Older adults' strategies for managing adversity through connection and purpose

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Abstract

Events such as disasters elicit a range of coping strategies and provide the opportunity to identify what does and does not help people in adverse situations. The voice of older adults has been less evident in relevant discussions, with older adults often seen as the recipients of services during and following adverse events rather than as a source of knowledge. The current article was developed from a qualitative study using a grounded theory design that explored the concept of courage with 20 adults aged over 70 years who experienced the Canterbury Earthquake sequence from 2010 and 2011 in New Zealand. It focused on their responses to a specific question on ways to manage adversity. Their responses emphasised themes of social connection, keeping things normal, being brave and calm, having a purpose or role, and positive thinking. This article discusses their ideas in relation to existing literature and highlights the importance of valuing how the wisdom of older adults can contribute to emergency management.

Keywords: *Post-disaster, Canterbury Earthquakes, Older adults, adversity, coping, resilience*

The current article describes ways to manage adversity, from the perspective of older adults who experienced the Canterbury Earthquake sequence. This sequence, namely the September 4th 2010 7.1 magnitude earthquake and the February 22nd 2011 6.3 magnitude earthquake, along with many aftershocks, had far-reaching effects for the Canterbury region and also for other regions of New Zealand.

There have been several studies exploring the impacts of the Canterbury earthquake sequence on older adults, who are generally defined as those aged over 65 years old. Annear, Wilkinson and Keeling (2013) researched the immediate psychological challenges of the Canterbury earthquakes with 97 respondents. They noted that 55 percent of respondents did not experience any major psycho-social challenges following the earthquakes, with the rest of the respondents reporting varying degrees of psychological problems such as insomnia, depression, anxiety, irritability, loss of motivation, and problems adapting to challenges. Annear (2013) advocated for pro-active follow-up after a disaster or extreme event for those with an identified vulnerability such as social isolation or a pre-existing mental health condition. They also advocated for ongoing awareness of how health impacts could appear over the longer-term.

In examining possible long term effects of the Canterbury earthquakes, Keeling and Stevenson (2006) found that some impacts persisted for up to three years. These impacts included emotional and economic issues such as financial hardship and housing difficulties which remained stressful and difficult to face. Emotional loneliness was the exception and was found to have reduced in the short term following the earthquakes, suggesting an increase in social support, especially for older adults living on their own in the community (Keeling & Stevenson, 2006). Other difficulties experienced by older adults in this post-disaster context were influenced by a number factors at the individual level, including: reduced mobility; chronic health conditions requiring adequate heating, cooling, hydration and medications; cognitive issues with memory; sight, hearing and other sensory problems; and greater dependence on public transport and other services (Davey & Neale, 2013).

Along with individual factors, social and environmental issues also contribute to the outcomes experienced following a disaster. Regarding the impacts of a flood in New Zealand on older adults, Tuohy and Stephens (2011) noted social conditions that reduced people's ability to cope and recover. These conditions may

include neighbourhoods that lacked strong infrastructure prior to the disaster event; an issue seen in New Orleans following Hurricane Katrina in 2005 (Fussell, Sastry & VanLandingham, 2010). The importance of environmental and social conditions was also observed by Annear (2013) who noted that age was not "the sole predictor of resilience or vulnerability, with a variety of personal and circumstantial factors also contributing to how older adults are affected by a natural disaster" (p.65).

While much is known about the vulnerabilities that older adults may experience in disasters or other adverse situations (Ehrenreich, 2001; Fawcett, 2009), there has been less discussion of the skills and resources that older adults can offer. A documentary on the Canterbury earthquakes called When a City Falls, by Swadel, Smyth and Shannon (2011), demonstrated these skills and resources. In this film, a rest home manager shared the story of how, after the February 22nd 2011 earthquake, she and the other staff moved the residents down to the basement and set up mattresses between them so that personnel could comfort any of the residents who were distressed. Instead, she said it was the residents who comforted and supported the staff throughout the night. This highlights the relevance of literature by Davey and Neale (2013) which states that "Older adults are as diverse in their earthquake response as any age group, reminding everyone to look beyond the headlines and stereotypes" (p. 39).

