people apart the ones just around us but I have here. Here I walk up the shops and you know you talk to the different ones [shop keepers] . . . That makes a difference. (RES018)

Cultural capital. Strategies associated with cultural capital constituted the largest category comprising emotional, cognitive, religious and spiritual elements forming the six sub-categories of adapting, challenging, motivating, managing physical and mental stress, problem solving and spirituality. *Adaptation* constitutes a category that contains themes that denote activities geared to accommodate the psychological or physical implications of an accident, disability or chronic illness. The category includes themes such as 'accepting limitations', 'making sense of one's circumstances', 'finding a new role for oneself' and 'resourceful compensation'. 'Finding a new role' often appeared in the context of confidence building. The following interview excerpt provides an example of these themes:

> I suppose . . . I think it made me have a role in life . . . Your role, your job, your position in society, and having to be organised, which again doesn't come naturally to me . . . So I suppose it improved my self-esteem, and didn't think that everything was going downhill – I was learning a few new skills, in a way. (RES009)

Challenging the impact of disability or discrimination was mentioned frequently by participants. The category includes activities geared to challenge the impact of disabling physical, psychological or social circumstances, such as 'expanding what is possible', 'getting involved in decision making' (in order to achieve greater independence and autonomy), 'resisting disabling circumstances', 'fighting discrimination' and 'demanding social justice'. 'Challenging' often occurred in combination with 'adaptation' strategies. This mix often gave rise to a dialectical tension between accepting a difficult life event and challenging the potentially limiting aspects associated with this event. For example, Garry's (RES010) and Donald's (RES012) interviews describe this tension between acceptance and challenging the limiting aspects of a disability:

> The ones that are resilient are the ones that realise their capabilities and they will work hard to those capabilities and beyond them if they can, but if they can't beyond it, they will ask for help. But the people that aren't resilient, they won't ask for

help. They just try and do [it] themselves – so-called stubbornness, but resilience is different. (RES010)

It's happened and I can't reverse it but, by Jove, I'm going to do something! (RES012)

Motivating strategies were most frequently mentioned in this study. Motivating strategies comprise activities and resources geared to keep a positive outlook on life. Themes within this category were of particular importance to people facing the impact of an accident, disability or chronic illness. The category includes themes such as 'having a sense of purpose', 'hope', 'creating something to look forward to', 'support, understanding and encouragement', 'values and commitment', 'positive frame of mind', 'having and maintaining interests' and 'working for the greater good'.

. . .I think the more interests you've got, and filling your time and your mind, that's what makes life worth living. . . (RES029)

Well I have learnt as I have gone through life that you've got to take the glass being as half full and not half empty. (RES018)

I think resilience is mainly a mental attitude. Once you get people to believe that they can do something, when they believe themselves – the mental attitude – that's where they get their resilience from. (RES010)

People facing carer roles particularly mentioned the themes of 'support, understanding, and encouragement'. Some participants thought that 'values and commitment' and 'having a sense of purpose' was important: 'Sense of purpose: that's important, always' (RES012).

Problem solving included themes that describe activities aimed at finding solutions to problems. The category includes themes such as 'careful rational analysis', 'controlling emotions', 'goal setting', 'seeking information', 'learning from previous crisis points' and 'planning ahead'. Knowledge and gaining a better understanding of issues was regarded as critical by many participants:

Learning: You can always learn and we get better and we do things better. (RES012).

And that is part of positive outlook isn't it and learning from your experiences and you try and find ways of bettering your understanding. (RES003)

. . .five years ago I was naïve. Five years down the track I've learnt the system enough and go in and dictate to people what I need done . . . It's value for information. If you don't get the information you just don't know. (RES020)

Information is gold. If you have the information – you know, what you are entitled to, or you know, what your loved ones are entitled to – there is no greater gift that you can go fighting with. Money does not cut it. If you don't know how the system works or anything like that, it's not going to help you. (RES020)

'Knowing your options' was an important theme, frequently mentioned by people facing carer roles:

> Unless you're in the know, you can't really make the best of it. (RES014)

With one exception, all people facing carer roles thought that insights derived from negotiating crisis points earlier in life helped them manage their carer role.

