



## Narrative and resilience: A comparative analysis of how older adults story their lives



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### ABSTRACT

Of increasing interest to gerontologists is *resilience*: the capacity for coping with the challenges of later life with openness and positivity. An overlooked factor in resilience, however, is the narrative complexity of older persons' self-accounts. The research on which this article is based is part of a larger project aimed at assessing the role of narrative interventions in strengthening the stories that older people tell about their lives. Presented here are preliminary findings from analyses conducted by our multidisciplinary team (representing gerontology, social work, nursing, dementia studies, and literary theory) on open-ended life story interviews done with 20 community-dwelling individuals (15 F, 5 M; aged 65–89 years) who completed the Connor Davidson Resilience Scale. Specifically, we compared the self-accounts of the 6 from these 20 who scored highest on the CDRS with the 7 who scored lowest to determine any patterns in how each group “stories” their lives. We conclude with certain observations of relevance to narrative care.

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### Narrative and resilience

While many older adults inspire us with their capacity to keep positive and open—even thriving—amid the challenges and adversities life places in their path, others faced with similar challenges will succumb to depression or despair, to some form of “arrested aging” (McCullough, 1993) or “narrative foreclosure” (Bohlmeijer, Westerhof, Randall, Tromp, & Kenyon, 2011): the conviction that their life story has effectively ended (Freeman, 2010). What, we can ask, leads one person to age in one way and another person to age so differently? One answer is *resilience*.

Defined as “a dynamic process of maintaining positive adaptation and effective coping strategies in the face of adversity” (Allen, Haley, Harris, Fowler, & Pruthi, 2011, p. 1), resilience is characterized “by the ability to bounce back from

negative emotional experiences and by flexible adaptation to the changing demands of stressful experiences” (Tugade & Fredrickson, 2004, p. 320). Two recent collections (Fry & Keyes, 2010; Resnick, Gwyther, & Roberto, 2011) outline several factors that feed resilience in later life. These range from physical health to emotional regulation, from educational level and overall mental fitness to personality traits, social networks, and cultural or spiritual resources. Little attention has been paid so far, however, to the *narrative* factors that may also feed resilience.

This paper draws on the field of narrative gerontology (see Birren, Kenyon, Ruth, Schroots, & Svensson, 1996; Kenyon, Clark, & deVries, 2001) to explore the hypothesis that older adults who score high on resilience will “story” their lives in identifiable ways (Kenyon, Bohlmeijer, & Randall, 2011). Compared to those of low scorers, that is, their self-narratives will be thicker and richer, more detailed and complex in nature, and—so to speak—*stronger* overall. As a corollary to this hypothesis, then, people's resilience will be augmented to

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the extent that their stories are strengthened through some mode of “narrative care” (Bohlmeijer, Kenyon, & Randall, 2011; Randall, 2012), whether reminiscence, life review, guided autobiography, psychotherapy, or simply soulful conversation—any activity, that is, in which deep storytelling is elicited through deep story listening.

Before presenting our research and what it implies for the practice of narrative care, we first need to acknowledge existing theory and research that is relevant to the connection we are proposing between narrative and resilience.

### Relevant research and theory

Staudinger, Marsiske, and Baltes (1995) have argued that people who are especially resilient in later life have access to a range of “identity projects” and “possible selves” (p. 818). “Psychological resilience in old age,” echo Bauer and Park (2010), “is intimately tied to self-identity” (p. 60), where self-identity is inseparable, that is, from self-narrative. For McAdams (2001), in other words, the very concept of “identity” requires understanding in narrative terms. “Identity,” he says, “is a life story” (p. 643, emphasis his), namely, “an internalized and evolving personal myth that functions to provide life with unity and purpose” (McAdams, 1996, p. 132). More to the point, work on our narrative identity continues all life long, aging being no exception. Indeed, the changes and challenges that come with later life—retirement, bereavement, disability, relocation, loss—can constitute challenges to our very sense of self. Chief among these are challenges to our sense of existential meaning (see Reker & Chamberlain, 2000). Thus, insofar as narrative is our principal vehicle for making such meaning (Polkinghorne, 1988), how we “story” (Kenyon et al., 2011) our lives is of pivotal importance.