In a shift from solely focusing on difficulties experienced by older adults, Annear (2013) noted that older adults are often more "psychologically prepared, resilient and adaptable" than younger people, likely based on prior life experiences (p. 52). He also stated that they may be at greater risk for physical injury or death, impacted by loss of lifestyle activities, and less able to recover financially. The same article concludes that, within an older adult population, there are likely to be both examples of "significant resilience and vulnerability" following a natural disaster (Annear, 2013, p. 52).

Resilience is a concept often discussed in post disaster situations as a way of managing ongoing adversity. Traditionally described as series of traits, literature on resiliency has broadened to describe resiliency as more of an adaptive process. Bonanno (2012), for example, reinforces this point by noting that resilience is not always a personality trait, instead defining it as "a stable trajectory of healthy functioning in response to a clearly defined event" (p. 753). Resilience can be viewed as "a dynamic process, one encompassing positive adaptation by individuals who are experiencing significant adversity" (Luthar, Cichetti & Becker, 2000, p. 543). Luthar et al. (2000) therefore suggested that research on resilience "must accelerate from a focus on description to a focus on elucidating developmental processes" (p. 555).

Over the last two decades, the concept of resilience has been applied to different disaster contexts. While researching the bombing of the World Trade Centre in New York in 2001, Flynn (2008) developed a theory of community resilience. He identified four external factors that help communities cope after a disaster. These included: ensuring there is robustness in buildings and infrastructure, "resourcefulness, so skilfully managing a disaster once it unfolds", "rapid recovery so the capacity to get things back to normal as soon as possible", and "having the means to absorb the new lessons that can be drawn from a catastrophe" (Flynn, 2008, pp. 6-7). He also stated that communities need inspiring and less dramatic media portrayals, like stories of doing well despite the circumstances; rather than ongoing footage of devastation and destruction.

There is also an emerging field of resilience within the field of gerontology. Wild, Wilke and Allen (2013) explored the value of resilience within gerontology and acknowledged the move from resilience as a set of traits to one of a process of adaption to a negative life event or situation. They suggested that the ageing process offers several challenges, especially around the different types of loss that can occur. They also acknowledged the interdependence of different types of resilience, including the resilience of an individual, and also surrounding resilience at the levels of family, community, and wider society (Wild et al., 2013).

However, within resilience literature, there is now caution against labelling someone as *resilient*. This could inadvertently leave someone without help if they are seen to be resilient, or create a sense of blame or failure if they are not (Wild et al., 2013). In a similar vein, Adamson, Beddoe and Davys (2014) advise against labelling someone as essentially resilient, suggesting instead that people can show "resilient adaptation" to adversity or difficulty (p. 523).

In terms of older adults managing adversity, the benefits of prior experiences and practical behavioural and cognitive coping methods have also been documented. In their study of a South Eastern Kentucky area exposed to flooding, Norris and Murrell (1988) included prior

experience as a moderator of disaster impacts on older adults. They noted that, because of this, older adults could provide a useful resource in emergency management by helping others to prepare for a disaster event and also to manage in the aftermath. However, Norris and Murrell (1988) also cautioned that "prior experience in older adults may generally provide inoculation against recurring, but nonetheless acute stressors, but may not protect them from exhaustion and breakdown after extended or constant stress" (p. 681).

While studying older adults' responses to Hurricane Katrina, Henderson, Roberto and Kamo (2010) identified a number of coping techniques that older adults used to help manage what had occurred, including: modifying their thinking, staying busy, spirituality, and adopting positive attitudes. There are various definitions of coping including "the maintenance of homeostasis" and "cognitive and behavioural efforts in light of appraised stress" (Spurrel & McFarlane, 1993, p. 198). Utilising the Folkman and Lazarus (1988) Stress Appraisal and Coping framework, Spurrel & McFarlane (1993) identified the difference between problem focused strategies and emotion focused strategies. Following an appraisal of the situation, problem focused strategies are often utilised when "the problem is seen as solvable", while emotion focused strategies are used when the "problem is seen as not solvable" (Spurrel & McFarlane, 1993, p. 199).