'Careful rational analysis', 'controlling emotions', 'goal setting' and 'planning ahead' were other important themes exemplified by the following interview excerpts:

> Taking a broad attitude initially at the problem . . . centre, it then highlights possible options and you make a mental decision. Concentrate and very often achieve it . . . I still put it down to accepting the fact and seeing what you can do to improve the situation, you can do within yourself to control emotions. (RES003)

> I think really you can't think straight unless you don't control your feelings. You know what I mean. If you let your feelings take over you're lost it in some way. . . (RES026)

> I think goal setting is very important but it has got to be time-related. (RES012)

> I want to go back dancing. That's my long-term goal that I would hope I could achieve. How do I get there? Ok I can I can focus on my time in hospital. And that's what I did. I focused on short stages and set myself very small goals and each time achieved one of those goals I celebrated somehow or another. (RES028)

Spirituality was an important category for around one-third of the participants. These participants mentioned religious beliefs or spirituality as an important source of their resilience. About half of these participants thought of religion in fairly broad terms. For instance, Dorothy (RES001) described the resilience associated with religious belief in the following terms:

> It does not have to be a religious faith. It can be a philosophy about something that is not related to church or Christianity. It is just something positive. A branch of positive thinking you know. For me it is faith, religious faith and that which is very precious for me. For others you know it can be some other road which for them is right, and that gives them strength, acceptance to carry on and everything. (RES001)

For the other half, religion took a more traditional form of Christianity:

> What helped me was my Christian faith; prayer and reading the bible; and believing just believing that God is with us and all things work together for good. You are asking me questions and I'm giving you solutions, that type of thing. (RES026)

The category also included sub-themes such as 'confidence derived from worship', a spiritual 'sense of belonging' and 'support and friendship from religious communities'.

Two of our people at the church realised that there were about five of us who'd given up our cars and difficult to shop, so they started a shopping round. There are five of us, I think, and this couple drives us down and drop us at the shopping centre and we all go off and do our own shopping for an hour, come back and get driven home . . . Yes, and our purchases are all brought in, on to the kitchen table. Wonderful friendships. So we've got environment, food – exercise, I think, is very important too. (RES029)

Managing physical and mental stress represents a category more frequently referred to by people facing carer roles. It is made up of sub-themes such as 'creating positive routines', 'self-care', 'having a creative outlet', 'meditation and sensory experiences', 'relaxation' and 'sense of humour' – a theme principally mentioned by people in carer roles. The following excerpts provide a flavour of participants' responses highlighting the themes of 'self-care', relaxation and sense of humour:

But I have always sort of watched what I eat. Mainly I am a lover of fruit and veggies . . . If I get down I go for a walk. It does not happen that often. I usually have a weep, then pull myself up . . . walking is good. You know out in the fresh air, talk to people that pass by. (RES018)

. . . preserve my own strength, both physical and mental – continue with my usual social and exercise activities as far as possible, and plan treats. (RES009)

And we are doing the exercises as well. My husband and I go to the swimming pool every week and my husband can swim 1,500 metres in one hour and he is 81 years old. (RES027)

[About self-hypnosis for pain management] The complete relaxation. And I had no pain and I had to practise at home and I had the same picture. I don't remember, a number of times a day, three times I think. You had to make yourself relax. COMPLETELY relax. EVERYTHING within you, you've got to relax. It was wonderful. I used it a lot. (RES003)

. . . music would have carried me through. I can tune out I suppose it would be the thing. (RES023)

Having fun is part of that too and having a sense of humour. And having a good laugh. You have to have a laugh. A laugh is so healthy! (RES028)

The category of *social connections* includes the single most frequently mentioned theme by people facing carer roles: 'cultivating social networks and friendships'. For instance, Margaret (RES003) and Sally (RES009) advised that

