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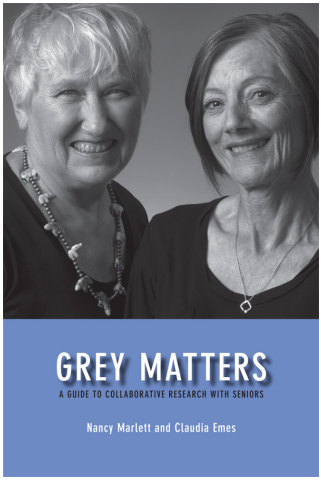

GREY MATTERS
A Guide to Collaborative Research with Seniors
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Appendices

Appendix 1
Resilience as Social Capital: Lessons from Older Adults

Nancy Marlett, Claudia Emes, Kimberley Petersen,
Lynn Meadows, and Ralph Miller

Abstract: This paper explores data collected by older adults while setting a research agenda about resilience. Focus group data from 120 older adults generated group consensus research questions, a computer-aided content analysis, and interpretive discussions with

older adults as researchers. The results reflected by socialization and cultural differences prompted us to explore a possible convergence between resilience and the literature on social capital. The data suggest that this particular cohort of older adults considered resilience to be learned, strengthened, shared, and passed on during times of challenge and struggle, and thus resilience acts as a social currency.
Key Words: social capital, resilience, older adults, healthy aging

Note: This paper represents an attempt to recognize the voice of seniors by weaving their quotes into the text.

1. Introduction

"Are you going to take resilience and make it into something I have to feel bad about not having enough of?" Maureen asked as I walked into a large gymnasium where we were hosting a workshop on resilience. The purpose of the workshop was to discuss an understanding and interpretation of resilience from the perspective of seniors. She called "resilience" a good word, and went on to tell us about how the wars made children resilient and how young people today have it too easy and she worries about them becoming resilient. This was our introduction to resilience through the eyes of older adults, and it captures the spirit and commitment to the meaning of resilience for a generation that shared the common threats of war and the great depression.

The workshop on resilience, sponsored by the Canadian Institutes of Health Research, was held at the Kerby Centre of Excellence, and it was the first initiative to increase the voice of older adults in research about resilience and healthy aging (Emes et al., 2008). The Kerby Centre, is a large, seniors-led organization of older adults supporting older adults, and it has fought for thirty-five years to have seniors' voices heard. In the early stages most literature about seniors came from medical specialists and geriatricians. It was dominated by

problems, loss, and physical and mental degeneration that was represented by a "steady trajectory of decline." Later gerontology was established as a multidisciplinary field about the psychosocial aspects of aging that take into account both the gains and losses associated with aging (for a more complete review, refer to Heckhausen et al., 1989); still focused primarily on how older people adjust to loss[2] (Carstensen and Freund, 1994) or unexpected change due to life's circumstances. More recently aging dominates much of the health literature, including resilience and aging.

1.1. Resilience

Resilience as a recurrent theme within gerontology (e.g., Lavretsky and Irwin, 2007; Staudinger et al., 1993, 1995) is commonly referenced to overcoming trauma or adversity. Dependent variables include personality characteristics or internal resources, social support (e.g., family and community support or external resources), and neuronal and cellular integrity (Marji and Dutman, 2001). Research on older adults demonstrates their resilience (Bergeman and Wallace, 1999; Garmezy, 1985; and Rutter, 1987). Various definitions have emerged from resilience literature. For example, the ability to maintain or regain active or latent coping and adaptation capacities through various individual and interpersonal mechanisms (Foster, 1997). An alternative definition reflects the voice of seniors: resilience is "about moving beyond adversity to strength, about turning hardships into insights and about skills and character that lead people to anticipate and believe that they can handle future challenges" (Emes et al., 2008).