This distinction was further explored by Adamson, Beddoe, and Davys (2014) who noted that emotion focused coping may be more beneficial when faced with an adverse event that is not easily changeable, such as a disaster or serious health diagnosis. They suggested that "primarily managing feelings of emotional distress may be more useful in the context of supporting resilience than coping that emphasises problem solving which focuses on the source of the stress" (Adamson et al. 2014 p. 527). This point was made with reference to a range of coping strategies included in the Coping Strategies Inventory, by Tobin (2001), including by: changing "the stressor, cognitive restructuring of the activity, re-examining a stressor from a different perspective, actively seeking social support, and expressing negative emotions" (Adamson et al., 2014, p. 526).

In their discussion of past, present and future points of adjustment to adverse life events, Frazier et al. (2011) suggested that "most stressful events are not objectively controllable in the sense that they are not desired or intended" (p. 750). By differentiating between managing a stressful event and managing one's emotional reaction to the event, Frazier et al. (2011) also outlined a process of adaptive coping that includes adjustment and acceptance. They made the point that variance in individual perception will determine the distress caused by an event. Frazier et al. (2011) also noted that trying to control adverse events that are beyond someone's control, such as many disasters, can cause distress and lead to hyper-vigilant and anxious behaviour.

Adversities faced in a range of events, and in life in general, create the need for support from others. This can form a kind of psychological intervention, as highlighted by Hobfoll et al. (2007), who described five key principles for intervention following a traumatic event: "1. Promote sense of safety, 2. Promote calming, 3. Promote self and collective efficacy, 4. Promote connectedness, and 5. Promote hope" (pp. 285 -286). These principles have since been reiterated as part of psychological first aid, as outlined by Bisson & Lewis (2009).

The research outlined in the remainder of the current article aimed to contribute to the existing body of knowledge on courage, and to give voice to older adults helping others to face adversities in a post-disaster situation. Given the length of life experience the participants had, data collection focused on participants' strengths, to elicit their thoughts and wisdom on supporting others. As outlined below, this and other aspects of this qualitative research were designed to validate each participant's existing coping methods and wisdom. Key themes were then identified, as outlined in the Results section. The current article will conclude with a discussion of these key themes and relevant implications.

Methods

Courage appears to have been an elusive concept to describe, without one agreed definition. Research into the concept of courage has only been more strongly evident in the past two or so decades. For example, Finfgeld's (1995) study into exploring the concept of courage amongst the chronically ill elderly, provides a significant example of applying grounded theory to understanding courage from the perspective of an older population group. Given the limited research on courage and lack of agreed definition, an inductive approach utilising a grounded theory design was elected. According to research methodologies outlined

by Patton (2002), this could contribute more to the existing body of knowledge on courage rather than testing an existing theory or hypothesis. The current research was therefore based on constructivist ontology and interpretivist epistemology, using a qualitative methodology and grounded theory methods from Grix (2002), Gray (2004), Charmaz (2014), and Charmaz and Bryant (2011).

Data collection included semi-structured interviews with three focus groups, as well as seven key informant interviews. The population of interest were adults over the age of 70 years who had experienced the Canterbury earthquake sequence and who identified as having coped with its impacts. As an older group, this population was likely to have more life experience and to be in a reflective phase of human development, of looking back at their life in retrospect (Butler, 1963, 2016). The participants were retired from, or still active in, a range of backgrounds that included nursing, farming, social work, and religious ministry. They were recruited through formal and informal means, such as advertising and snowball recruitment where one participant recommended another. Fourteen women and six men were interviewed, with the oldest participants being 95 years of age and the youngest being 70 years of age. Four couples were interviewed, among participants that were all either married, widowed, or separated.

Key ethical considerations concerned the prevention of re-traumatisation through discussing traumatic subject matter, and the management of researcher bias. To mitigate re-traumatisation, interviews focused less on direct experiences of the earthquakes or other adverse events and more on the concept of courage. In addition, invitations to participate were directed to people who felt they had managed the earthquakes rather than those who had become highly distressed. Focus groups were deliberately constituted by people who already knew each other, providing a naturally supportive environment with existing rapport and trust. A list of support services was made available for the key informants interviewed, and care was taken to ensure the interviews were positive and validating of each participant's skills and knowledge. Data analysis was kept as transparent as possible, with oversight from third parties, in an effort to consider research bias. Ethics approval for this study was granted by the University of Auckland Human Participants Ethics Committee on the 21st of February, 2014.