. . . you've got to make an effort, don't isolate yourself. You need to be relating with people and ready to listen to their problems and . . . perhaps you can tell them yours. (RES003)

Accept invitations to be with people . . . Take up some invitations – people say 'we must have a meal or go to the pictures' but [I have to] take a bit of initiative myself,

to say, yes I'm ready. Not just leave it to people . . . I should make the effort to say, 'well, what about next week? (RES009)

The category also included themes such as 'family network' and 'trust, sharing with others':

I suppose I'm lucky. I'm so lucky. Because I have wonderful family – they're so good to me – they're so affectionate. It's lovely. Because you need that – or I need it when my [head's a mess]. Because I feel better if I feel their love, and I feel it so strongly. (RES014)

. . . because if you trust people and you are willing to share more of yourself, good times and not so good times, that they will be honest back to you and, . . . you do communicate with each other and I think that's where my supports come from. (RES021)

Particularly people facing carer roles mentioned 'volunteering' and 'work experience', explaining that work and volunteering provided them with a break from caring and gave them access to a network of people.

Economic capital. Economic capital includes social support services (access to capacity building, case management general practitioners, paid care services, housing, a supportive legal system, organised peer support, allied health services, respite, assistive technology and transport services). It is important to point out that several participants mentioned that it was tremendously important to have someone to provide information about the availability of care and to co-ordinate care arrangements during times of crisis. Moreover, the timing of information appeared to be crucial. Participants stated that without the assistance of nurses, allied health personnel and case managers, they could have ended up in nursing homes well before their time.

[Respite] is vital to me . . . you've got to have a little break from reality of life . . . (RES001)

My case manager is there at a call, whenever I want anything urgent, if I have to go taxi or whatever. And she's very good – she's always looked after me. (RES010)

Well I have someone who comes and showers John every day, which is amazing for me. It is just (whispers) because he's incontinent. (RES001)

Moreover, participants highlighted the importance of having access to financial resources and the labour market.

How can resilience be fostered? Participants give advice

When asked what advice participants would give to others regarding how resilience can be built, their responses reflected the above-mentioned statements. Their advice consists of a mix of individual, social and physical

factors. They thought the key task of a friend or care professional is to give encouragement and build capacity. In addition, they emphasised the need to have a positive mind set aimed at improving the situation as much as possible.

> Accept it in the head, you're right. Don't accept it in your head, bye bye. Just walk away from helping a person until they try and accept it. Go back and see them in a month . . . if they say 'yes, I'm starting to get an idea of what you meant', stay and talk with them. If not, walk away. (RES022)

> A lot of it is encouragement when you are young not to be self-pitying and dwell on what might not be right for you, whatever it might be. (RES003)

> What you have to do is restore their faith in themselves. Instead of being depressed and defeated they have to be alert and understanding and determined to reverse or to improve the situation. (RES012)

Another theme that came through clearly was the need to identify activities that were meaningful to the person, to give them a goal they could work towards. There was also an acknowledgement that the task of identifying such meaningful activities was not an easy one.

> I think I'd explore with the person what's meaningful for them . . . It's tricky really, but I think you've just got to start where a person is and then see what might enrich their lives, to give them meaning . . . Living in the now, making the most of life. (RES016)

Similarities in resilience repertoires

Although the recorded resilience strategies differed widely between participants, a number of overarching themes could be identified. These themes were mentioned in more than half of the narratives. They included:

- cultivating social networks and friendships;
- having and maintaining interests, being active;
- having a strong family network;
- maintaining a positive outlook on life;
- learning from previous crisis points or hardship helps to overcome challenges in later life;
- looking after yourself (self-care);
- capacity building and support provided by case managers;
- resisting and challenging one's circumstances and limitations; and
- aged-friendly neighbourhoods.

Differences in resilience repertoires

The narratives suggest that whereas some people make use of a wide range of resilience strategies and resources, others employ far fewer. Indeed, the range of strategies and resources identified in the narrative ranged from

10 to 24. Some participants seemed to compensate for using only a few resilience approaches by relying much more heavily on one or two strategies (*see also* Wiles *et al.* 2012). For example, Jenny (RES023), a participant who identified domestic violence as a major life challenge, identified 13 strategies and assets highlighting the enormous role that music played in her life. Music performance within a religious context gives her meditative stress relief and the break from everyday pressures that other people seemed to get from a variety of sources.