In a historical review article, Tusaie and Dyer (2004) described the evolution of the construct of resilience. They identify the roots of resilience within psychological and physiological literature. It emerges in research that examines human responses to adverse events as

a dynamic process, when an imbalance occurs between risk and protective factors. It was the notion of a person improving in response to an adverse event that laid the groundwork for the construct of resilience. Resilience focuses on positive outcomes. Definitions also focus on both intrapersonal and environmental factors. But most important is the understanding that resilience does not function uniformly and automatically but is unpredictable in response to contextual variables. Further, the domains of resilience are appropriate according to different life stages (Tusaie and Dyer, 2004).

As interest in resilience in older and very old people increases (e.g., Nyrgen et al., 2005), the definition of resilience in aging shifts dramatically from characteristics to exploring the connections between resilience, a sense of coherence, and purpose in life.

1.2. Social Capital

The other construct that frames this article is social capital, a term used to recognize the non-monetary contributions people make to a society so that it can be productive. It is a difficult concept to define and measure because it resides in relations between and among people (Coleman, 1990). What may constitute social capital in one context may be regarded as useless or even harmful in another (Krishna and Shrader, 2002). Nevertheless, measures of social capital have included: trust (e.g., in others and in institutions); reciprocity reflected in social cohesion (e.g., respect for diversity, values) and social support and networks (e.g., frequency of contacts, quality of relationships); civic participation and social engagement (e.g., sense of belonging to the local community, membership in community groups or associative activities, volunteerism, civic participation); income distribution; and health (e.g., self-rated health status, Van Kemenade, 2003). Social capital is therefore not a single entity but is multi-dimensional;

it is a function of the value assigned by individuals, families, and the communities in which they reside (Coleman, 1990).

For purposes of this paper, we chose to rely on Cahn's (2002) framework of social capital as a "non-monetary infrastructure of trust, reciprocity, civic engagement." In this respect we have combined social cohesion, social support, networks and social engagement within the category of reciprocity as they reflect "connectedness." Included in civic engagement are social awareness and activism, membership in community groups and volunteerism, as these features are about contribution.

The subject of social capital is prominent in current health literature (for example, Lomas, 1998; Pootinga, 2005). Studies focus on successful aging and approaches that offer reliable measures of social capital. In a review of thirty-one articles, Kawachi et al. (2004) identified a complex pattern of associations between social capital and individual health thereby concluding that social capital is "a true contextual construct."

Social capital literature on community and individual health has recognized the potential contributions of older adults (Fried et al., 1997). It also appreciates that most seniors (59%) have a desire to stay active and productive, therefore offering a growing source of human or social capital (Fried, 1996). A relatively new program that taps into the aging adult population is Experience Corps®, a volunteer service program designed to connect and improve the lives of urban school children while at the same time improving health for older adults (Glass et al., 2004). The program targets schools where committed long-term volunteers can enhance teacher and student experiences. This is a relatively sophisticated initiative that respects the needs of both the school, its teachers and students, and the older adult volunteers. Short-term evidence of increased social capital as a result of the Experience Corps® is reported in Rebok et al. (2004). Research by Pollack and Von dem Knesebeck (2004) also showed that social

capital indicators at an individual level are associated with various health indicators in the elderly. Despite the evidence that of the importance of social capital to health at both an individual and community level, social capital appears to be on the decline (Cannuscio et al., 2003; Putnam, 2001). This is particularly critical to older adults because they are at greater risk for losing social ties as they age and consequently face increased risks of dependency.

This study reinforces a new voice in research literature about older adults, a voice that challenges the dominant discourse of both geriatric and gerontological research. It also represents social capital that comes from the lived experience and the rich cultures of aging adults. Most importantly, it was retrieved by their older adult peers.

1.3. Purpose

The purpose of this article is to explore the parallels between resilience and social capital as an individual and community currency. The study also proposes a model of social capital that is informed by the outcomes of a workshop on resilience for older adults.

2. Method

The principles of Participatory Action Research were instrumental in the development of the resilience workshop (Green et al., 1995), and this study is an opportunistic analysis of data collected by a group of academics advisors involved in the workshop. This paper, therefore, while taking advantage of the data collected within a PAR-informed process, does not claim to have been written with participants because there was no way to involve all those who had attended. We did consult older adult researchers who had participated in the workshop and who were later part of subsequent research that was based on a research agenda set by workshop participants.