Detailed data coding was undertaken through each stage of data collection. This included an iterative process occurring during data collection from key informant interviews, where information shared by participants was further explored in the subsequent interview. Saturation occurred on the final two key informant interviews, in terms of repeated information and the confirmation of existing categories (Suddaby, 2006) and finally, no new codes emerging. This also aligned with Charmaz (2014) who stated that "Categories are 'saturated' when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of these core theoretical categories" (p. 213).

After completing key informant interviews, further analysis provided four key conceptual categories and several themes. These four conceptual categories and related themes were discussed with colleagues alongside the consideration of existing literature, in an effort to generate new theory. This approach did not aim to produce a concrete, incontestable explanation of courage, but rather to generate additional knowledge concerning the concept of courage from the perspective of older adults living in a post-disaster environment.

Results and Discussion

Life can include a range of situations that make the foundation of people's lives feel less than stable. It is therefore important to recall that many other events, besides disasters, can cause adversity. Participants in the current study described other adverse events, including: serious health issues for a loved one, being posted overseas for work, loss of an adult child, collapse of a long-term marriage, experiences of war, and an assault by a stranger. Indicators of adversity included: feelings of uncertainty, change, loss of control, being on your own, and not knowing what is happening.

A specific question asked participants for their views on how to manage adversity. This question elicited a richness and depth of responses that deserved further attention. The participants' responses indicated two ways of managing adversity, firstly what the person could do to help themselves, and secondly, what people could do to help each other. Participants then provided the examples outlined in Table 1.

Social Connection

A number of key themes were identified from the participants' accounts. The first of these was the value of *social connection***.** Participants described the value

Table 1.
Strategies to Manage Adversity

What the person can do:	What we can do to help:
Get in touch with other people, remain social	Be calm, gentle, use comforting touch
Do normal day to day tasks	Befriend people and be reassuring
Have tasks to do or a role or purpose	Offer help and go with them if needed
Ask for help	Be encouraging
Trust in others	Be brave around them, keep it together for their sake. – display courage
Stop and think it through, one step at a time.	Provide reassurance and company for them
Take back control	Help connect people with professional supports
Have ways in place to be ready and prepared	Soften the anxiety
Take a deep breath	Be kind but not too much sympathy
Live in the moment	Let them know others have come through it
Stay positive	Talk about other things as well
Access faith or spirituality	Treat them normally
Think about someone who is strong and what they would do	Provide practical support
Talk about it, share the problem	

of getting in touch with other people, and remaining engaged in social interactions. They reported that loneliness and isolation worsened distress, while it helped to talk to someone, share the problem, and get professional advice. They also suggested befriending, reassuring, being kind, offering help, going with a person to an appointment, and being encouraging. This comment from one of the key informant interviews summarises the importance of social connection through being alongside someone, providing caring and listening, and helping the person to prepare and plan.

> [If] there something is happening that is pretty tough then you just stay with them, you are with them, you don't try to solve it, you don't do anything, but you are just there. You just care for them or maybe you hold them, it depends whether it is a sudden thing or what we are talking about something and that way you can make some plans, and I think sometimes you don't even need to make plans because things come if you ask for them or they just come from people's conversations or whatever.
>
> (Sue)

The importance of social ties and interpersonal support to manage adversity, among older adults affected by the Canterbury earthquakes, was previously identified by Alpass, Keeling, Stevenson, Allen and Stephens (2016). They noted that links to family, friends and communities both regionally and nationally help mitigate impacts and recommended that future disaster preparedness needs to consider all levels of support from "local to regional to national for maximum effectiveness" (Alpass et al., 2016, p. 123).

In the Canterbury earthquake sequence, Keeling and Stevenson (2006) found that emotional loneliness reduced in the short term following the earthquakes, through social support provided to older adults living on their own in the community. Their study provides a useful reminder of the benefits that increased social connection and support can offer. It is important that social support is not just provided initially because actual losses and impacts often become more apparent after the adverse event. Interpersonal support can reduce feelings of social isolation and hopelessness, by reinforcing connection, collaboration, and support in an adverse situation.

