Risk Time Framing for Wellbeing in Older People: A Multi-National Appreciative Inquiry

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Structured Abstract:

Purpose

To explore the experience of older people and their sense of developing wellbeing, including consideration of the strategies they employ to respond to perceived risk.

Design

An Appreciative Enquiry study was used, which collected data with 58 participants in focus group and individual interviews, was used. Interviews focused on ways in which older people in South Africa, Australia, Germany and the UK understand and seek to maintain wellbeing.

Findings

The changing time horizons of older people can lead to changes in perception of risk and concerns. Often, this leads to a sense of societal responsibility and desire for social change, which was frustrated by a perceived exclusion from participation in society.

Originality / Value

Variation in time horizons leads to changes in temporal accounting, which may be under-utilised by society. Consequently, societies may not recognise and support the resilience of older people to the detriment of older people as individuals and to the wider society. In mental health practice and education, it is imperative to embrace the shift from ageist concerns (with later life viewed as risky and tragic in itself) towards a greater sensitivity for older people's resilience, the strategies they deploy to maintain this, and their desire for more control and respect for their potential to contribute to society.

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The changing time horizons of older people leads to perceptions of risk and concerns that embrace societal as well as individual concerns. Often, this leads to a sense of societal responsibility and desire for social change, which is frustrated by a perceived exclusion from participation in society.

Implications

In mental health practice and education, it is imperative to embrace the shift from ageist concerns (with later life viewed as risky and tragic in itself) towards a greater sensitivity for older people's resilience, the strategies they deploy to maintain this, and their desire for more control and respect for their potential to contribute to society.

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Introduction

Why and how people stay healthy in the face of adversity (Antonovsky, 1979; 1987) has generated much interest in 'resilience' – defined by Cicchetti (2003) as a 'dynamic developmental process reflecting evidence of positive adaptation despite significant life adversity' (p. 20). Despite calls for greater research attention to resilience and adversity over the lifespan (Chase-Lansdale *et al*., 2004; Clarke *et al*., 2016), significant gaps in our knowledge of older adults and how they understand and negotiate risk and resilience remain. In this paper there is a focus upon the orientation to risk and resilience of older people, with particular reference to the impact of past and future orientations (or 'time framing', Brown *et al*., 2013), to perceptions of adverse events and desired outcomes.

Resilience in old age

Traditionally old age is seen as a downward curve with losses, declines and assumptions that older people are disinterested and disengaged in wider society, but studies have found that older people's strengths and abilities can be enhanced (Browne *et al*., 2009), identifying complex interactions between personal biography, social and historical forces. Titterton (2011) suggests that personal risk management and resilience is enhanced *because of* adversity rather than *despite* adversity.

Gilgun (1999) found that adversity was viewed as disruptions to expected life trajectories and changes in the structure of life. The abilities and skills of their sample of older people included: the use of social support, social networks, positive coping styles, finding ways to continue in roles and activities that formerly brought pleasure or sense of mastery, and retaining continuity of identity through narratives of experiencing adversity and how they

handled them. Several of these feature in the literature on wellbeing and older people (e.g. Moyle *et al.*, 2010) and policy initiatives (e.g. promotion of peer support networks in the English National Dementia Strategy, Department of Health, 2009). A similar or greater level of a 'sense of coherence, resilience, purpose in life and self-transcendence as younger persons' was evident in Nygren *et al.*'s (2005; p.360) study of the oldest-old in Sweden; Janssen *et al.* (2011) also identify older people as ‘expert through experience’ who have learned to ‘adjust to growing older and the losses that come with it’ (p. 147).

Adopting an approach that focuses on strengths and on diverse coping responses enables an analysis of how older people embrace challenging circumstances, take risks in a positive way and seek the agency required to do so. The changing time horizons of ageing can have an impact on the values attributed to the outcomes of this activity.