2.1. Participants

Members and non-members of the community-based Kerby Centre were invited participants. Inclusion criteria were sixty years or over, registration, participation in the entire workshop, and willingness to have their comments recorded. Announcements about the workshop were posted in the Centre and e-mailed to members, and a notice of invitation was printed in the *Kerby News*, a monthly newspaper published for seniors that has a circulation of 250,000 readers (Emes et al., 2008).

2.2. Design and Procedure

The Kerby Centre of Excellence invited older adults to attend a workshop on resilience. Participants registered upon arrival and signed consent forms. The topic of resilience was introduced and then followed by a presentation on resilience by a researcher from a neighbouring province. Her study involved rural participants whose background was similar to many of the workshop participants. After a coffee break participants were divided into discussion groups that were led by retired professors. Each group also included a volunteer student scribe. They used networked tablet computers to hand-write their notes and this new interactive technology made it possible to collect and synthesize data as it was recorded. Two main questions guided their discussion: (a) "can you think about a time when you were struck by your ability to cope or the resilience of someone else," and (b) "as a group, what would you consider the three most important aspects of resilience that need to be looked at further?" Participants worked in small groups, sharing their stories of resilience and thinking about what they had learned about resilience from these stories. The results were projected on a large screen so that there was a feeling among the participants that their ideas were turning into research

directions as they watched. In the afternoon, research questions were identified by the focus groups through a group consensus process.

2.3. Analysis

After the workshop, the rich data gathered was subjected to extensive qualitative analysis. During the many discussions about the findings, one of the researchers noted that the results seemed to reflect a socialization process that resulted in learned ways of responding to challenges. The parallels we recognized between resilience and social capital as we worked with the data intrigued us. As such we wondered if the data might address our understanding of social capital in relation to older adults and aging. The challenge was to determine if resilience is a distinct form, or a process, or a structure within social capital.

Data were then analyzed for evidence of the parallels between resilience and social capital. As the evidence was coded, we began to explore the fit for a model of social capital.

3. Results and Discussion

Participants in the workshop ($n = 120$) were 88 females, 15 males, and 17 others who failed to provide age and gender information during registration. They were aged 60 and older; 35 from 60 to 69, 59 from 70 to 79, and 26 over 80 years. They represented a broad range of socio-economic and ethnic cultures (e.g., European, Indian, Japanese, and Ismaili), and service personnel ($n = 5$).

The pivotal outcome of the workshop was a definition of resilience that was crafted through the interpretation of the stories that participants shared when they were answering the two questions regarding their personal experience with resilience. It is "about moving beyond adversity to strength, about turning hardships into insights and about

skills and character that lead people to anticipate and believe that they can handle future challenges."

This definition reflects the process of responding to challenges; however, the conversations that were the basis for this understanding suggested a broad scope that includes social groups and communities. One women described to struggle after her divorce from a marriage of forty-three years, "support groups have helped for abused women. They encouraged me to go on despite my age and stage of life." Another talked about her volunteering experiences as "using [the] rich resource of people" and "serving to be served." The ability to cope effectively with change does not diminish with age, provided that support is available, nor is it limited by changes in circumstance.

In summary, resilience in these older adults was considered less a trait and more historically situated within a shared socio-cultural context (Jarvis, 1987). Kolb (1984, 38) defines learning as "the process whereby knowledge is created through the transformation of experience" and involves active participation or emotional involvement (Jarvis, 1987). This would appear to capture the culture of resilience we witnessed.

The perception of resilience as a fluid acquisition led authors to note the unmistakable alignment of resilience with social capital. In the following sections those variables that constitute and influence social capital are examined through the lens of resilience. Social capital is based on the degree to which society cooperates and collaborates through such mechanisms as shared trust, reciprocity, and civic engagement.