I wouldn't give away the music. I used to play the piano when he was out. I would not have to worry if he was at work. But, there was always trouble if I went anywhere if there was a man. He was jealous, jealous, very jealous, ... Yeah, that's always been my outlet too. I mean music was never any weight to carry ... My mind was on the music – not on what was going on in the background ... I can sit down and play the piano for hours ... Everything gets caught up in music in this place. My daughter came in the other day and she said mum, you haven't changed, there is music everywhere! (laughter). There is a cabinet full of it. I took some of it to throw out. I though 'I haven't played this for years' and then I played it! And I said 'I am not throwing this out, this is part of my life!' (RES023)

The narratives also suggest that participants' access to cultural and economic capital shaped their strategies and use of resilience-enhancing resources. For example, participants with extensive access to cultural and economic capital did not mention 'social services' (access to housing, peer support, psychologist, assistive technology and transport), 'economic resources' (financial resources and work) and 'volunteering' as a source of resilience. Participants with moderate access to cultural and economic capital tended to emphasise the positive role of 'psychologists' more so than participants in the other two groups. Participants with less access to social capital did not mention 'self-care' and 'planning ahead', and only one out of six participants mentioned 'seeking information' as resilience strategies, themes frequently mentioned by participants with moderate access to cultural and economic capital. Moreover, this group tended to emphasise more than the other two groups the role of 'social support' and 'resourceful compensation'. Table 3 provides an overview of the notably diverging themes in relation to access to cultural and economic capital. However, bearing in mind the relatively small sample size of these three sub-categories, these findings should be regarded with caution.

Overall, all the narratives told of a tension between resisting and accepting the circumstances associated by the challenging life event. However, the tension seemed to increase and become more explicit with the severity of the adversity. In this sense, the type and intensity of life challenges seemed to shape the resilience strategies of participants. For example, participants

TABLE 3. *Resilience themes by access to cultural and economic capital indicating Culturally or Linguistically Diverse (CALD) and lesbian, gay, bisexual, transgender or intersex (LGBTI) status*

Resilience themes	No. of narratives containing theme	RES009	RES012	RES026	RES016	No. of narratives containing theme	RES001	RES003	RES011	RES014	RES018	RES020 CALD	RES024	RES027 CALD	RES028	RES029	RES030 CALD	RES031	RES 032 LGBTI	RES033 LGBTI	RES034 CALD	No. of narratives containing theme	RES007	RES010	RES015	RES021	RES022	RES023
Access to cultural and economic capital[1]	H	H	H	H	H	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	L	L	L	L	L	L	L
Cultural capital – Managing physical and mental stress – Looking after yourself, self-care	3	x	x	x		13	x	x	x		x	x		x	x	x	x	x	x	x	x	0						
Cultural capital – Managing physical and mental stress – Relaxation, meditation, sensory experience, nature	2	x			x	8		x		x			x		x		x		x	x	x	1			x			
Cultural capital – Motivating – Volunteering	0					5		x					x	x		x	x					2			x			x
Cultural capital – Problem solving – Planning ahead	1			x		5										x	x	x		x	x	0						
Cultural capital – Problem solving – Seeking information	1	x				9	x	x		x		x	x	x	x			x			x	1			x			
Economic capital – Financial resources	0					5	x					x					x	x		x		3	x	x			x	
Economic capital – Labour market – Work experience	0					4			x		x		x					x				3	x		x			x
Economic capital – Support services – Technological resources – Assistive technology	0					2						x				x						2	x				x	
Economic capital – Support services – Housing	0					2						x					x					2	x	x				
Economic capital – Support services – Legal system	0					1						x										1						x
Economic capital – Support services – Peer support	0					2				x	x											1					x	
Economic capital – Support services – Psychologist	0					5				x	x	x	x		x							1	x					
Economic capital – Support services – Transport	0					0																1				x		

Note. 1. H: high; M: medium; L: low.

who mentioned accidents, chronic illness and disability as primary adversities tended to emphasise more so than people in carer roles the role of 'resisting disabling circumstances' and 'age-friendly neighbourhoods'. Participants in carer roles, on the other hand, emphasised 'controlling emotions', 'learning from previous hardship' and 'respite' (*see* Table 4).