Implicit in discussions of narrative identity, in the context of either development or therapy, are assumptions concerning a “good life story.” McAdams (2001), plus others (see Baur, 1994; Coleman, 1999; Polster, 1987) have proposed that the “goodness” of a life story can be assessed according to such criteria as *coherence*, *credibility*, *differentiation*, *openness*, and *generative integration*. Coherence means that the stories that we tell about our lives, both to others and ourselves, essentially make sense. They hang together; they co-here. Credibility suggests that our self-stories should reflect the actual facts of our lives, which is to say, should not omit vast chunks of our past nor ignore the obvious realities of our world. Differentiation implies that the more varied our story is (the more themes it reflects, and the more episodes, subplots, and selves it contains), then the better it is. As mentioned before, Staudinger et al. (1995) link resilience to a range of “identity projects” and “possible selves,” which points to the criterion of openness for a better life story, one that is flexible and capable of expanding or deepening, of continuous “restorying” (Kenyon & Randall, 1997). Of particular relevance to our purposes here, therefore, is research by Steunenberg and Bohlmeijer (2011) into older adults suffering from depression, a condition associated with recalling predominantly negative memories about their lives in an “overgeneral” manner (pp. 295–296). Engaging such individuals in reminiscence activities that encourage them to recall memories that are both positive and specific increases their sense of mastery enhances their experience of meaning, and lessens their symptoms of depression (Korte, Cappeliez,

Bohlmeijer, & Westerhof, 2012). In effect, it counters whatever narrative foreclosure they may be experiencing and helps to re-open their stories, “narrative openness” being “a prerequisite for development of identity in later life” (Bohlmeijer, Westerhof, & Lamers, 2014, p. 2). Finally, generative integration, which combines the Eriksonian concepts of “generativity” and “ego integrity,” means that our self-story reaches beyond the boundaries of our own unique self and connects with, or gives back to, the evolving stories of others, our community, and our world.

Granted, the idea of life stories being deemed as “good” (or “bad”) deserves critique (see Hyvärinen, Hydén, Saarenheimo, & Tamboukou, 2010, on the criterion of “coherence” alone; see also Baldwin, 2006, on the “narrative dispossession” of persons with dementia), for it carries with it comparable baggage as does the concept of “successful” aging. Nonetheless, various theorists, researchers, and practitioners uphold the claim that some stories can be heralded as “better” than others in a particular time and place (see McAdams, 2008), based in part on what they *do* (Frank, 2010), specifically on being more advantageous for the person(s) under consideration (Quosh & Gergen, 2008). Such scholars have highlighted the connection between how we story our lives and how we live our lives, which is to say between the quality of our personal narrative and our overall health and well-being (Birren & Deutchman, 1991; Pennebaker & Seagal, 1999; Rybarczyk & Bell, 1997; Wingard & Lester, 2001).

Also pertinent to the narrative-resilience link is the research of Jennifer Pals (2006) on people’s use of “exploratory narrative processing” to make sense of difficult life experiences. Of importance here is the observation that, in general, negative events demand “more storytelling work” (McAdams, 2008, p. 253). A core finding of such research is that if we can narrate difficult episodes in our lives with “coherent positive resolution,” then the stories we weave around those episodes are more likely to become important self-defining memories, which in turn remind us of our ability to overcome adversity (Pals, 2006). Conversely, the inability to achieve positive resolution is linked to low levels of “ego-resiliency” (p. 1079).

Other research suggests that, in general, our capacity for “autobiographical reasoning”—for making sense of past or present events in terms of our life as a whole—becomes more sophisticated with advancing years (Pasupathi & Mansour, 2006). Also, changes in our aging brains themselves contribute to our increased ability to regulate our emotions (Cohen, 2005, p. 14) and to be biased toward “positivity” (Carstensen & Mikels, 2005) in the memories that we see as central to our self, and in how we interpret more negative events as well. Related to this is the concept of “integrative reminiscence” (Wong, 1995), which involves accepting and interpreting “negative past experiences,” identifying experiences that have helped develop “personal values and meaning,” and creating coherence between one’s present and past (pp. 24–25). Such reminiscence, it is argued, is most likely to be characteristic of “successful agers” (Wong & Watt, 1991).

Equally pertinent to our hypothesis here is McAdams’s (2006) work on the sorts of stories told by people who score high on generativity. Specifically, they tend to tell “redemptive sequences” when remembering difficult life events—that is, stories in which negatives get turned into positives and experiences that are initially bad issue in outcomes that are good (“I grew from this, learned from this, am better off

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