3.1. A Model of Resilience as Social Capital

Social capital generally addresses non-monetary economic value that contributes to a society's capacity to be productive; indeed, Alder and Kwon (2002) identified important benefits of social capital. First,

social capital facilitates access to broader source of information, thereby improving quality relevance and timeliness of data and ideas. Power, influence, and control constitute a second benefit that leads to achieving goals and getting things done. Lastly, social capital is solidarity that creates social norms and beliefs associated with social networks. We suggest that social capital has two outcomes: productive function and resilience. We further suggest the following model of social capital as a process whereby the capacities of individuals (human capital) as part of social groups create productive function and resilience (social capital) through opportunities for building trust, reciprocity, and civic engagements. Whereas human capital refers to individual ability, social capital refers to opportunity; it is a quality created between people.

Productive functioning is the capacity of individuals and social groups to work effectively within collaborative structures to create and sustain needed goods and services. Resilience, using the definition developed in the initial workshop, is then the capacity of individuals and social groups to move beyond adversity to strength, to turn hardships into insights, and about a history of resilience that leads people to anticipate and believe that they can handle future challenges. In short, it is the social history and capacity that enables a society to respond to and overcome the challenges that threaten its ability to be productive.

Resilience in this light is a reserve, or a legacy to be drawn upon in times of challenge. An example of resilience as a non-monetary reserve becomes clear when confronted with the escalating health care costs associated with aging. The capacity of seniors to maintain functional autonomy and contribute to their health and the health of others through natural supports will make it possible for society to continue to care for the health needs of all members.

This particular age cohort has a strong sense of resilience, and it may be opportune to call on them as experts of resilience to

understand the how to manage health care for an aging population. It is time to see aging adults not as a threat to economic stability because of their potential problems, not as sidelined and discriminated against, but as a source of social capital, capable of finding new solutions to the challenges that society faces.

According to Brehm and Rahn (1997), civic engagement and interpersonal trust are in a tight reciprocal relationship, where the connection from participation to trust is strong. We witnessed the sharing of life experiences during the workshop develop into a cohesive factor in their understanding of resilience and a solidarity in their agreement on the meaning of resilience.

It might be suggested that the way to mobilize social capital is to understand the operation of trust, reciprocity, and civic engagement in creating social capital. It would seem that trust enables people to enter reciprocal relationships, and experience in reciprocal activities promotes civic engagement.

3.1.1. Shared Trust

Shared trust can be defined as the attitude, spirit, and willingness of people to engage in cooperative and collaborative activities. It refers to the belief that people and or groups will honour their commitments and that obligations will be enforced by social groups such as families, communities, and society as a whole. This trust is shared between individuals and between individuals within social networks. Trust begins in connections among individuals and families, while the broader community foster norms of trustworthiness (Van Kemenade, 2003).

Trust consists of webs of personal beliefs and expectations that enable people to engage in social behaviour. These webs of mutual beliefs and expectations create trust and safety, a sense of stability and order. Trust can be as ephemeral as a phone call every day at ten

o'clock, or watching out to make sure the home care nurse comes to the home of a friend across the street. Trust and resilience are deeply connected for one cannot risk trying again, "bouncing back" without trust in a social contract.

Although the word "trust" was seldom used in the focus groups, there were narratives of trust within families and about obligation and mutual expectations found in later life when family ties diminished. This age cohort shared powerful stories of families surviving in the face of violence, hunger, poverty, displacement, and harsh environments. Close bonds were built on the belief that family members could be relied on, members were accepted because they were family and everyone worked to protect and help the family survive and prosper. This almost instinctual reliance on each other led to trust that enabled the family to hold on (and onto each other) in the face of unpredictable and often hostile environments. The trust and safety found within families tamed the fears that existed outside these families where the outside was marked by stangeness, unpredictability, and the potential for harm.

Later in life the basic foundation of trust tends to break down as family ties unravel and there is a rise in fear and feelings of alienation, loneliness, and hostility. Without trust, society needs "constraints, supports, leaders, managers, teachers, intervenors and we surrender ourselves and our lives to them for guidance, management and manipulation" (Gib, 1978, 14). In other words, as trust bonds break, people are more likely to enter into a cycle of reliance on paid staff for guidance and support which in turn further reduces natural trust bonds.