Discussion

Meaning of resilience

All participants, save one, conceptualised resilience in individual terms without highlighting the importance of collective forms of resilience at the family, communal or societal level. This resonates with the literature on resilience in older age as well as definitions provided by dictionaries. Also, the concept of resilience holds aspirational qualities that encourage an interpretation focused on 'individualised' strength. In the gerontological literature, participants rarely view resilience in collective terms. If they do, their interpretation seems to be bound up with the struggle of social movements and the way social problems are being framed (*see e.g.* Browne, Mokuau and Braun 2009; Cohen *et al.* 2006; Snow and Benford 1988). While some of this study's participants interpreted resilience as a struggle for social justice, they did not define resilience in collective terms. *However, most participants in this study were aware that collectively organised resources* support or complement their resilience. This interconnectedness of emotional and cognitive strategies and external collective resources is borne out in most participants' narratives (*see also* Cohen *et al.* 2006; Hegney *et al.* 2008; Reichstadt *et al.* 2007; Wiles *et al.* 2012). Resilience defined as an individual 'struggle for social justice' or as a collective form of resistance has remained under-explored in gerontological resilience research.

Resilience strategies and assets

Researchers focusing on resilience as strategies have highlighted a raft of approaches ranging from coping to cognitive strategies highlighting the importance of resilience-enhancing assets (*see e.g.* Bauman, Harrison Adams and Waldo 2001; Becker and Newson 2005; Neary 1997). The narratives underpinning this study suggest that some resilience strategies/assets are more commonly employed than others. For example, 'cultivating social networks and friendships', 'a positive outlook on life', 'having and maintaining interests and remaining active', 'learning from previous hardship', 'capacity building and support provided by care professionals',

TABLE 4. *Resilience themes by challenging life event*

Resilience themes	No. of narratives containing theme	RES001 M	RES003 M	RES009 H	RES011 M	RES015 L	RES018 M	RES020 M CALD	RES024 M	RES026 H	RES030 M CALD	RES031 M	RES 032 M LGBTI	RES034 M	No. of narratives containing theme	RES007 L	RES010 L	RES012 H	RES014 M	RES016 H	RES021 L	RES022 L	RES023 L	RES027 M CALD	RES028 M	RES029 M	RES033 M LGBTI
Challenging life event[1]	Care role	C, CI	C, CI	C, B	C	C, CI, B	C, DV	C	C	B, C	C	C	C	C, B	A, D, CI	DV, CI	CI	A, D	CI	CI, B	D	CI, Amp	DV, CI	CI, D	A	CI	CI
Cultural capital – Challenging – Resisting disabling circumstances	4						x	x	x			x		x	7	x	x	x		x	x	x	x			x
Cultural capital – Managing physical and mental stress – Creating positive routines	5	x			x			x		x	x				1									x		
Cultural capital – Managing physical and mental stress – Sense of humour	1						x								3						x		x		x		
Cultural capital – Problem solving – Controlling emotions	6	x				x	x			x	x		x	x	1	x								x		
Cultural capital – Problem solving – Learning from previous crisis point, hardship	10	x	x	x	x	x		x	x	x	x	x		x	4		x	x			x				x		x
Environmental – Place of residence, aged-friendly neighbourhood	5			x			x	x	x			x			8	x		x	x		x	x		x	x	x	x
Social capital – Asking for support – General practitioners	3		x				x			x					2	x			x		x						
Social capital – Asking for support – Respite	5	x		x				x	x		x				1			x									

Notes: 1. A: accident; Amp: amputation; C: carer; B: bereavement; CI: chronic illness; D: disability; DV: domestic violence. Culturally or Linguistically Diverse (CALD). LGBTI: lesbian, gay, bisexual, transgender or intersex.