Methods

This study aimed to explore the experience of older people, their sense of developing wellbeing and the strategies they employ to respond to perceived risk. These aims were addressed through a multi-national Appreciative Inquiry (AI) design. AI is a strengths-based approach, intended to explore and appreciate the positive approaches used by participants (Reed 2006; Reed *et al.* 2008). Through an exploration of the social world of participants in an inclusive way, obtaining data about their perceptions and experiences of their social world, AI seeks to establish a basis for development and change. Although AI has a focus on positive experiences through which learning and change can occur, it does elicit a range of experiences including more negative ones (Patton 2003). This study was based on the 4-D cycle variation of AI, developed by Cooperrider *et al.* (2003), with data collection reported here focusing on the first two cycles (discovery and dreaming), the latter two cycles

(designing and delivery) being context specific within each country.

Data was collected from four countries and included 58 participants, with ethical approval secured in each of the four countries: UK (10 participants), Germany (9 participants), Australia (21 participants) and South Africa (18 participants). The sample inclusion criteria were: aged over 65 years and were able to consent to participate. Participants were drawn predominately from the lower to middle range of the socio-economic profile for each country. Overall, 61% of participants were female, there was a mean age of 74.5 years (ranging from mean ages of 71 years in South Africa to 81 years in Australia) and around half of the participants lived alone.

The way in which it is 'normal' to live as an older person in each country varied. For example, in Australia relocation to a retirement village on retirement rather than when frail was much more likely than in other countries; in South Africa, greater socio-economic hardship for some meant that paid employment was sought beyond an age at which retirement was considered normal in other countries (or indeed within other parts of South African society). Social dynamics such as this meant that older people were recruited into this study in different ways in different countries and this inevitably influenced how they perceived their role. The grouping of older people in some settings such as retirement villages meant that focus group rather than individual interviews were straightforward to arrange, whilst for some (in South Africa) individual interviews were more practical.

Focus groups were undertaken in the UK, Germany and Australia. Individual interviews or small focus group interviews (2-3 people) were undertaken in South Africa. The focus groups held in Australia were conducted in two retirement villages. The remainder of the data was from respondents living in a variety of accommodation: private, council, retirement village, 'Old Age Home' (UK, Germany and South Africa) or in some cases within a hospital

setting (South Africa). The interview type and interview setting seemed to influence some of the respondents' views and one limitation of the study is the challenge of maintaining consistency of recruitment and data collection processes over multiple countries.

The interviews were conducted by local research staff in each country and were audio-recorded or documented manually. The interview template reflected the first two stages of AI:

1. Discovering – participants were asked to outline the strategies they use to respond to physical, psychological and social challenges.

2. Dreaming – participants were asked to build on their "discovering" thoughts to design an ideal world.

Data were analysed within each country by the local research teams in the first instance. These analyses were shared across the core team and the whole dataset integrated into one and the analyse presented in this paper was led by two of the authors. The data management software, NVivo 8 was used to assist data analysis. Two broad themes identified, as presented in the following Findings section: 'Desires for the future' and 'Sense of loss'. Cultural variation is a feature of the sample and we have sought to highlight this heterogeneity in the presentation of the findings, indicating the country of origin of each participant.

Findings

Desires for the future

In the following section data is presented that revealed older people's desires for the future

and their ‘sense of loss’ in relation to present aspects of life they ‘dreamt of’ to help them as an older person now. We explore the way in which the research participants engaged with the interviews to have reflections of both looking forward and looking backward in time, linking these with things that are important to them and their wellbeing. The importance of physical and emotional health was mentioned throughout data collection.

Additional or Better Resources

Respondents’ most prominent desire was for additional or better resources, consisting of: good health care to ensure support and care by others as required, good transport facilities, greater access to information through a ‘One-Stop’ shop, additional services to manage within the home, and to a lesser extent workshop facilities and access to higher education. Most respondents regarded good resources as essential and this was strongly expressed by UK respondents. However, the particular focus of those services differed according to the country and specific context.