Research with middle-aged adults managing chronic health challenges, by Finfgeld (1999), highlighted both intrapersonal and interpersonal means of support. Intrapersonal factors included remaining strong for others (often linked to one's values), self-confidence, hope, and self-belief that the adversity could be managed (Finfgeld, 1999). Interpersonal supports for bolstering courage in particular included gestures of support, acts of kindness, a willingness to listen, encouraging a sense of belonging and hope, and being socially engaged in distracting and supportive activities (Finfgeld, 1999).

One participant outlined the idea of being kind but without too much sympathy, as an integral part of social connection. This idea concerns two different ways of supporting others. Kindness was interpreted as the recognition and understanding of something that might

be difficult and conveying this understanding. The idea of not too much sympathy appeared to involve acknowledging when someone may choose to be emotional and when they may not, and respecting the difference. This relates to findings from Finfgeld (1999) who stated that being able to access one's own internal strengths, while also being open to support from others and knowing how to provide this, all help people face difficulty. Exploring other difficult times that the person feels they have coped with and the ways that they did this can constitute both interpersonal and intrapersonal support.

Keeping Things Normal

Participants also described the importance of *keeping things normal* in an adverse situation, constituting another main theme for the current analysis. They suggested that engaging in normal activities was reassuring and even comforting to others, as illustrated by this comment by one focus group participant:

> The woman across the road came over to me and when the power did come on we had no water, but the power came on. She said "Are you baking? And I said, "Yes it's for the grandchildren" and she said, "Fancy you baking in the middle of all this!" [Laughter] and she said, "I feel better now", you know, as if I was doing a normal thing.
>
> (Jill)

When people are experiencing adversity, helping them connect to aspects of their world that have not changed may provide a sense of control or anchoring. One key informant, Jim, talked about supporting friends who had cancer and how when he visited them he would "Talk about the old days and everyday things" rather than just their illness. He noted that this helped improve their mood and felt it reminded someone that they were more than the illness or disease. Reassuring people of what has not changed may assist them to be better able to face what has changed. Being able to focus attention on present controllable aspects of a stressful situation helps people maintain or regain a sense of overall control, especially when faced with events they can't control from the past or in the future (Frazier et al., 2011). As with the concept of being kind without too much sympathy, this approach can help people to develop plans based on what they still have and can still do, supporting self-efficacy.

Psychological first aid reflects similar ideas regarding a balance between intrapersonal and interpersonal support. This approach is often put into place after a disaster, high stressor, or emergency and provides an interpersonal framework to assist another person immediately after a traumatic event. It has been described as a "humane and supportive response" for someone experiencing distress, towards meeting their psycho-social needs (Bisson & Lewis, 2009, p.3). Psychological first aid offers reassurance, normalisation, comfort, listening, supportive advice, immediate physical care, and compassion and encourages participation in everyday, normal activities, while linking people to natural supports and their own internal strengths (Bisson & Lewis, 2009).

Being Brave and Calm

A key idea within psychological first aid is the belief that people are resilient and that they can recover. Care is taken to not pathologise normal responses and distress in relation to traumatic events. Instead, people are supported to connect to their existing intrapersonal and interpersonal supports. Psychological first aid assumes an understanding of resilience as an adaptive process that includes adjustment to a difficult event, with care taken to realise that this is not a fixed personally attribute, but rather something that people have access to. The principles within psychological first aid provide an intentional focus when offering support to someone after a disaster or traumatic event. This and similar interventions appear to be facilitated by the interpersonal skills highlighted by Finfgeld (1999) and by the current participants. For the current participants, these skills included *being brave and calm* where the participants noted how this helps others and also oneself. The following conversation from one of the focus groups highlights how being able to be brave and calm for others helped participants and others cope with their emotional responses to the adverse event.