'resisting and challenging one's limitations', 'acquiring knowledge', 'self-care' and 'having family support' featured in more than half of the accounts. In fact, in most people's accounts, resilience strategies consist of a core repertoire of coping and cognitive strategies as well as social support. This finding is supported by a growing body of research (Alex 2010; Bauman, Harrison Adams and Waldo 2001; Blane *et al.* 2011; Bonanno *et al.* 2002, 2005; Braudy Harris 2008; Cohen *et al.* 2006; Fuller-Iglesias, Sellars and Antonucci 2008; Nakashima and Canda 2005; Reichstadt *et al.* 2007; Wagnild and Young 1990, 1993; Wiles *et al.* 2012; Yorgason, Piercy and Piercy 2007).

The findings also suggest that older people's resilience strategies are shaped by the major life challenges and by the intensity of the adversity participants faced (*see also* Baltes 1987; Blane *et al.* 2011; Bonanno 2004; Windle 2011). In the narratives that underpin this study, differences in the type and severity of the adversity gave rise to very different resilience strategies. For example, in this study people who had suffered an accident but had a realistic prospect that they would be able to retain much of their mobility and/or lifestyle, employed a very concrete goal-setting approach that enabled them to get through rehabilitation and 'to get their lives back'. For people who experience permanent disability, finding a balance between 'resisting' and 'accepting' the impact of their disability was a much more difficult and tense process. Although they had to accept their disability and some of the limitations it imposes on their lives, they emphasised how important it was to challenge these limitations and to expand the boundaries of what is possible (*see also* Nakashima and Canda 2005; Talsma 1995; Wiles *et al.* 2012; Yorgason, Piercy and Piercy 2007). They tended to emphasise the importance of cognitive, psycho-social and emotional strategies to regain or maintain aspects of their lives they treasured. For these participants, resilience building issued from learning to live with the tension between accepting limitations and the courage to overcome them, between the ability to accept help and to reject it when it undermines one's sense of control.

Cognitive, psycho-social and emotional strategies were valued as they assisted people to find this balance (Wiles *et al.* 2012). Participants often talked about the need to challenge themselves, to remain active, and to cultivate and maintain interests (Nakashima and Canda 2005; Reichstadt *et al.* 2007; Talsma 1995; Wagnild and Young 1990, 1993; Wiles *et al.* 2012). Knowledge regarding the availability of social services as well as encouragement and capacity building generating trust in the ability to succeed were extremely important to this group (Bauman, Harrison Adams and Waldo 2001; Cohen *et al.* 2006; Felten 2000; Hegney *et al.* 2008; LaFerriere and Hamel-Bissell 1994; Reichstadt *et al.* 2007; Wiles *et al.* 2012). The importance of emotional support in the form of family and a circle of friends

was also frequently mentioned (Blane *et al.* 2011; Braudy Harris 2008; Fuller-Iglesias, Sellars and Antonucci 2008; Hegney *et al.* 2008; Wiles *et al.* 2012). Interviewees in this group tended to regard self-care as an important part of resilience.

Carers' resilience strategies

For most participants facing carer roles, maintaining an emotional equilibrium stood in the foreground. They appeared to aim for a balance between the high physical and emotional demands on them and the maintenance of a little bit of their former lives. They tended to draw on experiences of hardship they managed to overcome in the past as a source of resilience and emphasised the importance of respite or short breaks. Moreover, they tended to cultivate friendships and social networks actively, allowing them to obtain encouragement and understanding as well as a little 'treat' in the form of a life outside their carer roles. They thought it important to cultivate interests and to look after themselves – emotionally and physically. The importance of knowing their limits as well as stress management strategies were often mentioned.