Much greater provision of general resources that were not self-financed was important to UK respondents: ‘*When you are in your own home forget it, ... you end up with nothing*’ (UK participant). Similarly, self-financed services concerned some South African participants because public service access was limited: ‘*You are an old man who doesn’t have a job, how can you pay?*’ (South African participant).

Information about support services that provided stimulating environments and activities was vital to UK and South African respondents in order to avoid degenerative decline. Similarly, managing life in private accommodation as an older and frailer person troubled German participants:

'So something like a companion. .. somebody who comes and keeps you company and …says 'Come, let me read something to you or should I help you sit out on the balcony' or something else?' (German participant).

In contrast and probably reflecting the particular context of 'community village' living, Australian respondents desired workshops, a gym and higher education. Additionally, the younger-old people desired a greater social mix within the village. Australia's government policy of encouraging home care was thought to result in the arrival of older, frailer and less active village residents (those unable to manage at home), which was perceived as adversely affecting the community's social mix.

Other resources that participants highlighted included better accommodation, money, self-motivation, faith, close family contact and physical health. Examples included provision of household repair services (UK participants) and access to minimal standards of living such as food and accommodation (South African and German participants). Desiring healthier finances was markedly evident among South African participants as it was the gateway to food, accommodation, medical services and care in older age, which participants perceived as enabling older people to have 'well-being'.

Very prominent, and almost unique to South African participants, was the importance of an older person's 'faith' to their well-being, enabling them to accept, appreciate and to determine their future: "*Look, if you want to get through life then you have to talk to God*" (South African participant). In contrast to 'faith', personal characteristics (e.g. 'self-motivation') were desired more but not exclusively by German participants. Self-motivation and the ability to plan were described as desirable for choosing direction in life and to improve unsatisfactory situations. Family connection was very important with all but one person desiring close family contact for both physical help and moral support.

A more caring and respectful world

UK participants, in particular, expressed a desire for a more caring and respectful world. Generally, participants 'dreamt' of a world with an improved quality of life globally, and which would consequently address individual needs too. The global political situation at the time of data collection concerned respondents in Germany and Australia: *'when I think what was positive in the news today, then one is ashamed then to belong to the category 'human''* (German participant). This sentiment was echoed by focus group participants in Australia: *'I would like to see one religion right throughout the whole world. And then we'd be a lot happier and a safer place….Absolutely, absolutely, here, here'*.

Discussing a safer and more respectful world elicited considerable concern amongst Australian participants and even more strong views amongst UK participants. Drugs and related crime were also regarded as responsible for many societal problems. Lack of respect and specifically respect for older people clearly distressed many participants, who felt this affected their treatment by others: *'I'm surplus stock'* (UK participant). This was perceived to be an age-related attitude initiated by the government: *'because when it comes to anything to do with pensions or finance, they can't afford it. They can afford other things; they can't afford it for old people*' (UK participant).

To determine for myself

The third most important 'dream' for older people (particularly evident in Germany, South Africa and UK) was to retain some independence of spirit and the ability to take key decisions for themselves, even if they were unable to meet their own physical care needs without the involvement of other people: *'I also want to determine for myself, for as long as it is mentally possible, how it will proceed for me'* (German participant).

The ability ‘to determine for myself’ was influenced by:

- The availability of resources: ‘*They don’t build the type of property that I’d want to move into*’ (UK participant),
- Financial resources: ‘*I’m sitting here and busy working till I die*’ (South African participant),
- Personal faith: ‘*So for as long as the Lord spares us and for as long as we can maintain it, we would like to remain here’* (South African participant).

