



ELSEVIER

Contents lists available at ScienceDirect

## Journal of Aging Studies

journal homepage: [www.elsevier.com/locate/jaging](http://www.elsevier.com/locate/jaging)

## Resilience and vision impairment in older people

Clare Thetford<sup>a,\*</sup>, Kate M. Bennett<sup>b</sup>, Suzanne Hodge<sup>c</sup>, Paul C. Knox<sup>d</sup>, Jude Robinson<sup>e</sup><sup>a</sup> Institute of Psychology, Health and Society, Eleanor Rathbone Building, Bedford Street South, University of Liverpool, L69 7ZA, United Kingdom<sup>b</sup> Department of Psychological Sciences, Eleanor Rathbone Building, Bedford Street South, University of Liverpool, L69 7ZA, United Kingdom<sup>c</sup> Division of Health Research, Furness College, Lancaster University, LA1 4YG, United Kingdom<sup>d</sup> Eye & Vision Science, Institute of Ageing & Chronic Disease, University of Liverpool, Thompson Yates Building, L693GB, United Kingdom<sup>e</sup> Department of Sociology, Social Policy and Criminology, Eleanor Rathbone Building, Bedford Street South, University of Liverpool, L69 7ZA, United Kingdom

## ARTICLE INFO

## Article history:

Received 2 March 2015

Received in revised form 1 July 2015

Accepted 14 July 2015

Available online xxxx

## Keywords:

Resilience

Successful ageing

Visual/vision impairment

AMD

Older people

Sight loss

## ABSTRACT

Some people fare better than others when faced with adversity; they appear to be more 'resilient'. This article explores the concept of resilience in the context of vision impairment using two linked sets of narrative interview data from 2007 to 2010. Three case studies were analysed in detail using a framework approach based upon a social–ecological model of resilience and vision impairment. Within the model a range of assets and resources are identified which influence an individual's capacity for resilience. A set of criteria were used to establish the extent to which each individual appeared to be resilient at each point in time. Analysis revealed that it is not merely the presence or absence of individual, social, and community resources – but how these resources interact with each other – that influences resilience and can create a risk to wellbeing. To possess only some of these resources is not sufficient; there is a co-dependency between these resources which requires the presence of other resources for resilience to be achieved. Resilience is not a fixed state; individuals can become more or less resilient as their circumstances and resources change over time. We suggest that the concept of resilience has much to offer the field of vision impairment as it allows the identification of enablers as well as areas of barriers to improving people's health and wellbeing and suggests further opportunities for service providers to engage with clients, even those who appear to be supported, as people's social, economic and emotional landscapes continue to change over time, rather than identifying deficit.

© 2015 Elsevier Inc. All rights reserved.

## Introduction

In challenging circumstances, some individuals cope better than others; they are seen as 'resilient.' Whilst some people with vision impairment live fulfilled, independent lives despite significant impairment, others have a poor quality of life, even with lesser degrees of impairment (Hernandez Trillo & Dickinson, 2012; Thetford, Robinson,

Knox, Mehta, & Wong, 2011). There are around two million people with a vision impairment in the UK (Access Economics Pty Limited, 2009; RNIB, 2013a), the majority of whom are aged over 60 (RNIB, 2013a). This number is expected to increase to 2.25 million within 10 years, primarily due to population ageing, which is associated with increased burden of vision-related disability. Age is a risk factor for common conditions such as Age-related Macular Degeneration, cataract, glaucoma and diabetic retinopathy (RNIB, 2013a).

Vision impairment has negative impacts upon wellbeing and quality of life (Hernandez Trillo & Dickinson, 2012; Li et al., 2011; McManus & Lord, 2012), mental health (Barr, Hodge, Leeven, Bowen, & Knox, 2012; Hayman et al., 2007; Nyman, Gosney, & Victor, 2010; Thurston, 2010) and social participation (Alma et al., 2011). However, within the vision impaired

\* Corresponding author. Tel.: +44 756 393 7947.

E-mail addresses: [Clare.thetford@liverpool.ac.uk](mailto:Clare.thetford@liverpool.ac.uk) (C. Thetford),[K.M.Bennett@liverpool.ac.uk](mailto:K.M.Bennett@liverpool.ac.uk) (K.M. Bennett), [S.Hodge@lancaster.ac.uk](mailto:S.Hodge@lancaster.ac.uk) (S. Hodge), [pcknox@liverpool.ac.uk](mailto:pcknox@liverpool.ac.uk) (P.C. Knox), [J.E.Robinson@liverpool.ac.uk](mailto:J.E.Robinson@liverpool.ac.uk) (J. Robinson).