They talked about emotional strategies such as the need to accept change and to have a strong sense of purpose. However, the interviews also demonstrated that caring as the main sense of purpose in one's life could lead to a dependency that, in the absence of other balancing factors, could easily turn into an adversity. Moreover, they highlighted the importance of the place of their residence which was ideally located close to medical services, shopping and other amenities, surrounded by good neighbours. Some highlighted the need to provide more financial assistance to people in carer roles.

These findings suggest that it might be feasible to develop typologies or core resilience repertoires associated with adversities. While a number of researchers agree that resilience is shaped by the type and intensity of challenging life events (Bonanno 2004), this area has not been systematically explored by gerontological resilience researchers.

Socio-economic and socio-cultural factors

Interestingly, the use of some of the strategies and resources appeared to be shaped by participants' socio-economic context. The theme of 'looking after oneself' or 'self-care' represents a case in point. Whereas 'self-care' has been identified in a number of studies as an important aspect of resilience (*see e.g.* Bauman, Harrison Adams and Waldo 2001; Becker and Newson 2005; Reichstadt *et al.* 2007), this was not the case in others (Moyle *et al.* 2010). In our study, 'self-care' was mentioned by almost half

(16) of the participants. More interestingly still is the finding that none of the six participants with lower access to cultural and economic capital identified the themes of 'looking after oneself' or 'self-care' as a resilience strategy. This potentially highlights the need to bear in mind the impact of social stratification on resilience strategies and the importance of resilience-enhancing assets. Indeed, it is widely acknowledged in the public health literature that socio-economic background and particularly education levels are important factors in the efficacy of health promotion strategies (*see e.g.* Lantz *et al.* 1998; Lynch, Kaplan and Salonen 1997). Hence, it is likely that socio-economic factors shape resilience strategies that incorporate aspects of health promotion. Other themes that appeared to intersect with social stratification were the importance given to 'social supports', access to 'financial resource' and 'work', and 'volunteering'. While a number of researchers focus on social stratification and its impact on access to resources (Bauman, Harrison Adams and Waldo 2001; Becker and Newson 2005; Braudy Harris 2008; Browne, Mokuau and Braun 2009; Felten 2000; LaFerriere and Hamel-Bissell 1994; Reichstadt *et al.* 2007; Wiles *et al.* 2012), the potential impact of social stratification on older people's resilience strategies has remained under-explored.

Resilience and the role of aged care professionals

A number of resilience researchers have argued that resilience-focused interviewing holds benefits for participants (Alex 2010; Anderson 2009; Gattuso 2003; Greene and Cohen 2005; Moyle *et al.* 2010; Nakashima and Canda 2005). Indeed, some participants in this study stated that they found the interview they had with the researchers most useful, as this made them more aware of their own resilience. Furthermore, the study suggests that some older people would benefit from the support of a care professional assisting them to identify and explore alternative resilience strategies (*see also* Anderson 2009; Bonanno 2004; Hildon *et al.* 2010).

In this study, we explored a method that could be described as a 'facilitated, narrative-based self-help' approach. This approach requires a shift from a primary focus on disability and risk factors to a focus on how older people successfully negotiate adversity. The concept of resilience harbours potent aspirational qualities that can be harnessed by care professionals. Most people would like to be resilient, to 'bounce back' and 'recover' quickly. To be resilient is a desirable attribute. Indeed, as mentioned above, most of the participants in this study defined resilience in terms of 'individual strength'. The aspirational qualities of resilience are important because they might motivate people to change their behaviour or lifestyle and act as a motivational driving force.