Preparation for older age

Preparing for older age varied from the practical arrangements, for example raising the height of cupboards (UK), to ideas behind accepting and preparing for declining years, both at individual and community levels (Germany). Both community and individual preparation were considered essential and ideally, participants argued, should begin in childhood with heath education to nurture health in later life. Other suggestions to moderate the perceived youth culture included embedding volunteer work that involves assisting others. Accepting the decline in abilities and inevitable death was avoided by some people ‘*because they believe that they’ve booked the eternal life’* (German participant) and this perceived reluctance led some people not to prepare or plan for the future. ‘Eternal life’, in this context, is a further aspect of temporal re-framing in which the goal is beyond the current life-span, but this was not a central focus of this study and would need further research to understand more fully.

Grappling with the challenges of the ageing population was considered beneficial: *‘I would like that communities and church communities also finally accept it [that the population is ageing] and that they would start to act in accordance to it and develop something of a*

feeling for the older people' (German participant). Collectively, participant comments reflect an individual, community and government need for assistance to consider, adapt and prepare for the needs of older age. This approach, participants argued, would benefit many more than older people themselves.

Social contact

Interesting, stimulating and social opportunities were valued by many participants. Most referred to needing social contact, to reduce loneliness and outside stimulation to distract participants from their difficulties. German participants referred to cultural activities and the financial restraints in participating in them. In contrast, participants from residential villages in Australia referred to other residents' unwillingness to socialise: '*I've tried to get activities that they can come …for their entertainment but you can't stir them'* (Australian participant).

Here too we see that health and motivation may impact on social activities as much as financial constraints and the availability of opportunities.

Political motivation to improve

Participants wished for governmental political motivation to address older peoples' need for better resources, older age preparation at a societal level, and individual self-determination. Although the UK participants suggested politicians should initiate this, other participants spoke of the increasing potential for older people to influence future outcomes – for example:

> *'We still have to give a thought to the trials and tribulations of the outside world and do what we can to help that being alleviated. And the only way we can do this is by our vote isn't it?' (South African participant).*

This opportunity to influence politicians was echoed in data from Germany:

'Because if we represent voters and the people realize, goodness gracious, they are a very large group of voters, then some things might happen already. Because they do want our vote.' (German participant).

Sense of Loss

Inevitably, while dreaming of a better future, respondents voiced their sense of loss for things or ideas that they felt had previously been important. While wishing for a more caring and respectful world, participants voiced their sense of loss of considerate values in society, their health, their loss of loved ones and the perceived effect this appeared to have on their own sense of power in the world.

Most frequently mentioned was the apparent loss of societal values that impacted considerably on older people's day-to-day experiences. For example, shopping, using public transport, endeavouring to secure services they needed and perceived political and government intolerance towards the elderly. This closely matched what older people 'dreamt' for the future: access to services, respect and support from society and political motivation to adequately provide for older people.

Ultimately, declining health impacted on older people not just in developing serious illnesses but sometimes simply *'because your body is old*' (UK participant). Also, loss of family members either through bereavement or through children moving on (Australian and South African participants) was an undesired loss.

Coupled with a loss of societal respect, was a sense amongst some participants of losing the power to alter or change things. Power appeared to the participants to be achieved through respect, youth and money – things that some respondents felt they were denied. For example:

'I mean, it comes from the Government downwards, doesn't it? That we don't feel

that we're valued' (UK participant).

'*...we have a society in the moment that is very much oriented towards the youth; ...slowly but surely they make it plain to us that beyond fifty, we already start to become a little bit stupid'* (German participant).

These views were not shared by everyone, and a number of participants were clearly proactive in managing life as an older person. Reflecting the loss of values, health and power of older people in society, some participants 'dreamt' of governments' political motivation to address the demographic population shift perceiving a clear link between the provision of practical support in service terms and the 'tone' older people could be expected to receive from others. Participants argued that the governments of each country needed to carefully consider the global issue of an increasingly elderly population, with one participant in Germany stating: '*We demand 'wise men for ageing'.*'

Providing suitable services was regarded as politically initiated and driven (UK participants) but was sometimes to the detriment of the people: *'The city council is disgustingly dishonest'* (South African participant). Conversely, some respondents perceived the positive effects an increasing elderly population could achieve: '*Because if we represent voters and the people realize...*' (German participant). The opportunity for older people to stimulate governmental change themselves was recognised by some.