> I keep thinking of courage and calmness I don't know why I connect the two but I do…I think if you can be calm around other people like June who was in a terrible state it helps them to get more courage and relax…Well I spent my time keeping someone very calm and I felt quite calm, June, she was in a bad way and because I was keeping her calm it made me calm.
>
> (Kit)

> Yes, I am actually getting back to that again and I was just thinking too about my little granddaughter because I took her into the café you know have a little nibble and there was an earthquake there. So that

> was kind of calm, I had to appear very calm because I didn't want to frighten her, she's only about four at the time. I can remember that sitting there very quietly and calmly you know and having a little chat about something totally different.
>
> (Elizabeth)

> Yes well I was at my art group and we were standing there and all of a sudden everything went and I held this 90 year old, dear old Maude, 92 I think she was, "You hold onto me Maude I won't let you fall", and now when I think about it if she had fallen and I fell on her I would have squashed the life out of her! [Laughter]. One hand on the table and the other one around Maude.
>
> (Belinda)

Within these examples, the ability to firstly recognise someone else's possible distress and vulnerability highlights the importance of both empathy and compassion. Participants were then able to put their own possible fears and panic to one side and step into role of supporting the other person. This in turn helped them stay calm, creating a feedback effect. Providing calming is also a part of psychological first aid, to help people resolve distress and move into problem solving (Bisson & Lewis, 2009).

Being brave can also reinforce one's own coping skills and resiliency. Finfgeld's grounded theory study of courage in the chronically ill elderly (1995) includes the following exchange between participant and interviewer:

> "You don't expect somebody else to make you feel better?" to which the respondent says, "Not at all." The interviewer then says, "You rely on yourself to do that?" to which the respondent says "Exactly. I don't want somebody else to take the pleasure out of being brave."
>
> (Finfgeld, 1995, p. 8)

This exchange highlights the risk in emergency management, of only treating older adults as service recipients or as needing to be taken care of. This has the potential to deny them the opportunity to be brave or to access their own strengths. Davey and Neale (2013) commented that "Stereotyping older people as vulnerable leads to under-valuing their potential contribution" and that this could reduce the opportunity for older adults to access their own resilience (p. 8). Exploring how older adults could contribute to emergency management after a disaster would provide opportunities to utilise their skills and knowledge and also to enhance their own resiliency.

Acknowledging diversity in the older adult population group could avoid assuming that all older adults need extra support in a natural disaster or adverse situation, while still recognising those that do. The second benefit is just as important. Tuohy and Stephens (2011) noted how the positive ageing movements of promoting independence and self-reliance could inadvertently contribute to people being more isolated and not feeling able to ask for help, creating an unintentional reduction in support (Tuohy & Stephens, 2011). These authors recognised the importance of respecting the independence of older adults while not reducing support for those who require it. A focus on supporting dignity and utilising existing strengths and skills appears to provide a helpful middle ground.

When talking with older adults in New Zealand about their preparedness for a disaster, Tuohy and Stephens (2016) also found that the discussion went beyond disaster preparation, into ongoing preparations for ageing. The adults in their 2016 study discussed being prepared for everyday situations such as trying to mitigate the risk of falling and adapting to issues such as reduced mobility. The motivations of holding onto autonomy, independence, and being self-reliant led their respondents to frequently adapt to the challenges that ageing was presenting them with. Older adults also appeared to be more likely to access existing resilience due to concerns about being a burden to others. This may lead them to directly think through how to manage situations posing a challenge or risk (Tuohy & Stephens, 2016). This kind of ongoing reflective and adaptive process is possibly a less recognised skill set that older adults are more likely to utilise and provide to others in adverse situations.

Having a Purpose and Role

Another key theme identified from participant accounts emphasised *having a purpose and role*. This might include helping other people to have a practical task to do as a distraction from what has happened or is happening. Shifting the focus from possible fear to practical tasks assisted people not to be as frightened and gave them a sense that they could carry on despite what had happened. The participants commented that having a task, role or purpose helped to provide focus. This is evident in this conversation from one of the focus groups:

> We stayed longer than a week, we stayed, and he had the kids home, so to keep them from freaking out he had them picking up all the books and all the ornaments and all the bits and put them in newspaper and he was bolting the bookcases to the wall. And he had them occupied. He had been in the army. He said keep them moving, keep them doing something, don't let them think about it. They were quite amazing when they did it.
>
> (Helen)
>
> Yes, the first thing he did he dug a long drop.
>
> (Tom)
>
> Yeah, we had no toilets, no nothing.
>
> (Helen)
>
> Put a screen round it and it was all pretty professional!
>
> (Tom)