The participants spoke of the loss of family or intimate ties that led to feelings of being alienated and fearful. They countered with suggestions about connecting with others seniors. Examples of this were found in the stories of senior's groups that were formed in the 1980s in Canada with the Secretary of State programs. They spoke

of the vitality of these groups, how they provided a site of friendship, mutual support, and a sense of identity. These associations developed the same trust bonds that were evident in families, once families and work ties were no longer viable.

Participants also acknowledged that these seniors groups were being threatened by declining membership. These groups are "becoming soulless, lacking in sensitivity and connectedness." If communities are to maintain the needed social capital resources of seniors, they will need to attend to this loss of shared trust and build ways to increase the power inherent in natural seniors communities.

We can begin by addressing those practices that undermine trust. One example of this is the current enthusiasm of community developers and community health staff to strengthen and support seniors clubs and associations by placing social workers and community health workers in these centres. As paid staff, they are responsible to the funding body, not the association, and many of the natural functions done by seniors are assumed by young professionals. As social clubs are turned into resource centres, the obligations, narratives, sanctions, and supports are undermined, and this further reduces the social capital that was the hallmark of seniors' centres. Professionals and planners need to be careful lest they trample on natural support networks that cannot be replaced. Our data can only speak to an older cohort for seniors clubs and associations do not attract younger seniors. It is up to others to create a model to maintain and build trust for the next generation of seniors.

3.1.2. Reciprocity

Reciprocity is "a combination of short term altruism and long term self interest" (Taylor, 1982). People act for the benefit of others at a personal cost. They do this in the general expectation that this kindness will be returned at some undefined time in the future when

they might need it themselves. Portes (1998) describes reciprocity as providing access to resources with an expectation of repayment in the future. This creates obligations that are repaid in ways that may differ from the way they were incurred and timing of repayment is not specified. Reciprocity exchanges occur between individuals, the individual and the community, and between communities. In a community where reciprocity is strong, people care for each other (http://www.mapl.com.au/socialcapital/soccap1.htm). Social supports, networks, social cohesion, and social engagement are also included in this section.

Reciprocity was a strong theme among participants, demonstrated by comments such as, "You can't stay the victim when your family and others around you push you to go on." Reciprocity depends upon meaningful and positive relationships. Most meaningful relationships begin with family.

Participants discussed learning about resilience by "sharing stories of personal strengths that celebrated where we came from and the obstacles overcome," e.g., "my grandparents were very creative … they came with nothing but learned how to make do with what they had." Thus, many older adults discussed "mentoring as a way of teaching and encouraging resilience" in others; "linking the younger generation to how things used to be." Older adults who immigrated to Canada in their youth felt a loss of meaningful relationships because they left behind extended family, neighbours, and familiar communities. In these cases, informal networks came to replace the role that family would normally play. These informal networks allowed individuals to cope effectively with unexpected change. "You need to stay busy, giving and receiving in the community, meet new people regardless of the barriers."

With aging, this loss of meaningful relationships accelerates. For many older adults, the community centre provides opportunities to connect with others. This reduces feelings of being excluded from

society, especially "when family has stopped coming around," "I feel more isolated now … my friends are dying, and making friends is harder as you get older."

The participants had good suggestions for building connections again:

- "When people lose their abilities and their friends they get angry and they really need to find a good friend to listen."
- "Reach out to others and look for younger friends."
- "Find a friend that helps you feel good about yourself, keeps your dignity and expects you to help in return."
- "Stick to the optimistic people for friends, stay away from the basement people."

Meeting people is hampered by fixed incomes and accessibility. Affordable and accessible transportation provides opportunities to meet people with similar interests; for example, "one man is known to go to Canadian Tire because he is acknowledged there in a man's world," another explains, "My bus pass is a great thing, I get out [and] roam around the city and meet new people."

Once people are able to connect with others, it is possible to move to mutual support and reciprocity. The following are examples of this reciprocity:

- "Two years after coming here my husband died. None of my children are here. I am alone. I have health issues. I find it hard to meet friends.… I started going out of my mind; I looked in the phone book and called Kerby. The people at Kerby helped, I feel more open and brave. They hired me as a volunteer and now my life is getting better."

