



# Older adults' narratives about a flood disaster: Resilience, coherence, and personal identity

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## ABSTRACT

Older adults are a vulnerable group in a disaster and are more at risk of adverse effects as a result. This paper draws on the use of narrative theory in health and gerontology studies to examine how a disruptive disaster was storied. Narrative interviews were conducted with nine older adults aged over 65 years who had recently experienced a flood disaster. The participants' narratives about the disruptive event were integrated with past personal events that spanned more than seven decades. The disaster became a reference point for previous challenging experiences, which created biographical continuity, coherence and order over time. Furthermore, the disaster stories were about biography and identity, and showed how older adults made sense of the flood from a life-course perspective. The use of narrative approaches provides an insight into how the flood disaster was experienced, and reveals how four older adults storied their experiences of a significant life challenge.

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## Introduction

A disaster event such as flood, earthquake, or hurricane, can be traumatic, unexpected, and disruptive to individuals both personally and socially. Such events can present challenges that are a threat to physical, emotional, financial and social resources. The World Health Organisation (WHO) has identified older adults as a vulnerable population who are more likely to be at greater risk in a disaster. They experience more negative impacts, and are more likely to have higher morbidity and mortality rates than the rest of the population in a disaster (Bolin & Klenow, 1988; Bourque, Siegel, Kano, & Wood, 2006; Cutter, Boruff, & Shirley, 2003; Perry & Lindell, 1997; WHO, 2008). Driving the need for further research about older adults' welfare in the context of a disaster, are two broad social issues. First is the increasing concern over climate change and weather extremes in the 21st century.

The second social issue is related to the growing demographic of older adults. The worldwide population aged 65 years and over is predicted to increase between 2000 and 2030 from 550 million to 973 million. This represents a global change from 6.9% to 12%. In Europe the older adult population is predicted to increase from 15.5% to 24.3%, in North America from 12.6% to 20.3%, in Asia from 6.0% to 12%, and in Latin America and the Caribbean from 5.5% to 11.6% (Goulding, Rogers, & Smith, 2003). Therefore a greater number of older adults will be affected by disasters as this demographic group increases over time.

There is limited research on the mental health impacts of older adults as a result of experiencing a disaster, and further research is needed to increase awareness of older adults' psychosocial needs (Busuttil, 2004). Similarly, Toner and Alami (2010) have identified a need to increase our understandings about the mental health issues faced by older adults following a disaster; that there are "large gaps and uncertainties in our knowledge base" (p.22). Research does suggest that many older adults may have increased resources

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for dealing with stress rather than universal vulnerability (Thompson, Norris, & Hanacek, 1993). Some earlier work (Huerta & Horton, 1978) suggests that elderly flood survivors can cope quite well and tended to report fewer emotional effects and feelings of deprivation than younger victims. Norris and Murrell (1988) provided evidence to support their suggestion that prior experience of disasters reduces adverse psychological effects. Thus, chronological age and the experience it brings may inoculate against psychological effects. However, research by Phifer (1990) on the disaster impact of the 1984 Kentucky flood found that some older adults were more at risk for increases in psychological symptoms. This study found that the more vulnerable groups included men, those with lower occupational status and those aged 55 to 65 years. Norris, Kaniasty, Conrad, Inman, and Murphy (2002) found that among adult survivors of disasters aged 18 to 88 in the United States, Poland and Mexico, there were clear but different age effects on recovery, depending on the social, economic, cultural, and historical context of the disaster.

Tedschi and Calhoun (2004), and Neimeyer (2004) have drawn on theories of traumatic growth to explain that life wisdom and the development of a life narrative is an important aspect of dealing with traumatic experience. Accordingly, to understand the way in which life narratives function to provide resilience in the face of disaster we turn to narrative research. Literature from narrative gerontology has drawn attention to the importance of understanding older adults' lived experiences through biographical stories. Life stories can provide "insight into how a life has been lived, how it is lived, and how it can be lived" (Ruth & Kenyon, 1996, p.2). Adaptive reminiscence has been proposed as a cognitive process in which older adults' experiences "help maintain a sense of continuity and mastery", as remembering the past becomes a resource for the present and for facing the future (Wong, 1995, p.35). In this way adaptation to altered circumstances is linked to identity and biography, as individuals symbolically link past experiences with current circumstances as a way to understand new events (Kaufman, 1981). Bearing in mind the range of disciplines and perspectives that can offer valuable insights into older adults' responses to challenging and disruptive events, we have used narrative analysis to further extend understandings about how disasters are made sense of by older adults from a life-course perspective.