The approach invites participants, assisted by their care professionals, to explore life events that highlight the resilience strategies they employed. It also enables participants to identify potential gaps in their resilience repertoire. The themes developed in this article may assist practitioners and their clients to map the resilience repertoire. Within the context of this study, we found it useful to explore with participants the types of adversities they face. It was often the case that the adversity that stood out for us did not necessarily constitute the most important adversity for the participant. We then proceeded to explore the particular style of resilience-enhancing strategies a participant felt comfortable with. This involved respectfully listening to participants' resilience stories. We found that asking participants to elaborate on how they overcame difficulties and hardship creates the opportunity for re-remembering and confidence building in participants. This led to a systematic exploration of participants' resilience strategies and resilience-enhancing assets. It is important to note that resilience strategies and assets are rarely unambiguously beneficial. As a result, it might be necessary to explore a person's resilience repertoire within their social context and to question the sustainability of their strategies. For example, some strategies may be drawing down on personal savings, which might not be sustainable in the medium term. To offer an opportunity to compare their resilience repertoire, we provided participants with examples of other people's resilience narratives featuring the strategies listed in Table 2. A graphic representation of a person's resilience repertoire could be used to visualise gaps and/or other opportunities that participants could explore.

A resilience approach can form a bridge to therapeutic counselling approaches and can be integrated in a professional framework that allows aged care professionals to assist and support effectively an older person experiencing substantial unresolved trauma or Post-Traumatic Stress Disorder (PTSD) (Brett *et al.* 2002; Phipps and Byrne 2003). One such framework is the 'orienting' framework of intervention, which emphasises support, normalisation and self-help strategies (Brett *et al.* 2002; Phipps and Byrne 2003). Within this framework, health and aged care professionals assist older people to identify unresolved trauma, normalising and validating the experience, support older people to identify and realise their own capacity for resilience, and refer them on to specialised services, if required (Hiskey 2012; Murray 2005).

While practitioners can find some indication as to how a resilience-focused care approach can be operationalised in select publications focusing on gerontological social work or solution-focused counselling (see e.g. Egan 2010; Greene and Cohen 2005), the application of the concept of resilience within an aged care practice context has remained under-explored.

Unresolved trauma and older people

US and Dutch researchers estimate the percentage of older adults living with PTSD at around 2 or 17 per cent, respectively (Hyer and Sohnle 2001; van Zelst *et al.* 2006). Given the estimated size of the problem, the topic of trauma in later life and associated resilience building has received surprisingly little attention (Anderson 2009; Hyer and Sohnle 2001). Researchers focusing on trauma in later life tend to focus on veterans, largely neglecting the impact of trauma on older women (Lagana 2009). Also, researchers largely ignore how unresolved traumatic events experienced earlier in life can impact on resilience later in life. This is an important gap in the literature, since war-related and other significant traumatic events are a common occurrence in this population. Indeed, the effects of war had a lingering effect, either directly or indirectly, on the lives of some participants in this study. For example, the incidents of domestic violence narrated by three participants appeared to be associated with war-induced trauma experienced by their partners. The narratives provided by participants indicate that adversities and traumatic events experienced earlier in life may have a lasting impact on a person or family. This potentially reduces older people's resilience when facing future challenges (Anderson 2009; Bonanno 2004).

Strengths and weaknesses of this study

This study contains strengths and weaknesses. Its strength lies in the extraordinary depth with which the interviews elucidate a wide range of aspects related to resilience later in life. The key limitation of this study is its relatively small sample size. Although 31 interviews is generally regarded as a respectable sample within qualitative research (Guest, Bunce and Johnson 2006), due to the heterogeneity of the sample data saturation was not reached in some domains and further research is required to explore these domains in more detail. Although the study does not provide an exhaustive overview of resilience strategies, it does generate enough information to suggest that resilience strategies are shaped by socio-economic context and the type of life challenges.

Conclusion

This article provides an overview of the environmental, cultural, social and economic resources that underpin the resilience of 25 older Australians from diverse socio-economic and socio-cultural backgrounds. Taking a holistic approach, the study explores the similarities and differences in their

resilience repertoire, highlighting how different adversities as well as socio-economic and socio-cultural factors may shape and limit resilience strategies. The study also suggests that most individuals may benefit from an opportunity to explore their own resilience and that some may benefit from professional assistance focused on broadening their resilience repertoire. The article outlines how the concept of resilience could be operationalised to assist older people to mitigate challenging life events. The article argues that resilience-focused interventions that potentially broaden the resilience repertoire of older people should be explored within an aged care context.

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