- "I was working for the school board and the stress was too much so I had to take early retirement (due to a heart attack) at one point I realized I needed to get back to things again. I needed something to do. I spoke to others with health problems and realized I needed to try and help others."

- "I am a volunteer teacher and through reading to children I have come to appreciate my ability to be a good volunteer for over 40 years. I am useful and that helps me a lot; it keeps me going."

Another example of the progression from reaching out and connecting, to helping others and finding a source of reciprocal support, was told by one participant who lost a grandson to suicide and through sharing her experience has provided emotional support to others, "I have been able to talk people out of committing suicide … this has helped."

Reciprocity builds on trust within social relationships, it creates social capital through shared help, support, and encouragement, activities that validate who we are and what we contribute "by helping others, you build your own reserves of worth and feelings of competence." Reciprocal activities also give people something to look forward to, to plan for, and in the process it focuses on the potential of the future rather than the problems of the past.

If we hope to capitalize on the potential of resilience as social capital we must understand the how to mobilize the opportunities for seniors to contribute to others and to build personal resilience.

3.1.3 Civic Engagement

Civic engagement relates to the active interest and participation in community interest groups such as neighbourhood and senior centres, sports clubs, and political parties. The denser the civic engagement

networks, the more likely that communities will be able to work together for mutual benefit. Also included in this section are notions of volunteerism, social awareness and activism, and membership in community groups.

Volunteerism is basically a reciprocal activity whereby older adults become engaged in service towards others and thus give back to family and the community. In "volunteering – you get more than you give." Through volunteering, older adults spoke about being much more aware of issues such as poverty, housing, and transportation but spoke most about: those who fall through the cracks, low-income seniors, older adults who don't speak English, shut-ins, those who can't get around, men who have lost a loved one, and the forgotten.

Civic engagement goes beyond awareness of social issues and many felt that they had an obligation to respond to larger societal need: "the community is changing" and the "Governments' priorities are not meeting the needs of today's older adults." "In the old days life expectancy was shorter and people were worn out." "Nowadays, we aren't sitting out on the porch, we are living longer and have the energy to do more, we just have to learn to harness this energy."

Committed to their community, these older adults wanted to take an active approach towards "planning for aging communities"; in their words, "We need to feel a challenge again, we need challenges to keep us going. "We must build our community and lobby for senior advocacy groups."

The results of our analysis support the rising concern that volunteerism is tied to the current older adult population. The older adults in our sample were engaged in volunteering and eager to be at the table of social change. However, they expressed deep concern about the lack of younger seniors to take their place. Putnam identified the immediate determinant of the decreasing national stock of social capital in the mid-nineties (Putnam, 1995). Our sample of older seniors despaired at the loss of civic engagement and responsibility as a way

of life that generally passes down from one generation to the next. They felt that this heritage was being lost.

3.2. Recommendations for Future Research and Action

This was not a formal study; it represents interpretations about powerful data collected by seniors with seniors on the topic of resilience. Further research will hopefully be conducted with other groups of seniors and with younger seniors since there may be dramatic generational differences in the culture of resilience, volunteering, and civic engagement.

Given the limitations, these finding would seem to warrant further research to investigate the connections between resilience and social capital. The current paper suggests that the social capital reserve of seniors is being ignored and devalued. And yet, seniors may hold the key to the major social problem facing societies today – an escalating aging population. As researchers we need to recognize and pay close attention to aging adults for they know best the resilience culture of their age cohort.

In the end, we, as authors have realized that it is not realistic or effective to expect professionals who see the world through their own resilience culture to apply their culturally sanctioned strategies to older adults. We believe that the cultures of those over seventy are very different from those in their sixties. Each age cohort experiences challenges and create socially sanctioned methods of handling these challenges. If we are to address the needs of older seniors we must do so within their own culture of resilience, society needs to draw on the social capital reserves of seniors to meet their future challenges and those of society. As seniors, they in all likelihood hold the key to creating a culture of resilience for healthy seniors.

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