#### *Narrative as a methodology*

Narratives are about the stories we tell about others and ourselves and provide a location for the self in life experiences. Murray (2000) suggests that "the process of creating a narrative enables the person to give meaning to the constant change in his or her life, to bring order to disorder" (p. 338). In addition theorists such as Sarbin (1986) and researchers like Phoenix and Sparkes (2009) have drawn attention to the performative nature of narrative as enabling expressions of self-identity. Thus, personal stories of biographical events and actions are not just accounts of life experience; they also enable the present self to be interpreted in terms of past experiences (Kaufman, 1981) and past selves (Kenyon, 1996). At a personal level, a particular event that is storied can provide meaning and coherence so that the individual can recover meaning from phenomena that we take for granted (Kenyon & Randall, 2001). This interpretive

nature of stories, allows meanings of experiences to be expressed while enabling identity and purpose to be shaped within the narrative as told (Burnell, Coleman, & Hunt, 2010).

At a broader social level Coleman (1999) has suggested that an older adult's life story is important "to be told, because of the lessons it contains for others" (p.134). It is through narrative knowledge gained from people's stories of their experiences that we are able to understand the human world (Polkinghorne, 1988). Somers (1994) proposes that the core components of narrative identity incorporate the dimensions of time, space and relationality, which encompass history, social relationships, culture and wider macro-structural networks. In this way, narrative does not decontextualise the events from the context of the situated nature of events and experiences (Mishler, 1986; Coffey & Atkinson, 1996). Rather, narrative is used to locate the person within their wider social milieu and stories reflect the nature of that social world (Stephens, 2011).

Thus, the use of narrative can provide a sensitive research method in which stories about events and actions also enable the expression of identity in relation to the social world (Phibbs, 2008; Stephens, 2011). In using narrative for research we must acknowledge that the situated nature of narratives means that eliciting stories is an interpersonal process; they are co-constructed between the listener and the teller (Mishler, 1986; Randall, Prior, & Skarborn, 2006; Riessman, 2008). One specific use of narrative research has been in the area of chronic illness. Like chronic illness, disasters are events that can disrupt the taken-for-granted expectations about daily life, circumstances and self.

#### *Disruption, biography and identity*

Narratives have been widely researched in the field of chronic illness to provide insights into how meanings and experiences of chronic illness are used to construct self-identity (Bury, 1982; Faircloth, Boylstein, Rittman, Young, & Gubrium, 2004; Frank, 1993; Kaufman, 1988; Williams, 1984). Traumatizing experiences related to serious and chronic illness may create discontinuities and disruptions to taken-for-granted expectations about selves and everyday lives (Crossley, 2000). Crossley also draws attention to the importance of narratives as a way of restoring "order and connection, and thus to re-establish a semblance of meaning in the life of the individual" (p.542). In this way, the narrative process can enable the person to give meaning to disruptive events and actions and create a sense of order from the disorder associated with traumatic changes (Murray, 2000).

A theoretical understanding of disruption comes from Giddens (1979), who studied circumstances in which everyday environments were disrupted and routines dislocated. He proposed that the consequences of such 'critical situations' with their departure from taken-for-granted life rhythms and everyday understandings of human existence, is a threat to ontological security. The 'taken-for-granted' reality of a person's life is no longer as certain or understood in the context of the disruption, and this disruption creates tensions and challenges. Bury (1982) used Giddens' concept of 'critical situation' to provide an analytic focus for patients' experiences of being diagnosed with a chronic illness and the link of disruption with identity. Bury argued that the effects of

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