population there is considerable variation in wellbeing and physical and mental health (McManus & Lord, 2012). Vision impairment has multi-faceted impacts upon people's lives; it impacts on functional ability and mobility (both in terms of getting out and about and individual functional mobility), which affects social interaction and psychological wellbeing (Gallagher, Hart, O'Brien, Stevenson, & Jackson, 2011; Grue et al., 2010; Hodge & Eccles, 2013). However, the relationship between severity of impairment and the impact upon wellbeing is not simple (Schilling, Wahl, Horowitz, Reinhardt, & Boerner, 2011); there is a range of influencing factors (Brown & Barrett, 2011). Hernandez Trillo & Dickinson (2012) found non-visual factors including physical and mental health to be better predictors of quality of life in people with a vision impairment than visual function, whilst Tabrett and Latham (2012) reported that personality traits influenced the occurrence of depression in vision impaired people. Amongst older people with vision impairment there is often considerable physical and emotional co-morbidity, which compounds the challenges they face (Court, McClean, Guthrie, Mercer, & Smith, 2014; Thetford, Robinson, Knox, Mehta, & Wong, 2008; Thetford et al., 2011; Thurston, 2010). In this article we consider how the concept of resilience might be applied in the context of vision impairment, in order to better understand how this complex array of individual and social–environmental factors operates to influence individual well-being. We examine two sets of related narrative data, gathered in 2007 and 2010, to explore the experiences of people with vision impairment.

## Resilience

Resilience is commonly perceived to be a good outcome despite adversity (Masten, 2001), or the ability to bounce back following adversity (Young, Rogers, Greene, & Daniels, 2011). The concept of resilience offers a way to understand why some people fare better than others, given similar adversity. However, resilience is a contested concept; see Windle (2011) for a review and concept analysis. In the past, some conceptualisations have neglected the social processes which create risk (Ungar, 2012). This fails to recognise social and environmental factors and the relationships and networks which influence how individuals cope with adversity. However, there is now an emerging body of work, including the development of a 'social ecological' model of resilience, which recognises that social and environmental factors are at least as important as individual personality traits in determining resilience (Donnellan, Bennett, & Soulsby, 2015; Ungar, 2012; Young et al., 2011). This perspective makes clear that responsibility for optimising the resilience of individuals rests as much with the society in which they live as with the individuals themselves.

A growing interest in the value of resilience in healthy ageing has led to a number of studies seeking to explore resilience amongst older people (Gattuso, 2003; Hildon, Montgomery, Blane, Wiggins, & Netuveli, 2010; Hildon, Smith, Netuveli, & Blane, 2008; Wild, Wiles, & Allen, 2013; Wiles, Wild, Kerse, & Allen, 2012; Windle, 2012). Harris (2008) suggested that 'successful ageing' is the wrong goal and that we should instead be focusing upon striving for resilience in old age. Harris's argument has particular pertinence in the context of vision impairment; sight loss disproportionately affects older people, who also face other age-related health and social

challenges, but within models of successful ageing, there is a focus on prevention and avoidance of disability and ill-health (Harris, 2008). Resilience challenges the idea that poor health or disability, such as that resulting from vision impairment, cannot mean living well in old age (Hildon et al., 2010).

Windle's (2011) definition of resilience recognises individual characteristics and the social and environmental factors which influence resilience: "Resilience is the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and 'bouncing back' in the face of adversity" (Windle, 2011: p. 163). Windle and Bennett (2011: p. 220) represent the relationships between these resources in a model of resilience within caring relationships, highlighting the relationships between the challenges individuals face, the resources a person has (society, community and individual resources), how each of these relate to each other, and the consequences, or outcome of this (resilience, compromised wellbeing or further challenges). Whilst Windle's (2011) definition recognises resilience as a *process* rather than a stable personality trait or characteristic, it can also be conceptualised as an outcome that results from the adoption of a particular outlook or response to a combination of circumstances (Bennett, 2010; Donnellan et al., 2015).

Drawing on Bennett's idea of resilience as a process, we explore the concept in the context of vision impairment in older people, through the analysis of in-depth longitudinal data. Taking a social–ecological approach, we examine the impact of, and relationships between, a range of social, community and individual resources which may determine an individual's capacity for resilience.

## *Supports and services for people with vision impairment in the UK: a brief overview*

Provision of support for people with vision impairment in the UK is varied and somewhat complex. A range of financial supports and concessions are available dependent on individual and means-tested circumstances (RNIB, 2013b). Services may be provided by statutory providers; predominantly Local Authority services that provide rehabilitation assessments and services after individuals have been certified as Sight Impaired (SI) or Severely Sight Impaired (SSI) by a Consultant Ophthalmologist and placed on the Local Authority Register. In some areas, Local Authorities may commission other providers, including voluntary organisations, to provide these services. The amount and type of services offered vary by the Local Authority, as well as by an individual's assessed entitlements. However, services offered may include: rehabilitation (including mobility training and life skills); aids and adaptations to the home; help with personal care (such as bathing, getting up and going to bed); help with shopping; answering correspondence; cleaning; and help with cooking. Often, statutory services are supplemented by national and local voluntary organisations which provide services, some of which are free and some of which they charge for. In some areas there are now emotional support services, though during the period of data collection a formal counselling service was not available in the areas from which participants were recruited.

Download English Version:

<https://daneshyari.com/en/article/7517558>

Download Persian Version:

<https://daneshyari.com/article/7517558>

[Daneshyari.com](https://daneshyari.com)