In summary, a distinctive feature of the data described here was the inclusion of respondents' aspirations for the future as a guide to wellbeing. In particular, data supporting the 'Dream' code and other codes provided evidence amongst respondents of a deep concern for the future wellbeing of the society in which they lived and for older people's position in it. Accompanying respondents' aspirations for the future was a 'Sense of Loss' for different aspects of their lives, a loss often corresponding to a 'Dream' request. Older people voiced

concerns not just about their immediate circumstances but for society in general, desiring a happier and safer world. Loss of personal health and abilities plus respect from others led many respondents to feel their subsequent loss of power and influence keenly. These losses could be addressed, according to some respondents, by fostering good neighbourly relations. Loss of faith in humankind reflected older people's feelings about war and the current political climate. Promoting political independence was perceived by some (especially German respondents) to reduce conflict. Many of the older people who participated in the research ‘dreamt’ of improving the future outlook for all older people, not just as individuals but for all of society.

Discussion

Limitations of the study

Data were collected in a range of environments and in regions of relative affluence as well as considerable poverty, which limits the ability to draw comparisons across the four countries. This led to some variations in how interviews questions were responded to: for example, in the UK, more emphasis was placed on keeping healthy and independent; in South Africa, the researcher reported great difficulty encouraging respondents to ‘Dream’ as some appeared content even when they had relatively little. Perhaps this is a reflection of satisfaction as a concept that is relative to expectation rather than any absolute level of equality. The study recruited participants willing to discuss their wellbeing and they may be more inclined that other older people to be ‘politically orientated’ – it is important to note that not all older people will necessarily share the same level of concern for their communities and society than the participants of this study do.

Risk, Resilience and Time Framing

In this study, the findings demonstrate that the scope of their concerns of older people are for themselves and also for wider society. The processes of adjusting goals and changing desired outcomes are akin to the concept of temporal accounting (Heyman, 2010) where outcomes are calibrated in relation to a timeframe. Temporal accounting can move us away from negative and restrictive views of later life (views mostly held by people who are not older). However, if we fail to recognise this dynamic then what we see is an older person experiencing losses in their lives; this in turn leads to the undue privilege given to responding to the 'risks' in their lives. If we recognise the temporal accounting of older people, then we see more clearly the way in which they embrace broad societal and spiritual concerns, as well as retain self-reliance through developing new coping strategies, in the face of changing circumstance. This is not to deny the losses that are experienced in later life, but to seek to give privilege instead to the opportunity for resilience and wellbeing that older people achieve through temporal accounting. The three aspects of 'protective factors', or resilience, that Windle (2011) describes are individual, social and community / society – and in the present study the participants describe how their concern is very much about community / society (as well as individual) levels of resilience. Crucially, the older people in this study did not see themselves as passive recipients of community / society support but sought to be active citizens themselves.

The narratives of assumed 'tragic' events such as extreme age, diagnosis with a chronic illness or disability are evident in the many studies that have shown how individuals themselves can integrate such events into their personal life-story and are not necessarily overwhelmed by their situations (Clarke, 2010). We can see ideas of hope penetrating through the assumptions of life-as-tragic e.g. in relation to people's response to managing life

with a dementia (Keady *et al.*, 2009). Bury's (1991) work in relation to biographical disruption and accommodation is particularly pertinent in explaining these processes: the 'catastrophic' event or diagnosis which forces a disruption to someone's past and future narrative of his or her biography, and the subsequent reconciliation which leads to adjustment or accommodation in this biographic narrative, and through which it may be possible to identify hope, optimism, recovery and enhancement. It is important, then, to view ageing as a circumstance that requires adaptation rather than, in itself, an adverse event. This perspective allows us to move on from viewing ageing as inherently risky and instead to appreciate and support the context-specific strategies of older people to maintain resilience. 'Overcoming the odds' is highlighted in literature on resilience in young people (e.g. Werner and Smith, 1992) but even more significant for older people is that their resilience may emerge through life-long accumulation of resources and learning how to handle situations.