The importance of having a purpose, focus or task was also acknowledged by Smith et al. (2017), in their article exploring post traumatic growth following the Christchurch earthquake sequence. They noted that having a course of action gave people "purpose and a sense of efficacy", resulting in less worry, while helping people to see themselves as "functional and coping" (Smith et al, 2017, p. 39). Being able to contribute and remain connected to others also helped with "post-traumatic growth such as a sense of increased personal strengths and a greater sense of community" (Smith et.al, 2017, p. 39). This is another important reminder that older adults also have the opportunity for roles and finding purpose in post disaster situations, rather than only being seen as service recipients.

It is likely that having a role and purpose also mitigates anxiety, an idea expressed by one of the current participants, and returns a sense of control and hope to many. Assisting people to take step by step actions helped people who were feeling overwhelmed by their traumatic experiences. This approach supported self-efficacy, an important objective of psychological first aid, and provided encouragement so that people felt better able to progress with their lives. It also helped people to prepare and plan, supporting them to have clear actions and steps that they could take. Having a task to do also appeared to create a diversion, as highlighted by Finfgeld (1999), giving people the opportunity to focus on something other than their adverse circumstances.

When examining the role and purpose of professionals supporting someone with adversity, Finfgeld (1995, 1999) highlighted on the need to provide a sense of caring, realistic optimism, with a gentle use of humour to reduce tension, while answering questions openly, honesty, and in a way that affirms a person's self-worth (Finfgeld, 1999). Being able to determine firstly if the stressor is changeable, and therefore appropriate for problem focused coping, can help professionals select whether problem focused or emotion focused approaches will help older adults coping with an adverse event (Spurrel & McFarlane, 1993). In the event that problems are outside of older adult's control, the professional's role therefore becomes about how to support older adults to emotionally adapt, perhaps utilising emotional focused ways of coping, to help them face current and forthcoming changes.

Positive Thinking

The idea of *positive thinking* evident in participants' accounts links well to the benefits of using emotion focused coping in situations that are not easily changeable. Participants noted the importance of observing what was still good and stable and noting the opportunities that upcoming challenges might offer. These more optimistic approaches may help people to draw on prior learning and experiences to find opportunities within an adverse context. At a social level, this could include talking with someone else in order to see the situation in a different way or even, as suggested by the current participants, from a more positive perspective.

The participants also suggested another way to think differently about an adverse event. This was to identify people who are, or had been, strong in an older adult's life. Reflecting on what these people would have done or would do in a current situation helped build confidence and courage to face current adversities. This approach appeared to provide encouragement to keep going and also ideas on how to face what was happening, which in turn supported accessing participants' own personal resilience.

Conclusion

Participants' responses to questions about managing adversity confirm many conclusions from existing literature, especially literature concerning psychological first aid, emotion focused and problem solving coping, and interpersonal support. Tangible accounts and ideas shared by participants can serve to remind professionals working in emergency situations of the importance of

interpersonal connection and relationships. Eliciting social connections, keeping things normal, and being brave and calm, appear to have reduced participants' feelings of being alone and overwhelmed, while helping them share strategies and other ideas. This sharing appears to give older adults a sense of hope that their circumstances can improve. The importance of having a purpose or task was another key theme identified in the current research, and highlights how problem solving helped regain control over a situation where older adults were feeling helpless or not in control. This can help older adults find a way to move forward and reconnect them to their own existing strengths and resilience. The use of positive thinking highlights a form of emotion focused coping through changing perspectives and looking for opportunities rather than threats.

The participants' ideas on how to manage adversity in this study show how emergency management may be enhanced by actively promoting the knowledge and skills possessed by older adults. Further exploration of the roles that older adults could take in post disaster situations could be extremely beneficial while helping mitigate the risk of older adults simply being seen as service recipients. Older adult's life experiences and their ongoing attempts to adapt and meet the challenges of ageing offer wisdom and skills that could benefit disaster-affected populations in general. Promoting relevant roles would have an additional benefit, of providing older adults with the sense of purpose and social connection which appears to be very important to them.

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