Older people also make efforts to engage with their life story or biography in seeking reconciliation of potentially competing aspects. The resilience of people to situations that may otherwise be overwhelming to their sense of self is quite remarkable. It is something to be celebrated and support by services but that will require us ourselves as health and social care practitioners to move beyond assumptions of 'tragic' to a role more of advocacy and empowerment. It is this sense of empowerment and advocacy that the older people in this study desired, so that they could have some control over their own individual life and also to leave a societal legacy.

In considering where the responsibility for the management of risk and resilience rests we need to address who assumes or relinquishes responsibility for the balance of protecting safety and promoting autonomy (Clarke *et al*., 2016). Powell *et al.* (2007, p.73) identify how risk theory enables an understanding of how (older) people are rendered 'subjects' of society:

‘risk is the intended outcome of a range of social practices whose aim is the management of a population that is useful, productive and self-managing’. Becoming a ‘subject of society’ was not something that the older people in this study sought but they did experience it in various ways as a sense of being undervalued by society. However, they saw themselves as being able to offer significant leadership and advice to younger generations and wider society. As such, the participants in this study challenged any assumption that being older is inherently risky and reject societal attribution of them as being somehow ‘at risk’ as a result of their age. Moreover, through their lens of being older, they see society as being ‘at risk’, through reduced social infrastructure for example.

If we are to advance thinking about resilience and older people, we must grapple with risk as possessing a dual nature, i.e. something at once both problematical and yet contributing to quality of life. Removing (health) risk may result in removing also components of life that are valued and so compromising quality of life. Both models of risk - as problematical and as contributing to quality of life - fail to deal fully with the contradictions and paradoxes inherent in living as an older person in an ageist society, which has the potential to accelerate the restriction of choice and decision-making. Neither model takes into account the interplay between self and society, between the potential difficulties accompanying living as an older person and the context in which it takes place, and consequently undervalues positive aspects of ageing and the development of resilience.

Second, risk has a temporal dimension, which is central to developing resilience – that is, it exists as a potential event. Resilience may be developed by taking actions now to avert future possible events. However, the older people in this study appear to be more likely to respond to the temporal nature of risk through temporal accounting such that their ‘personal life projects’ (Heyman, 2010) are focused on community, society and societal issues. It will be

important to explore this aspect further with a larger and more longitudinal study design to explore the extent to which individuals become increasingly or decreasingly focused on individual, community or societal issues over their life time.

The implications of this research and analysis for practice and training for those working in sectors such as mental health are:

1. In policy and services - a continuing move away from ageist concerns with the later stage of life as risky and tragic in itself towards a greater sensitivity for older people's resilience.

2. In services and practice - assessment of the strategies older people use to maintain their resilience, including:

    a. recognition of their desire for more control;

    b. respect for their potential to contribute to society and attention to ways of achieving this;

    c. assessment of the ways in which older people adjust (or time-frame) their individual goals and aspirations in accordance with their life course stage.

3. In education and training – ensuring that the topics of citizenship, risk and resilience of older people are embedded in learning outcomes and curricula content.

Conclusion

Negative constructions of risk mean that resilience is typically not considered in respect of older people and is a neglected resource, potentially leading to the undermining of personal strategies for wellbeing that have been developed by older people themselves. A model that

promotes the resilience of older people needs to take into account the temporal dimension of ageing and its impact on time-framing and in turn what it is that older people wish to get out of their remaining lifetime, as well as what they themselves feel able to contribute to a wider society. Social and economic interventions should seek to augment, rather than attenuate, the time-framed forms of resilience described in this paper, and inform mental health practice and education accordingly.

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